




RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

## MEMORANDUM

**Date:** March 10,2020  
**To:** Johnnie Mae Peters,SMA Supervisor, Finance and Banking  
**From:**  Zainab Day,Regulatory Analyst Supervisor  
**Subject:** Retroactive Nursing Facility Per Diem Rates

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We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Type of Action</u>	<u>Number of Rate Change Notices</u>
1.	Northbrooks Health and Rehabilitation Center	0 156586-00	FA	4
			<b><u>TOTAL:</u></b>	4

If you have any questions regarding the above contact Zainab Day 412-4798.  
ZD/rf



		Single Level	Level H: AIDS	Single Level	Single Level		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
015658600	20151101	223.44	0.00	223.44	223.44	87526-20	NH17-068C
015658600	20160501	227.99	0.00	227.99	227.99	87526-20	NH17-068C
015658600	20160901	230.53	0.00	230.53	230.53	87526-20	NH17-068C
015658600	20170901	234.80	0.00	234.80	234.80	87526-20	NH17-068C



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORTHBROOK HEALTH AND REHABILITATION CENTER
575 LAMAR AVE
BROOKSVILLE, FL 34601

Provider Number: 0 156586-00
Date: 3/10/2020
Fiscal Year End: 4/30/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 223.23, 223.44, 11/1/2015

Rate Type:

X Interim Total Interim
Prospective Total Prospective
Interim Component Total Prospective with Interim Component
X Settlement based on cost
Prior Provider Prospective data

Basis:

Budget
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X FA #NH17-068C FYE 04/30/2016.

Distribution:

Contract Management / Fiscal Agent
Permanent File
For Information Only
No Change in Rate

Zainab Day

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Medicaid Reimbursement Per Diem Rates

NORTHBROOK HEALTH AND REHABILITATION CENTER
575 LAMAR AVE
BROOKSVILLE, FL 34601

Provider Number: 0 156586-00
Date: 3/10/2020
Fiscal Year End: 4/30/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 228.12, 227.99, 5/1/2016

Rate Type:

Interim
Total Interim
Interim Component
X Settlement based on cost
Prior Provider Prospective data

X Prospective
Total Prospective
Total Prospective with Interim Component

Basis:

Budget
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X FA #NH17-068C FYE 04/30/2016.

Distribution:

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For Information Only
No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

NORTHBROOK HEALTH AND REHABILITATION CENTER  
575 LAMAR AVE  
BROOKSVILLE, FL 34601

Provider Number: 0 156586-00  
Date: 3/10/2020  
Fiscal Year End: 4/30/2016  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>230.67</u>	<u>230.53</u>	<u>9/1/2016</u>

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

FA #NH17-068C FYE 04/30/2016.

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Summit Care II, Inc  
2123 Centre Pointe Blvd.  
Tallahassee, FL 32308

Zainab Day

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Medicaid Reimbursement Per Diem Rates

NORTHBROOK HEALTH AND REHABILITATION CENTER
575 LAMAR AVE
BROOKSVILLE, FL 34601

Provider Number: 0 156586-00
Date: 3/10/2020
Fiscal Year End: 4/30/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: 234.94
New Rate: 234.80
Effective Date: 9/1/2017

Rate Type:

Interim

X Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

X

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

FA #NH17-068C FYE 04/30/2016.

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Summit Care II, Inc
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