




RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: September 30, 2016
To: Gay Munyon, Bureau Chief, Medicaid Fiscal Agent Operations
From:  Lisa Smith, Regulatory Analyst Supervisor
Subject: Retroactive Nursing Facility Per Diem Rates

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.	Whitehall Boca Raton	0 016016-00	Field Audit	6
			Total:	6

If you have any questions regarding the above contact Lisa Smith 412-4114.

LS/kc



		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)	MCM number	Audit Number
001601600	20091201	213.29	353.64	213.29	213.29	79912-16	NH13-293W
001601600	20100101	214.58	356.50	214.58	214.58	79912-16	NH13-293W
001601600	20100701	214.72	358.06	214.72	214.72	79912-16	NH13-293W
001601600	20110101	217.84	362.70	217.84	217.84	79912-16	NH13-293W
001601600	20110701	208.97	355.17	208.97	208.97	79912-16	NH13-293W
001601600	20120101	210.70	358.31	210.70	210.70	79912-16	NH13-293W
015159000	20150701	284.83	0.00	284.83	284.83	79912-16	
015159000	20150901	282.87	0.00	282.87	282.87	79912-16	
015159000	20160901	279.51	0.00	279.51	279.51	79912-16	
015722400	20160331	250.36	0.00	250.36	250.36	79912-16	
015722400	20160901	248.09	0.00	248.09	248.09	79912-16	
015722500	20160331	246.63	0.00	246.63	246.63	79912-16	
015722500	20160901	245.09	0.00	245.09	245.09	79912-16	
015786000	20151201	226.81	0.00	226.81	226.81	79912-16	
015786000	20160901	230.16	0.00	230.16	230.16	79912-16	



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Medicaid Reimbursement Per Diem Rates

WHITEHALL BOCA RATON
7300 DEL PRADO CIRCLE SOUTH
BOCA RATON, FL 33433

Provider Number: 0 016016-00
Date: 8/24/2016
Fiscal Year End: 12/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>212.89</u>	<u>213.29</u>	<u>12/1/2009</u>
	Level H: Aids	<u>353.24</u>	<u>353.64</u>	<u>12/1/2009</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

Field Audit #NH13-293W FYE 12/31/2010

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

WHITEHALL BOCA RATON	Provider Number:	0 016016-00
7300 DEL PRADO CIRCLE SOUTH	Date:	8/24/2016
BOCA RATON, FL 33433	Fiscal Year End:	12/31/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.19</u>	<u>214.58</u>	<u>1/1/2010</u>
	Level H: Aids	<u>356.11</u>	<u>356.50</u>	<u>1/1/2010</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
_____ Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
_____ Desk audited costs

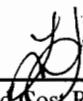
Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH13-293W FYE 12/31/2010

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Medicaid Reimbursement Per Diem Rates

WHITEHALL BOCA RATON
7300 DEL PRADO CIRCLE SOUTH
BOCA RATON, FL 33433

Provider Number: 0 016016-00
Date: 8/24/2016
Fiscal Year End: 12/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.33</u>	<u>214.72</u>	<u>7/1/2010</u>
	Level H: Aids	<u>357.67</u>	<u>358.06</u>	<u>7/1/2010</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs


Changes:

_____ Rate Semester Change
 Field Audit #NH13-293W FYE 12/31/2010

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Medicaid Reimbursement Per Diem Rates

WHITEHALL BOCA RATON	Provider Number:	0 016016-00
7300 DEL PRADO CIRCLE SOUTH	Date:	8/24/2016
BOCA RATON, FL 33433	Fiscal Year End:	12/31/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>217.45</u>	<u>217.84</u>	<u>1/1/2011</u>
	Level H: Aids	<u>362.31</u>	<u>362.70</u>	<u>1/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH13-293W FYE 12/31/2010

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Medicaid Reimbursement Per Diem Rates

WHITEHALL BOCA RATON	Provider Number:	0 016016-00
7300 DEL PRADO CIRCLE SOUTH	Date:	8/24/2016
BOCA RATON, FL 33433	Fiscal Year End:	12/31/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>208.61</u>	<u>208.97</u>	<u>7/1/2011</u>
	Level H: Aids	<u>354.81</u>	<u>355.17</u>	<u>7/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs


Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH13-293W FYE 12/31/2010

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WHITEHALL BOCA RATON
7300 DEL PRADO CIRCLE SOUTH
BOCA RATON, FL 33433

Provider Number: 0 016016-00
Date: 8/24/2016
Fiscal Year End: 12/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.34	210.70	1/1/2012
	Level H: Aids	357.95	358.31	1/1/2012

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

Field Audit #NH13-293W FYE 12/31/2010

Distribution:


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Medicaid Reimbursement Per Diem Rates

NORTH LAKE CARE CENTER
750 BAYBERRY DRIVE
LAKE PARK, FL 33403

Provider Number: 0 151590-00
Date: 8/12/2016
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **273.17** New Rate: **284.83** Effective Date: **7/1/2015**

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:	
<input checked="" type="checkbox"/> Budget	
<input type="checkbox"/> Unaudited costs	
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> NRP CHOP effective 07/01/2015	

Distribution:

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Medicaid Reimbursement Per Diem Rates

NORTH LAKE CARE CENTER
750 BAYBERRY DRIVE
LAKE PARK, FL 33403

Provider Number: 0 151590-00
Date: 8/12/2016
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **274.75** New Rate: **282.87** Effective Date: **9/1/2015**

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:	
<input checked="" type="checkbox"/> Budget	
<input type="checkbox"/> Unaudited costs	
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> NRP CHOP effective 07/01/2015	

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Medicaid Reimbursement Per Diem Rates

NORTH LAKE CARE CENTER
750 BAYBERRY DRIVE
LAKE PARK, FL 33403

Provider Number: 0 151590-00
Date: 8/12/2016
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **276.88** New Rate: **279.51** Effective Date: **9/1/2016**

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:	
<input checked="" type="checkbox"/> Budget	
<input type="checkbox"/> Unaudited costs	
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> NRP CHOP effective 07/01/2015	

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Medicaid Reimbursement Per Diem Rates

CLEWISTON NURSING & REHABILITATION

301 SOUTH GLORIA ST

CLEWISTON, FL 33440

Provider Number:

0 157224-00

Date:

8/10/2016

Fiscal Year End:

10/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

235.01

New
Rate

250.36

Effective
Date

3/31/2016

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

NRP CHOP/CHOW effective 03/31/2016

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

CLEWISTON NURSING & REHABILITATION
301 SOUTH GLORIA ST
CLEWISTON, FL 33440

Provider Number: 0 157224-00
Date: 8/10/2016
Fiscal Year End: 10/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
235.07 **248.09** **9/1/2016**

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:	
<input checked="" type="checkbox"/> Budget	
<input type="checkbox"/> Unaudited costs	
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> NRP CHOP/CHOW effective 03/31/2016	

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Medicaid Reimbursement Per Diem Rates

LAKELAND NURSING & REHABILITATION, LLC
1919 LAKELAND HILLS BLVD
LAKELAND, FL 33805

Provider Number: 0 157225-00
Date: 8/8/2016
Fiscal Year End: 10/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **232.23** New Rate: **246.63** Effective Date: **3/31/2016**

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:	
<input checked="" type="checkbox"/> Budget	
<input type="checkbox"/> Unaudited costs	
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> NRP CHOP/CHOW effective 03/31/2016	

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

LAKELAND NURSING & REHABILITATION, LLC
1919 LAKELAND HILLS BLVD
LAKELAND, FL 33805

Provider Number: 0 157225-00
Date: 8/8/2016
Fiscal Year End: 10/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
232.88 **245.09** **9/1/2016**

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:	
<input checked="" type="checkbox"/> Budget	
<input type="checkbox"/> Unaudited costs	
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> NRP CHOP/CHOW effective 03/31/2016	

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF CITRUS COUNTY
3325 W JERWAYNE LN
LECANTO, FL 34461

Provider Number: 0 157860-00
Date: 8/17/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
226.81 **226.81** **12/1/2015**

Rate Type:	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:	
<input type="checkbox"/> Budget	
<input checked="" type="checkbox"/> Unaudited costs	
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> RP CHOP/CHOW effective 12/01/2015	

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Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312



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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF CITRUS COUNTY
3325 W JERWAYNE LN
LECANTO, FL 34461

Provider Number: 0 157860-00
Date: 8/17/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **230.16** New Rate: **230.16** Effective Date: **9/1/2016**

Rate Type:	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:	
<input type="checkbox"/> Budget	
<input checked="" type="checkbox"/> Unaudited costs	
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> RP CHOP/CHOW effective 12/01/2015	

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Cleveland, TN 37312