

#### **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>	Provider Number	Type of Action	Number of Rate Change Notices
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		
	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MCM	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	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	



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WHITEHALL BOCA RATON	Provider Number:	0 016016-00 8/24/2016			
7300 DEL PRADO CIRCLE SOUTH	Date:				
BOCA RATON, FL 33433	Fiscal Year End:		12/31/2010		
	Audit Status:		Field Aud	dited	
Provider Type:		Current Rate	New <u>Rate</u> 213.29	Effective <u>Date</u> 12/1/2009	
Nursing Home Single Level		<u>212.89</u>	<u> </u>	12/1/2003	
Level H: Aids		<u>353.24</u>	353.64	12/1/2009	
Rate Type:					
X Interim	Prospective				
Total Interim		al Prospective	;		
Interim Component	Tota	al Prospective	with Interim	Component	
X Settlement based on cost					
Prior Provider Prospective data					
Budget Unaudited costs X Field audited costs Desk audited costs	Changes:  Rate Semes X Field Audi	ster Change t #NH13-293	W FYE 12/3	1/2010	
Distribution: Contract Management / Fiscal Agent	Medicaid Cost Rein	Lisa Smith	lanning and	Finance	
Permanent File	Medicald Cost Cell	noursement r	idining and	manoc	
For Information Only					
No Change in Rate					
Home Office: No Home Office	·				



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

7300 DEL PRADO CIRCLE SOUTH		Provider Number	r:	8/24/2016		
		Date:				
BOCA RATON	N, FL 33433	Fiscal Year End:		12/31/2010		
		Audit Status:		Field Au	dited	
Provider Ty	ne:					
	<b>r</b>		Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Ho	me 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:					
X	Interim	Prospective				
	Total Interim	T	otal Prospective	:		
	Interim Component	Te	otal Prospective	with Interim	Component	
	X Settlement based on cost					
	Prior Provider Prospective dat	a				
Basis:		Changes:				
		Rate Sen	nester Change			
	Budget	X Field Au	ıdit #NH13-293	W FYE 12/3	1/2010	
	Unaudited costs					
<u>X</u>	Field audited costs					
	Desk audited costs					
		. 1				
Distribution	<u>ı:</u>	D	Lisa Smith			
Contract Mana	gement / Fiscal Agent	Medicaid Cost Re	eimbursement P	lanning and I	inance	
Permanent File	•					
For Inf	Formation Only					
No Cha	inge in Rate					
Hor	me Office: No Home Office					



#### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WHITEHALL BOCA RATON		Provider Number:		0 016016-00		
7300 DEL PR	ADO CIRCLE SOUTH	Date:		8/24/2016		
BOCA RATO	N, FL 33433	Fiscal Year End:	iscal Year End: 12/31/2010			
		Audit Status:		Field Aud	lited	
Provider T	ype:					
	•		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome 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>	
Rat	e Type:					
X	Interim	Prospective				
	Total Interim		l Prospective		<b>a</b>	
	Interim Component  X Settlement based on cost	Tota	i Prospective	with Interim	Component	
	Prior Provider Prospective da	ta				
Basis:		Changes:				
		Rate Semes	ter Change			
	Budget		_	W FYE 12/31	/2010	
	Unaudited costs					
X	Field audited costs					
	Desk audited costs					
Distributio	<u>on:</u>		Lisa Smith			
Contract Man	agement / Fiscal Agent	Medicaid Cost Reim		lanning and F	inance	
Permanent Fil	le					
For Ir	nformation Only					
No Ch	nange in Rate					
	-					
H	ome Office: No Home Office				: i	



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WHITEHALL BOCA RATON		Provider N	umber:	0 016016-00		
7300 DEL PRA	ADO CIRCLE SOUTH	Date:		8/24/2016 12/31/2010		
BOCA RATON	N, FL 33433	Fiscal Year	End:			
		Audit Statu	is:	Field Aud	lited	
Provider Ty  Nursing Hor			Current <u>Rate</u> 217.45	New <u>Rate</u> <b>217.84</b>	Effective <u>Date</u> 1/1/2011	
True San	Level H: Aids		362.31	<u>362.70</u>	1/1/2011	
Rate	Type:					
	Interim	X Prospectiv	ve			
	Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data		Total Prospective Total Prospective		Component	
Basis:	Budget Unaudited costs		te Semester Change eld Audit #NH13-293	3W FYE 12/3	1/2010	
Х	Field audited costs  Desk audited costs					
Permanent File	agement / Fiscal Agent	Medicaid C	Lisa Smith		Finance	
No Cha	ange in Rate					
Но	ome Office: No Home Office					



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Tallahassee, Florida 32308

WHITEHALL BOCA RATON			Provider Number: 0 016				
7300 DEL PRA	7300 DEL PRADO CIRCLE SOUTH			8/24/2016			
BOCA RATON	N, FL 33433	Fiscal Y	ear End:	12/31/2010			
		Audit S	tatus:	<del></del>	Field Auc	lited	
Provider Ty	ne•						
1 lovider 1 y	pe.			Current	New	Effective	
				Rate	Rate	Date	
Nursing Ho	me Single Level			208.61	<b>208.97</b>	7/1/2011	
r var oarig aro							
	Level H: Aids			<u>354.81</u>	<u>355.17</u>	<u>7/1/2011</u>	
Rate	e Type:						
	_ Interim	X Prospe					
	Total Interim			Prospective			
	Interim Component		Total	Prospective	with Interim	Component	
	X Settlement based on cost						
	Prior Provider Prospective dat	a					
	<del></del>						
Basis:		Changes:					
			Rate Semest	_			
	Budget	X	Field Audit	#NH13-293	W FYE 12/3	1/2010	
	Unaudited costs						
X	Field audited costs						
	Desk audited costs						
			1				
<u>Distribution</u>	<u>n:</u>			Lisa Smith			
Contract Mana	agement / Fiscal Agent	Medicai	d Cost Reim	bursement F	lanning and I	Finance	
Permanent File	e						
For In	formation Only						
No Cha	ange in Rate						
Ho	ome Office: No Home Office						



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WHITEHALL BOCA RATON		Provider Numb	er:	0 016016-00				
7300 DEL PRA	ADO CIRCLE SOUTH	Date:		8/24/2016				
BOCA RATO	N, FL 33433	Fiscal Year End	d:	12/31/2010				
		Audit Status:		Field Aud	lited			
Provider Ty	vne:							
11011401 1,	, pe-		Current	New	Effective			
			Rate	Rate	<u>Date</u>			
Nursing Ho	me Single Level		<u>210.34</u>	<u>210.70</u>	<u>1/1/2012</u>			
	Level H: Aids		<u>357.95</u>	<u>358.31</u>	1/1/2012			
Rate	e Type:							
	Interim	X Prospective						
	Total Interim		Total Prospective					
	Interim Component		Total Prospective	with Interim	Component			
	X Settlement based on cost							
	Prior Provider Prospective da	ıta						
Basis:		Changes:						
			emester Change					
	Budget	X Field A	Audit #NH13-293	W FYE 12/3	1/2010			
,	Unaudited costs							
X	Field audited costs							
	Desk audited costs							
		L	7					
<b>Distributio</b>		7	Lisa Smith					
Contract Man	agement / Fiscal Agent	Medicaid Cost	Medicaid Cost Reimbursement Planning and Finance					
Permanent Fil	e							
For In	nformation Only							
No Ch	nange in Rate							
Но	ome Office: No Home Office							
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## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

NORTH LAKE CARE CENTER 750 BAYBERRY DRIVE		Provider	Number:		0 151590-00 8/12/2016				
		Date:							
LAKE PARK	, FL 33403		Fiscal Y	Fiscal Year End: 6/30/2016			16		
			Audit St	atus:		Unaudited			
Provider T		le Level			Current <u>Rate</u> <b>273.17</b>	Rate Rate Date			
Rat	е Туре:								
X	Interim		Prospe	ctive					
	X	Total Interim		Tota	al Prospective				
	-	Interim Component		Tota	al Prospective	with Interim	Component		
		Settlement based on cost							
	-	Prior Provider Prospective data							
Basis:			Changes:						
	_		1	Rate Semes	ster Change				
X	Budget		<u>X</u>	NRP CHO	P effective 07	7/01/2015			
	Unaudited								
	Field audit								
	Desk audit	ed costs							
Distributio	on:				Lisa Smith				
Contract Man	nagement / Fisca	al Agent	Medicaid	Cost Rein		lanning and F	inance		
Permanent Fi	le					C			
For I	nformation Only	y		-	1.	1-1			
No Cł	nange in Rate			0	Jusa J	muy			
Н	ome Office:	No Home Office							
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## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

NORTH LAKE CARE CENTER		Provide	r Number:		0 151590-00			
750 BAYBEI	RRY DRIVE		Date:	Date: 8/12/20			16	
LAKE PARK	K, FL 33403		Fiscal Y	Fiscal Year End: 6/30/20			16	
			Audit S	tatus:		Unaudited		
Provider Type:  Nursing Home Single Level					New <u>Rate</u> 282.87	Effective <u>Date</u> 9/1/2015		
Rat	te Type:							
X	Interim		Prospe	ective				
21	— X	Total Interim	1103pc		al Prospective			
		Interim Component			=	with Interim	Component	
		Settlement based on cost			1		1	
		Prior Provider Prospective data						
Basis:			<b>Changes:</b>					
				Rate Semes	ster Change			
X	Budget		X		P effective 07	7/01/2015		
	Unaudited	costs						
	Field audit	ed costs						
	Desk audit	ed costs						
<u>Distributi</u>	<u>on:</u>				Lisa Smith			
Contract Mar	nagement / Fisca	l Agent	Medicaio	l Cost Rein		lanning and F	inance	
Permanent F	ile					C		
For I	Information Only	7			1.			
	hange in Rate				Jisa J	nth		
H	Iome Office:	No Home Office						
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### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

NORTH LAKE CARE CENTER		Provid		0 151590-00				
750 BAYBER	RRY DRIVE		Date:		8/12/2016			
LAKE PARK	, FL 33403		Fiscal	Year End:		6/30/20	16	
			Audit	Audit Status: Unaud			ited	
Provider T						New <u>Rate</u> 279.51	Effective	
Rat	te Type:							
X	Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	Prosj		l Prospective l Prospective	with Interim	Component	
Basis:	Budget Unaudited Field audit Desk audit	ed costs	Changes:	Rate Semester Change				
<b>Distributio</b> Contract Man	<b>on:</b> nagement / Fisca	ıl Agent	Lisa Smith  Medicaid Cost Reimbursement Planning and Finance					
Permanent Fi	_	-	Medica	uu Cost Kelli	iouiseillelli P	iaiiiiiig and F	mance	
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Н	Iome Office:	No Home Office						
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## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CLEWISTON	NURSING & I	REHABILITATION	Provid	er Number:		0 157224-00			
301 SOUTH GLORIA ST			Date:			8/10/2016			
CLEWISTON	N, FL 33440		Fiscal	Year End:		10/31/20	)16		
			Audit	Status:		ted			
Provider T Nursing Ho	Nursing Home Single Level  Rate Type:				Current <u>Rate</u> 235.01	New <u>Rate</u> 250.36	Effective <u>Date</u> 3/31/2016		
Rat	te Type:								
X	Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	Prosp		ll Prospective Il Prospective		Component		
Basis:	Budget Unaudited Field audit Desk audit	ed costs	Changes:	Rate Semester Change					
<b>Distributio</b> Contract Mar	<b>on:</b> nagement / Fisca	ıl Agent	Medica	Lisa Smith  Medicaid Cost Reimbursement Planning and Finance					
Permanent Fi	ile		Tylodica			and I	manec		
For Information OnlyNo Change in Rate			Sisa Inital						
	Iome Office:	No Home Office							
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## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CLEWISTON NURSING & REHABILITATION	Provider Number: 0 157224-00
301 SOUTH GLORIA ST	Date: 8/10/2016
CLEWISTON, FL 33440	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:	
X Interim  X Total Interim  Interim Component  Settlement based on component Prior Provider Prospect	
Basis:  X Budget Unaudited costs Field audited costs Desk audited costs	Changes:  Rate Semester Change  X  NRP CHOP/CHOW effective 03/31/2016
<u>Distribution:</u> Contract Management / Fiscal Agent	Lisa Smith  Medicaid Cost Reimbursement Planning and Finance
Permanent File	Medicale Cost Remicalsement Flamming and Finance
For Information OnlyNo Change in Rate	Gisa Inital
Home Office: No Home Office  OV3SC Report Calculated: 8/10/2016 1:30:37 PM	M Report Printed :9/29/2016 ID:



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKELAND NURSING & REHABILITATION, LLC  1919 LAKELAND HILLS BLVD		Provid	er Number:		0 157225-00 8/8/2016			
		Date:						
LAKELAND,	KELAND, FL 33805 Fiscal Year End:			10/31/2016				
			Audit	Status:		Unaudit	ted	
	rovider Type: ursing Home Single Level				Current <u>Rate</u> 232.23	New <u>Rate</u> 246.63	Effective <u>Date</u> 3/31/2016	
Rate	е Туре:							
X	Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	Prosp		al Prospective		Component	
Basis:	Budget Unaudited of Field audited Desk audite	ed costs	Rate Semester Change  NRP CHOP/CHOW effective 03/31/2016					
Distribution:		Lisa Smith						
Contract Management / Fiscal Agent  Permanent File			Medica	id Cost Rein	nbursement P	lanning and I	Finance	
	nformation Only				1	1		
	nange in Rate				Aisa )	mits		
Ho	ome Office:	No Home Office	ort Printed -9/29/20	116 ID:				



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

1919 LAKELAND HILLS BLVD LAKELAND, FL 33805	Date: Fiscal Year End: Audit Status:		8/8/201			
LAKELAND, FL 33805	_			16		
	Audit Status:					
			Unaudit	Unaudited		
Provider Type:  Nursing Home Single Level		Current <u>Rate</u> 232.88	New <u>Rate</u> 245.09	Effective <u>Date</u> 9/1/2016		
Rate Type:						
X Interim  X Total Interim  Interim Component  Settlement based on cost  Prior Provider Prospective data		l Prospective l Prospective	with Interim	Component		
X Budget Unaudited costs Field audited costs Desk audited costs	Rate Semester Change  NRP CHOP/CHOW effective 03/31/2016					
Distribution:  Contract Management / Fiscal Agent	Lisa Smith  Medicaid Cost Reimbursement Planning and Finance					
Permanent File	Medicaid Cost Rein	ibursement P	lanning and F	inance		
For Information OnlyNo Change in Rate	Sisa Inital					
Home Office: No Home Office						



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CENTER OF CITRUS COUNTY 3325 W JERWAYNE LN		Provide	er Number:		0 157860-00		
		Date:			8/17/2016		
LECANTO, FL 34461		Fiscal Year End: 7/31/2014					
		Audit S	Status:		Unaudit	ed	
Provider Type: Nursing Home Singl	e Level			Current <u>Rate</u> <b>226.81</b>	New <u>Rate</u> 226.81	Effective <u>Date</u> 12/1/2015	
Rate Type:							
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Prosp		l Prospective l Prospective	with Interim	Component	
Basis:  Budget  X Unaudited of Field audite  Desk audite	d costs	Changes:  Rate Semester Change RP CHOP/CHOW effective 12/01/2015					
<u>Distribution:</u> Contract Management / Fiscal Agent		Lisa Smith  Medicaid Cost Reimbursement Planning and Finance					
Permanent File		Medica	ia Cost Reim	ibursement P.	ianning and r	inance	
<ul><li>X For Information Only</li><li>X No Change in Rate</li></ul>	у		0	Sisa )	mith		
Home Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312	art Printed •9/29/20			108012013101		



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Tallahassee, Florida 32308

LIFE CARE CENTER OF CITRUS COUNTY 3325 W JERWAYNE LN		Provid	ler Number:		0 157860-00			
		Date:			8/17/2016			
LECANTO, FI	L 34461		Fiscal	Fiscal Year End: 7/31/2014		14		
			Audit	Status:		Unaudit	ed	
Provider Ty Nursing Ho		gle Level			Current <u>Rate</u> 230.16	New <u>Rate</u> 230.16	Effective	
Rate	е Туре:							
	Interim	Total Interim Interim Component	X Pros		l Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data						
Basis:	Budget Unaudited Field audit	ted costs	Rate Semester Change  X RP CHOP/CHOW effective 12/				15	
<u>Distributio</u>					Lisa Smith			
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance					
Permanent Fil		.1			1	A.		
	Information On hange in Rate	пу			Sisa J	mits		
Но	ome Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312						
TO2	Report Cal	culated: 8/17/2016 1:06:02 PM Repo	rt Printed :9/29/20	016 ID: 21	15320731201/	1080120131019	2014114408	