



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

MEMORANDUM

Date: January 6, 2017
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. | HarbourWood Health and Rehab Center | 0 316636-00 | FA | 2 |
| 2. | Chautauqua Rehabilitation and Nursing Center | 0 324361-00 | RFA | 5 |
| | | | Total: | 7 |

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

LS/sj



| | | 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 |
| 013652200 | 20150101 | 242.65 | 0.00 | 242.65 | 242.65 | | |
| 013652200 | 20150901 | 236.54 | 0.00 | 236.54 | 236.54 | | |
| 013652200 | 20160901 | 231.26 | 0.00 | 231.26 | 231.26 | | |
| 014151200 | 20150301 | 235.15 | 0.00 | 235.15 | 235.15 | | |
| 014151200 | 20150901 | 235.62 | 0.00 | 235.62 | 235.62 | | |
| 014151200 | 20160901 | 205.29 | 0.00 | 205.29 | 205.29 | | |
| 031663600 | 20140101 | 212.40 | 0.00 | 212.40 | 212.40 | 80362-17 | NH13-260C |
| 031663600 | 20140701 | 221.72 | 0.00 | 221.72 | 221.72 | 80362-17 | NH13-260C |
| 032436100 | 20120101 | 192.83 | 340.44 | 192.83 | 192.83 | 80362-17 | NH11-085C |
| 032436100 | 20120701 | 198.84 | 348.05 | 198.84 | 198.84 | 80362-17 | NH11-085C |
| 032436100 | 20130101 | 201.62 | 352.43 | 201.62 | 201.62 | 80362-17 | NH11-085C |
| 032436100 | 20130701 | 201.69 | 0.00 | 201.69 | 201.69 | 80362-17 | NH11-085C |
| 032436100 | 20140101 | 204.69 | 0.00 | 204.69 | 204.69 | 80362-17 | NH11-085C |



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CROSS CARE CENTER
5888 BLANDING BLVD
JACKSONVILLE, FL 32244

Provider Number: 0 136522-00
Date: 12/15/2016
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
235.49 **242.65** **1/1/2015**

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 01/01/2015

Distribution:

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

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

CROSS CARE CENTER
5888 BLANDING BLVD
JACKSONVILLE, FL 32244

Provider Number: 0 136522-00
Date: 12/15/2016
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| 233.11 | 236.54 | 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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

NRP CHOP/CHOW effective 01/01/2015

Distribution:

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CROSS CARE CENTER
5888 BLANDING BLVD
JACKSONVILLE, FL 32244

Provider Number: 0 136522-00
Date: 12/15/2016
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| <u>231.56</u> | <u>231.26</u> | <u>9/1/2016</u> |

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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 NRP CHOP/CHOW effective 01/01/2015

Distribution:

Contract Management / Fiscal Agent
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Medicaid Reimbursement Per Diem Rates

GULFPORT REHABILITATION CENTER
1430 PASADENA AVE S
SOUTH PASADENA, FL 33707

Provider Number: 0 141512-00
Date: 8/30/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 235.15, 235.15, 3/1/2015

Rate Type:

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

Basis:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X RP CHOP effective 03/01/2015

Distribution:

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

Lisa Smith

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Handwritten signature of Lisa Smith

Home Office: Signature Healthcare LLC
12201 Bluegrass Parkway
Louisville, KY 40299



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Medicaid Reimbursement Per Diem Rates

GULFPORT REHABILITATION CENTER
1430 PASADENA AVE S
SOUTH PASADENA, FL 33707

Provider Number: 0 141512-00
Date: 8/30/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| <u>235.62</u> | <u>235.62</u> | <u>9/1/2015</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 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 effective 03/01/2015 |

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

GULFPORT REHABILITATION CENTER
1430 PASADENA AVE S
SOUTH PASADENA, FL 33707

Provider Number: 0 141512-00
Date: 8/30/2016
Fiscal Year End: 7/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 205.29, 205.29, 9/1/2016

Rate Type:

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

Basis:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X RP CHOP effective 03/01/2015

Distribution:

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X No Change in Rate

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Medicaid Reimbursement Per Diem Rates

| | | |
|-------------------------------------|------------------|---------------|
| HARBOURWOOD HEALTH AND REHAB CENTER | Provider Number: | 0 316636-00 |
| 549 SKY HARBOR DR | Date: | 11/30/2016 |
| BLDG 31 | Fiscal Year End: | 5/31/2013 |
| CLEARWATER, FL 33759 | Audit Status: | Field Audited |

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| <u>215.67</u> | <u>212.40</u> | <u>1/1/2014</u> |

Rate Type:

| | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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 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 #NH13-260C FYE 05/31/2013 |

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Medicaid Reimbursement Per Diem Rates

| | | |
|-------------------------------------|------------------|---------------|
| HARBOURWOOD HEALTH AND REHAB CENTER | Provider Number: | 0 316636-00 |
| 549 SKY HARBOR DR | Date: | 11/30/2016 |
| BLDG 31 | Fiscal Year End: | 5/31/2013 |
| CLEARWATER, FL 33759 | Audit Status: | Field Audited |

Provider Type:

| | | | | |
|---------------------|---------------------|----------------------|----------------------|------------------------|
| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
| Nursing Home | Single Level | <u>225.52</u> | <u>221.72</u> | <u>7/1/2014</u> |

Rate Type:

| | |
|---------------------------------------|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| _____ Total Interim | _____ X Total Prospective |
| _____ Interim Component | _____ Total Prospective with Interim Component |
| _____ 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 #NH13-260C FYE 05/31/2013 |

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Home Office: Senior Care Group, Inc.
 1240 Marbella Plaza Drive
 Tampa, FL 33619



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Medicaid Reimbursement Per Diem Rates

CHAUTAUQUA REHABILITATION & NURSING CENTER
785 S 2ND STREET
DEFUNIAK SPRINGS, FL 32433

Provider Number: 0 324361-00
Date: 9/26/2016
Fiscal Year End: 7/31/2011
Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|--------------|----------|----------------|
| Nursing Home | Single Level | 194.76 | 192.83 | 1/1/2012 |
| | Level H: Aids | 342.37 | 340.44 | 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
 Effects of FA & RFA #NH11-085C FYE 07/31/2006 with effects of FA & RFA #NH11-086C FYE 07/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

CHAUTAUQUA REHABILITATION & NURSING CENTER
785 S 2ND STREET
DEFUNIAK SPRINGS, FL 32433

Provider Number: 0 324361-00
Date: 9/26/2016
Fiscal Year End: 7/31/2011
Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|--------------|----------|----------------|
| Nursing Home | Single Level | 200.27 | 198.84 | 7/1/2012 |
| | Level H: Aids | 349.48 | 348.05 | 7/1/2012 |

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
 Effects of FA & RFA #NH11-085C FYE 07/31/2006 with effects of FA & RFA #NH11-086C FYE 07/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

CHAUTAUQUA REHABILITATION & NURSING CENTER
785 S 2ND STREET
DEFUNIAK SPRINGS, FL 32433

Provider Number: 0 324361-00
Date: 9/26/2016
Fiscal Year End: 7/31/2011
Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>202.57</u> | <u>201.62</u> | <u>1/1/2013</u> |
| | Level H: Aids | <u>353.38</u> | <u>352.43</u> | <u>1/1/2013</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
 Effects of FA & RFA #NH11-085C FYE 07/31/2006 with effects of FA & RFA #NH11-086C FYE 07/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

CHAUTAUQUA REHABILITATION & NURSING CENTER
785 S 2ND STREET
DEFUNIAK SPRINGS, FL 32433

Provider Number: 0 324361-00
Date: 9/26/2016
Fiscal Year End: 7/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| <u>202.87</u> | <u>201.69</u> | <u>7/1/2013</u> |

Rate Type:

Interim

Prospective

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

Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH11-085C FYE 07/31/2006 with effects of FA & RFA #NH11-086C FYE 07/31/2007

Distribution:


Contract Management / Fiscal Agent

Permanent File

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Home Office: Signature Healthcare LLC
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Louisville, KY 40299


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CHAUTAUQUA REHABILITATION & NURSING CENTER
785 S 2ND STREET
DEFUNIAK SPRINGS, FL 32433

Provider Number: 0 324361-00
Date: 9/26/2016
Fiscal Year End: 7/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| <u>205.43</u> | <u>204.69</u> | <u>1/1/2014</u> |

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:

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

Changes:

| | |
|-------------------------------------|--|
| _____ | Rate Semester Change |
| <input checked="" type="checkbox"/> | Effects of FA & RFA #NH11-085C FYE 07/31/2006 with effects of FA & RFA #NH11-086C FYE 07/31/2007 |

Distribution:

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

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