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.

	Provider Name	Provider Number	Type of Action	Number of Rate Change Notices
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		
	Effective Date				-		
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MCM	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	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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Tallahassee, Florida 32308

CROSS CARE	CENTER		Provider Number	•	0 136522	-00			
5888 BLANDI	NG BLVD		Date:	************	12/15/20	16			
JACKSONVIL	LE, FL 32244		Fiscal Year End:		12/31/20	15			
			Audit Status:		Unaudit	ed			
Provider Ty Nursing Ho		Level		Current <u>Rate</u> 235.49	New <u>Rate</u> 242.65	Effective			
Rate	туре:]							
Basis:	Interim X Budget Unaudited co Field audited Desk audited	costs	Changes:	otal Prospective otal Prospective dester Change OP/€HOW eff	with Interim	·			
	agement / Fiscal A	Agent	Lisa Smith Medicaid Cost Reimbursement Planning and Finance						
Permanent File				λ					
	formation Only ange in Rate		6	Aisa O	hite				
Но	ome Office:	No Home Office	ū						



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CROSS CARE	ECENTER		Provider Number	r:	0 136522	-00		
5888 BLANDI	NG BLVD		Date:		12/15/20	16		
JACKSONVIL	LLE, FL 32244		Fiscal Year End:		12/31/20)15		
			Audit Status:		Unaudit	ed		
Provider Ty Nursing Ho	•	e Level	Current New Rate Rate 233.11 236.54		Effective			
Rate	e Type:							
X	Interim		Prospective					
Basis:	Budget Unaudited c Field audited Desk audited	d costs	Changes:	otal Prospective otal Prospective nester Change IOP/CHOW eff	with Interim	·		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate			Medicaid Cost Reimbursement Planning and Finance					
Но	ome Office:	No Home Office						



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Medicaid Reimbursement Per Diem Rates

CROSS CARE	CENTER		Provider Numbe	r:	0 136522	-00		
5888 BLANDI	NG BLVD		Date:		12/15/20	116		
JACKSONVIL	LLE, FL 32244		Fiscal Year End:	:	12/31/20)15		
			Audit Status:		Unaudit	ted		
Provider Ty Nursing Ho	-	e Level		Current <u>Rate</u> 231.56	New <u>Rate</u> 231.26	Effective <u>Date</u> <u>9/1/2016</u>		
Rate	e Type:							
X	Interim		Prospective					
	X	Total Interim		otal Prospective				
		Interim Component	T	otal Prospective	with Interim	Component		
	-	Settlement based on cost						
		Prior Provider Prospective data						
Basis:	Budget Unaudited of Field audite Desk audite	d costs		nester Change HOP/CHOW eff	ective 01/01/2	2015		
Permanent Fil	agement / Fiscal	Agent	Lisa Smith Medicaid Cost Reimbursement Planning and Finance					
Но	ome Office:	No Home Office						

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GULFPORT R	EHABILITA	ΓΙΟΝ CENTER		Provider Number:		0 141512	-00
1430 PASADE	ENA AVE S			Date:		8/30/201	16
SOUTH PASA	DENA, FL 3	3707		Fiscal Year End:		7/31/20	14
				Audit Status:		Unaudit	ed
Provider Ty	ype:						
•	•				Current	New	Effective
					<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Ho	me Sing	gle Level			<u>235.15</u>	<u>235.15</u>	<u>3/1/2015</u>
Rate	Type:						
	V 1						
	Interim		X	Prospective			
		Total Interim		Tota	l Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	inges:			
				Rate Semes	_		
	Budget			X RP CHOP	effective 03/0	01/2015	
X	Unaudited						
	Field audi						
	Desk audi	ted costs					
<u>Distribution</u>					Lisa Smith		
Contract Mana	_	al Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance
Permanent File	e				1 .		
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No Cha	ange in Rate			()	yisa x	nugo	
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Но	ome Office:	Signature Healthcare LLC					
		12201 Bluegrass Parkway					
		Louisville, KY 40299					

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Medicaid Reimbursement Per Diem Rates

GULFPORT REHABILITATION CENTER		Prov	Provider Number: 0 141512-00				
1430 PASADE	ENA AVE S		Date	: :		8/30/201	16
SOUTH PASA	DENA, FL 3	3707	Fisc	al Year End:		7/31/20	14
			Aud	it Status:		Unaudit	ed
Provider Ty	ype:						
·					Current	New	Effective
					Rate	<u>Rate</u>	<u>Date</u>
Nursing Ho	me Sing	le Level			<u>235.62</u>	<u>235.62</u>	<u>9/1/2015</u>
Rate	е Туре:						
	Interim		X Pro	ospective			
		Total Interim		=	al Prospective		
		Interim Component			=	with Interim	Component
		Settlement based on cost			1		1
		Prior Provider Prospective data					
Basis:			Changes	;:			
				Rate Semes	ster Change		
	Budget		X	RP CHOP	effective 03/0	01/2015	
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	Field audit						
	Desk audit	ted costs					
<u>Distributio</u>		1.4			Lisa Smith		
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X No C	hange in Rate				Sisa J	5 V 11 J 2	
Но	ome Office:	Signature Healthcare LLC					
		12201 Bluegrass Parkway					
		Louisville, KY 40299					

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Medicaid Reimbursement Per Diem Rates

GULFPORT R	EHABILITAT	ION CENTER		Provider Number:		0 141512	-00
1430 PASADE	NA AVE S			Date:		8/30/20	16
SOUTH PASA	DENA, FL 33	707		Fiscal Year End:		7/31/20	15
				Audit Status:		Unaudit	ed
Provider Ty	pe:						
•	•				Current	New	Effective
					<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Ho	me Sing	le Level			<u>205.29</u>	<u>205.29</u>	<u>9/1/2016</u>
Rate	Type:						
	Interim -		X	Prospective			
		Total Interim			l Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
-	_						
Basis:			Cha	nges:			
	D 1 4			Rate Semes	_		
X	Budget			X RP CHOP	effective 03/0	01/2015	
X	Unaudited Field audite						
	Desk audite						
	Desk audit	ed costs					
Distribution							
Distribution		1. A			Lisa Smith		
Contract Mana	_	1 Agent		Medicaid Cost Rein	ibursement P	lanning and F	inance
Permanent File					ı	,	
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<u>X</u> No Ch	hange in Rate			\mathcal{L}	yesa -		
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Но	ome Office:	Signature Healthcare LLC					
		12201 Bluegrass Parkway					

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Louisville, KY 40299



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBOURWOOD HEALTH	AND REHAB CENTER		Provider Number:		0 316636	-00
549 SKY HARBOR DR			Date:		11/30/20	16
BLDG 31			Fiscal Year End:		5/31/20	13
CLEARWATER, FL 33759			Audit Status:		Field Aud	lited
Provider Type: Nursing Home Single	e Level			Current <u>Rate</u> 215.67	New <u>Rate</u> 212.40	Effective <u>Date</u> 1/1/2014
				•		
Rate Type:						
Interim	Total InterimInterim ComponentSettlement based on costPrior Provider Prospective data	<u> </u>		al Prospective	with Interim	Component
Budget Unaudited c X Field audited Desk audited	d costs	Cha	Rate Semes X Field Audi	_	C FYE 05/31/	/2013
Distribution: Contract Management / Fiscal Permanent FileFor Information OnlyNo Change in Rate	Agent		Medicaid Cost Rein	Lisa Smith	lanning and F	inance
Home Office:	Senior Care Group, Inc. 1240 Marbella Plaza Drive Tampa, FL 33619					

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Medicaid Reimbursement Per Diem Rates

HARBOURWOO	HARBOURWOOD HEALTH AND REHAB CENTER		Provider Number:		0 316636	-00		
549 SKY HARBO	OR DR			Date:		11/30/2016		
BLDG 31				Fiscal Year End:		5/31/2013		
CLEARWATER	, FL 33759			Audit Status:		Field Aud	lited	
Provider Typ Nursing Hom		e Level			Current Rate 225.52	New <u>Rate</u> 221.72	Effective	
Rate T	Гуре:						;	
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	<u> x</u>		il Prospective	with Interim	Component	
Basis:	Budget Unaudited of Field audited Desk audite	ed costs	Cha	Rate Semes X Field Audi	-	C FYE 05/31	/2013	
				Medicaid Cost Rein	Lisa Smith	lanning and F	Finance	
Hom	ne Office:	Senior Care Group, Inc. 1240 Marbella Plaza Drive Tampa, FL 33619					; ! !	

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Tallahassee, Florida 32308

CHAUTAUQUA REHABIL	ITATION & NURSING CENTER	Provider Number:	;	0 324361	-00	
785 S 2ND STREET		Date:		9/26/20	16	
DEFUNIAK SPRINGS, FL	32433	Fiscal Year End:		7/31/20	11	
		Audit Status:		Unaudi	ted	
Provider Type:						
• •			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Sing	gle Level		<u>194.76</u>	<u>192.83</u>	<u>1/1/2012</u>	
Lev	el H: Aids		342.37	340.44	<u>1/1/2012</u>	
Rate Type:				-		
Interim	_	X Prospective				
	Total Interim		tal Prospective			
	Interim Component	To	tal Prospective	with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective data					
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Basis:		Changes:				
			ester Change	WILL 00501		
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Field audi	1		E 07/31/2007			
Desk audi	f .					
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Distribution:		A				
Contract Management / Fisc	al Agent	Madiacid Sty Bai	Lisa Smith	lonning and E	linanaa	
Permanent File		Medicaid Cost Rei	moursement P	ianning and r	mance	
For Information Onl	V					
No Change in Rate	•					
Home Office:	Signature Healthcare LLC 12201 Bluegrass Parkway Louisville, KY 40299				:	
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Tallahassee, Florida 32308

CHAUTAUQUA REHABILI	TATION & NURSING CENTER		Provid	ler Number:		0 324361	-00	
785 S 2ND STREET			Date: 9/26/2016				16	
DEFUNIAK SPRINGS, FL 3	32433		Fiscal	Year End:		7/31/20	11	
			Audit	Status:		Unaudi	ted	
Provider Type:								
					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Home Sing	le Level				<u>200.27</u>	<u>198.84</u>	<u>7/1/2012</u>	
Leve	el H: Aids				<u>349.48</u>	<u>348.05</u>	7/1/2012	
Rate Type:								
		v	D					
Interim	Total Interim	X		pective X Tot	tal Prospective			
	Interim Component				tal Prospective		Component	
	Settlement based on cost				,			
	Prior Provider Prospective data	a						
Basis:		Cha	nges:]				
		<u> </u>		_	ester Change			
Budget			X			& RFA #NH11-085C FYE with effects of FA & RFA #NH11-		
X Unaudited					E 07/31/2007	of FA & RFA	A #NH11-	
Field audit		:						
Desk audit	ed costs							
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Distribution:				M	Lisa Smith			
Contract Management / Fisca	al Agent		Medica	aid Cost Rei	mbursement P	lanning and I	Finance	
Permanent File								
For Information Only	y							
No Change in Rate								
Home Office:	Signature Healthcare LLC 12201 Bluegrass Parkway 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:			7/31/2011			
			Audit Sta	itus:		Unaudit	ted		
Provider Type:									
					Current	New	Effective		
					Rate	Rate	<u>Date</u>		
Nursing Home Sing	de Level				<u>202.57</u>	<u>201.62</u>	<u>1/1/2013</u>		
Leve	el H: Aids				<u>353.38</u>	<u>352.43</u>	1/1/2013		
Rate Type:		-							
Interim		X	Prospec	tive					
	Total Interim		_ X		al Prospective	:			
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	Settlement based on cost								
	Prior Provider Prospective data								
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Basis:		Cha	nges:						
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Budget					FA & RFA #1				
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Field audit									
Desk audit	ed costs								
Distribution:			/	\mathcal{X}	Lisa Smith				
Contract Management / Fisca	al Agent		Medicaid	Cost Rein	nbursement P	lanning and F	inance		
Permanent File									
For Information Only	y								
No Change in Rate									
Home Office:	Signature Healthcare LLC 12201 Bluegrass Parkway Louisville, KY 40299								
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CHAUTAUQUA REHABILITATION & NURSING CENTER 785 S 2ND STREET			Provide	er Number:		0 324361-00 9/26/2016		
			Date:					
DEFUNIAK SPRINGS, FL 3	32433		Fiscal `	Year End:		7/31/20	12	
			Audit S	Status:		Unaudit	ed	
Provider Type:					Current Rate	New Rate	Effective <u>Date</u> 7/1/2013	
Nursing Home Sing	le Level				202.87	<u>201.69</u>	<u>//1/2015</u>	
Rate Type:								
Interim		X	Prosp	ective			;	
	Total Interim				tal Prospective			
	Interim Component			Tot	tal Prospective	with Interim	Component	
	Settlement based on cost							
	Prior Provider Prospective data						:	
Basis:		Cha	nges:]				
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Budget			X	Effects of	FA & RFA #1			
X Unaudited costs					6 with effects	of FA & RFA	A #NH11-	
Field audit	ed costs	1		080C F 11	E 07/31/2007			
Desk audit	ed costs	:						
Distribution:				\sim	Lisa Smith			
Contract Management / Fiscal Agent		Medica	id Cost Rei	mbursement P	lanning and F	Finance		
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For Information Only	y							
No Change in Rate								
Home Office:	Signature Healthcare LLC 12201 Bluegrass Parkway Louisville, KY 40299	i d a	1.0/07/0		2242610721201	208012011022	62013085233	
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CHAUTAUQUA REHABILITATION & NURSING CENTER 785 S 2ND STREET			ider Number:		0 324361-00			
			:	***************************************	9/26/2016			
DEFUNIAK SPRINGS, FL 32433		Fisca	al Year End:		7/31/2012			
		Audi	it Status:		ted			
Provider Type:								
				Current	New	Effective		
				Rate	Rate	<u>Date</u>		
Nursing Home Sing	gle Level			<u>205.43</u>	<u>204.69</u>	<u>1/1/2014</u>		
Rate Type:								
Rate Type.								
Interim		X Pro	spective					
	Total Interim		X Tota	ıl Prospective	;			
	Interim Component		Tota	ıl Prospective	with Interim	Component		
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	Prior Provider Prospective data							
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For Information Onl	у							
No Change in Rate								
Home Office:	Signature Healthcare LLC					100		
	12201 Bluegrass Parkway							
	Louisville, KY 40299							
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