

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Johnson/FOIA</i>	DATE <i>7-9-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101009</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Singleton, Stensland, Roberts Cleared 7/24/12, see e-mail response.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>7-24-12</i>
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Brenda James

From: Debra Myers
Sent: Monday, July 09, 2012 8:34 AM
To: Brenda James
Cc: Brandy Gilbert
Subject: FW: Freedom of Information Act Request - NH Medicaid Rate Reimbursement Data

Brenda,

Please log this request.

Thanks
Debbie

RECEIVED

JUL 09 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Mike Mooney [mailto:Mooney@tellatin.com]
Sent: Monday, July 02, 2012 11:05 AM
To: Debra Myers
Subject: re: Freedom of Information Act Request - NH Medicaid Rate Reimbursement Data

Director Myers,

Under the U.S. and South Carolina Freedom of Information Acts, I am requesting the following information.

1. The current Medicaid reimbursement rates for all South Carolina nursing facilities
2. The historical Medicaid reimbursement rates for the Agape Nursing & Rehab for the rate years beginning October 1, 2009 and October 1, 2010.
3. The current Cost standards for the Laundry / Housekeeping / Maintenance components and the Administration & Medical Records components.

Thank you,
Michael.

Michael Mooney
Tellatin, Short & Hansen, Inc.
West Coast Division
1220 20th St SE, Suite 310
Salem, OR 97302
(503) 485-5118, Ext. 102
Fax: (503) 210-0373
mooney@tellatin.com

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From: Mike Mooney
Sent: Thursday, June 28, 2012 11:16 AM
To: 'Debra Myers'
Subject: RE: SC Nurisng Home Medicaid Rate Reimbursement

Thank you,
Mike.

From: Debra Myers [<mailto:MYERSDEB@scdhhs.gov>]
Sent: Thursday, June 28, 2012 11:15 AM
To: Mike Mooney
Subject: RE: SC Nurisng Home Medicaid Rate Reimbursement

This is in the SC State Plan.

Debbie

From: Mike Mooney [<mailto:Mooney@tellatin.com>]
Sent: Thursday, June 28, 2012 1:50 PM
To: Debra Myers
Subject: RE: SC Nurisng Home Medicaid Rate Reimbursement

Thank you very much for the information. It is very helpful.

On the Regulations / administrative code section, I was wondering if there is a section of the SC administrative code that outlines the methodology to be used in the rate-setting process.

Thank you,
Mike.

From: Debra Myers [<mailto:MYERSDEB@scdhhs.gov>]
Sent: Thursday, June 28, 2012 10:46 AM
To: Mike Mooney
Subject: RE: SC Nurisng Home Medicaid Rate Reimbursement

Please see below answers to your questions.

From: Mike Mooney [<mailto:Mooney@tellatin.com>]
Sent: Thursday, June 28, 2012 11:10 AM
To: Debra Myers
Subject: RE: SC Nurisng Home Medicaid Rate Reimbursement

Director Myers,

Here are a few of issues that I would like to discuss with you.

1. Historical Medicaid rates for the Agape Nursing & Rehab Center (current rate is \$152.58); what was the rate for the prior fiscal year? Has the rate been calculated for the coming fiscal year?
You will need to request from the provider or through a freedom of information request.
2. Is an overview of the rate-setting methodology available?
See attached overview for rates effective 11/1/11.
3. Cost Standards / ceilings for each component
See attached cost standards effective 11/1/11

4. Upcoming changes for this coming fiscal year
Proposed public notice will be printed in South Carolina newspapers as early as June 29, 2012
5. Regulations / administrative code section?
Please explain your question.
6. Is SC planning to implement a provider tax?
SC is not planning to implement a provider tax at this time.

Thank you,
Michael.

Michael Mooney
Tellatin, Short & Hansen, Inc.
West Coast Division
1220 20th St SE, Suite 310
Salem, OR 97302
(503) 485-5118, Ext. 102
Fax: (503) 210-0373
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From: Mike Mooney
Sent: Wednesday, June 13, 2012 8:25 AM
To: 'myersdeb@scdhhs.gov'
Subject: RE: SC Nurisng Home Medicaid Rate Reimbursement

Director Myers,

Sorry I missed your return call yesterday afternoon. I have been going through the Medicaid rate analysis for Agape Nursing and Rehab this morning and want to get a better understanding of the process before we talk, so I can better frame my questions. Specifically, I am working through how the step-down process works.

Thank you,
Mike.

From: Mike Mooney
Sent: Tuesday, June 12, 2012 12:28 PM
To: 'myersdeb@scdhhs.gov'
Subject: SC Nurisng Home Medicaid Rate Reimbursement

Director Myers,

I am working on a Medicaid rate analysis of the Agape Nursing and Rehabilitation (West Columbia, SC) in conjunction with an appraisal assignment. I have a copy of the November 1, 2011, letter from the State of SC Department of Health & Human Services re: FYE September 30, 2010 Nursing Home Desk Audit Review which outlines the facility's current

Medicaid rate. Do you have a few minutes this afternoon or tomorrow morning to discuss some questions that I have re: the rate-setting methodology?

Thank you for your time and consideration.
Michael.

Michael Mooney
Tellatin, Short & Hansen, Inc.
West Coast Division
1220 20th St SE, Suite 310
Salem, OR 97302
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TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	_____ Hours	\$_____
Pages copied at \$.10 per page	_____ Pages	\$_____
Pages faxed at \$.20 per page	_____ Pages	\$_____
Shipping and Handling Costs		\$_____
Other costs associated with the FOIA request:	_____	\$_____
Total Amount Due SCDHHS:		\$_____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature

Date:

Log letter 000009 ✓

Janet Bell

From: Brandy Gilbert
Sent: Tuesday, July 24, 2012 11:41 AM
To: Brenda James; Janet Bell
Subject: FW: FOIA Request
Attachments: 11-1-11 Nursing Home Rates.pdf; 11-1-11 Nursing Home Standards.pdf

Attached is the e-mail sent to clear FOIA Request #000009 from your logs. Since the information was e-mailed there is no charge. Let me know if you need anything else.

Thanks,
Brandy

From: Brandy Gilbert
Sent: Tuesday, July 24, 2012 11:39 AM
To: mooney@tellatin.com
Cc: Brandy Gilbert
Subject: FOIA Request

Mr. Mooney,

Attached is the information you requested through FOIA. Also the rates for Agape Nursing & Rehab are below.

Agape Nursing & Rehab
10/01/09 – \$147.58
10/01/10 - \$174.77

If you need anything else, please let me know. Thanks.

Brandy Gilbert
Auditor IV
Long Term Care Reimbursement
Ph: 803-898-1016
Fax: 803-255-8228

Brenda James

Log # 00009



From: Brandy Gilbert
Sent: Tuesday, July 24, 2012 11:41 AM
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Ph: 803-898-1016
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South Carolina Department of Health and Human Services			
Bureau of Reimbursement Methodology and Policy			
Division of Long Term Care Reimbursements			
Medicaid Nursing Facility Rates Effective November 1, 2011			
	MMIS #	MMIS FACILITY	MEDICAID RATE AT NOV. 1, 2011
1	330090	ABBEVILLE NURSING HOME	\$141.40
2	NF1030	AGAPE REHABILITATION OF CO	\$152.08
3	0837NF	AGAPE NURSING AND REHAB	\$152.58
4	0810NF	AIKEN NURSING HOME	\$170.06
5	NF1017	ALPHA HEALTH AND REHAB OF	\$171.32
6	0898NF	BAYVIEW MANOR LLC	\$143.80
7	0189NF	BETHEA HEALTH CARE CENTER	\$145.83
8	173286	BRIAN CTR / ST ANDREWS	\$135.68
9	0931NF	BROOKVIEW HEALTHCARE CTR	\$149.25
10	0505NH	CALHOUN CONVALESCENT CTR	\$136.45
11	NF1018	CAPSTONE HEALTH AND REHAB	\$163.25
12	0602NH	CHERAW HEALTHCARE INC	\$125.38
13	377597	CHEROKEE COUNTY LONG TERM	\$159.83
14	0895NF	CHESTER NURSING CENTER	\$167.19
15	0552NH	CHESTERFIELD CONVALESCENT	\$143.64
16	0673NF	CAROLINAS HOSPITAL SYSTEMS	\$152.08
17	192677	COMMANDER HEALTH CARE FAC	\$128.98
18	0899NF	CONWAY MANOR	\$137.15
19	0840NF	COOKE ASSOCIATES OF FLOREN	\$169.39
20	175981	COTTAGES AT BRUSHY CREEK	\$179.81
21	0946NF	COUNTRYWOOD NURSING CENTER	\$136.27
22	NF1020	DAYSRING HEALTH AND REHAB	\$158.33
23	NF1019	DIAMOND HEALTH AND REHAB O	\$161.59
24	0870NF	DRIFTWOOD REHABILITATION	\$139.85
25	0897NF	DUNDEE MANOR LLC	\$120.59
26	0464NF	EBENEZER SENIOR SERVICES	\$160.26
27	164704	ELLEN SAGAR NURSING HOME	\$146.22
28	400001	ELLENBURG NURSING CTR	\$146.77
29	NF1023	EXALTED HEALTH AND REHAB O	\$178.97
30	0776NF	FAIRFIELD HEALTHCARE CENTE	\$131.82
31	NF1027	ANCHOR HEALTH AND REHAB OF	\$169.41
32	0927NF	FAITH HEALTHCARE CENTER	\$136.32
33	NF1025	FELLOWSHIP HEALTH AND REHA	\$174.00
34	0626NH	FOUNTAIN INN CONVALESCENT	\$169.99
35	0633NF	GEORGETOWN HEALTHCARE & RE	\$114.26
36	NF1016	GLORIFIED HEALTH AND REHAB	\$173.23
37	0857NF	GOLDEN AGE INMAN	\$136.81
38	0573NH	GRAND STRAND HEALTHCARE IN	\$153.99
39	0932NF	HALLMARK HEALTHCARE CENTER	\$165.49
40	NF1014	HARVEST HEALTH AND REHAB O	\$162.30
41	NF1003	HEARTLAND HEALTHCARE CENTE	\$154.13

	South Carolina Department of Health and Human Services		
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	MMIS #	MMIS FACILITY	MEDICAID RATE AT NOV. 1, 2011
42	NF1002	HEARTLAND OF COLUMBIA REHA	\$149.66
43	0942NF	UNIHEALTH POST ACUTE CARE	\$168.93
44	0835NF	HERITAGE HEALTHCARE AT THE	\$149.26
45	NF1005	HERITAGE HEALTHCARE OF PIC	\$171.50
46	0710NF	UNIHEALTH POST ACUTE CARE	\$152.69
47	0922NF	UNIHEALTH POST ACUTE CARE	\$152.31
48	0711NF	HERITAGE HEALTHCARE OF WAL	\$145.10
49	0450NH	HERITAGE HOME OF FLORENCE	\$152.64
50	117042	HONORAGE NURSING CENTER	\$164.26
51	NF1015	HOPE HEALTH AND REHAB OF M	\$173.89
52	NF1029	SUMTER VALLEY NURSING AND	\$165.96
53	NF1013	HOSANNA HEALTH AND REHAB O	\$169.43
54	0864NF	INMAN HEALTHCARE	\$147.77
55	446550	J F HAWKINS NURSING HOME	\$161.16
56	118285	JOHN EDWARD HARTER NURSING	\$142.15
57	0929NF	JOLLEY ACRES HEALTHCARE CT	\$161.54
58	332258	A SAM KARESH LTC	\$161.99
59	0518NH	KINGSTON NURSING CENTER	\$175.88
60	145223	KINGSTREE NURSING FACILITY	\$135.95
61	0928NF	LAKE CITY SCRANTON HEALTHC	\$151.36
62	0736NF	LAKE MARION NURSING FACILI	\$140.89
63	0738NF	LAKE MOULTRIE NURSING HOME	\$140.34
64	0551NH	LANCASTER CONVALESCENT CNR	\$152.21
65	0755NF	LAUREL BAYE HEALTHCARE BLA	\$129.83
66	0805NF	LAUREL BAYE HC GREENVILLE	\$146.59
67	0858NF	LAUREL BAYE HEALTHCARE OF	\$143.55
68	0754NF	LAUREL BAYE HEALTHCARE WIL	\$141.67
69	155210	NHC HEALTHCARE LAURENS LLC	\$154.49
70	0730NF	LMC EXTENDED CARE	\$164.23
71	0948NF	HEARTLAND OF LEXINGTON REH	\$146.85
72	0878NF	LIFE CARE CENTER OF CHARLE	\$152.80
73	0634NF	LIFE CARE CENTER OF COLUMB	\$149.81
74	0725NF	LIFE CARE CENTER OF HILTON	\$155.95
75	245060	LILA DOYLE AT OCONEE MEDIC	\$157.25
76	240637	LORIS HOSPITAL ECF	\$172.09
77	332134	LOWMAN HOME INC	\$150.33
78	0862NF	CAMP CARE	\$150.06
79	0868NF	MAGNOLIA MANOR-COLUMBIA	\$137.16
80	0860NF	MAGNOLIA MANOR GREENVILLE	\$140.29
81	0866NF	MAGNOLIA MANOR-GREENWOOD	\$149.33
82	0863NF	MAGNOLIA MANOR-INMAN	\$138.89

South Carolina Department of Health and Human Services			
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Medicaid Nursing Facility Rates Effective November 1, 2011			
	MMIS #	MMIS FACILITY	MEDICAID RATE AT NOV. 1, 2011
83	0859NF	MAGNOLIA MANOR ROCK HILL	\$135.84
84	0867NF	MAGNOLIA MANOR OF SPARTANB	\$143.14
85	0869NF	MAGNOLIA PLACE GREENVILLE	\$148.52
86	0861NF	MAGNOLIA PLACE AT SPARTANB	\$162.23
87	NF1026	MAJESTY HEALTH AND REHAB O	\$168.87
88	NF1028	MANNA HEALTH AND REHAB OF	\$169.61
89	NF1001	HEARTLAND OF WEST ASHLEY R	\$163.81
90	0689NF	MARION NURSING CENTER INC	\$104.37
91	0435NF	MARTHA FRANKS BAPTIST RET	\$149.10
92	0539NH	MCCOY MEM NURSING CENTER	\$143.81
93	0891NF	MEDFORD NURSING CENTER	\$166.59
94	0881NF	MORRELL NURSING CENTER LLC	\$158.98
95	291168	MOUNTAINVIEW NURSING HOME	\$168.98
96	0896NF	MOUNT PLEASANT MANOR LLC	\$144.96
97	NF1010	MULLINS NURSING CENTER	\$158.67
98	0829NF	MYRTLE BEACH MANOR	\$126.29
99	NF1008	NHC HEALTHCARE BLUFFTON	\$152.08
100	0574NH	NHC HEALTHCARE GARDEN CITY	\$165.52
101	0570NH	NHC HEALTHCARE-GREENVILLE	\$157.88
102	262441	NHC HEALTHCARE ANDERSON LL	\$169.12
103	400227	NHC HEALTHCARE-GREENWOOD	\$147.84
104	0601NH	NHC OF CLINTON	\$160.08
105	0629NH	NHC HEALTHCARE LEXINGTON L	\$161.04
106	0732NF	NHC HEALTHCARE MAULDIN LLC	\$169.93
107	0569NH	NHC HEALTHCARE NORTH AUGUS	\$165.18
108	0722NF	NATIONAL HEALTHCARE PARKLA	\$158.52
109	0471NH	NHC HEALTHCARE-SUMTER	\$143.27
110	0923NF	OAKBROOK HEALTH AND REHABI	\$174.06
111	0890NF	OAKHAVEN NURSING CENTER LL	\$162.49
112	NF1000	OAKMONT OF UNION	\$149.61
113	0952NF	OAKMONT EAST NURSING CENTE	\$145.81
114	0953NF	OAKMONT WEST NURSING CENTE	\$156.77
115	NF1021	OMEGA HEALTH AND REHAB OF	\$166.82
116	0558NH	PEPPER HILL NURSING AND RE	\$145.73
117	NF1024	PETRA HEALTH AND REHAB OF	\$164.33
118	NF1034	PRESBYTERIAN HOME OF SOUTH	\$152.08
119	0930NF	PRINCE GEORGE HEALTHCARE C	\$159.83
120	NF1022	REDEEMER HEALTH AND REHAB	\$164.42
121	0553NH	RIDGELAND NURSING CENTER	\$131.11
122	0918NF	DR RONALD E MCNAIR NURSING	\$131.11
123	421834	SALUDA NURSING CENTER	\$162.07

South Carolina Department of Health and Human Services			
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			MEDICAID RATE AT NOV. 1, 2011
	MMIS #	MMIS FACILITY	
124	NF1009	SANDPIPER REHAB AND NURSIN	\$166.72
125	0917NF	SENECA HEALTH AND REHABILI	\$131.00
126	0453NH	SOUTHLAND HEALTH CARE CENT	\$139.47
127	0925NF	SPRINGDALE HEALTHCARE CTR	\$157.90
128	0924NF	ST GEORGE HEALTHCARE CENTE	\$162.53
129	0919NF	SUMTER EAST HEALTH AND REH	\$116.58
130	0865NF	COOKE ASSOCIATES OF FORK	\$150.41
131	323391	THE METHODIST OAKS	\$148.50
132	0941NH	TRINITY MISSION HEALTH AND	\$127.97
133	NF1012	UNIHEALTH POST ACUTE CARE	\$176.45
134	NF1011	UNIHEALTH POST ACUTE CARE	\$181.07
135	NF1004	UNIHEALTH POST ACUTE CARE	\$192.40
136	0943NF	UNIHEALTH POST-ACUTE CARE	\$176.29
137	NF1006	UNIHEALTH POST ACUTE CARE	\$177.13
138	NF1007	UNIHEALTH POST ACUTE CARE	\$185.20
139	0880NF	UNIHEALTH POST ACUTE CARE	\$149.52
140	0836NF	UNIHEALTH POST ACUTE CARE	\$158.71
141	0495NH	VALLEY FALLS TERRACE	\$143.69
142	271877	WESLEY COMMONS	\$142.00
143	0466NH	WHITE OAK ESTATES	\$176.68
144	0458NH	WHITE OAK MANOR-CHARLESTON	\$176.69
145	0461NH	WHITE OAK MANOR-COLUMBIA	\$162.09
146	0508NH	WHITE OAK MANOR-LANCASTER	\$155.95
147	0462NH	WHITE OAK MANOR-NEWBERRY	\$153.25
148	0459NH	WHITE OAK MANOR-ROCK HILL	\$160.33
149	0460NH	WHITE OAK MANOR SPARTANBUR	\$168.67
150	0565NH	WHITE OAK MANOR - YORK	\$163.19
151	0737NF	WINDSOR MANOR	\$136.23
152	0823NF	WOODRUFF MANOR LLC	\$137.83

NURSING HOME STANDARD BASED UPON COST REPORTS FYE 09/30/10
EFFECTIVE 11/1/2011 (AT 105% OF MEAN and 96% MINIMUM OCCUPANCY)

BED SIZE	COST CENTER		
	DIETARY	LDRY, HSKPG & MAINT	ADMIN & MEDICAL RECORDS
0-60 BEDS	\$ 16.72	\$ 15.78	\$ 25.92
61-99 BEDS	\$ 16.01	\$ 15.28	\$ 22.48
100+ BEDS	\$ 15.92	\$ 14.77	\$ 20.62

INFLATED STANDARDS

ADJ PERCENT	COST CENTER		
	DIETARY @ 120%	LDRY, HSKPG & MAINT @ 120%	ADMIN & MEDICAL RECORDS @ 120%
0-60 BEDS	\$ 20.06	\$ 18.94	\$ 31.10
61-99 BEDS	\$ 19.21	\$ 18.34	\$ 26.98
100+ BEDS	\$ 19.10	\$ 17.72	\$ 24.74

GENERAL SERVICES COST CENTER PERCENTAGE OF SKILLED PATIENTS						
0-19%	20-39%	40-49%	50-69%	70-84%	85-100%	
\$ 70.81	\$ 77.05	\$83.30	\$ 89.55	\$ 95.80	\$ 102.04	
\$ 75.31	\$ 81.96	\$88.60	\$ 95.25	\$ 101.89	\$ 108.54	
\$ 75.23	\$ 81.86	\$88.50	\$ 95.14	\$ 101.78	\$ 108.41	

85% 92.50% 100% 107.50% 115% 122.50%
 % of General Services standard allowed based on % of level A served

GENERAL SERVICES COST CENTER PERCENTAGE OF SKILLED PATIENTS						
0-19%	20-39%	40-49%	50-69%	70-84%	85-100%	
\$ 84.97	\$ 92.46	\$ 99.96	\$ 107.46	\$ 114.95	\$ 122.45	
\$ 90.37	\$ 98.35	\$ 106.32	\$ 114.29	\$ 122.27	\$ 130.24	
\$ 90.27	\$ 98.24	\$ 106.20	\$ 114.17	\$ 122.13	\$ 130.10	

85% 92.50% 100% 107.50% 115% 122.50%
 % of General Services standard allowed based on % of level A served

INFLATION FACTOR 0.00%
PROFIT CAP \$1.75