

CCMCF Board Agenda
September 25, 2023, 10am

1. Call to Order

A. Introduction of visitors and guests Agenda Approval

2. Disposition of Minutes of regular meeting

3. Financial

A. Check Register

B. Occupancy Data through August

C. June Quarterly Financials

D. Medicaid Reimbursement Activity

E. Corporate Compliance Report, Rayann Franco

4. Operations

5. Advertising and Website Update, Ambrosia Neldon

6. IT Update, Jodi Nestich

7. 40hr Overtime Update, \$3.20 Stipend

8. Administrator Search, Finance Director

9. Nursing Update

10. Employee Roster

11. Resident Council Minutes

12. CCMCF Newsletter

13. CMS Stars Report, quarterly CCMCF remains 5 stars, one more week til 7 years

14. Adjournment

**MINUTES FOR:
CASS COUNTY MEDICAL CARE FACILITY BOARD MEETING**

September 11, 2023 9:00 a.m.

In attendance: Vicki Vaughn (Board Chairperson- via Zoom), Diane Seifert (Member), Jeff Carmen (Member), Christian Lutes, (C.E.O.), Phil Alt (Contracted Accountant), Rayann Franco (Recording Minutes).

Guests for Public Comment: Doug Elder, Ambrosia Neldon-via Zoom, Matthew Newton

The meeting was called to order by Vicki Vaughn at 9:04 a.m.

Diane Seifert made the motion to accept the agenda as presented. Jeff Carmen supported the motion. Motion passed unanimously.

Diane Seifert made the motion to accept the monthly board meeting minutes as presented. Jeff Carmen supported the motion. Motion passed unanimously.

Public Comment: Doug Elder thanked the board for the opportunity to provide services such as creating the branding for the Cass County Medical Care Facility and the Cass County Outpatient Therapy Services.

Matthew Newton reported that the grant to redo the county building has been finalized. The work is expected to be completed by August 2024.

Ambrosia Neldon stated that the hosting of the websites will be turned over to the county. The transition can start October 1, 2023. The item of the transition will be presented to the commissioners at the October 5th meeting for approval. The contract for the county was reviewed. Jeff Carmen made the motion to approve the contract with the county for hosting the websites and marketing. Diane Seifert supported the motion. Motion passed unanimously.

Christian Lutes stated that the state came in for a complaint survey. There were two complaints. Both complaints were unsubstantiated. Rayann Franco reported that the state had a new secure electronic system to receive documents. The CCMCF was the first to utilize this system.

Christian Lutes reported that the Ombudsman came into the facility the day after the complaint survey team exited for a family concern. The Ombudsman found that the facility was in compliance with fulfilling the healthcare declaration.

Christian Lutes reported that the search for a new administrator continues. The position is being advertised on Indeed, Leaderstat, HCAM, Facebook, CCMCF website, Cass County website and Michigan Medical Care Facilities Council website. There is a company in New York and another in Florida which will be submitting plans to search for administrator nationwide.

Phil Alt stated that the direct care wage reimbursement would be increasing to \$3.20 from \$2.35 effective October 1, 2023. There will be \$0.85 reimbursement for non-clinical direct care workers. Phil Alt recommended that both direct care and non-clinical direct care workers receive the \$3.20 for hours worked. Jeff Carmen made the motion to accept the proposed recommendation. Diane Seifert supported the motion. Motion passed unanimously.

Phil Alt recommended that the eleven directors not receive the \$3.20 stipend and return to receiving their salary. Diane Seifert made the motion to accept the recommendation. Jeff Carmen supported the motion. Motion passed unanimously.

Phil Alt recommended that overtime be calculated after forty hours worked in a week. The policy will be revised to reflect this and will clarify that the work week will be from Sunday thru Saturday. Jeff Carmen made the motion to accept the proposed recommendation. Diane Seifert supported the motion. Motion passed unanimously.

Christian Lutes stated that the certified dietary manager resigned. One employee has completed her coursework and is scheduled to take her test to become a certified dietary manager.

The next meeting is scheduled for September 25, 2023 at 10:00 a.m.

Jeff Carmen made the motion to adjourn the meeting. Diane Seifert supported the motion. The meeting adjourned at 10:10 a.m.

Respectfully submitted by:

Rayann Franco

_____ (Board Chairperson)

_____ (C.E.O.)

Cass County Medical Care Facility
 Check Register
 8/1/2023 - 8/31/2023

Check Numbers: 1 - 999999999 Bank: Operating Account

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
DP770	MetLife	MetLife	1842-1	8/1/2023	\$8,536.87	Payment	Y
DP771	Internal Revenue Service	Internal Revenue Service	1843-1	8/2/2023	\$67,870.63	Payment	Y
DP772	Internal Revenue Service	Internal Revenue Service	1844-1	8/2/2023	\$1,353.32	Payment	Y
DP773	Internal Revenue Service	Internal Revenue Service	1845-1	8/9/2023	\$4,232.92	Payment	Y
DP774	DELTA DENTAL	DELTA DENTAL	1856-1	8/14/2023	\$4,897.35	Payment	Y
DP775	Internal Revenue Service	Internal Revenue Service	1857-1	8/16/2023	\$64,596.59	Payment	Y
DP776	ALERUS FINANCIAL	ALERUS FINANCIAL	1858-1	8/16/2023	\$4,529.86	Payment	Y
DP777	HUNTINGTON NATIONAL BANK	HUNTINGTON NATIONAL BANK	1859-1	8/15/2023	\$241.50	Payment	Y
DP778	HUNTINGTON NATIONAL BANK	HUNTINGTON NATIONAL BANK	1860-1	8/15/2023	\$90.00	Payment	Y
DP779	HUNTINGTON NATIONAL BANK	HUNTINGTON NATIONAL BANK	1861-1	8/15/2023	\$30.00	Payment	Y
DP780	HUNTINGTON NATIONAL BANK	HUNTINGTON NATIONAL BANK	1862-1	8/15/2023	\$16.00	Payment	Y
DP781	HUNTINGTON NATIONAL BANK	HUNTINGTON NATIONAL BANK	1863-1	8/15/2023	\$15.00	Payment	Y
DP782	MERS	MERS	1872-1	8/21/2023	\$53,693.69	Payment	Y
DP783	MICHIGAN DEPT OF TREASURY	MICHIGAN DEPT OF TREASURY	1873-1	8/21/2023	\$22,742.19	Payment	Y
DP784	INDIANA DEPT OF REVENUE	INDIANA DEPT OF REVENUE	1874-1	8/21/2023	\$5,852.91	Payment	Y
DP785	Internal Revenue Service	Internal Revenue Service	1875-1	8/24/2023	\$4,013.43	Payment	Y
DP786	Internal Revenue Service	Internal Revenue Service	1876-1	8/30/2023	\$67,035.22	Payment	Y
63017	JANET MEYER	JANET MEYER	1791-1	8/3/2023	\$210.00	Payment	
63018	Accushield, LLC	Accushield, LLC	1792-1	8/4/2023	\$1,245.00	Payment	
63019	AIRGAS USA LLC	AIRGAS USA LLC	1792-2	8/4/2023	\$294.41	Payment	
63020	ALLEN MOTT	ALLEN MOTT	1792-3	8/4/2023	\$100.00	Payment	
63021	ALLISON MAST	ALLISON MAST	1792-4	8/4/2023	\$37.50	Payment	
63022	ALT LONG TERM CARE CONSULTING	ALT LONG TERM CARE CONSULTING	1792-5	8/4/2023	\$2,815.55	Payment	
63023	AVALON TECHNOLOGIES INC.	AVALON TECHNOLOGIES INC.	1792-6	8/4/2023	\$3,750.00	Payment	
63024	CASS COUNTY	CASS COUNTY	1792-7	8/4/2023	\$2,332.18	Payment	
63025	CLARENCE MILLER	CLARENCE MILLER	1792-8	8/4/2023	\$90.00	Payment	
63026	COMMUNITY MILLS	COMMUNITY MILLS	1792-9	8/4/2023	\$104.12	Payment	
63027	DEBRA SOKOLOSIS	DEBRA SOKOLOSIS	1792-10	8/4/2023	\$67.50	Payment	

Date: Sep 22, 2023
 Time: 12:47:44 ET
 User: Janet Meyer

Cass County Medical Care Facility
 Check Register
 8/1/2023 - 8/31/2023

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
63028	EXPRESS SUPPLY WORLDWIDE INC	EXPRESS SUPPLY WORLDWIDE INC	1792-11	8/4/2023	\$751.36	Payment	
63029	FITZSIMMONS HOSPITAL SERVICES	FITZSIMMONS HOSPITAL SERVICES	1792-12	8/4/2023	\$3,100.90	Payment	
63030	FLEXPAC	FLEXPAC	1792-13	8/4/2023	\$2,154.32	Payment	
63031	GORDON FOOD SERVICE	GORDON FOOD SERVICE	1792-14	8/4/2023	\$71,882.74	Payment	
63032	GORDON FOOD SERVICE	GORDON FOOD SERVICE	1792-14	8/4/2023	\$0.00	Payment	Void
63033	GORDON FOOD SERVICE	GORDON FOOD SERVICE	1792-14	8/4/2023	\$0.00	Payment	Void
63034	GORDON FOOD SERVICE	GORDON FOOD SERVICE	1792-14	8/4/2023	\$0.00	Payment	Void
63035	GORDON FOOD SERVICE	GORDON FOOD SERVICE	1792-14	8/4/2023	\$0.00	Payment	Void
63036	Halo Branded Solutions	Halo Branded Solutions	1792-15	8/4/2023	\$1,791.96	Payment	
63037	JENNIFER BATA	JENNIFER BATA	1792-16	8/4/2023	\$30.00	Payment	
63038	JMD Healthcare Solutions LLC	JMD Healthcare Solutions LLC	1792-17	8/4/2023	\$3,060.00	Payment	
63039	LEBENBOM & ROTHMAN PC	LEBENBOM & ROTHMAN PC	1792-18	8/4/2023	\$2,659.02	Payment	
63040	LINDA L. DUCHON	LINDA L. DUCHON	1792-19	8/4/2023	\$5,952.25	Payment	
63041	MEAL SUITE	MEAL SUITE	1792-20	8/4/2023	\$513.00	Payment	
63042	MEDLINE INDUSTRIES INC	MEDLINE INDUSTRIES INC	1792-21	8/4/2023	\$10,855.76	Payment	
63043	MEDLINE INDUSTRIES INC	MEDLINE INDUSTRIES INC	1792-21	8/4/2023	\$0.00	Payment	Void
63044	MICHIGAN DEPT OF COMM HLTH	MICHIGAN DEPT OF COMM HLTH	1792-22	8/4/2023	\$54,682.45	Payment	
63045	Midwest Juice, Inc. of Michigan	Midwest Juice, Inc. of Michigan	1792-23	8/4/2023	\$512.06	Payment	
63046	ORIENTAL TRADING COMPANY-OTC BRANDS INC	ORIENTAL TRADING COMPANY-OTC BRANDS INC	1792-24	8/4/2023	\$246.64	Payment	
63047	PointClickCare	PointClickCare	1792-25	8/4/2023	\$3,569.50	Payment	
63048	QUILL CORPORATION	QUILL CORPORATION	1792-26	8/4/2023	\$122.84	Payment	
63049	ROSE PEST SOLUTIONS	ROSE PEST SOLUTIONS	1792-27	8/4/2023	\$556.00	Payment	
63050	Secure Care Systems	Secure Care Systems	1792-28	8/4/2023	\$2,199.75	Payment	
63051	SEMCO ENERGY	SEMCO ENERGY	1792-29	8/4/2023	\$968.45	Payment	
63052	Shelton Wholesale Co	Shelton's Wholesale Co.	1792-30	8/4/2023	\$1,497.50	Payment	

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Cass County Medical Care Facility
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 8/1/2023 - 8/31/2023

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
63053	STEVE JACKO	STEVE JACKO	1792-31	8/4/2023	\$89.60	Payment	
63054	SYSCO GRAND RAPIDS	SYSCO GRAND RAPIDS	1792-32	8/4/2023	\$12,195.19	Payment	
63055	SYSCO GRAND RAPIDS	SYSCO GRAND RAPIDS	1792-32	8/4/2023	\$0.00	Payment	
63056	SYSCO GRAND RAPIDS	SYSCO GRAND RAPIDS	1792-32	8/4/2023	\$0.00	Payment	Void
63057	TENURGY LLC	TENURGY LLC	1792-33	8/4/2023	\$932.54	Payment	Void
63058	TRANE U.S. INC	TRANE U.S. INC	1792-34	8/4/2023	\$3,360.20	Payment	
63059	VILLAGE OF CASSOPOLIS	VILLAGE OF CASSOPOLIS	1792-35	8/4/2023	\$771.75	Payment	
63060	WASTE MANAGEMENT OF MI INC	WASTE MANAGEMENT OF MI INC	1792-36	8/4/2023	\$2,674.97	Payment	
63061	ABES PLUMBING INC	ABES PLUMBING INC	1846-1	8/17/2023	\$1,815.00	Payment	
63062	AIRGAS USA LLC	AIRGAS USA LLC	1846-2	8/17/2023	\$356.87	Payment	
63063	ALCO SALES & SERVICE	ALCO SALES & SERVICE	1846-3	8/17/2023	\$98.73	Payment	
63064	AT&T	AT&T	1846-4	8/17/2023	\$48.85	Payment	
63065	AUNALYTICS, INC.	AUNALYTICS, INC.	1846-5	8/17/2023	\$5,788.81	Payment	
63066	BLUE CROSS BLUE SHIELD MI-0053	BLUE CROSS BLUE SHIELD MI-0053	1846-6	8/17/2023	\$10,641.37	Payment	
63067	BLUE CROSS BLUE SHIELD MI-0054	BLUE CROSS BLUE SHIELD MI-0054	1846-7	8/17/2023	\$52.23	Payment	
63068	CASS COUNTY TRANS AUTHORITY	CASS COUNTY TRANS AUTHORITY	1846-8	8/17/2023	\$1,889.25	Payment	
63069	CLARK HILL	CLARK HILL	1846-9	8/17/2023	\$517.50	Payment	
63070	DAWN WILLIAMS	DAWN WILLIAMS	1846-10	8/17/2023	\$29.82	Payment	
63071	DIRECT SUPPLY INC	DIRECT SUPPLY INC	1846-11	8/17/2023	\$1,889.91	Payment	
63072	ECS Solutions	ECS Solutions	1846-12	8/17/2023	\$6,997.50	Payment	
63073	eProvider Solutions LLC	eProvider Solutions LLC	1846-13	8/17/2023	\$170.00	Payment	
63074	EXPRESS SUPPLY WORLDWIDE INC	EXPRESS SUPPLY WORLDWIDE INC	1846-14	8/17/2023	\$1,370.00	Payment	
63075	EZPRODUCTS INTERNATIONAL	EZPRODUCTS INTERNATIONAL	1846-15	8/17/2023	\$558.00	Payment	
63076	FLEX ADMINISTRATORS	FLEX ADMINISTRATORS	1846-16	8/17/2023	\$200.00	Payment	
63077	FLEXPAC	FLEXPAC	1846-17	8/17/2023	\$2,493.79	Payment	
63078	GORDON FOOD SERVICE	GORDON FOOD SERVICE	1846-18	8/17/2023	\$23,925.56	Payment	
63079	GORDON FOOD SERVICE	GORDON FOOD SERVICE	1846-18	8/17/2023	\$0.00	Payment	
63080	Halo Branded Solutions	Halo Branded Solutions	1846-19	8/17/2023	\$5,274.06	Payment	Void
63081	HARDING'S MARKET	HARDING'S MARKET	1846-20	8/17/2023	\$133.97	Payment	

Cass County Medical Care Facility
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 8/1/2023 - 8/31/2023

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
63082	HR ADVANTAGE ADVISORY LLC	HR ADVANTAGE ADVISORY LLC	1846-21	8/17/2023	\$900.00	Payment	
63083	KCI USA	KCI USA	1846-22	8/17/2023	\$1,847.60	Payment	
63084	KRONOS SAASHR INC	KRONOS SAASHR INC	1846-23	8/17/2023	\$2,642.93	Payment	
63085	LEADERSTAT LTD	LEADERSTAT LTD	1846-24	8/17/2023	\$4,375.86	Payment	
63086	LINDA L. DUCHON	LINDA L. DUCHON	1846-25	8/17/2023	\$5,830.00	Payment	
63087	MACK CUT LAWN SERVICE	MACK CUT LAWN SERVICE	1846-26	8/17/2023	\$1,700.00	Payment	
63088	Mancinelli Goeman Law Group PC	Mancinelli Goeman Law Group PC	1846-27	8/17/2023	\$616.44	Payment	
63089	MED-REC SYSTEMS	MED-REC SYSTEMS	1846-28	8/17/2023	\$202.50	Payment	
63090	MEDLINE INDUSTRIES INC	MEDLINE INDUSTRIES INC	1846-29	8/17/2023	\$10,177.15	Payment	
63091	MEDPRO DISPOSAL LLC	MEDPRO DISPOSAL LLC	1846-30	8/17/2023	\$3,213.00	Payment	
63092	MICHELE KLINE	MICHELE KLINE	1846-31	8/17/2023	\$88.48	Payment	
63093	Midwest Juice, Inc. of Michigan	Midwest Juice, Inc. of Michigan	1846-32	8/17/2023	\$308.03	Payment	
63094	NEIGHBORS INC	NEIGHBORS INC	1846-33	8/17/2023	\$170.00	Payment	
63095	Net Health Systems Inc.	Net Health Systems Inc.	1846-34	8/17/2023	\$892.50	Payment	
63096	NUTRITION SERVICES INC	NUTRITION SERVICES INC	1846-35	8/17/2023	\$2,550.20	Payment	
63097	OPTUM 360	OPTUM 360	1846-36	8/17/2023	\$404.88	Payment	
63098	Pitney Bowes	Pitney Bowes	1846-37	8/17/2023	\$55.63	Payment	
63099	Pridecare Ambulance	Pridecare Ambulance	1846-38	8/17/2023	\$205.00	Payment	
63100	QUILL CORPORATION	QUILL CORPORATION	1846-39	8/17/2023	\$775.60	Payment	
63101	R.W. LAPINE INC	R.W. LAPINE INC	1846-40	8/17/2023	\$21,535.00	Payment	
63102	Remedi Senior Care of Michigan	Remedi Senior Care of Michigan	1846-41	8/17/2023	\$26,624.36	Payment	
63103	ROBERT C. KHOENLE, PLLC	ROBERT C. KHOENLE, PLLC	1846-42	8/17/2023	\$463.79	Payment	
63104	ROSE PEST SOLUTIONS	ROSE PEST SOLUTIONS	1846-43	8/17/2023	\$556.00	Payment	
63105	Shelton Wholesale Co	Shelton's Wholesale Co.	1846-44	8/17/2023	\$748.75	Payment	
63106	SMCAS	SMCAS	1846-45	8/17/2023	\$50.50	Payment	
63107	SPIN TECHS INC	SPIN TECHS INC	1846-46	8/17/2023	\$236.00	Payment	
63108	SYSCO GRAND RAPIDS	SYSCO GRAND RAPIDS	1846-47	8/17/2023	\$4,565.61	Payment	

Cass County Medical Care Facility
 Check Register
 8/1/2023 - 8/31/2023

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
63109	VANGUARD FIRE & SECURITY SYSTEMS INC	VANGUARD FIRE & SECURITY SYSTEMS INC	1846-48	8/17/2023	\$445.00	Payment	
63110	DENNIS FERRIER	DENNIS FERRIER	1847-1	8/18/2023	\$400.00	Payment	
63111	CHUY'S LAWNCARE LLC	CHUY'S LCS LLC	1871-1	8/25/2023	\$1,200.00	Payment	
63112	Creative Vinyl Signs	Creative Vinyl Signs	1871-2	8/25/2023	\$112.95	Payment	
63113	DIRECT SUPPLY INC	DIRECT SUPPLY INC	1871-3	8/25/2023	\$538.85	Payment	
63114	EXPRESS SUPPLY WORLDWIDE INC	EXPRESS SUPPLY WORLDWIDE INC	1871-4	8/25/2023	\$1,370.00	Payment	
63115	FLEXPAC	FLEXPAC	1871-5	8/25/2023	\$946.00	Payment	
63116	FRONTIER	FRONTIER	1871-6	8/25/2023	\$276.68	Payment	
63117	GARRETT LABORATORIES	GARRETT LABORATORIES	1871-7	8/25/2023	\$101.00	Payment	
63118	GORDON FOOD SERVICE	GORDON FOOD SERVICE	1871-8	8/25/2023	\$7,422.40	Payment	
63119	Halo Branded Solutions	Halo Branded Solutions	1871-9	8/25/2023	\$524.26	Payment	
63120	INDIANA MICHIGAN POWER	INDIANA MICHIGAN POWER	1871-10	8/25/2023	\$8,179.55	Payment	
63121	Kara Spangler	Kara Spangler	1871-11	8/25/2023	\$399.00	Payment	
63122	KREIS, ENDERLE, HUDGINS&BORSO	KREIS, ENDERLE, HUDGINS&BORSO	1871-12	8/25/2023	\$15.00	Payment	
63123	LEADERSTAT LTD	LEADERSTAT LTD	1871-13	8/25/2023	\$20,306.34	Payment	
63124	Mancinelli Goeman Law Group PC	Mancinelli Goeman Law Group PC	1871-14	8/25/2023	\$308.22	Payment	
63125	MEC	MEC	1871-15	8/25/2023	\$155.00	Payment	
63126	MEDLINE INDUSTRIES INC	MEDLINE INDUSTRIES INC	1871-16	8/25/2023	\$5,914.31	Payment	
63127	MICHIGAN DEPT OF COMM HLTH	MICHIGAN DEPT OF COMM HLTH	1871-17	8/25/2023	\$52,070.52	Payment	
63128	Midwest Juice, Inc. of Michigan	Midwest Juice, Inc. of Michigan	1871-18	8/25/2023	\$848.58	Payment	
63129	Pitney Bowes	Pitney Bowes	1871-19	8/25/2023	\$189.90	Payment	
63130	ROBERT C. KHOENLE, PLLC	ROBERT C. KHOENLE, PLLC	1871-20	8/25/2023	\$224.02	Payment	
63131	Shelton Wholesale Co	Shelton's Wholesale Co.	1871-21	8/25/2023	\$1,497.50	Payment	
63132	STERICYCLE INC	STERICYCLE INC	1871-22	8/25/2023	\$275.23	Payment	
63133	SYSCO GRAND RAPIDS	SYSCO GRAND RAPIDS	1871-23	8/25/2023	\$667.79	Payment	
63134	VERIZON WIRELESS	VERIZON WIRELESS	1871-24	8/25/2023	\$70.54	Payment	
63135	VILLAGE OF CASSOPOLIS	VILLAGE OF CASSOPOLIS	1871-25	8/25/2023	\$3,705.25	Payment	

Date: Sep 22, 2023
Time: 12:47:44 ET
User: Janet Meyer

Cass County Medical Care Facility
Check Register
8/1/2023 - 8/31/2023

Summary

111 check(s) issued	\$462,327.93
8 check(s) voided	\$0.00
0 check(s) reversed	\$0.00
17 direct payment(s) issued	\$309,747.48

Cass County Medical Care Facility
 Detailed Census Report - By Payer
 Yearly Census - Ending August 2023

Unit: All Floor: All Payers: All Bed Certification: All

Summary By:

Payer	# of Days	Oct/22	Nov/22	Dec/22	Jan/23	Feb/23	Mar/23	Apr/23	May/23	Jun/23	Jul/23	Aug/23
Aetna Commercial (AC)	7	0	0	0	0	0	0	0	0	0	0	0
Auto (AUT)	352	31	30	31	31	45	31	30	31	31	30	31
Commercial Insurance (CI)	79	0	0	0	7	7	23	0	18	9	15	0
Hospice Medicaid (HM)	385	31	73	29	23	28	31	30	37	30	31	42
Humana Medicare Advantage (MHA)	364	8	75	60	76	22	0	29	11	11	57	15
MI Health Link Medicaid (MIM)	2581	279	268	248	215	196	217	240	271	213	248	186
MI Health Link Medicare (MHM)	119	0	0	13	9	0	18	9	0	35	18	17
Managed Medicaid (MMA)	175	2	10	47	23	0	18	2	17	35	0	21
Med Plus Blue Advantage (BMA)	61	0	13	21	0	1	0	8	11	0	0	7
Medicaid (MA)	14552	1245	1246	1356	1339	1281	1374	1382	1474	1282	1278	1295
Medicare A (MCA)	1718	122	155	175	184	129	112	88	200	242	184	127
Michigan Blue Cross (MBC)	35	0	0	0	0	0	0	0	0	0	0	0
Priority Health Medicaid (PHM)	90	0	1	35	9	0	17	25	3	0	0	0
Priority Health Medicare Advantage (PH)	48	0	0	0	23	8	11	6	0	0	0	0
Private Pay (PP)	1754	105	83	76	114	129	150	169	194	244	220	270
United Health Care Advantage (UMA)	86	0	0	0	12	0	4	41	0	0	9	20
Wellcare Advantage (WEA)	41	0	15	9	8	0	0	0	0	0	0	9

TOTAL DAYS

22447 1830 1969 2107 2066 1846 2006 2059 2267 2131 2096 2070

Cass County Medical Care Facility
Balance Sheet

	6/30/2023		3/31/2023		Quarterly		Year-to-Date				
					Change	Percent Change	9/30/2022	Change	Percent Change		
Assets											
Operating cash	\$	751,121	\$	875,634	\$	(124,514)	\$	834,160	\$	(83,040)	-10.0%
Reserve cash and investments		2,080,536		2,059,588		20,949		2,516,941		(436,404)	-17.3%
Accounts receivable		1,988,946		1,792,115		196,832		2,163,021		(174,075)	-8.0%
Less allowance for doubtful accts		(517,941)		(519,835)		1,895		(470,000)		(47,941)	10.2%
Third-party settlements-MIP, OAS, CR		246,950		376,865		(129,915)		276,733		(29,783)	-10.8%
Third-party settlements-CPE		-		-		-		-		-	0.0%
Millage receivable		(40,786)		423,489		(464,275)		1,218		(42,004)	-3448.8%
Other assets		845,154		1,083,790		(238,636)		965,720		(120,566)	-12.5%
Fixed assets		806,013		830,692		(24,679)		820,147		(14,134)	-1.7%
Total assets	\$	6,159,993	\$	6,922,337	\$	(762,344)	\$	7,107,939	\$	(947,946)	-13.3%
Liabilities and Net Position											
Accounts payable	\$	263,612	\$	101,242	\$	162,369	\$	230,953	\$	32,658	14.1%
Current payroll accruals		233,790		328,558		(94,768)		300,838		(67,048)	-22.3%
Stimulus funding liabilities		-		-		-		-		-	0.0%
Deferred revenue-Millage		320,600		640,400		(319,800)		599,943		320,600	0.0%
Long-term payroll accruals		469,020		469,020		-		(130,923)		(130,923)	-21.8%
Net position		4,872,971		5,383,117		(510,146)		5,976,205		(1,103,234)	-18.5%
Total liabilities and net position	\$	6,159,993	\$	6,922,337	\$	(762,344)	\$	7,107,939	\$	(947,946)	-13.3%
Statistics											
Daily operating expenses	\$	40,167	\$	36,947	\$	3,220	\$	30,428	\$	9,739	32.0%
Days cash on hand - Operating Cash ONLY		19		24		(5)		27		(9)	
Days cash on hand - Total Cash-Investments		70		79		(9)		110		(40)	
Target		100									
Daily service revenue	\$	27,781	\$	25,281	\$	2,500	\$	24,073	\$	3,709	15.4%
Days in net accounts receivable		53		50		3		70		(17)	
Target		50									
Operating ratio, excluding millage		129.1%		128.0%				111.5%			17.7%
Operating ratio, including millage		116.0%		113.9%				99.1%			16.9%
Target		100.0%									
Average monthly revenue	\$	933,280	\$	866,271	\$	67,009	\$	830,397	\$	102,883	12.4%
Average monthly wages expense	\$	697,544	\$	689,570	\$	7,974	\$	563,752	\$	133,792	23.7%
Average monthly operating expenses	\$	497,545	\$	408,843	\$	88,701	\$	351,763	\$	145,782	41.4%
Average monthly operating results	\$	(261,809)	\$	(232,142)	\$	(29,666)	\$	(85,118)	\$	(176,691)	207.6%

Cass County Medical Care Facility
Income Statement
June 30, 2023

	Quarterly Results			Comparison to Prior Year Average			
	Actual	Budget	\$ Variance	% Variance	FY 2022	PY - CY	% Change
					Qtr Avg	Change	
Operating revenue							
Net Service Revenue	\$ 2,528,110	\$ 2,382,344	\$ 145,766	6.1%	\$ 2,196,624	\$ 331,486	15.1%
QAS and QMI revenue	264,861	302,686	(37,824)	-12.5%	279,341	(14,479)	-5.2%
Other revenue	37,978	7,829	30,149	385.1%	15,226	22,752	149.4%
Total operating revenue	\$ 2,830,949	\$ 2,692,859	\$ 138,091	5.1%	\$ 2,491,191	\$ 339,758	13.6%
Operating expenses							
Wages	\$ 2,115,884	\$ 1,951,442	\$ 164,442	8.4%	\$ 1,691,255	\$ 424,629	25.1%
Benefits and payroll taxes	622,372	486,972	135,400	27.8%	426,904	195,468	45.8%
Operating supplies and expenses	297,564	215,180	82,384	38.3%	206,125	91,439	44.4%
Ancillary services	70,305	44,652	25,653	57.5%	40,483	29,823	73.7%
Purchased services	193,238	118,248	74,990	63.4%	115,824	77,414	66.8%
Equipment	72,361	18,808	53,554	284.7%	26,527	45,835	172.8%
Payor source assessments	165,655	161,223	4,432	2.7%	156,883	8,772	5.6%
Other expenses	32,595	15,042	17,553	116.7%	21,847	10,749	49.2%
Utilities, Insurance, Taxes	55,128	63,074	(7,946)	-12.6%	60,697	(5,569)	-9.2%
Depreciation and amortization	25,176	26,250	(1,074)	-4.1%	26,197	(1,021)	-3.9%
Bad debt expense	30,100	30,000	100	0.3%	30,000	100	0.3%
Total operating expenses	\$ 3,680,378	\$ 3,130,891	\$ 549,488	17.6%	\$ 2,802,741	\$ 877,637	31.3%
Operating income (loss)	\$ (849,429)	\$ (438,032)	\$ (411,397)	93.9%	\$ (311,550)	\$ (537,879)	172.6%
Millage revenue	319,800	320,000	(200)	-0.1%	309,679	10,121	3.3%
Payor Settlements	(126)	-	(126)	0.0%	31,450	(31,576)	-100.4%
Other adjustments (GASB 68, etc.)	-	-	-	0.0%	-	-	0.0%
Pandemic revenue	105,736	126,982	(21,246)	-16.7%	208,474	(102,738)	-49.3%
Pandemic expenses	(86,126)	(113,391)	27,265	-24.0%	(119,871)	33,744	-28.2%
Net income (loss)	\$ (510,146)	\$ (104,442)	\$ (405,704)	388.5%	\$ 118,182	\$ (628,327)	-531.7%
Census Statistics							
Average Residents per Day	71.0	68.0	3.0	4.3%	60.0	11.0	18.3%
Medicare	10.7%	8.0%	2.7%	2.7%	10.7%	0.0%	0.0%
Medicaid	78.0%	81.5%	-3.5%	-3.5%	80.1%	-2.1%	-2.1%
Private Pay	7.9%	8.0%	-0.1%	-0.1%	7.0%	0.9%	0.9%
Hospice and insurance	3.4%	2.5%	0.9%	0.9%	2.2%	1.2%	1.2%

Cass County Medical Care Facility
Income Statement
June 30, 2023

	Year to Date Results			Comparison to Prior Year Average			
	Actual	Budget	\$ Variance	% Variance	FY 2022	PY - CY	
					Total	Change	
Operating revenue							
Net Service Revenue	\$ 7,089,532	\$ 7,147,031	\$ (57,500)	-0.8%	\$ 6,589,873	\$ 499,658	7.6%
QAS and QMI revenue	828,527	908,057	(79,530)	-8.8%	838,022	(9,494)	-1.1%
Other revenue	129,115	55,417	73,698	133.0%	45,678	83,437	182.7%
Total operating revenue	\$ 8,047,175	\$ 8,110,506	\$ (63,332)	-0.8%	\$ 7,473,573	\$ 573,601	7.7%
Operating expenses							
Wages	\$ 6,249,333	\$ 5,854,327	\$ 395,006	6.7%	\$ 5,073,766	\$ 1,175,567	23.2%
Benefits and payroll taxes	1,615,309	1,460,916	154,393	10.6%	1,280,711	334,598	26.1%
Operating supplies and expenses	769,894	645,539	124,355	19.3%	618,374	151,520	24.5%
Ancillary services	183,438	133,957	49,481	36.9%	121,448	61,990	51.0%
Purchased services	512,892	373,945	138,948	37.2%	347,473	165,420	47.6%
Equipment	124,870	56,423	68,447	121.3%	79,580	45,290	56.9%
Payor source assessments	497,126	483,668	13,458	2.8%	470,649	26,477	5.6%
Other expenses	63,001	45,127	17,874	39.6%	65,540	(2,539)	-3.9%
Utilities, Insurance, Taxes	181,197	191,922	(10,725)	-5.6%	182,090	(893)	-0.5%
Depreciation and amortization	75,528	78,750	(3,222)	-4.1%	78,592	(3,064)	-3.9%
Bad debt expense	90,100	90,000	100	0.1%	90,000	100	0.1%
Total operating expenses	\$ 10,362,688	\$ 9,414,573	\$ 948,115	10.1%	\$ 8,408,223	\$ 1,954,465	23.2%
Operating income (loss)	\$ (2,315,514)	\$ (1,304,067)	\$ (1,011,447)	77.6%	\$ (934,650)	\$ (1,380,863)	147.7%
Millage revenue	959,400	960,000	(600)	-0.1%	929,037	30,363	3.3%
Payor Settlements	(1,324)	-	(1,324)	0.0%	94,349	(95,673)	-101.4%
Other adjustments (GASB 68, etc.)	-	-	-	0.0%	-	-	0.0%
Pandemic revenue	536,693	380,946	155,746	40.9%	625,422	(88,729)	-14.2%
Pandemic expenses	(282,489)	(340,174)	57,685	-17.0%	(359,612)	77,123	-21.4%
Net income (loss)	\$ (1,103,234)	\$ (303,295)	\$ (799,939)	263.8%	\$ 354,545	\$ (1,457,779)	-411.2%
Census Statistics							
Average Residents per Day	67.0	68.0	(1.0)	-1.5%	60.0	7.0	11.7%
Medicare	10.8%	8.0%	2.8%	2.8%	10.7%	0.1%	0.1%
Medicaid	79.4%	81.5%	-2.1%	-2.1%	80.1%	-0.7%	-0.7%
Private Pay	6.1%	8.0%	-1.9%	-1.9%	7.0%	-0.9%	-0.9%
Hospice and insurance	3.7%	2.5%	1.2%	1.2%	2.2%	1.5%	1.5%



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

April 24, 2023
Administrator
Cass County Medical Care Facility
23770 Hospital Street
Cassopolis, MI 49031-9699

RE: NOTICE OF INTERIM MEDICAID REIMBURSEMENT RATE
National Provider Identifier No. 1629064332

Dear Provider:

The facility's medicaid routine nursing care reimbursement rate has been revised to reflect the following:

INTERIM RATE REBASING. The Provider's filed cost report has been used to complete an interim rate setting in accordance with Section 1633 of Public Act 352 of the Department of Community Health Appropriations Act for fiscal year 1996-1997. This action is only temporary until the audit data is available. The audit cost data rate rebasing will be done following completion of the cost report audit. The audited rebased rate will be effective for service days retroactive to the Provider's appropriate rate year begin date. A payment adjustment will be made for any overpayment or underpayment resulting from payment of the interim rate. The audited rebased rate will be on the Medicaid payment system to be paid for services effective for the month following a thirty (30) day rate notification. The interim rate determination is not appealable, however the Provider is afforded the right of appeal with the audited rebase rate determination. If the audited rebased rate is appealed, the Provider will be paid the higher of the audited rebase per diem rate or the per diem rate that was paid for services immediately before the interim rebase rate was effective .

- Filed Plant Cost Certification Data**
- Submitted Nurse Aide Training and Testing data**
- Change in Bed Certification (Medicare/Medicaid)**
- Rate Relief (Accelerated Rebasing)**
- Other:**
- Nurse Aide Training and Testing Lockout**
- Non-Available Bed Plan**
- Termination of Non-Available Bed Plan**
- Amended Cost Report**

Date of services beginning: 01/01/2023 Rate: \$358.17

Date rate effective on payment system: 01/01/2023

If the "Date rate effective on payment system" line is different from the "Date of services beginning" line, a gross adjustment payment will be determined for the amount of payment difference for the time period . If this is applicable, the provider will receive notice of the gross adjustment prior to the processing of such adjustment.

The facility will be reimbursed on the basis of the lower of customary charge to the general public or the Medicaid reimbursement rate. The provider should bill the Medicaid Program the total charge based on the usual and customary charge of the facility.

Sincerely,
Mark R. West, Section Manager

/S/ Tim Caggegi Jr., Medicaid Auditor
LTC Reimbursement and Rate Setting Section

Enclosure

Michigan Department of Health and Human Services

Calculation of Medicaid Reimbursement Rate

Date:	04/07/2023
Provider Name:	Cass County Medical Care Facility
National Provider Identifier No.	1629064332
FYE:	September 30
Effective Date:	01/01/2023

I. Calculation of Variable Rate Base

	Total Beds:	80
	LTC Beds	80
A. Variable cost per day	Filed Cost Report 09/30/2019	329.726344
B. Base cost per day:		244.354764
C. Support cost per day:		85.371579
D. Provider's support/base ratio		0.349375
E. Support/Base ratio limit per bed size group		0.395700
F. Cost Index	From: 09/30/2019 To: 10/01/2019	1.000000
G. Indexed base cost component (BCC) (base cost per day times CI)		244.354764
H. Indexed support cost component (SCC) (lesser of Provider's S/B ratio or S/B limit times indexed base cost)		85.371579
I. Variable rate base (VRB) (base cost component plus support cost component)		329.726344
J. Variable Cost Limit (VCL)	As of: 01/01/2021	330.000000
K. Lesser of Variable Rate Base or Variable Cost Limit		329.726344

II. Economic Inflationary Update (EIU)

A. Economic Inflation Rate (EIR)	From: 10/01/2021	To: 09/30/2023	2.50%
B. Lesser of Variable Rate Base or Variable Cost Limit			329.726344
C. Economic Inflationary Update			8.449238

III. Quality Assurance Supplement (QAS) (Calculation for Informational Purposes Only)

A. Lesser of Variable Rate Base or Variable Cost Limit	239.510981
B. Quality Assurance Adjustment Factor	21.76%
C. Quality Assurance Supplement	52.117589

Michigan Department of Health and Human Services

Calculation of Medicaid Reimbursement Rate

Date: 04/07/2023
 Provider Name: Cass County Medical Care Facility
 National Provider Identifier No. 1629064332
 FYE: September 30
 Effective Date: 01/01/2023

I. Calculation of Variable Rate Base

	Total Beds:	80
	LTC Beds	80
A. Variable cost per day	Filed Cost Report 09/30/2019	329.726344
B. Base cost per day:		244.354764
C. Support cost per day:		85.371579
D. Provider's support/base ratio		0.349375
E. Support/Base ratio limit per bed size group		0.395700
F. Cost Index	From: 09/30/2019 To: 10/01/2019	1.000000
G. Indexed base cost component (BCC) (base cost per day times CI)		244.354764
H. Indexed support cost component (SCC) (lesser of Provider's S/B ratio or S/B limit times indexed base cost)		85.371579
I. Variable rate base (VRB) (base cost component plus support cost component)		329.726344
J. Variable Cost Limit (VCL)	As of: 01/01/2021	330.000000
K. Lesser of Variable Rate Base or Variable Cost Limit		329.726344

II. FY 23 Interim Variable Rate Calculation

A. Total Interim FY 23 Variable Cost Component Oct-Dec 2022	346.418741
B. FY 23 Variable Percent Increase 2.0% Jan-Sept 2023	2.00%
C. FY 23 Interim Variable Rate Increase Amount	6.928375
D. Total Interim FY 23 Variable Cost Component Jan-Sept 2023	<u>353.347116</u>

**III. Quality Assurance Supplement (QAS)
(Calculation for Informational Purposes Only)**

A. FY23 Oct-Dec Lesser of VCL or VCC times 2.5% Amount times 2.0%	239.510981
B. Quality Assurance Adjustment Factor	21.76%
C. Quality Assurance Supplement Jan -Sept 2023	52.117589

Calculation of Medicaid Reimbursement Rate

III. Property Tax/Interest Expense/Lease Component

Total Days:
Plant Costs:

- A. Allowable Borrowings limitation**
 - 1) Average borrowings balance
 - 2) Interest deduction for excess borrowings
 - 3) DEFRA sales disallowance
 - 4) Net property tax/interest/lease component
- B. Net property tax/interest/lease component/patient day**

IV. Return On Current Asset Value Component

Tenure:

- A. Updated Building and Land Improvements
- B. Depreciated Movable Equipment
- C. Land
- D. Total current asset value
- E. Percentage applicable to LTC Unit
- F. LTC unit current asset value x percent
- G. Current Asset Value upper (ceiling) limitation
- H. Current Asset Value below (floor) limitation
- I. Tenure factor
- J. Limitation or asset value x tenure factor
- K. Limitation or asset value x tenure factor/patient days**

Rate Calculation

Prospective Reimbursement

OBRA Training & Testing Cost Settled

W/S 8 Costs:

Medicaid Reimbursement Rate

**Michigan Department of Health and Human Services
Calculation of Medicaid Reimbursement Rate**

III. Calculation of Plant Cost Component

Filed Cost Report 09/30/2019

A. Depreciation and Interest Expenses	117,966
B. Total Days	26,643
C. Plant Cost Per Day	4.427654
D. Plant Cost Limit	5.931796
E. Lesser of Plant Cost or Plant Cost Limit	4.427654

Rate Calculation

Prospective Reimbursement

A. Lesser of Variable Rate Base or Variable Cost Limit	329.726344
B. Economic Inflationary Update	8.449238
C. Variable Cost Component (Line A plus Line B)	338.175582
D. Plant Cost Component	4.427654
E. Reimbursement Rate Prior to Add-Ons	<u>358.091956</u>

OBRA Training & Testing Cost Settled

W/S 8 Costs: Filed Cost Report 09/30/2021	1,880	0.075745
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Medicaid Reimbursement Rate

358.167701

**Michigan Department of Health and Human Services
Calculation of Medicaid Reimbursement Rate**

III. Calculation of Plant Cost Component

Filed Cost Report 09/30/2019

A. Depreciation and Interest Expenses	117,966
B. Total Days	26,643
C. Plant Cost Per Day	4.427654
D. Plant Cost Limit	5.931796
E. Lesser of Plant Cost or Plant Cost Limit	4.427654

Rate Calculation

Prospective Reimbursement

A. Total Interim FY 23 Variable Cost Component Jan-Sept 2023	353.347116
B. FY 23 Interim Plant Cost Component Update Oct-Dec 2022	4.651804
C. FY 23 Plant Cost Percentage Increase 2.0% Jan-Sept 2023	2.00%
D. FY 23 Plant Cost Component Update Jan-Sept 2023	4.744840
E. Total Reimbursement Rate Prior to Add-Ons Jan-Sept 2023	358.091956

OBRA Training & Testing Cost Settled

W/S 8 Costs:	Filed Cost Report	09/30/2021	1,880	0.075745
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Medicaid Reimbursement Rate

358.167701

Calculation of Medicaid Reimbursement Rate

Date:

Provider Name:

National Provider Identifier No.

FYE:

Effective Date:

I. Calculation of Variable Rate Base

A. Variable cost per day

B. Base cost per day:

C. Support cost per day:

D. Base cost plus Support cost:

E. Cost index:

F. Variable rate base (VRB) From: To:
(base cost component plus support cost component times cost index)

II. FY 23 Interim Variable Rate Calculation

III. Quality Assurance Supplement (QAS)

(Calculation for Informational Purposes Only)

B. Quality Assurance Adjustment Factor

III. Calculation of Plant Cost Component

A. Depreciation and Interest Expenses

B. Total Days

C. Plant Cost Per Day

Rate Calculation

Medicaid Reimbursement Rate

Michigan Department of Health and Human Services

Calculation of Medicaid Reimbursement Rate

Date: 04/07/2023
 Provider Name: Cass County Medical Care Facility
 National Provider Identifier No. 1629064332
 FYE: September 30
 Effective Date: 01/01/2023

I. Calculation of Variable Rate Base

	Total Beds:	80
	LTC Beds	80
A. Variable cost per day	Filed Cost Report 09/30/2019	329.726344
B. Base cost per day:		244.354764
C. Support cost per day:		85.371579
D. Provider's support/base ratio		0.349375
E. Support/Base ratio limit per bed size group		0.395700
F. Cost Index	From: 09/30/2019 To: 10/01/2019	1.000000
G. Indexed base cost component (BCC) (base cost per day times CI)		244.354764
H. Indexed support cost component (SCC) (lesser of Provider's S/B ratio or S/B limit times indexed base cost)		85.371579
I. Variable rate base (VRB) (base cost component plus support cost component)		329.726344
J. Variable Cost Limit (VCL)	As of: 01/01/2021	330.000000
K. Lesser of Variable Rate Base or Variable Cost Limit		329.726344

II. FY 23 Interim Variable Rate Calculation

A. Total Interim FY 23 Variable Cost Component Oct-Dec 2022	346.418741
B. FY 23 Variable Percent Increase 2.0% Jan-Sept 2023	2.00%
C. FY 23 Interim Variable Rate Increase Amount	6.928375
D. Total Interim FY 23 Variable Cost Component Jan-Sept 2023	353.347116

**III. Quality Assurance Supplement (QAS)
(Calculation for Informational Purposes Only)**

A. FY23 Oct-Dec Lesser of VCL or VCC times 2.5% Amount times 2.0%	239.510981
B. Quality Assurance Adjustment Factor	21.76%
C. Quality Assurance Supplement Jan -Sept 2023	52.117589

Calculation of Medicaid Reimbursement Rate

III. Property Tax/Interest Expense/Lease Component

Total Days:

Plant Costs:

A. Allowable Borrowings limitation

- 1) Average borrowings balance
- 2) Interest deduction for excess borrowings
- 3) DEFRA sales disallowance
- 4) Net property tax/interest/lease component

B. Net property tax/interest/lease component/patient day

IV. Return On Current Asset Value Component

Tenure:

- A. Updated Building and Land Improvements
- B. Depreciated Movable Equipment
- C. Land
- D. Total current asset value
- E. Percentage applicable to LTC Unit
- F. LTC unit current asset value x percent
- G. Current Asset Value upper (ceiling) limitation
- H. Current Asset Value below (floor) limitation
- I. Tenure factor
- J. Limitation or asset value x tenure factor
- K. Limitation or asset value x tenure factor/patient days
- L. Facility Innovative Design Supplemental
- M. Total Return on Current Asset Value Component**

Rate Calculation

Prospective Reimbursement

E. Reimbursement Rate Prior to Add-Ons

OBRA Training & Testing Cost Settled

W/S 8 Costs:

Medicaid Reimbursement Rate

**Michigan Department of Health and Human Services
Calculation of Medicaid Reimbursement Rate**

III. Calculation of Plant Cost Component

Filed Cost Report 09/30/2019

A. Depreciation and Interest Expenses	117,966
B. Total Days	26,643
C. Plant Cost Per Day	4.427654
D. Plant Cost Limit	5.931796
E. Lesser of Plant Cost or Plant Cost Limit	4.427654

Rate Calculation

Prospective Reimbursement

A. Total FY 23 Variable Cost Component Jan-Sept 2023	353.347116
B. FY 23 Interim Plant Cost Component Oct-Dec 2022	4.651804
C. FY 23 Plant Cost Percentage Increase Jan-Sept 2023	2.00%
D. FY 23 Plant Cost Component Update Jan-Sept 2023	4.744840
E. Facility Innovative Design Supplemental	
F. Reimbursement Rate Prior to Add-Ons	0.000000

OBRA Training & Testing Cost Settled

W/S 8 Costs:	Filed Cost Report	09/30/2021	1,880	0.075745
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Medicaid Reimbursement Rate

0.000000



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

August 31, 2023
Administrator
Cass County Medical Care Facility
23770 Hospital Street
Cassopolis, MI 49031-9699

RE: NOTICE OF INTERIM MEDICAID REIMBURSEMENT RATE
National Provider Identifier No. 1629064332

Dear Provider:

The facility's medicaid routine nursing care reimbursement rate has been revised to reflect the following:

INTERIM RATE REBASING. The Provider's filed cost report has been used to complete an interim rate setting in accordance with Section 1633 of Public Act 352 of the Department of Community Health Appropriations Act for fiscal year 1996-1997. This action is only temporary until the audit data is available. The audit cost data rate rebasing will be done following completion of the cost report audit. The audited rebased rate will be effective for service days retroactive to the Provider's appropriate rate year begin date. A payment adjustment will be made for any overpayment or underpayment resulting from payment of the interim rate. The audited rebased rate will be on the Medicaid payment system to be paid for services effective for the month following a thirty (30) day rate notification. The interim rate determination is not appealable, however the Provider is afforded the right of appeal with the audited rebase rate determination. If the audited rebased rate is appealed, the Provider will be paid the higher of the audited rebase per diem rate or the per diem rate that was paid for services immediately before the interim rebase rate was effective .

- | | |
|---|---|
| <input type="checkbox"/> Filed Plant Cost Certification Data | <input type="checkbox"/> Nurse Aide Training and Testing Lockout |
| <input type="checkbox"/> Submitted Nurse Aide Training and Testing data | <input type="checkbox"/> Non-Available Bed Plan |
| <input type="checkbox"/> Change in Bed Certification (Medicare/Medicaid) | <input type="checkbox"/> Termination of Non-Available Bed Plan |
| <input type="checkbox"/> Rate Relief (Accelerated Rebasing) | <input type="checkbox"/> Amended Cost Report |
| <input type="checkbox"/> Other: | |

Date of services beginning: 10/01/2023 Rate: \$382.17

Date rate effective on payment system: 10/01/2023

If the "Date rate effective on payment system" line is different from the "Date of services beginning" line, a gross adjustment payment will be determined for the amount of payment difference for the time period . If this is applicable, the provider will receive notice of the gross adjustment prior to the processing of such adjustment.

The facility will be reimbursed on the basis of the lower of customary charge to the general public or the Medicaid reimbursement rate. The provider should bill the Medicaid Program the total charge based on the usual and customary charge of the facility.

Sincerely,
Mark R. West, Section Manager

/S/ Kimberly VanOrder, Medicaid Auditor
LTC Reimbursement and Rate Setting Section

Enclosure

Michigan Department of Health and Human Services

Calculation of Medicaid Reimbursement Rate

Date:	09/01/2023
Provider Name:	Cass County Medical Care Facility
National Provider Identifier No.	1629064332
FYE:	September 30
Effective Date:	10/01/2023

I. Calculation of Variable Rate Base

	Total Beds:	80
	LTC Beds	80
A. Variable cost per day	Filed Cost Report 09/30/2022	377.990078
B. Base cost per day:		293.475534
C. Support cost per day:		84.514543
D. Provider's support/base ratio		0.287978
E. Support/Base ratio limit per bed size group		0.417200
F. Cost Index	From: 09/30/2022 To: 10/01/2022	1.000000
G. Indexed base cost component (BCC) (base cost per day times CI)		293.475534
H. Indexed support cost component (SCC) (lesser of Provider's S/B ratio or S/B limit times indexed base cost)		84.514543
I. Variable rate base (VRB) (base cost component plus support cost component)		377.990078
J. Variable Cost Limit (VCL)	As of: 10/01/2023	399.670000
K. Lesser of Variable Rate Base or Variable Cost Limit		377.990078

II. Economic Inflationary Update (EIU)

A. Economic Inflation Rate (EIR)	From: 10/01/2022	To: 09/30/2024	0.00%
B. Lesser of Variable Rate Base or Variable Cost Limit			377.990078
C. Economic Inflationary Update			0.000000

III. Quality Assurance Supplement (QAS) (Calculation for Informational Purposes Only)

A. Lesser of Variable Rate Base or Variable Cost Limit	259.250000
B. Quality Assurance Adjustment Factor	21.76%
C. Quality Assurance Supplement	56.412800

Michigan Department of Health and Human Services

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J. Variable Cost Limit (VCL)	As of: 10/01/2023	399.670000
K. Lesser of Variable Rate Base or Variable Cost Limit		377.990078

II. FY 23 Interim Variable Rate Calculation

A. Total Interim FY 22 Variable Cost Component	0.000000
B. FY 23 Variable Percentage Increase	0.00%
C. FY 23 Interim Variable Rate Increase Amount	0.000000
D. Total Interim FY 23 Variable Cost Component	<u>0.000000</u>

III. Quality Assurance Supplement (QAS)
 (Calculation for Informational Purposes Only)

A. Lesser of Variable Rate Base or Variable Cost Limit	259.250000
B. Quality Assurance Adjustment Factor	21.76%
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Calculation of Medicaid Reimbursement Rate

III. Property Tax/Interest Expense/Lease Component

Total Days:
Plant Costs:

A. Allowable Borrowings limitation

- 1) Average borrowings balance
- 2) Interest deduction for excess borrowings
- 3) DEFRA sales disallowance
- 4) Net property tax/interest/lease component

B. Net property tax/interest/lease component/patient day

IV. Return On Current Asset Value Component

Tenure:

- A. Updated Building and Land Improvements
- B. Depreciated Movable Equipment
- C. Land
- D. Total current asset value
- E. Percentage applicable to LTC Unit
- F. LTC unit current asset value x percent
- G. Current Asset Value upper (ceiling) limitation
- H. Current Asset Value below (floor) limitation
- I. Tenure factor
- J. Limitation or asset value x tenure factor
- K. Limitation or asset value x tenure factor/patient days

Rate Calculation

Prospective Reimbursement

OBRA Training & Testing Cost Settled

W/S 8 Costs:

Medicaid Reimbursement Rate

**Michigan Department of Health and Human Services
Calculation of Medicaid Reimbursement Rate**

III. Calculation of Plant Cost Component

Filed Cost Report 09/30/2022

A. Depreciation and Interest Expenses	95,687
B. Total Days	23,584
C. Plant Cost Per Day	4.057284
D. Plant Cost Limit	5.931796
E. Lesser of Plant Cost or Plant Cost Limit	4.057284

Rate Calculation

Prospective Reimbursement

A. Lesser of Variable Rate Base or Variable Cost Limit	377.990078
B. Economic Inflationary Update	0.000000
C. Variable Cost Component (Line A plus Line B)	377.990078
D. Plant Cost Component	4.057284
E. Reimbursement Rate Prior to Add-Ons	382.047362

OBRA Training & Testing Cost Settled

W/S 8 Costs:	Filed Cost Report	09/30/2022	2,834	0.120166
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Medicaid Reimbursement Rate

382.167528

**Michigan Department of Health and Human Services
Calculation of Medicaid Reimbursement Rate**

III. Calculation of Plant Cost Component

Filed Cost Report 09/30/2022

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B. Total Days	23,584
C. Plant Cost Per Day	4.057284
D. Plant Cost Limit	5.931796
E. Lesser of Plant Cost or Plant Cost Limit	4.057284

Rate Calculation

Prospective Reimbursement

A. Total FY 23 Variable Cost Component	0.000000
B. FY 22 Interim Plant Cost Component Update	0.000000
C. FY 23 Plant Cost Component Percentage Increase	0.00%
D. FY 23 Plant Cost Component Update	0.000000
E. Reimbursement Rate Prior to Add-Ons	382.047362

OBRA Training & Testing Cost Settled

W/S 8 Costs:	Filed Cost Report	09/30/2022	2,834	0.120166
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Medicaid Reimbursement Rate

382.167528

Calculation of Medicaid Reimbursement Rate

Date:

Provider Name:

National Provider Identifier No.

FYE:

Effective Date:

I. Calculation of Variable Rate Base

A. Variable cost per day

B. Base cost per day:

C. Support cost per day:

D. Base cost plus Support cost:

E. Cost index:

F. Variable rate base (VRB)

From:

To:

(base cost component plus support cost component times cost index)

II. FY 23 Interim Variable Rate Calculation

III. Quality Assurance Supplement (QAS)

(Calculation for Informational Purposes Only)

B. Quality Assurance Adjustment Factor

III. Calculation of Plant Cost Component

A. Depreciation and Interest Expenses

B. Total Days

C. Plant Cost Per Day

Rate Calculation

Medicaid Reimbursement Rate

Michigan Department of Health and Human Services

Calculation of Medicaid Reimbursement Rate

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- F. LTC unit current asset value x percent
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- H. Current Asset Value below (floor) limitation
- I. Tenure factor
- J. Limitation or asset value x tenure factor
- K. Limitation or asset value x tenure factor/patient days
- L. Facility Innovative Design Supplemental
- M. Total Return on Current Asset Value Component

Rate Calculation

Prospective Reimbursement

E. Reimbursement Rate Prior to Add-Ons

OBRA Training & Testing Cost Settled

W/S 8 Costs:

Medicaid Reimbursement Rate

**Michigan Department of Health and Human Services
Calculation of Medicaid Reimbursement Rate**

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Rate Calculation

Prospective Reimbursement

A. Total FY 23 Interim Variable Cost Component	0.000000
B. FY 22 Interim Plant Cost Component Update	0.000000
C. FY 23 Plant Cost Component Percentage Increase	0.00%
D. FY 23 Plant Cost Component Increase	0.000000
E. Facility Innovative Design Supplemental	0.000000
F. Reimbursement Rate Prior to Add-Ons	0.000000

OBRA Training & Testing Cost Settled

W/S 8 Costs:	Filed Cost Report	09/30/2022	2,834	0.120166
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Medicaid Reimbursement Rate

0.000000

Cass County Medical Care Facility

EMPLOYEE ROSTER

August 2023

Cass County Medical Care Facility had a total of (4) "Resignations/ "Terminations/Retirement", and (14) "New Hires"

RESIGNATIONS

Activities/Activity Aide-Part Time-Quit-12/28/23 – 8/29/23
Nursing/CNA-PRN-Quit-8/4/22 – 8/22/23
EVS/Housekeeping Aide-Part Time-Terminated- 5/31/23 – 8/21/23
Therapy/Physical Therapy Assistant-PRN-Terminated-6/1/21 – 8/25/23

NEW HIRES

Nursing/CNA-PRN-8/9/23
Dietary/Cook-Full Time-8/9/23
Nursing/PRN-LPN-8/9/23
Nursing/RN-Full Time-8/9/23
Nursing/RN-PRN-8/14/23
Nursing/RN-Full Time-8/14/23
Nursing/CNA-Part Time-8/14/23
Activities/Activity Aide-Full Time-8/14/23
Nursing/CNA-Part Time-8/14/23
Nursing/LPN-Full Time-8/21/23
Nursing/CNA-Part Time-8/23/23
EVS/Housekeeping Aide-Full Time-8/23/23
Nursing/CNA-Full Time-8/28/23
Nursing/ADON-Full Time-8/28/23

VACANT POSITIONS/RECRUITING

RN, LPN, Administrator

Full-Time 115
Part-time: 30

PRN 25

RN: 14
LPN: 12
C.N.A.: 70
Maintenance: 03
Administration: 27
Dietary: 15
Activities 08
EVS 13
Therapy 08

TOTAL: 170

RESIDENT COUNCIL

9/20/23

4:00-4:45

RESIDENTS

Tori Bass

Dawn High

Shirley Slaughter

Dorothy Sachjen

Merry Pompey

Mary Everman

Ramona Washington

Ruth Newton

Christine Botelho

Donna Miller

Joyce Lockwood

Betty Sindell

Virginia Kline

STAFF

Steve Jacko

Colleen Pasillas

Dawn Robertson

Tori opened the meeting

Four resident rights were read and discussed: To be informed of your rights, To written notice of all services available in the home and their cost, To inspect and copy your personal and medical records, and To privacy during treatments or when attending to your personal needs.

Housekeeping/Laundry- no issues

Social Services- no issues

Front Office- no issues

Therapy- no issues

Maintenance- it was discussed that a residents cancel button on the wall sticks and makes it difficult for the CNA to reset it. After speaking to the maintenance group, it was brought up that they are aware of the issue and they have a replacement part ordered and it will be fixed as soon as the part comes in.

Kitchen- it was suggested that there should be a table that sits up higher than the others for residents that struggle to get close enough to the table to eat comfortably. After speaking with maintenance, we will look at it and see one can be adjusted.

Nursing- no issues

Activities- The residents have been happy seeing more dogs around the facility, and would like to see more (I will look into it as a possibility for an activity). Also, they would like more music related activities. We discussed bringing karaoke back, and plan for music entertainment for next month. The residents are really enjoying having Clarence perform, we will plan for that next month. The residents also seemed unhappy with the lack of variety with the animals with that the zoo brings, so I will call the zoo and see if there are other options for different types of animals. More, newer trivia books were requested, which we have ordered a few online, and if these go over well, more will be ordered. The residents really enjoy the exercises we do involving balloons, so we will plan more exercises like that as well. Last thing that was discussed was a picnic at the pond (and more trips to the pond as well), so we will plan that for October as well before the weather changes.

Respectfully submitted,

Steve Jacko