



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

MEMORANDUM

Date: October 31, 2023
To: Johnnie Mae Peters, Program Operations Administrator, Finance and Banking
From: *YR* Yndia Rutland, 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.	South Campus Care Center and Rehab	0 151771-00	FA	1
2.	Life Care Center of Sarasota	0 170521-00	DA	1
3.	Olds Hall Good Samaritan	0 204391-00	FA	1
4.	Northdale Rehabilitation Center	1 002777-00	Cost Settlement	1
5.	Parkview Rehabilitation Center at Winter Park	1 002787-00	Cost Settlement	1
6.	Nspire Healthcare Lauderhill	1 002969-00	Cost Settlement	1
			<u>Total:</u>	6

If you have any questions regarding the above, contact Yndia Rutland at Yndia.Rutland@ahca.myflorida.com.

YR/kg



		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)	MFAO number	Audit Number
015177100	20170901	255.64	0.00	255.64	255.64	93813-23	NH17-031C
017025100	20170901	251.89	0.00	251.89	251.89	93813-23	DR17-001
020439100	20170901	248.63	0.00	248.63	248.63	93813-23	NH16-030L
100277700	20180919	229.15	0.00	229.15	229.15	93813-23	
100278700	20180919	212.34	0.00	212.34	212.34	93813-23	
100296900	20180919	208.96	0.00	208.96	208.96	93813-23	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTH CAMPUS CARE CENTER AND REHAB
715 E DIXIE AVE
LEESBURG, FL 34748

Provider Number: 0 151771-00
Date: 10/13/2023
Fiscal Year End: 1/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **255.95** New Rate: **255.64** Effective Date: **9/1/2017**

Rate Type:	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> 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 #NH17-031C FYE 1/31/2016	

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

No Home Office

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF SARASOTA
8104 TUTTLE AVE
SARASOTA, FL 34243-2885

Provider Number: 0 170521-00
Date: 4/29/2020
Fiscal Year End: 1/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
251.95 **251.89** **9/1/2017**

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 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"/> Effects of Desk Audit #DR17-001 FYE 1/31/2016	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OLDS HALL GOOD SAMARITAN
325 S SEGRAVE STREET
DAYTONA BEACH, FL 32114

Provider Number: 0 204391-00
Date: 10/5/2023
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **248.38** New Rate: **248.63** Effective Date: **9/1/2017**

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 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"/> Effects of Field Audit #NH16-030L FYE 12/31/2014	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Evangelical Lutheran Good Samaritan
4800 West 57th Street
Sioux Falls, SD 57117

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORTHDALE REHABILITATION CENTER

3030 W BEARSS AVE

TAMPA, FL 33618-1811

Provider Number:

0 1002777-00

Date:

10/4/2023

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

218.47

New
Rate

229.15

Effective
Date

9/19/2018

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

Cost Settlement FYE 12/31/2019

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Southern HealthCare Management, LLC

600 Embassy Row

Suite 500

Atlanta, GA 30328



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PARKVIEW REHABILITATION CENTER AT WINTER PARK
2075 LOCH LOMOND DRIVE
WINTER PARK, FL 32792

Provider Number: 0 1002787-00
Date: 10/5/2023
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>198.36</u>	<u>212.34</u>	<u>9/19/2018</u>

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> 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"/> Cost Settlement FYE 12/31/2019	

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

Southern HealthCare Management, LLC
600 Embassy Row
Suite 500
Atlanta, GA 30328

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NSPIRE HEALTHCARE LAUDERHILL
2599 NW 55TH AVE
LAUDERHILL, FL 33313

Provider Number: 0 1002969-00
Date: 10/6/2023
Fiscal Year End: 3/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **203.27** New Rate: **208.96** Effective Date: **9/19/2018**

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ 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"/> Cost Settlement FYE 3/31/2019	

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

No Home Office

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance