

JASON WEIDA SECRETARY

#### **MEMORANDUM**

Date: February 29, 2024

To: Johnnie Mae Peters, Program Operations Administrator, Finance and Banking

From: The 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>	Provider Number	Type of Action	Number of Rate Change Notices
1.	OAKTREE HEALTHCARE	0 043843-00	FA	1
2.	PALMETTO SUBACUTE CARE CENTER	0 212806-00	FA	1
3.	PALMETTO SUBACUTE CARE CENTER	0 237766-00	FA	1
4.	PLAZA HEALTH AND REHAB	0 249847-00	Cost Settlement	1
5.	THE PALMS OF SEBRING	0 252671-00	Amended Cost Report	1
6.	ARDIE R. COPAS STATE VETERANS NURSING HOME	1 199059-00	New Facility	2
7.	ALWYN C. CASHE STATE VETERANS NURSING HOMES	1 204887-00	New Facility	1
			<u>Total:</u>	8

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		
	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MFAO	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
004384300	20170901	211.46	0.00	211.46	211.46	94293-24	NH16-140C
021280600	20170901	268.09	0.00	268.09	268.09	94293-24	NH15-131C
023776600	20170901	267.34	0.00	267.34	267.34	94293-24	NH15-131C
024984700	20170901	234.02	0.00	234.02	234.02	94293-24	
025267100	20170901	200.48	0.00	200.48	200.48	94293-24	
119905900	20221206	290.47	0.00	290.47	290.47	94270-24	
119905900	20231001	290.26	0.00	290.26	290.26	94270-24	
120488700	20231011	294.43	0.00	294.43	298.48	94293-24	



# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OAKTREE HEALTHCARE 650 REED CANAL RD SOUTH DAYTONA, FL 32119-3230			Provid	der Number:		0 043843-00		
			Date:			2/16/202	24	
			Fiscal Year End:			12/31/20	15	
			Audit	Status:		Field Aud	ited	
Provider Ty Nursing Ho		le Level			Current <u>Rate</u> 211.79	New <u>Rate</u> <b>211.46</b>	Effective	
Rate	Туре:							
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	XPros		al Prospective	with Interim	Component	
Basis:	Budget Unaudited Field audited Desk audit	ed costs	Changes:  Rate Semester Change  Field Audit #NH16-140C FYE 12/31/2015 with effects of FA & RFA #NH13-194C FYE 7/31/2012					
Distribution:  Contract Management / Fiscal Agent  Permanent File For Information Only			Medic	Y aid Cost Reim	<b>India Rutlan</b> Ibursement P		inance	
Но	me Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751			20.42.122.12		201614022	
A7DRY	Report Calc	culated: 2/16/2024 9:59:14 AM Rep	ort Printed:2/16/2	024 ID: 04	384312312015	010120150425	2016140336	



#### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALMETTO SUBACUTE CARE CENTER 7600 SW 8TH STREET MIAMI, FL 33144			Provider	Number:		0 212806-00		
			Date:	- Date:		2/2/2024		
			Fiscal Ye	ar End:	1/31/2016			
			Audit Sta	tus:		Unaudit	ed	
Provider Ty	-	lo I aval			Current Rate	New <u>Rate</u> <b>268.09</b>	Effective <u>Date</u> <b>9/1/2017</b>	
Nursing Ho	ime Singi	le Level			<u>268.21</u>	200.02	<u> 9/1/2017</u>	
Rate	е Туре:							
	_Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Prospec	Total	Prospective Prospective	with Interim	Component	
Basis:	Budget Unaudited Field audite Desk audite	ed costs	Changes:  Rate Semester Change  X Effects of Field Audit #NH15-131C FYE 7/31/2014				FYE	
<b>Distribution:</b> Contract Management / Fiscal Agent			Yndia Rutland  Medicaid Cost Reimbursement Planning and Finance					
Permanent File								
	formation Only	,						
No Ch	ange in Rate							
Но	ome Office:	No Home Office						
2ЛО7	Report Calc	eulated: 2/2/2024 4:29:54 PM Rep	ort Printed :2/2/2024	ID: 212	280601312016	5020120150419	92016141734	



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PLAZA HEALTH AND REHAB 4842 SW ARCHER ROAD			Provid		0 249847-00		
			Date:			2/13/202	24
GAINESVII	LE, FL 32607		Fiscal	Year End:		12/31/20	18
			Audit	Status:		Unaudit	ed
Provider 7	Гуре:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	Iome Sing	gle Level			<u>251.84</u>	<u>234.02</u>	6/1/2018
Ra	te Type:						
X	Interim		Pros	pective			
		Total Interim		Tota	l Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:	;		<b>Changes:</b>				
				Rate Semes	ter Change		
	Budget		X	Cost Settle	ment FYE 12	/31/2018	
X	Unaudited						
	Field audi						
	Desk audi	ted costs					
<u>Distributi</u>	ion:			v	'ndia Rutlan	a	
	anagement / Fisc	al Agent	Medica			u lanning and F	inance
Permanent I			iviculca	na Cost Kelli	ioursement f	iaininig and I	manec
For	Information Onl	у					
No (	Change in Rate						
1	Home Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201					
	<b>.</b>	Fernandina Beach, FL 32034					
P5IVH	Report Cal	culated: 2/13/2024 1:12:03 PM Repo	ort Printed :2/13/20	)24 ID: 24	984712312018	3060120180430	02021184144



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE PALMS OF SEBRING 725 S PINE ST SEBRING, FL 33870			Provider Numb	er:	0 252671-00 12/4/2020 12/31/2016		
			Date:				
			Fiscal Year En	d:			
			Audit Status:		Unaudit	ed	
Provider Ty	pe:			Current	New	Effective	
				Rate	<u>Rate</u>	<u>Date</u>	
Nursing Ho	me Sing	gle Level		<u>196.09</u>	200.48	9/1/2017	
Rate	Type:						
	Interim		X Prospective				
	_	Total Interim		Total Prospectiv	re		
		Interim Component		Total Prospectiv	e with Interim	Component	
		Settlement based on cost					
	_	Prior Provider Prospective data					
Basis:	Budget Unaudited Field audit	ted costs		emester Change ded Cost Report	FYE 12/31/20	16	
Distribution	<u>1:</u>			Zainab Da			
Contract Mana	gement / Fisca	al Agent	Medicaid Cost	Reimbursement		Ginance	
Permanent File	<b>;</b>		Wiedleard Cost	Remoursement	r ramming and r	mance	
For Inf	formation Onl	у					
No Cha	ange in Rate						
	me Office:	Covington Senior Living, LLC 1175 Peachtree Street Suite 1230 Atlanta, GA 30361					
Y12KO	Report Cal	culated: 12/4/2020 1:19:14 PM Rep	ort Printed :12/4/2020	D: 252671123120	1601012016112	32017070750	



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALMETTO SUBACUTE CARE CENTER 7600 SW 8TH STREET MIAMI, FL 33144			Provid	er Number:		0 237766-00		
			Date:			2/2/202	4	
			Fiscal	Year End:		1/31/20	19	
			Audit	Audit Status:		Unaudit	ed	
Provider T Nursing H		le Level			Current <u>Rate</u> 267.46	New <u>Rate</u> 267.34	Effective <u>Date</u> 2/1/2018	
Rat	te Type:							
X	Interim		Pros	pective				
A	— X	Total Interim	1103]		l Prospective			
		Interim Component			_	with Interim	Component	
		Settlement based on cost			-		-	
		Prior Provider Prospective data						
Basis:	Budget Unaudited Field audite Desk audite	ed costs	Changes:  Rate Semester Change  Effects of Field Audit #NH15-131C FYE 7/31/2014				FYE	
<u>Distributi</u>	on:			Y	ndia Rutlan	d		
Contract Mar	nagement / Fisca	l Agent	Medica			lanning and F	inance	
Permanent F	ile					-		
For I	Information Only	7						
No C	hange in Rate							
Н	Iome Office:	No Home Office						
2ЛО7	Report Calc	culated: 2/2/2024 4:29:54 PM Repo	ort Printed :2/2/202	24 ID:				



#### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

ARDIE R. COPAS STATE VETERANS NURSING HOMES			_	Provider N	1 199059-00		
13000 SW TRADITION	ON PKWY		<del>-</del>	Date:		3/13/2024	
PORT SAINT LUCIE	E, FL 34987		<u>-</u>	Fiscal Year End:		6/30/2021	
				Audit Statu	s:	Unaudited	
Provider Type: Nursing Home	Single Level		Curre <u>Rate</u> <b>\$0.0</b>	<u>e</u>	New <u>Rate</u> <b>\$290.47</b>	Effective <u>Date</u> 12/6/2022	
Rate Type:							
	Interim		X	Prospective			
	Total Interim			X	Total	Prospective	
	Interim Comp	onent				Prospective with Interim	
	Settlement bas					ponent	
	Prior Provider	Prospective Data					
ъ :			CI				
Basis:			Changes:				
X	Budget		X	Rate Semeste	er Change		
	Unaudited Co	sts		<del></del>	C		
	Field Audited	Costs					
	Desk Audited	Costs					
Distribution:					Yndia Rutland	l	
Contract Managemen	t / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance				
Permanent File				Charl	in Pu	tland	
For Inform	ation Only			gina	u ru	aunc	
No Change	e in Rate						
	Home Office:	Florida Dept. of 11351 Ulmerton	Road, Room 31				
		Largo, Fl 33778-	1630				



#### 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**

	TATE VETERANS NURSING HOMES	-	Provider Number	er:	1 199059-00
13000 SW TRADITIO		-	Date:		3/13/2024
PORT SAINT LUCIE	E, FL 34987	<del>-</del>	Fiscal Year End	l:	6/30/2021
			Audit Status:		Unaudited
Provider Type:					
		Curre	nt	New	Effective
		Rate	<u>:</u>	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level	\$290.4	<u>\$7</u>	<u> 290.26</u>	10/1/2023
Rate Type:					
	Interim	X	Prospective		
	Illerini		_F10spective		
	Total Interim		X	Total Pro	ospective
	Interim Component			Total Pro	ospective with Interim
	Settlement based on Cost			Compon	_
	Prior Provider Prospective Data				
Basis:		Changes:			
X	Budget	X	Rate Semester Ch	ange	
	Unaudited Costs		_	C	
	Field Audited Costs				
	Desk Audited Costs				
Distribution:			Ynd	lia Rutland	
Contract Managemen	t / Fiscal Agent	M	edicaid Cost Reimbur		g and Finance
Permanent File	ž		(ladio	0.00	land.
For Information	ation Only		Gndia	ruce	ance
No Change	in Rate				
	Home Office: Florida Dept. of	Veterans Affairs			
	11351 Ulmerton				
	11331 Chilerton	rtouu, rtoom 51			

Largo, Fl 33778-1630



#### 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**

ALWYN C. CASHE		Provider Numb	er:	1 204887-00 3/15/2024	
5255 RAYMOND ST		Date:			
ORLANDO, FL 32814			Fiscal Year End	d:	4/30/2023
			Audit Status:		Unaudited
Provider Type:					
Tionaci Type.		Curre	nt	New	Effective
		Rate	<u>.</u>	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level	\$0.00	<u>0</u> <u>\$</u>	<u>3298.43</u>	10/11/2023
Rate Type:					
	Interim	X	_Prospective		
	Total Interim		X	Total Pro	ospective
	Interim Component				•
	Settlement based on Cost			I otai Pro Compon	ospective with Interim
	Prior Provider Prospective Data			- 1	
	<u> </u>				
Basis:		Changes:			
X	Budget	x	Rate Semester Ch	hange	
	Unaudited Costs		_	Č	
	Field Audited Costs				
	Desk Audited Costs				
<u>Distribution:</u>			Ync	dia Rutland	
Contract Management	t / Fiscal Agent	M	edicaid Cost Reimbur	rsement Planning	g and Finance
Permanent File			Gndia	Rett	land
For Informa	ation Only		9	, , ,	
No Change	in Rate				
	Home Office: Florida Dept. of V				
	11351 Ulmerton I	Road, Room 31	1-K		

Largo, Fl 33778-1630