



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

MEMORANDUM

Date: February 29, 2024
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.	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		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit 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	



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

OAKTREE HEALTHCARE
650 REED CANAL RD
SOUTH DAYTONA, FL 32119-3230

Provider Number: 0 043843-00
Date: 2/16/2024
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **211.79** New Rate: **211.46** 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 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 #NH16-140C FYE 12/31/2015 with effects of FA & RFA #NH13-194C FYE 7/31/2012	

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No Change in Rate

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Home Office:

CMCII
800 Concourse Parkway South
Maitland, FL 32751



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALMETTO SUBACUTE CARE CENTER
7600 SW 8TH STREET
MIAMI, FL 33144

Provider Number: 0 212806-00
Date: 2/2/2024
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **268.21** New Rate: **268.09** 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 #NH15-131C FYE 7/31/2014	

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Home Office:

No Home Office



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Medicaid Reimbursement Per Diem Rates

PLAZA HEALTH AND REHAB
4842 SW ARCHER ROAD
GAINESVILLE, FL 32607

Provider Number: 0 249847-00
Date: 2/13/2024
Fiscal Year End: 12/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **251.84** New Rate: **234.02** Effective Date: **6/1/2018**

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" 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"/> Cost Settlement FYE 12/31/2018	

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Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

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Health Care Managers, Inc
2380 Sadler Road Suite 201
Fernandina Beach, FL 32034



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE PALMS OF SEBRING
725 S PINE ST
SEBRING, FL 33870

Provider Number: 0 252671-00
Date: 12/4/2020
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
196.09 **200.48** **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"/> Amended Cost Report FYE 12/31/2016	

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Home Office:

Covington Senior Living, LLC
1175 Peachtree Street
Suite 1230
Atlanta, GA 30361

Zainab Day

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALMETTO SUBACUTE CARE CENTER
7600 SW 8TH STREET
MIAMI, FL 33144

Provider Number: 0 237766-00
Date: 2/2/2024
Fiscal Year End: 1/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **267.46** New Rate: **267.34** Effective Date: **2/1/2018**

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget	
<input 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 #NH15-131C FYE 7/31/2014	

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No Home Office



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Medicaid Reimbursement Per Diem Rates

ARDIE R. COPAS STATE VETERANS NURSING HOMES
13000 SW TRADITION PKWY
PORT SAINT LUCIE, FL 34987

Provider Number: 1 199059-00
 Date: 3/13/2024
 Fiscal Year End: 6/30/2021
 Audit Status: Unaudited

Provider Type:

		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single Level	<u>\$0.00</u>	<u>\$290.47</u>	<u>12/6/2022</u>

Rate Type:	
<u>Interim</u>	<u>X</u> <u>Prospective</u>
<u>Total Interim</u>	<u>X</u> <u>Total Prospective</u>
<u>Interim Component</u>	<u>Total Prospective with Interim Component</u>
<u>Settlement based on Cost</u>	
<u>Prior Provider Prospective Data</u>	

Basis:	Changes:
<u>X</u> <u>Budget</u>	<u>X</u> <u>Rate Semester Change</u>
<u>Unaudited Costs</u>	
<u>Field Audited Costs</u>	
<u>Desk Audited Costs</u>	

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Yndia Rutland
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

Florida Dept. of Veterans Affairs
 11351 Ulmerton Road, Room 311-K
 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

ARDIE R. COPAS STATE VETERANS NURSING HOMES
13000 SW TRADITION PKWY
PORT SAINT LUCIE, FL 34987

Provider Number: 1 199059-00
 Date: 3/13/2024
 Fiscal Year End: 6/30/2021
 Audit Status: Unaudited

Provider Type:

		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single Level	<u>\$290.47</u>	<u>\$290.26</u>	<u>10/1/2023</u>

Rate Type:	
<u>Interim</u>	<u>X</u> <u>Prospective</u>
<u>Total Interim</u>	<u>X</u> <u>Total Prospective</u>
<u>Interim Component</u>	<u>Total Prospective with Interim Component</u>
<u>Settlement based on Cost</u>	
<u>Prior Provider Prospective Data</u>	

Basis:	Changes:
<u>X</u> <u>Budget</u>	<u>X</u> <u>Rate Semester Change</u>
<u>Unaudited Costs</u>	
<u>Field Audited Costs</u>	
<u>Desk Audited Costs</u>	

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Medicaid Reimbursement Per Diem Rates

ALWYN C. CASHE STATE VETERANS NURSING HOMES
 5255 RAYMOND ST.
 ORLANDO, FL 32814

Provider Number: 1 204887-00
 Date: 3/15/2024
 Fiscal Year End: 4/30/2023
 Audit Status: Unaudited

Provider Type:

		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single Level	<u>\$0.00</u>	<u>\$298.43</u>	<u>10/11/2023</u>

Rate Type:			
	Interim	x	Prospective
	Total Interim	x	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on Cost		
	Prior Provider Prospective Data		

Basis:		Changes:	
	x Budget		
	Unaudited Costs		
	Field Audited Costs		
	Desk Audited Costs		
		x	Rate Semester Change

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