



MEMORANDUM

Date: September 17, 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
				<u>Notices</u>
1.	Blue Palms Health and Rehabilitation	1 212771-00	CHOW	2
	Center of Daytona Beach			
2.	Solaris Healthcare Lake Zephyr	1 219213-00	CHOW	2
3.	Solaris Healthcare Apopka	1 219717-00	CHOW	2
4.	Solaris Healthcare Waterman	1 219939-00	CHOW	2
			<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	Effective Date Format	Intermediate I	Skilled AIDS	Intermediate II		MFAO	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
121277100	20230601	270.25	0.00	270.25	270.25	95200-24	
121277100	20231001	272.44	0.00	272.44	272.44	95200-24	
121921300	20230605	251.08	0.00	251.08	251.08	95200-24	
121921300	20231001	277.66	0.00	277.66	277.66	95200-24	
121971700	20230605	259.19	0.00	259.19	259.19	95200-24	
121971700	20231001	272.74	0.00	272.74	272.74	95200-24	
121993900	20230605	263.72	0.00	263.72	263.72	95200-24	
121993900	20231001	279.17	0.00	279.17	279.17	95200-24	



Medicaid Reimbursement Per Diem Rates

Blue Palms Health and		Provider Nu	1 212771-00				
327 ORANGE AVEN	Date: Fiscal Year End:			06/13/2024 12/31/2021			
DAYTONA BEACH,							
				Audit Status	:	Unaudited	
Provider Type: Nursing Home	Single Level		Curre <u>Rate</u> \$237. (2	New <u>Rate</u> \$270.25	Effective <u>Date</u> 06/01/2023	
Rate Type:							
	Interim		X	_Prospective			
	Total Interim Interim Compo Settlement bas Prior Provider			X	Tota	al Prospective al Prospective with Interim apponent	
Basis:			Changes:				
X	Budget Unaudited Cos Field Audited Desk Audited	Costs	Х	_CHOW effect	tive 06/01/20)23	
<u>Distribution:</u>					Yndia Rutla	nd	
Contract Management	t / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance				
Permanent File For Information Only No Change in Rate			0	fndii	a Ru	tland	
	Home Office:	Evangelical Luthe 4800 West 57th S Sioux Falls, SD 5	treet	aritan			



Medicaid Reimbursement Per Diem Rates

Blue Palms Health and Rehabilitation Center of Daytona Beach	Provider Numb	er:	1 212771-00		
325 S SEGRAVE STREET	Date:		06/13/2024		
DAYTONA BEACH, FL 32114	Fiscal Year End	d:	12/31/202	21	
	Audit Status:		Field Audi	ted	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 270.25	New <u>Rate</u> <u>272.44</u>	Effective <u>Date</u> 10/01/2023	
Rate Type:					
X Interim Total Interim Interim component Settlement based on cost Prior Provider Prospective Da Basis: Budget	Changes:	- -	ve with Interim co	emponent	
X Unaudited costs Field audited costs Desk audited costs	CHOW	effective 06/01/2	023		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No change in Rate	Medicaid Cost Reimbursement Planning and Finance Gradia Rutland				

<u>Home Office:</u> Evangelical Lutheran Good Samaritan

4800 West 57th Street Sioux Falls, SD 57117



Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE LAKE ZEPHYR 38250 A AVENUE ZEPHYRHILLS, FL 33542			-	Provider Nu Date:	ımber:	1 219213-00 6/11/2024		
			_	Fiscal Year	End:	12/31/2018		
,			-	Audit Status	s:	Unaudited		
Provider Type: Nursing Home	Single Level		Curre <u>Rate</u> \$233.	<u>:</u>	New <u>Rate</u> \$251.08	Effective <u>Date</u> 06/05/2023		
Rate Type:								
	Interim		X	_Prospective				
	Total Interim Interim Composite Settlement base Prior Provider			<u>x</u>		Prospective Prospective with Interimponent		
Basis:			Changes:					
X	Budget Unaudited Con Field Audited Desk Audited	Costs	х	_CHOW effec	tive 06/05/2023	3		
Distribution: Contract Managemen Permanent File	t / Fiscal Agent							
For Inform	ation Only		Medicaid Cost Reimbursement Planning and Finance					
No Change	e in Rate		Medi			anning and Finance		
	Home Office:	Solaris Licensing						
		250 Pehle Ave, P		ite 309				
		Saddle Brook, N.	J 07663-5832					



Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE LAKE ZEPHYR 38250 A AVE ZEPHYRHILLS, FL 33542			Provider Num	ber:	1 219213-00 06/11/2024		
			Date:				
			— Fiscal Year Er	nd:	12/31/202	20	
			Audit Status:		Field Audi	ted	
Provider Ty Nursing Ho	•	le Level		Current Rate 251.08	New <u>Rate</u> 277.66	Effective <u>Date</u> 10/01/2023	
	J5			201100	217100	<u></u>	
Ra	ate Type:						
X	Basis: Budget Unaudited co		Changes:	Prospective Total Prospective Total Prospective Total Prospective	ve with Interim co	omponent	
Distributio	Desk audited			Ynd	ia Rutland		
	— anagement / Fisca	al Agent	Medic	aid Cost Reimbur	sement Planning	and Finance	
Permanent	-	Only		Gndia	Retlar	nd	
		/e_Park 80 West_Suite 309					

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Saddle Brook, NJ 07663-5832



Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE APOPKA			Provider Number:				1 219717-00	
305 EAST OAK STR	_	Date:		6/13/2024				
APOPKA, FL 32703			_	Fiscal Year	End:		12/31/2018	
			Audit Status:			Unaudited		
Provider Type: Nursing Home	Single Level		Curre <u>Rate</u> \$241.	<u>2</u>	Nev <u>Rat</u> \$259	<u>e</u>	Effective <u>Date</u> 06/05/2023	
Rate Type:								
	Interim		X	_Prospective				
	Total Interim			X		Total Pro	ospective	
	Interim Compo	onent			-		ospective with Interim	
	Settlement bas	ed on Cost				Compon	_	
	Prior Provider	Prospective Data						
Basis:			Changes:					
	Budget		X	CHOW effect	otive 06/0	05/2023		
X	Budget Unaudited Cos	sts	A	_ CHOW ellec	tive oo/	13/2023		
	Field Audited							
	Desk Audited							
Distribution:			Yndia Rutland					
Contract Managemen	t / Fiscal Agent		M	ledicaid Cost Rei	mburseme	ent Planning	and Finance	
Permanent File				andi	ia 1	Red	land	
For Information Only			/	1				
No Change	e in Rate							
	Home Office:	Sunbelt Health C	Care CentersInc.					
		485 N. Keller roa	ad, Suite 250					
		Maitland EL 322	751					



Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE APO	Provider Numb	er:	1 219717-00 6/13/2024			
305 EAST OAK STREET	Date:					
APOPKA, FL 32703	Fiscal Year En	d:	12/31/202	20		
	Audit Status:		Field Audi	ted		
Provider Type: Nursing Home Single	e Level		Current <u>Rate</u> <u>259.19</u>	New <u>Rate</u> 272.74	Effective <u>Date</u> <u>10/01/2023</u>	
Nursing Home Single	e Level		259.19	<u> </u>	10/01/2023	
Rate Type:						
X Interim Basis:	Total Interim Interim component Settlement based on cost Prior Provider Prospective D	ata Changes:	Prospective Total Prospecti Total Prospecti Total Prospecti	ive ve with Interim co	omponent	
X Unaudited cos Field audited Desk audited	costs	CHOW	effective 06/05/2	2023		
<u>Distribution:</u> Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Planning and Finance Andia Rutland				
For Information O						

 $\underline{\textbf{Home Office:}} \quad \textbf{Sunbelt Health Care Centers,Inc.}$

485 N. Keller road Maitland, FL 32751



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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

SOLARIS HEALTHCARE WATERMAN				1 219939-00			
4501 WATERMAN WAY			Provider Number: Date:			6/11/2024	
TAVARES, FL 32778	8		-	Fiscal Yea	ar End:	6/30/2019	
			-	Audit Stat	us:	Unaudited	
Provider Type:	C' 11 1		Curre Rate	2	New Rate	Effective Date	
Nursing Home	Single Level		<u>\$245.</u>	<u>19</u>	<u>\$263.72</u>	06/05/2023	
Rate Type:							
	Interim		X	_Prospectiv	/e		
	Total Interim			X	Total P	rospective	
	Interim Compo	onent				rospective with Interim	
	Settlement bas				Compo		
	Prior Provider	Prospective Data					
Basis:			Changes:				
	Budget		X	CHOW off	factive 06/05/2022		
X	Budget Unaudited Cos	ete	Α	_CHOW ello	ective 06/05/2023		
A	Field Audited						
	Desk Audited						
Distribution:					Yndia Rutland		
Contract Managemen	t / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance				
Permanent File				Che a	lin Dia	Hound	
For Inform	ation Only			yna	lia Ru	eunce	
No Change	e in Rate		6				
	Home Office:	Sunbelt Health C	Care CentersInc.				
		485 N. Keller roa	ad, Suite 250				
		Maitland, FL 327	751				

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Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE WATERMAN 4501 WATERMAN WAY TAVARES, FL 32778			Provider Numb	oer:	1 219939-00		
			Date:		06/11/2024		
			— Fiscal Year En	d:	12/31/202	20	
			Audit Status:		Unaudite	ed	
Provider Type	: :			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home	e Sing	le Level		<u>263.72</u>	<u>279.17</u>	<u>10/01/2023</u>	
Rate	Туре:						
X	Basis: Budget Unaudited completed audited audited audited audited	d costs	Changes: Rate Semester	- -	ve with Interim co	omponent	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No change in Rate				aid Cost Reimbur	ia Rutland sement Planning		

<u>Home Office:</u> Sunbelt Health Care Centers,Inc.

485 N. Keller road Maitland, FL 32751