



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

MEMORANDUM

Date: September 17, 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.	Blue Palms Health and Rehabilitation Center of Daytona Beach	1 212771-00	CHOW	2
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
			Total:	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
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	



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

Blue Palms Health and Rehabilitation Center of Daytona Beach
 327 ORANGE AVENUE
 DAYTONA BEACH, FL 32114

Provider Number: 1 212771-00
 Date: 06/13/2024
 Fiscal Year End: 12/31/2021
 Audit Status: Unaudited

Provider Type:

		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single Level	<u>\$237.09</u>	<u>\$270.25</u>	<u>06/01/2023</u>

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:	Changes:
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> CHOW effective 06/01/2023
<input checked="" type="checkbox"/> Unaudited Costs	
<input type="checkbox"/> Field Audited Costs	
<input type="checkbox"/> Desk Audited Costs	

Distribution:

Contract Management / Fiscal Agent
 Permanent File
 For Information Only
 No Change in Rate

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Blue Palms Health and Rehabilitation Center of Daytona Beach	Provider Number:	1 212771-00
325 S SEGRAVE STREET	Date:	06/13/2024
DAYTONA BEACH, FL 32114	Fiscal Year End:	12/31/2021
	Audit Status:	Field Audited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>270.25</u>	<u>272.44</u>	<u>10/01/2023</u>

Rate Type:

<input checked="" 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:

_____ CHOW effective 06/01/2023

Distribution:

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Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE LAKE ZEPHYR
 38250 A AVENUE
 ZEPHYRHILLS, FL 33542

Provider Number: 1 219213-00
 Date: 6/11/2024
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$233.30</u>	<u>\$251.08</u>	<u>06/05/2023</u>

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

Basis:		Changes:	
Budget		<u> x </u>	CHOW effective 06/05/2023
<u> x </u> Unaudited Costs			
Field Audited Costs			
Desk Audited Costs			

Distribution:

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 No Change in Rate

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 Saddle Brook, NJ 07663-5832



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Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE LAKE ZEPHYR	Provider Number:	1 219213-00
38250 A AVE	Date:	06/11/2024
ZEPHYRHILLS, FL 33542	Fiscal Year End:	12/31/2020
	Audit Status:	Field Audited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>251.08</u>	<u>277.66</u>	<u>10/01/2023</u>

Rate Type:

<input checked="" type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
	Interim component		Total Prospective with Interim component
	Settlement based on cost		
	Prior Provider Prospective Data		

Basis:

	Budget
<input checked="" type="checkbox"/>	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

CHOW effective 06/05/2023

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Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE APOPKA	Provider Number:	1 219717-00
305 EAST OAK STREET	Date:	6/13/2024
APOPKA, FL 32703	Fiscal Year End:	12/31/2020
	Audit Status:	Field Audited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>259.19</u>	<u>272.74</u>	<u>10/01/2023</u>

Rate Type:

<input checked="" 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:

_____ CHOW effective 06/05/2023

Distribution:

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 Maitland, FL 32751



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Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE WATERMAN
 4501 WATERMAN WAY
 TAVARES, FL 32778

Provider Number: 1 219939-00
 Date: 6/11/2024
 Fiscal Year End: 6/30/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$245.19</u>	<u>\$263.72</u>	<u>06/05/2023</u>

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:		Changes:	
<input type="checkbox"/>	Budget	<input checked="" type="checkbox"/>	CHOW effective 06/05/2023
<input checked="" type="checkbox"/>	Unaudited Costs		
<input type="checkbox"/>	Field Audited Costs		
<input type="checkbox"/>	Desk Audited Costs		

Distribution:

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Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE WATERMAN
 4501 WATERMAN WAY
 TAVARES, FL 32778

Provider Number: 1 219939-00
 Date: 06/11/2024
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	263.72	279.17	10/01/2023

Rate Type:

<input checked="" 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"/>	
<input type="checkbox"/>	Prior Provider Prospective Data	<input type="checkbox"/>	

Basis:

<input type="checkbox"/>	Budget
<input checked="" type="checkbox"/>	Unaudited costs
<input type="checkbox"/>	Field audited costs
<input type="checkbox"/>	Desk audited costs

Changes:

Rate Semester Change
 CHOW effective 06/05/2023

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