

RON DESANTIS GOVERNOR

JASON WEIDA SECRETARY

#### MEMORANDUM

Date: February 5, 2025

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

*GR***From:** 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.

	Provider Name	Provider Number	Type of Action	Number of Rate Change Notices
1.	THE PALMS AT SEBRING NURSING AND REHABILITATION	1 220946-00	CHOW	2
2.	THE GARDENS OF TERRACINA HEALTH AND REHABILITATION	1 233843-00	CHOW	2
3.	THE LUXE AT WELLINGTON REHABILITATION CENTER	1 247317-00	CHOW	1
4.	NURSING AND REHABILITATION CENTER OF BAYONET POINT	1 248463-00	CHOW	1
			<u>Total:</u>	6

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

NR/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
122094600	20240618	239.96	0.00	239.96	239.96	95752-25	
122094600	20241001	285.62	0.00	285.62	285.62	95752-25	
123384300	20240730	256.08	0.00	256.08	256.08	95551-24	
123384300	20241001	278.09	0.00	278.09	278.09	95551-24	
124713700	20241112	310.04	0.00	310.04	310.04	95752-25	
124846300	20241121	279.86	0.00	279.86	279.86	95752-25	



THE PALMS	S AT SEBRING	NURSING AND REHABILITATIO	ON Provider Num	ber:	1 220946-00 06/18/2024			
725 S PINE	ST		Date:					
SEBRING, F	FL 33870		Fiscal Year End:		06/30/20	22		
			Audit Status:		Field Audi	ted		
Provider Type: Nursing Home Single Level				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>		
				<u>239.27</u>	<u>239.96</u>	<u>06/18/2024</u>		
Ra	ate Type:							
X	Interim	Total Interim Interim component	× ×	Prospective Total Prospect Total Prospect	ive ive with Interim co	omponent		
		Settlement based on cost Prior Provider Prospective D	Data	_				
	Basis:		Changes:					
	Budget		Rate Semester Change Rate Semester Change					
X	Unaudited Field audite							
	Desk audite	ed costs						
Distributior	<b>.</b> .			Ynd	lia Rutland			
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance					
Permanent File For Information Only No change in Rate				Gndi	a Rutla	and		
Home Offic	-							



THE PALMS AT SEBRING NURSING AND REHABILITATION Provider Number:					1 220946-00			
725 S PINE S	Г		Date:	09/23/2024				
SEBRING, FL	33870		Fiscal Year End:		06/30/2023			
	Audit Status:		Field Audited					
Provider Type:			Current New <u>Rate Rate</u>		Effective Date			
		e Level		<u>239.96</u>	<u>285.62</u>	<u>10/01/2024</u>		
Rate	Туре:	]						
X	Interim	_Total Interim _ Interim component	x x	Prospective Total Prospect	mponent			
		Settlement based on cost Prior Provider Prospective Date	a					
	Basis:		Changes:	Change				
	Budget	-						
Х	Unaudited cos	ots						
	Field audited o							
	_ Desk audited o	costs						
Distribution:				Ync	lia Rutland			
Contract Mana	agement / Fiscal	Agent	Medica	aid Cost Reimbu	rsement Planning	and Finance		
Permanent File	9			Undi	r Rutla	nd		
For Information Only				1	,			
Nc	change in Rate	9		0				
Home Office:	Trousdale Livin	ng Communities						
	485 Central Av	ve NE						
	Cleveland, TN	37311						



The Gardens of Terracina Health and Rehabilitation 6869 Davis Blvd.			Provider Numbe	er:	1 233843-00			
			Date:	5 	01/14/2025			
Naples, FL 341	104		Fiscal Year End	d:	12/31/2022			
			Audit Status:	Unaudited				
Provider Type: Nursing Home Single Level				Current <u>Rate</u>	New <u>Rate</u>	Effective Date		
		e Level	<u>2</u> 4	242.75	256.08	07/30/2024		
Rate	е Туре:	]						
x	Interim		X	Prospective				
	ý.	Total Interim	X	Total Prospect				
	,	Interim component - Settlement based on cost		I otal Prospecti	ve with Interim co	mponent		
	X	Prior Provider Prospective Dat	a					
	76							
[	Basis:		Changes:					
	Dasis.		Rate Semester C	Change				
	Budget	相		Jildiigo				
X	Unaudited cos	sts						
	- Field audited o	costs						
	<ul> <li>Desk audited (</li> </ul>	costs						
9								
Distribution:			Yndia Rutland					
Contract Mana	agement / Fiscal	Agent			rsement Planning			
Permanent File	e			Undi	r Rutla	nd		
For Information Only			,	1	,			
No	o change in Rate	9	,					
Home Office:	The Goodman	Group, LLC						
	1107 Hazeltine	Blvd.						
	Chaska, MN 58	5318						



The Gardens of Terracina Health and Rehabilitation			Provider Number: 1 233843-00			-00		
6869 Davis Bl	vd.		Date:	5 	01/14/2025			
Naples, FL 341	104		Fiscal Year En	d:	12/31/2022			
			Audit Status:		Unaudited			
Provider Type	Provider Type:			Current <u>Rate</u>	New <u>Rate</u>	Effective Date		
Nursing Home Single Level		e Level		256.08	278.09	<u>,10/01/2024</u>		
Rate	е Туре:	]						
Х	Interim		X	Prospective				
		Total Interim	X	Total Prospect	ive			
		Interim component		Total Prospecti	ve with Interim co	omponent		
	<del>0</del>	Settlement based on cost	(. <del></del>	-				
	X	Prior Provider Prospective Dat -	a	-				
-	Basis:		Changes:					
	Budget	н	Rate Semester	Change				
X	Unaudited cos	sts						
	- Field audited	costs						
<u></u>	_ Desk audited	costs						
Distribution:			Yndia Rutland Medicaid Cost Reimbursement Planning and Finance					
Contract Mana	agement / Fiscal	Agent			_			
Permanent File	e			India	r Ritla	ind		
For Information Only				0				
No	o change in Rate	9						
Home Office:	The Goodman	Group, LLC						
	1107 Hazeltine	e Blvd.						
	Chaska, MN 5	5318						



THE LUXE AT WELLINGTON REHABILITATION		Provider Number: 1 247317-00			-00			
	STA AVENUE		Date:	20- 14-	01/14/2025 12/31/2020			
WELLINGTO	DN, FL 33414		Fiscal Year Er	nd:				
	Provider Type: Nursing Home Single Level				Desk Audited			
				Current <u>Rate</u> 289.20	New . <u>Rate</u> 310.04	Effective <u>Date</u> .11/12/2024		
Rat	te Type:							
X	Interim	Total Interim Interim component Settlement based on cost	X X	Prospective Total Prospect Total Prospecti	ve ve with Interim co	omponent		
	X Basis:	Prior Provider Prospective D	Changes:	 Change				
	Budget		<u>11.</u> 17.	-				
X	Unaudited o	costs						
2	Field audite	d costs						
	Desk audite	ed costs						
Distribution	j		; <u> </u>		ia Rutland			
Contract Manag	gement / Fiscal	Agent Permanent	Medicaid Cost Reimbursement Planning and Finance					
ile For	Information On	ly		Gndi	r Rutla	and		
No	change in Rate	9						
1981	MR 0							
	Aston Health Co 10150 Highland Ste 300 Tampa, FL 336							



NURSING & REHABILITATION CENTER OF BAYONET POINT			Provider Num	ber:	1 248463-00			
8132 HUDS	ON AVENUE		Date:		01/29/2025			
HUDSON, F	L 34667-8571		Fiscal Year E	nd:	12/31/202	22		
			Audit Status:		Field Audited			
Provider Ty	Provider Type:			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Ho	Nursing Home Single Level			<u>0.00</u>	<u>279.86</u>	<u>11/21/2024</u>		
Ra	ite Type:							
X	Interim	Total Interim	X X	Prospective Total Prospect				
		Interim component		Total Prospecti	ive with Interim co	omponent		
	X	Settlement based on cost Prior Provider Prospective D	)	_				
				_				
	Basis:		Changes:					
			Rate Semester	Change				
	Budget							
Х	Unaudited c	osts						
	Field audite	Field audited costs						
	Desk audite	d costs						
Distribution	<u>ı:</u>				lia Rutland			
Contract Ma	nagement / Fisc	al Agent	Medic		rsement Planning			
Permanent F	File			Chadi	2. Ritle	ind.		
For Information Only				Jun	a Rutla			
I	No change in Ra	ate						
Home Office	e: Sabal Palm   548 Cedarwo Cedarhurst N							