



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.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Type of Action</u>	<u>Number of Rate Change Notices</u>
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	



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

THE PALMS AT SEBRING NURSING AND REHABILITATION	Provider Number:	1 220946-00
725 S PINE ST	Date:	06/18/2024
SEBRING, FL 33870	Fiscal Year End:	06/30/2022
	Audit Status:	Field Audited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>239.27</u>	<u>239.96</u>	<u>06/18/2024</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:

Rate Semester Change
 Rate Semester Change

Distribution:

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

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Yndia Rutland

Home Office:



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE PALMS AT SEBRING NURSING AND REHABILITATION	Provider Number:	1 220946-00
725 S PINE ST	Date:	09/23/2024
SEBRING, FL 33870	Fiscal Year End:	06/30/2023
	Audit Status:	Field Audited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>239.96</u>	<u>285.62</u>	<u>10/01/2024</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:

Rate Semester Change

Distribution:

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- Permanent File
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Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Yndia Rutland

Home Office: Trousdale Living Communities
 485 Central Ave NE
 Cleveland, TN 37311



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 2727 Mahan Drive - Mail Stop 23
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Medicaid Reimbursement Per Diem Rates

The Gardens of Terracina Health and Rehabilitation
 6869 Davis Blvd.
 Naples, FL 34104

Provider Number: 1 233843-00
 Date: 01/14/2025
 Fiscal Year End: 12/31/2022
 Audit Status: Unaudited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	242.75	256.08	07/30/2024

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

Basis:

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

Changes:

Rate Semester Change

Distribution:

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Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Yndia Rutland

Home Office: The Goodman Group, LLC
 1107 Hazeltine Blvd.
 Chaska, MN 55318



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Medicaid Reimbursement Per Diem Rates

The Gardens of Terracina Health and Rehabilitation
 6869 Davis Blvd.
 Naples, FL 34104

Provider Number: 1 233843-00
 Date: 01/14/2025
 Fiscal Year End: 12/31/2022
 Audit Status: Unaudited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	256.08	278.09	10/01/2024

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

Basis:

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

Changes:

Rate Semester Change

Distribution:

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Medicaid Cost Reimbursement Planning and Finance

Yndia Rutland

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 1107 Hazeltine Blvd.
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Medicaid Reimbursement Per Diem Rates

THE LUXE AT WELLINGTON REHABILITATION
 CENTER
 10330 NuVISTA AVENUE
 WELLINGTON, FL 33414

Provider Number: 1 247317-00
 Date: 01/14/2025
 Fiscal Year End: 12/31/2020
 Audit Status: Desk Audited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	289.20	310.04	11/12/2024

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

Basis:

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

Changes:

Rate Semester Change

Distribution:

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

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Yndia Rutland

Home Office: Aston Health Consulting Services
 10150 Highland Manor Dr.
 Ste 300
 Tampa, FL 33610-9712



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NURSING & REHABILITATION CENTER OF BAYONET
 POINT

Provider Number:

1 248463-00

8132 HUDSON AVENUE

Date:

01/29/2025

HUDSON, FL 34667-8571

Fiscal Year End:

12/31/2022

Audit Status:

Field Audited

Provider Type:

Nursing Home

Single Level

Current
Rate

0.00

New
Rate

279.86

Effective
Date

11/21/2024

Rate Type:

X Interim

Total Interim

Interim component

Settlement based on cost

X Prior Provider Prospective Data

X Prospective

X Total Prospective

Total Prospective with Interim component

Basis:

Budget

X Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No change in Rate

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Home Office: Sabal Palm LTC Management LLC
 548 Cedarwood Dr
 Cedarhurst NY 11516