



MEMORANDUM

Date: February 5, 2025
To: Johnnie Mae Peters, Program Operations Administrator, Finance and Banking
From: Yndia Rutland, Regulatory Analyst Supervisor
Subject: Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. These rates are past the 7 year window for retro adjustment through the claims system (HP); therefore they were handled through gross adjustment and accounts receivable requests. Attached are the rate change notices.

Please update the rates in FLMMIS for information purposes only.

	Provider Name	Provider Number	Type of Action	Number of Rate Change Notices
1	SUNSET LAKE HEALTHCARE AND	0 032551-00	FA & RFA	3
	REHABILITATION CENTER			
2	FORT WALTON REHABILITATION	0 044888-00	FA	2
	CENTER			
3	NORTH CAMPUS REHABILITATION AND	0 103858-00	FA & RFA	1
	HEALTH CENTER			
4	GUARDIAN CARE NURSING &	0 201651-00	FA	2
	REHABILITATION CENTER			
5	MARIANNA HEALTH & REHABILITATION	0 203475-00	FA	2
6	PORT CHARLOTTE REHABILITATION	0 319325-00	FA & RFA	1
	CENTER			
			<u>Total:</u>	11

If you have any questions regarding the above, contact Yndia Rutland at <u>Yndia.Rutland@ahca.myflorida.com</u>.

YR/kg



		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
	Effective Date							
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II			MFAO	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	Level U	number	Number
003255100	20150901	254.64	254.64	254.64	254.64	546.92	95751-25	NH15-067C
003255100	20160901	256.43	256.43	256.43	256.43	556.06	95751-25	NH15-067C
003255100	20170901	261.57	261.57	261.57	261.57	569.32	95751-25	NH15-067C
004488800	20160901	203.54	203.54	203.54	203.54	503.17	95751-25	NH16-169C
004488800	20170901	203.47	203.47	203.47	203.47	511.22	95751-25	NH16-169C
010385800	20170901	256.15	256.15	256.15	256.15	563.90	95751-25	NH18-004W
020165100	20150901	250.73	250.73	250.73	250.73	543.01	95751-25	NH15-144C
020165100	20160901	251.30	251.30	251.30	251.30	550.93	95751-25	NH15-144C
020347500	20150901	288.09	288.09	288.09	288.09	580.37	95751-25	NH16-064W
020347500	20160901	228.55	228.55	228.55	228.55	528.83	95751-25	NH16-064W
031932500	20140101	224.76	224.76	224.76	224.76	502.66	95751-25	NH13-284C



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Provider Number:		0 032551	-00
Date:		2/21/202	20
Fiscal Year End:		8/31/20	14
Audit Status:	Revised Field Audit		
	Current <u>Rate</u> 255 90	New <u>Rate</u> 254.64	Effective <u>Date</u> 9/1/2015
	Date: Fiscal Year End:	Date: Fiscal Year End: Audit Status:	Date: 2/21/202 Fiscal Year End: 8/31/20 Audit Status: Revised Field Current New Rate Rate

Rate	Туре:				
	Interim		Х	Prospective	
		Total Interim		X	Total Prospective
		Interim Component			Total Prospective with Interim Component
		Settlement based on cost			-
		Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
	Budget	X	FA & RFA #NH15-067C FYE 8/31/2014
	Unaudited costs		
Х	Field audited costs		
	Desk audited costs		
	-		

<u>Distribution:</u>	Yndia Rutland				
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File					
For Information Only					
No Change in Rate					
Home Office:					
OZYW Report Calculated: 2/21/2020 10:19:26 AM	Report Printed :4/10/2024 ID: 032551083120140101201411202014165527				



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Medicaid Reimbursement Per Diem Rates

SUNSET LAKE HEALTHCARE AND REHABILITATION CENTER	Provider Number:		0 032551	-00
832 SUNSET LAKE BOULEVARD	Date:		2/21/202	20
VENICE, FL 34292	Fiscal Year End:		8/31/20	14
	Audit Status:	Revised Field Audit		
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 257.70	New <u>Rate</u> 256.43	Effective <u>Date</u> 9/1/2016
Nursing nome Single Level		<u> 437.70</u>	<u> 430.43</u>	<u>7/1/2010</u>

Rate 7	Гуре:				
]	Interim		Х	Prospective	
		Total Interim		X	Total Prospective
		Interim Component			Total Prospective with Interim Component
_		Settlement based on cost			
		Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
	Budget	X	FA & RFA #NH15-067C FYE 8/31/2014
	Unaudited costs		
X	Field audited costs		
	Desk audited costs		
	-		

<u>Distribution:</u>	Yndia Rutland				
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File					
For Information Only					
No Change in Rate					
Home Office:					
OZYW Report Calculated: 2/21/2020 10:19:26 AM	Report Printed :4/10/2024 ID: 032551083120140101201411202014165527				



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Medicaid Reimbursement Per Diem Rates

SUNSET LAKE HEALTHCARE AND REHABILITATION CENTER	Provider Number:		0 032551	-00
832 SUNSET LAKE BOULEVARD	Date:		2/21/202	20
VENICE, FL 34292	Fiscal Year End:		12/31/20)16
	Audit Status:	Unaudited		
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective Date
Nursing Home Single Level		<u>261.61</u>	<u>261.57</u>	<u>9/1/2017</u>

Rate 7	Гуре:				
]	Interim		Х	Prospective	
		Total Interim		X	Total Prospective
		Interim Component			Total Prospective with Interim Component
_		Settlement based on cost			
		Prior Provider Prospective data			

Basis:		Changes:	
	_		Rate Semester Change
	Budget	X	Effects of FA & RFA #NH15-067C FYE
Х	Unaudited costs		8/31/2014
	Field audited costs		
	Desk audited costs		
	-		

Distribution:	Yndia Rutland
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	
For Information Only	
No Change in Rate	
Home Office:	
40ZYW Report Calculated: 2/21/2020 10:19:26 AM	Report Printed :4/10/2024 ID: 032551123120160101201604262017172105



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Medicaid Reimbursement Per Diem Rates

FORT WALTON REHABILITATION CENTER	Provider Number:		0 044888	-00
1 LBJ SR DRIVE	Date:		1/11/202	21
FORT WALTON BEACH, FL 32548	Fiscal Year End:		12/31/20	014
	Audit Status:		Field Auc	lited
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 209.19	New <u>Rate</u> 203.54	Effective <u>Date</u> <u>9/1/2016</u>

Rate Type:				
Interim	_	Х	Prospective	
	Total Interim		X	Total Prospective
	Interim Component			Total Prospective with Interim Component
	Settlement based on cost			
	Prior Provider Prospective data			

Basis:]	Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH16-169C FYE 12/31/2014
	Unaudited costs		
X	Field audited costs		
	Desk audited costs		
	-		

Distribution:			Yndia Rutland	
Contract Management / Fiscal Agent Permanent File		Medicaid C	ost Reimbursement Planning and Finance	
			Ċ.	
For Inform	nation Only			
No Change	e in Rate			
Home	Office:	Southern HealthCare Manag	gement, LLC	
		5887 Glenridge Drive		
		Suite 150		
		Atlanta, GA 30328		
CBNY2	Report Calcul	ated: 1/11/2021 11:44:03 AM	Report Printed :1/11/2021	ID: 044888123120140101201403272015152945



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Medicaid Reimbursement Per Diem Rates

FORT WALTON REHABILITATION CENTER	Provider Number:		0 044888	-00
1 LBJ SR DRIVE	Date:		1/11/202	21
FORT WALTON BEACH, FL 32548	Fiscal Year End:		12/31/20	015
	Audit Status:		Unaudit	ed
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 208.63	New <u>Rate</u> 203.47	Effective <u>Date</u> <u>9/1/2017</u>

Rate Type:				
Interim		Х	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	X	Rate Semester Change Effects of Field Audit #NH16-169C FYE 12/31/2014	
	Field audited costs Desk audited costs			

Distribution:			Zainab Day	
Contract Management / Fiscal Agent		Medicaid	Cost Reimbursement Planning and Finance	
Permanent File				
For Infor	mation Only			
No Chang	ge in Rate			
Home	e Office:	Southern HealthCare Manag	gement, LLC	
		5887 Glenridge Drive		
		Suite 150		
		Atlanta, GA 30328		
CBNY2	Report Calcu	lated: 1/11/2021 11:44:03 AM	Report Printed :1/11/2021	ID: 044888123120150101201506302016102124



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Medicaid Reimbursement Per Diem Rates

NORTH CAMPUS REHABILITATION AND HEALTH CENTER	Provider Number:		0 103858	-00
700 N PALMETTO ST	Date:		10/28/20	20
LEESBURG, FL 34748	Fiscal Year End:		2/29/20	16
	Audit Status:		Revised Fiel	d Audit
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 256.31	New <u>Rate</u> 256.15	Effective <u>Date</u> <u>9/1/2017</u>

Rate Type:				
Interim		Х	Prospective	
	Total Interim		X	Total Prospective
	Interim Component			Total Prospective with Interim Component
	Settlement based on cost			
	Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
	Budget	X	FA & RFA #NH18-004W FYE 02/29/2016
	Unaudited costs		
Х	Field audited costs		
	Desk audited costs		
	Desk audited costs		

Distribution:		Yndia Rutland				
Contract Management / Fiscal	Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File			C			
For Information Only						
No Change in Rate						
Home Office:	No Home Office					
GG364 Report Calcu	ulated: 10/28/2020 3:19:40 PM	Report Printed :10/28/2020	ID: 103858022920160301201507142016060654			
Kepoli Calci	110/20/2020 $3.17.40$ $1 M$	Report 1 mileu . 10/20/2020	10.103030022720100301201307142010000034			



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Medicaid Reimbursement Per Diem Rates

Provider Number:		0 201651-	-00
Date:		11/2/202	20
Fiscal Year End:		12/31/20	14
Audit Status:		Field Aud	ited
	Current <u>Rate</u> 251.13	New <u>Rate</u> 250.73	Effective <u>Date</u> 9/1/2015
	Fiscal Year End:	Fiscal Year End: Audit Status:	Fiscal Year End: 12/31/20 Audit Status: Field Aud Current New Rate Rate

Rate Type:				
Interim		Х	Prospective	
	Total Interim		X	Total Prospective
	Interim Component			Total Prospective with Interim Component
	Settlement based on cost			-
	Prior Provider Prospective data			

Basis:]	Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH15-144C FYE 12/31/2014
	Unaudited costs		
Х	Field audited costs		
	Desk audited costs		
	-		

Distribution:

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Distribution:			Zainab Day		
Contract Management / Fiscal Agent Permanent File		Medicaid C	ost Reimbursement Planning and Finance		
			U		
For Information Only					
No Change in Rate					
Home Office:	No Home Office				
		D	The 201/511221201/0701201/0/202015002220		
WI62W Report Calc	ulated: 11/2/2020 11:29:46 AM	Report Printed :11/2/2020	ID: 201651123120140701201404292015083230		



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Medicaid Reimbursement Per Diem Rates

GUARDIAN CARE NURSING & REHABILITATION CENTER	Provider Number:		0 201651	-00
2500 W CHURCH STREET	Date:		11/2/202	20
ORLANDO, FL 32805	Fiscal Year End:		12/31/20)14
	Audit Status:		Field Auc	lited
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 251.84	New <u>Rate</u> 251.30	Effective <u>Date</u> 9/1/2016
Nursing nome Single Level		<u> 231.84</u>	<u> 451.50</u>	<u>9/1/2010</u>

Rate Type:				
Interim		Х	Prospective	
	Total Interim		X	Total Prospective
	Interim Component			Total Prospective with Interim Component
	Settlement based on cost			-
	Prior Provider Prospective data			

Basis:]	Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH15-144C FYE 12/31/2014
	Unaudited costs		
Х	Field audited costs		
	Desk audited costs		
	-		

Distribution:

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Distribution:			Zainab Day		
Contract Management / Fiscal Agent Permanent File		Medicaid C	ost Reimbursement Planning and Finance		
			U		
For Information Only					
No Change in Rate					
Home Office:	No Home Office				
		D	The 201/511221201/0701201/0/202015002220		
WI62W Report Calc	ulated: 11/2/2020 11:29:46 AM	Report Printed :11/2/2020	ID: 201651123120140701201404292015083230		



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Medicaid Reimbursement Per Diem Rates

Provider Number:		0 203475	-00
Date:		11/3/202	20
Fiscal Year End:		12/31/20	014
Audit Status:		Field Aud	lited
	Current <u>Rate</u> 228.76	New <u>Rate</u> 228.09	Effective <u>Date</u> 9/1/2015
	Date: Fiscal Year End:	Date: Fiscal Year End: Audit Status: Current	Date: 11/3/202 Fiscal Year End: 12/31/202 Audit Status: Field Aud Current New Rate Rate

Rate Type:				
Interim		Х	Prospective	
	Total Interim		X	Total Prospective
	Interim Component			Total Prospective with Interim Component
	Settlement based on cost			
	Prior Provider Prospective data			

		Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH16-064W FYE 12/31/2014
	Unaudited costs		
Х	Field audited costs		
	Desk audited costs		

Distribution:			Yndia Rutland		
Contract Management / Fiscal	Agent	Medicaid C	Medicaid Cost Reimbursement Planning and Finance		
Permanent File			C		
For Information Only					
No Change in Rate					
Home Office:	No Home Office				
8A7LU Report Calcu	alated: 11/3/2020 4:31:18 PM	Report Printed :11/3/2020	ID: 203475123120141001201305142015093835		



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Medicaid Reimbursement Per Diem Rates

MARIANNA HEALTH & REHABILITATION	Provider Number:		0 203475-00		
4295 FIFTH AVENUE	Date:		11/3/202	20	
MARIANNA, FL 32446	Fiscal Year End:		12/31/20)14	
	Audit Status:		Field Auc	lited	
Provider Type:					
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level		<u>229.23</u>	<u>228.55</u>	<u>9/1/2016</u>	

Rate Type:				
Interim		Х	Prospective	
	Total Interim		X	Total Prospective
	Interim Component			Total Prospective with Interim Component
	Settlement based on cost			-
	Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH16-064W FYE 12/31/2014
	Unaudited costs		
X	Field audited costs		
	Desk audited costs		
	-		

Distribution:			Yndia Rutland		
Contract Management / Fiscal	Agent	Medicaid C	Medicaid Cost Reimbursement Planning and Finance		
Permanent File			C		
For Information Only					
No Change in Rate					
Home Office:	No Home Office				
8A7LU Report Calcu	alated: 11/3/2020 4:31:18 PM	Report Printed :11/3/2020	ID: 203475123120141001201305142015093835		



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PORT CHARLOTTE REHABILITATION CENTER	Provider Number:		0 319325	-00
25325 RAMPART BLVD	Date:		1/26/202	21
PORT CHARLOTTE, FL 33983	Fiscal Year End:		12/31/20	012
	Audit Status:		Revised Field	d Audit
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 227.79	New <u>Rate</u> 224.76	Effective <u>Date</u> 1/1/2014
Nursing nume Single Level		<u> 221.19</u>	<u>44.70</u>	<u>1/1/2014</u>

Rate Type:				
Interim		Х	Prospective	
	Total Interim		X	Total Prospective
	Interim Component			Total Prospective with Interim Component
	Settlement based on cost			
	Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
	Budget	X	FA & RFA #NH13-284C FYE 12/31/2012
	Unaudited costs		
X	Field audited costs		
	Desk audited costs		
	-		

Distribution:				Zainab Day		
Contract Management / Fiscal Agent		Medicaid Co	Medicaid Cost Reimbursement Planning and Finance			
Permanent File			C C			
For Inform	nation Only					
No Chang	e in Rate					
Home Office: Clear Choice Health Care, LLC		LLC				
		709 S. Harbor City Blvd. St	uite 240			
		Melbourne, FL 32901				
GVUH6	Report Calcu	lated: 1/26/2021 3:01:54 PM	Report Printed :1/26/2021	ID: 319325123120120101201211252013150048		