



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

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.

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

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	Peds under 21		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MFAO number	Audit 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



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

SUNSET LAKE HEALTHCARE AND REHABILITATION CENTER
832 SUNSET LAKE BOULEVARD
VENICE, FL 34292

Provider Number: 0 032551-00
Date: 2/21/2020
Fiscal Year End: 8/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **255.90**
New Rate: **254.64**
Effective Date: **9/1/2015**

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH15-067C FYE 8/31/2014	

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No Change in Rate

Yndia Rutland

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Home Office:



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUNSET LAKE HEALTHCARE AND REHABILITATION CENTER
832 SUNSET LAKE BOULEVARD
VENICE, FL 34292

Provider Number: 0 032551-00
Date: 2/21/2020
Fiscal Year End: 8/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **257.70** New Rate: **256.43** Effective Date: **9/1/2016**

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH15-067C FYE 8/31/2014	

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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:	2/21/2020
VENICE, FL 34292	Fiscal Year End:	12/31/2016
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>261.61</u>	<u>261.57</u>	<u>9/1/2017</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:	
<input type="checkbox"/> Budget	
<input checked="" type="checkbox"/> Unaudited costs	
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Effects of FA & RFA #NH15-067C FYE 8/31/2014	

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Home Office:



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FORT WALTON REHABILITATION CENTER
1 LBJ SR DRIVE
FORT WALTON BEACH, FL 32548

Provider Number: 0 044888-00
Date: 1/11/2021
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
209.19 **203.54** **9/1/2016**

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-169C FYE 12/31/2014	

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No Change in Rate

Home Office:

Southern HealthCare Management, LLC
5887 Glenridge Drive
Suite 150
Atlanta, GA 30328

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FORT WALTON REHABILITATION CENTER
1 LBJ SR DRIVE
FORT WALTON BEACH, FL 32548

Provider Number: 0 044888-00
Date: 1/11/2021
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
208.63 **203.47** **9/1/2017**

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Effects of Field Audit #NH16-169C FYE 12/31/2014	

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Home Office:

Southern HealthCare Management, LLC
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Suite 150
Atlanta, GA 30328

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Medicaid Reimbursement Per Diem Rates

NORTH CAMPUS REHABILITATION AND HEALTH CENTER
700 N PALMETTO ST
LEESBURG, FL 34748

Provider Number: 0 103858-00
Date: 10/28/2020
Fiscal Year End: 2/29/2016
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
256.31 **256.15** **9/1/2017**

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH18-004W FYE 02/29/2016	

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Medicaid Reimbursement Per Diem Rates

GUARDIAN CARE NURSING & REHABILITATION CENTER
2500 W CHURCH STREET
ORLANDO, FL 32805

Provider Number: 0 201651-00
Date: 11/2/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **251.13** New Rate: **250.73** Effective Date: **9/1/2015**

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH15-144C FYE 12/31/2014	

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No Change in Rate

Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

GUARDIAN CARE NURSING & REHABILITATION CENTER
2500 W CHURCH STREET
ORLANDO, FL 32805

Provider Number: 0 201651-00
Date: 11/2/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **251.84** New Rate: **251.30** Effective Date: **9/1/2016**

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH15-144C FYE 12/31/2014	

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MARIANNA HEALTH & REHABILITATION
4295 FIFTH AVENUE
MARIANNA, FL 32446

Provider Number: 0 203475-00
Date: 11/3/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **228.76** New Rate: **228.09** Effective Date: **9/1/2015**

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-064W FYE 12/31/2014	

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No Change in Rate

Home Office:

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Yndia Rutland

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Medicaid Reimbursement Per Diem Rates

MARIANNA HEALTH & REHABILITATION
4295 FIFTH AVENUE
MARIANNA, FL 32446

Provider Number: 0 203475-00
Date: 11/3/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **229.23** New Rate: **228.55** Effective Date: **9/1/2016**

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-064W FYE 12/31/2014	

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No Change in Rate

Home Office:

No Home Office

Yndia Rutland

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PORT CHARLOTTE REHABILITATION CENTER
25325 RAMPART BLVD
PORT CHARLOTTE, FL 33983

Provider Number: 0 319325-00
Date: 1/26/2021
Fiscal Year End: 12/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **227.79** New Rate: **224.76** Effective Date: **1/1/2014**

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-284C FYE 12/31/2012	

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No Change in Rate

Home Office:

Clear Choice Health Care, LLC
709 S. Harbor City Blvd. Suite 240
Melbourne, FL 32901

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