



RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

MEMORANDUM

Date: April 14, 2025

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

YR **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. | San Jose Health and Rehabilitation Center | 0-061102-00 | FA | 2 |
| 2. | Bay Center | 0-128848-00 | RFA | 1 |
| 3. | VI at Lakeside Village | 0-213837-00 | FA | 1 |
| 4. | Treasure Isle Care Center | 0-226602-00 | FA | 2 |
| 5. | The Sands at South Beach Care Center | 0-235832-00 | CS | 1 |
| 6. | Signature Healthcare at Courtyard | 0-324426-00 | RFA | 1 |
| 7. | Heartland of Zephyrhills | 0-325708-00 | FA | 1 |
| | | | <u>Total:</u> | 9 |

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

YR/ah



| | | 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 |
| 006110200 | 20160901 | 191.17 | 191.17 | 191.17 | 191.17 | 96015-25 | NH16-159C |
| 006110200 | 20170901 | 195.11 | 195.11 | 195.11 | 195.11 | 96015-25 | NH16-159C |
| 012884800 | 20160901 | 209.23 | 209.23 | 209.23 | 209.23 | 96015-25 | NH16-017L |
| 021383700 | 20160901 | 279.33 | 279.33 | 279.33 | 279.33 | 96015-25 | NH16-035L |
| 022660200 | 20150901 | 211.18 | 211.18 | 211.18 | 211.18 | 96015-25 | NH17-012G |
| 022660200 | 20160901 | 212.22 | 212.22 | 212.22 | 212.22 | 96015-25 | NH17-012G |
| 023583200 | 20170901 | 190.02 | 190.02 | 190.02 | 190.02 | 96015-25 | |
| 032442600 | 20150901 | 208.16 | 208.16 | 208.16 | 208.16 | 96015-25 | NH15-074C |
| 032570800 | 20150901 | 196.54 | 196.54 | 196.54 | 196.54 | 96015-25 | NH15-024W |



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

SAN JOSE HEALTH AND REHABILITATION CENTER
9355 SAN JOSE BLVD
JACKSONVILLE, FL 32257

Provider Number: 0 061102-00
Date: 10/20/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
191.47 **191.17** **9/1/2016**

| | |
|---------------------------------------|---|
| Rate Type: | |
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| _____ Total Interim | _____ X _____ Total Prospective |
| _____ Interim Component | _____ Total Prospective with Interim Component |
| _____ Settlement based on cost | |
| _____ 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 checked="" type="checkbox"/> Rate Semester Change | |
| _____ | |

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For Information Only

No Change in Rate

Home Office:

CMCII
800 Concourse Parkway South
Maitland, FL 32751

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SAN JOSE HEALTH AND REHABILITATION CENTER
9355 SAN JOSE BLVD
JACKSONVILLE, FL 32257

Provider Number: 0 061102-00
Date: 10/20/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
195.42 **195.11** **9/1/2017**

| | |
|---------------------------------------|---|
| Rate Type: | |
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| _____ Total Interim | _____ X _____ Total Prospective |
| _____ Interim Component | _____ Total Prospective with Interim Component |
| _____ Settlement based on cost | |
| _____ 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 checked="" type="checkbox"/> Rate Semester Change | |
| _____ | |

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Maitland, FL 32751

Yndia Rutland

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|-----------------------|------------------|---------------------|
| BAY CENTER | Provider Number: | 0 128848-00 |
| 1336 ST ANDREWS BLVD | Date: | 2/19/2021 |
| PANAMA CITY, FL 32405 | Fiscal Year End: | 2/29/2016 |
| | Audit Status: | Revised Field Audit |

Provider Type:

| | Current Rate | New Rate | Effective Date |
|--------------------------------|----------------------|----------------------|------------------------|
| Nursing Home Single Level | <u>210.12</u> | <u>209.23</u> | <u>9/1/2016</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 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 #NH16-017L FYE 2/29/2016 |

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Home Office:

No Home Office

Zainab Day

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VI AT LAKESIDE VILLAGE
2792 DONNELLY DRIVE
LANTANA, FL 33462

Provider Number: 0 213837-00
Date: 10/16/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
280.14 **279.33** **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 #NH16-035L FYE 12/31/2014 | |

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Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

| | | |
|-----------------------------|------------------|---------------|
| TREASURE ISLE CARE CENTER | Provider Number: | 0 226602-00 |
| 1735 N TREASURE DRIVE | Date: | 1/20/2021 |
| NORTH BAY VILLAGE, FL 33141 | Fiscal Year End: | 12/31/2014 |
| | Audit Status: | Field Audited |

Provider Type:

| | Current Rate | New Rate | Effective Date |
|--------------------------------|----------------------|----------------------|------------------------|
| Nursing Home Single Level | <u>217.50</u> | <u>211.18</u> | <u>9/1/2015</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 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 #NH17-012G FYE 12/31/2014 | |

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Home Office:

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Medicaid Reimbursement Per Diem Rates

TREASURE ISLE CARE CENTER
1735 N TREASURE DRIVE
NORTH BAY VILLAGE, FL 33141

Provider Number: 0 226602-00
Date: 1/20/2021
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
218.62 **212.22** **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 #NH17-012G FYE 12/31/2014 | |

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Medicaid Reimbursement Per Diem Rates

THE SANDS AT SOUTH BEACH CARE CENTER
42 COLLINS AVENUE
MIAMI BEACH, FL 33139

Provider Number: 0 235832-00
Date: 2/21/2025
Fiscal Year End: 10/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
217.32 **190.02** **5/1/2018**

| | |
|--|--|
| Rate Type: | |
| <input checked="" type="checkbox"/> Interim | <input type="checkbox"/> Prospective |
| _____ Total Interim | _____ Total Prospective |
| _____ Interim Component | _____ Total Prospective with Interim Component |
| <input checked="" type="checkbox"/> Settlement based on cost | |
| _____ 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 checked="" type="checkbox"/> Rate Semester Change |
| _____ |

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_____ No Change in Rate

Yndia Rutland

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No Home Office



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SIGNATURE HEALTHCARE AT THE COURTYARD

2600 FOREST GLEN TRAIL

MARIANNA, FL 32446

Provider Number:

0 324426-00

Date:

10/14/2020

Fiscal Year End:

7/31/2014

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

208.39

New
Rate

208.16

Effective
Date

9/1/2015

Rate Type:

 Interim

 X Prospective

 Total Interim

 X Total Prospective

 Interim Component

 Total Prospective with Interim Component

 Settlement based on cost

 Prior Provider Prospective data

Basis:

 Budget

 Unaudited costs

 X Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X Field Audit #NH15-074C FYE 7/31/2014

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Home Office:

Signature Healthcare, LLC

12201 Bluegrass Parkway

Louisville, KY 40299

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