



RICK SCOTT
GOVERNOR
JUSTIN M. SENIOR
SECRETARY

MEMORANDUM

Date: December 6, 2017
To: Johnnie Mae Peters, Government Operations Consultant II
From:  Lisa Smith, 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.	Gardens of Port St. Lucie	0 059404-00	FA	9
2.	Ocean View Nursing & Rehabilitation Center LLC	0 226351-00	IRR	1
3.	Harborchase of Naples	0 268585-00	FA	3
			TOTAL:	13

If you have any questions regarding the above contact Lisa Smith 412-4114.

LS/sj



		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
005940400	20121001	226.16	375.37	226.16	226.16	82433-17	NH13-240L
005940400	20130101	228.27	379.08	228.27	228.27	82433-17	NH13-240L
005940400	20130701	234.88	0.00	234.88	234.88	82433-17	NH13-240L
005940400	20140101	238.48	0.00	238.48	238.48	82433-17	NH13-240L
005940400	20140701	247.26	0.00	247.26	247.26	82433-17	NH13-240L
005940400	20150101	250.59	0.00	250.59	250.59	82433-17	NH13-240L
005940400	20150901	257.48	0.00	257.48	257.48	82433-17	NH13-240L
005940400	20160901	266.00	0.00	266.00	266.00	82433-17	NH13-240L
005940400	20170901	272.58	0.00	272.58	272.58	82433-17	NH13-240L
022635100	20161016	221.40	0.00	221.40	221.40	82433-17	
026858500	20140101	225.94	0.00	225.94	225.94	82433-17	NH13-277C
026858500	20140701	239.44	0.00	239.44	239.44	82433-17	NH13-277C
026858500	20150901	264.76	0.00	264.76	264.76	82433-17	NH13-277C



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

GARDENS OF PORT ST. LUCIE
1699 SE LYNGATE DRIVE
PORT SAINT LUCIE, FL 34952

Provider Number: 0 059404-00
Date: 11/16/2017
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>232.62</u>	<u>226.16</u>	<u>10/1/2012</u>
	Level H: Aids	<u>381.83</u>	<u>375.37</u>	<u>10/1/2012</u>

Rate Type:

Interim Prospective

_____ Total Interim _____ Total Prospective

_____ Interim Component _____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

_____ Unaudited costs

Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Field Audit #NH13-240L FYE 6/30/2013

Distribution:

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

Lisa Smith
Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

GARDENS OF PORT ST. LUCIE
1699 SE LYNNGATE DRIVE
PORT SAINT LUCIE, FL 34952

Provider Number: 0 059404-00
Date: 11/16/2017
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>234.74</u>	<u>228.27</u>	<u>1/1/2013</u>
<u>385.55</u>	<u>379.08</u>	<u>1/1/2013</u>

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

_____ Unaudited costs

Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

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GARDENS OF PORT ST. LUCIE
1699 SE LYNNGATE DRIVE
PORT SAINT LUCIE, FL 34952

Provider Number: 0 059404-00
Date: 11/16/2017
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>241.46</u>	<u>234.88</u>	<u>7/1/2013</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

GARDENS OF PORT ST. LUCIE

1699 SE LYNNGATE DRIVE

PORT SAINT LUCIE, FL 34952

Provider Number:

0 059404-00

Date:

11/16/2017

Fiscal Year End:

6/30/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

245.08

New
Rate

238.48

Effective
Date

1/1/2014

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-240L FYE 6/30/2013

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GARDENS OF PORT ST. LUCIE
1699 SE LYNNGATE DRIVE
PORT SAINT LUCIE, FL 34952

Provider Number: 0 059404-00
Date: 11/16/2017
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>254.78</u>	<u>247.26</u>	<u>7/1/2014</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-240L FYE 6/30/2013

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GARDENS OF PORT ST. LUCIE
1699 SE LYNGATE DRIVE
PORT SAINT LUCIE, FL 34952

Provider Number: 0 059404-00
Date: 11/16/2017
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
259.56 250.59 1/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-240L FYE 6/30/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

GARDENS OF PORT ST. LUCIE
1699 SE LYNGATE DRIVE
PORT SAINT LUCIE, FL 34952

Provider Number: 0 059404-00
Date: 11/16/2017
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>257.75</u>	<u>257.48</u>	<u>9/1/2015</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH13-240L FYE 6/30/2013

Distribution:

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GARDENS OF PORT ST. LUCIE
1699 SE LYNNGATE DRIVE
PORT SAINT LUCIE, FL 34952

Provider Number: 0 059404-00
Date: 11/16/2017
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
266.28	266.00	9/1/2016

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH13-240L FYE 6/30/2013

Distribution:

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Home Office:

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GARDENS OF PORT ST. LUCIE
1699 SE LYNNGATE DRIVE
PORT SAINT LUCIE, FL 34952

Provider Number: 0 059404-00
Date: 11/16/2017
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
272.87 **272.58** **9/1/2017**

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH13-240L FYE 6/30/2013

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

OCEAN VIEW NURSING & REHABILITATION CENTER LLC
2810 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

Provider Number: 0 226351-00
Date: 12/4/2017
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 217.87, 221.40, 10/16/2016

Rate Type: Interim, Prospective, Total Interim, Total Prospective, etc.

Basis: Budget, Unaudited costs, Field audited costs, Desk audited costs

Changes: Rate Semester Change, IRR Granted Effective 10/16/2016

Distribution: Contract Management / Fiscal Agent, Permanent File, For Information Only, No Change in Rate

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Medicaid Reimbursement Per Diem Rates

HARBORCHASE OF NAPLES
7801 AIRPORT PULLING ROAD N
NAPLES, FL 34109

Provider Number: 0 268585-00
Date: 10/10/2017
Fiscal Year End: 12/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>228.81</u>	<u>225.94</u>	<u>1/1/2014</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-277C FYE 12/31/2012

Distribution:

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No Change in Rate

Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

HARBORCHASE OF NAPLES

7801 AIRPORT PULLING ROAD N

NAPLES, FL 34109

Provider Number:

0 268585-00

Date:

10/10/2017

Fiscal Year End:

12/31/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

239.43

239.44

7/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH13-277C FYE
12/31/2012

Distribution:

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No Change in Rate

Home Office: No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBORCHASE OF NAPLES	Provider Number:	0 268585-00
7801 AIRPORT PULLING ROAD N	Date:	10/10/2017
NAPLES, FL 34109	Fiscal Year End:	12/31/2014
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>264.75</u>	<u>264.76</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 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 #NH13-277C FYE 12/31/2012

Distribution:

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

Home Office: No Home Office


 Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance