



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

## MEMORANDUM

**Date:** April 28, 2020  
**To:** Johnnie Mae Peters, SMA Supervisor, Finance and Banking  
**From:** *ZD* Zainab Day, Regulatory Analyst Supervisor  
**Subject:** Retroactive Nursing Facility Per Diem Rates

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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.	Port Charlotte Rehabilitation Center	0 319325-00	COVID-19 Rate Adjustment	1
			<b><u>TOTAL:</u></b>	1

If you have any questions regarding the above contact Zainab Day 412-4798.  
ZD/nr



		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
031932500	20200413	567.59	0.00	241.89	241.89	87723-20	



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**

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

Provider Number: 0 319325-00  
Date: 4/28/2020  
Fiscal Year End: N/A  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home**

**Single Level - Bed Hold**

**Intermediate I - Standard Medicaid Rate**

Current Rate	New Rate	Effective Date
<u>0.00</u>	<u>241.89</u>	<u>4/13/2020</u>
<u>0.00</u>	<u>567.59</u>	<u>4/13/2020</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"/> COVID-19 Rate Adjustment effective 4/13/2020	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance