



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

MEMORANDUM

Date: June 30, 2020
To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking
From: ZD Zainab Day, 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.	Carrington Place of St. Pete	0 101959-00	Covid-19 Rate Adjustment	1
2.	Gulf Coast Medical Center Skilled Nursing Unit	0 111341-01	Covid-19 Rate Adjustment	1
3.	Avante at Boca Raton	0 210676-00	Covid-19 Rate Adjustment	1
4.	Miami Care Center Inc	1 067426-00	Covid-19 Rate Adjustment	1
			<u>TOTAL:</u>	4

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
010195900	20200626	540.95	0.00	215.25	215.25	88009-20	
011134101	20200616	553.89	0.00	228.19	228.19	88009-20	
021067600	20200630	591.75	0.00	266.05	266.05	88009-20	
106742600	20200626	582.52	0.00	256.82	256.82	88009-20	



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

<u>CARRINGTON PLACE OF ST. PETE</u>	Provider Number:	<u>0 101959-00</u>
<u>10501 ROOSEVELT BLVD N</u>	Date:	<u>6/26/2020</u>
<u>SAINT PETERSBURG, FL 33716</u>	Fiscal Year End:	<u>12/31/2017</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level - Bed Hold	<u>215.25</u>	<u>215.25</u>	<u>6/26/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>0.00</u>	<u>540.95</u>	<u>6/26/2020</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 6/26/2020	

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Traditions Senior Management
24641 US Highway 19 North
Clearwater, FL 33763



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GULF COAST MEDICAL CENTER SKILLED NURSING UNIT	Provider Number:	0 111341-01
13960 PLANTATION ROAD	Date:	6/19/2020
FT. MYERS, FL 33912	Fiscal Year End:	N/A
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level - Bed Hold	<u>0.00</u>	<u>228.19</u>	<u>6/19/2020</u>
Intermediate I - Standard Medicaid Rate	<u>0.00</u>	<u>553.89</u>	<u>6/19/2020</u>

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget	
<input 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 6/19/2020	

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Home Office:

No Home Office

Zainab Day

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Medicaid Reimbursement Per Diem Rates

AVANTE AT BOCA RATON
1130 NW 15TH STREET
BOCA RATON, FL 33486

Provider Number: 0 210676-00
Date: 6/30/2020
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home			
Single Level - Bed Hold	<u>266.05</u>	<u>266.05</u>	<u>6/30/2020</u>
Intermediate I - Standard Medicaid Rate	<u>0.00</u>	<u>591.75</u>	<u>6/30/2020</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 6/30/2020	

Distribution:

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 No Change in Rate

Zainab Day
Medicaid Cost Reimbursement Planning and Finance

Home Office: Avante Group Inc.
4601 Sheridan Street Suite 500
Hollywood, FL 33021



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MIAMI CARE CENTER INC	Provider Number:	1 067426-00
5959 NORTHWEST 7TH STREET	Date:	6/26/2020
MIAMI, FL 33126	Fiscal Year End:	N/A
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level - Bed Hold	<u>0.00</u>	<u>256.82</u>	<u>6/26/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>0.00</u>	<u>582.52</u>	<u>6/26/2020</u>

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget	
<input 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 6/26/2020	

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