



MEMORANDUM

Date: June 30, 2020

To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking

From: Z 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.

| | Provider Name | Provider Number | Type of Action | Number of Rate Change |
|----|-----------------------------------|-----------------|----------------|-----------------------|
| | | | | <u>Notices</u> |
| 1. | Carrington Place of St. Pete | 0 101959-00 | Covid-19 Rate | 1 |
| | | | Adjustment | |
| 2. | Gulf Coast Medical Center Skilled | 0 111341-01 | Covid-19 Rate | 1 |
| | Nursing Unit | | Adjustment | |
| 3. | Avante at Boca Raton | 0 210676-00 | Covid-19 Rate | 1 |
| | | | Adjustment | |
| 4. | Miami Care Center Inc | 1 067426-00 | Covid-19 Rate | 1 |
| | | | Adjustment | |
| | | | TOTAL: | 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 | Effective Date Format | Intermediate I | Skilled AIDS | Intermediate II | | MFAO | Audit |
| Number | YYYYMMDD | (IN1) | (SKA) | (IN2) | Skilled (SKD) | number | 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 | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| CARRINGTON PLACE OF | F ST. PETE | Provider Number: | | 0 101959 | -00 | |
|------------------------------------|---|--|----------------------------|--------------------|--------------------------|--|
| 10501 ROOSEVELT BLVI | Date: | 6/26/2020 | | | | |
| SAINT PETERSBURG, FL | Fiscal Year End: | | 12/31/20 | 017 | | |
| | | Audit Status: | | Unaudit | ed | |
| Provider Type: | | | | | | |
| J.F | | | Current Rate | New <u>Rate</u> | Effective <u>Date</u> | |
| Nursing Home Sin | gle Level - Bed Hold | | <u>215.25</u> | <u>215.25</u> | 6/26/2020 | |
| Int | ermediate I - Standard Medicaid F | Rate | <u>0.00</u> | <u>540.95</u> | 6/26/2020 | |
| Rate Type: | | | | | | |
| Interim | | X Prospective | | | | |
| | Total Interim | | l Prospective | | | |
| | Interim Component | Tota | 1 Prospective | with Interim | Component | |
| | Settlement based on cost | | | | | |
| | Prior Provider Prospective data | | | | | |
| Basis: | | Changes: | | | | |
| Budget | | Rate Semes COVID-19 | ter Change Rate Adjustn | ant affactiv | a 6/26/2020 | |
| X Unaudite | ed costs | <u>X</u> COVID-19 | Kate Aujustii | ient enectiv | 2 0/20/2020 | |
| | lited costs | | | | | |
| | lited costs | | | | | |
| | | | | | | |
| <u>Distribution:</u> | | Zainab Day | | | | |
| Contract Management / Fiscal Agent | | Medicaid Cost Reimbursement Planning and Finance | | | | |
| Permanent File | | | | | | |
| For Information Or | nly | | | | | |
| No Change in Rate | | | | | | |
| Home Office: | Traditions Senior Management 24641 US Highway 19 North Clearwater, FL 33763 | | | | | |
| XXX224 Report C | alculated: 6/26/2020 9:50 AM Report Pr | rinted:6/26/2020 ID: | | | | |



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| Provider Type: Nursing Home Single Level - Bed Hold Intermediate I - Standard Medicaid Rate Rate Type: | Oate: Fiscal Year End: Audit Status: | Current Rate | 6/19/20 N/A Unaudi New Rate | <u>.</u> | |
|---|--|--------------------|---|--------------|--|
| Provider Type: Nursing Home Single Level - Bed Hold Intermediate I - Standard Medicaid Rate Rate Type: X Interim X Total Interim Interim Component Settlement based on cost Prior Provider Prospective data | | Rate | Unaudi | ited | |
| Nursing Home Single Level - Bed Hold Intermediate I - Standard Medicaid Rate Rate Type: X Interim X Total Interim Interim Component Settlement based on cost Prior Provider Prospective data | Audit Status: | Rate | New | | |
| Nursing Home Single Level - Bed Hold Intermediate I - Standard Medicaid Rate Rate Type: X Interim X Total Interim Interim Component Settlement based on cost Prior Provider Prospective data | | Rate | | Effective | |
| Nursing Home Single Level - Bed Hold Intermediate I - Standard Medicaid Rate Rate Type: X Interim X Total Interim Interim Component Settlement based on cost Prior Provider Prospective data | | Rate | | Effective | |
| Intermediate I - Standard Medicaid Rate Rate Type: X Interim X Total Interim Interim Component Settlement based on cost Prior Provider Prospective data | | <u> </u> | Rate | Liicelive | |
| Intermediate I - Standard Medicaid Rate Rate Type: X Interim X Total Interim Interim Component Settlement based on cost Prior Provider Prospective data | | 0.00 | | <u>Date</u> | |
| Rate Type: X Interim X Total Interim Interim Component Settlement based on cost Prior Provider Prospective data | | $\underline{0.00}$ | <u>228.19</u> | 6/19/2020 | |
| X Interim X Total Interim Interim Component Settlement based on cost Prior Provider Prospective data | | <u>0.00</u> | <u>553.89</u> | 6/19/2020 | |
| X Interim X Total Interim Interim Component Settlement based on cost Prior Provider Prospective data | | | | | |
| X Total Interim Interim Component Settlement based on cost Prior Provider Prospective data | | | | | |
| Interim Component Settlement based on cost Prior Provider Prospective data | Prospective | | | | |
| Settlement based on cost Prior Provider Prospective data | Tota | l Prospective | | | |
| Prior Provider Prospective data | Tota | l Prospective | with Interin | n Component | |
| | | | | | |
| Basis: Chang | | | | | |
| Basis: Chang | | | | | |
| | | | | | |
| X Budget X | Rate Semes | _ | mant affactiv | ra 6/10/2020 | |
| X Budget Unaudited costs | X COVID-19 Rate Adjustment effective 6/19/2020 | | | | |
| Field audited costs | | | | | |
| Desk audited costs | | | | | |
| | | | | | |
| Distribution: | | | | | |
| Contract Management / First Asset | Zainab Day Medicaid Cost Reimbursement Planning and Finance | | | | |
| Permanent File | ledicaid Cost Rein | ibursement P | lanning and | Finance | |
| For Information Only | | | | | |
| No Change in Rate | | | | | |
| Home Office: No Home Office | | | | | |
| | | | | | |
| XXX225 Report Calculated: 6/19/2020 4:36 PM Report Printed :6 | | | | | |



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Tallahassee, Florida 32308

| AVANTE AT BOCA RATON | | Provider Number: | 0 210676-00 6/30/2020 12/31/2017 | | | | |
|---|----------------|--|--|----------------|--------------------|--------------------------|--|
| 1130 NW 15TH STREET BOCA RATON, FL 33486 | | | | | | Date: | |
| | | | | | | Fiscal Year End: | |
| | | | Audit Status: | | Unaudit | ed | |
| Provider Ty | pe: | | | | | | |
| | | | | Current Rate | New <u>Rate</u> | Effective <u>Date</u> | |
| Nursing Hor | me Singl | e Level - Bed Hold | | <u>266.05</u> | <u>266.05</u> | 6/30/2020 | |
| | Inter | mediate I - Standard Medicaid I | Rate | <u>0.00</u> | <u>591.75</u> | 6/30/2020 | |
| | | | | | | | |
| Rate | Type: | | | | | | |
| | Interim | | X Prospective | | | | |
| | - | Total Interim | | al Prospective | | | |
| | | Interim Component | | l Prospective | with Interim | Component | |
| | | Settlement based on cost | | | | | |
| | | Prior Provider Prospective data | | | | | |
| Basis: | | | Changes: | | | | |
| 200251 | _ | | Rate Semes | ter Change | | | |
| | Budget | | | Rate Adjustm | nent effective | e 6/30/2020 | |
| X | Unaudited of | costs | | | | | |
| | Field audite | ed costs | | | | | |
| | Desk audite | ed costs | | | | | |
| | | | | | | | |
| Distribution | <u>ı:</u> | | | Zainab Day | | | |
| Contract Management / Fiscal Agent | | Agent – | Medicaid Cost Reimbursement Planning and Finance | | | | |
| Permanent File | ; | | | | | | |
| For Inf | Formation Only | | | | | | |
| No Cha | inge in Rate | | | | | | |
| Ног | me Office: | Avante Group Inc. 4601 Sheridan Street Suite 500 Hollywood, FL 33021 | | | | | |
| XXX226 | Report Calc | ulated: 6/30/2020 1:30 PM Report Pr | rinted:6/30/2020 ID: | | | | |



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Tallahassee, Florida 32308

| MIAMI CARE CENTER INC | | Provider Number: | | 1 067426-00 | | | |
|---|--------------------|---|--|--------------------|---------------|--------------|--|
| 5959 NORTHWEST 7TH STREET MIAMI, FL 33126 | | | Date: | | 6/26/20 |)20 | |
| | | | Fiscal Year End: | | N/A | | |
| | | | Audit Status: | | Unaud | ited | |
| Provider T | ype: | | | | | | |
| · | | | | Current | New | Effective | |
| | | | | Rate | Rate | <u>Date</u> | |
| Nursing Ho | ome Singl | le Level - Bed Hold | | $\underline{0.00}$ | <u>256.82</u> | 6/26/2020 | |
| | Inter | mediate I - Standard Medicaid l | Rate | <u>0.00</u> | <u>582.52</u> | 6/26/2020 | |
| | | | | | | | |
| Rate | e Type: | | | | | | |
| X | Interim | | Prospective | | | | |
| | X | Total Interim | Tota | l Prospective | | | |
| | | Interim Component | Tota | l Prospective | with Interin | n Component | |
| | | Settlement based on cost | | | | | |
| | | Prior Provider Prospective data | | | | | |
| Basis: | | | Changes: | | | | |
| 200250 | | | Rate Semes | ter Change | | | |
| X | Budget | | | Rate Adjust | ment effectiv | ve 6/26/2020 | |
| | Unaudited | costs | | 3 | | | |
| | —— Field audite | ed costs | | | | | |
| | Desk audite | ed costs | | | | | |
| | | | | | | | |
| Distributio | \ma | | | | | | |
| <u>Distribution:</u> Contract Management / Fiscal Agent | | | Zainab Day Medicaid Cost Reimbursement Planning and Finance | | | | |
| Permanent File | | 6 | Medicaid Cost Rein | ibursement P | lanning and | rinance | |
| For Ir | nformation Only | | | | | | |
| No Ch | nange in Rate | | | | | | |
| Н | ome Office: | Avante Group, Inc. 4601 Sheridan Street Suite 500 Hollywood, FL 33021 | | | | | |
| XXX214 | Report Cala | ulated: 6/26/2020 9:17 AM Report P | rinted :6/26/2020 ID: | | | | |