



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 corrected the following Nursing Facility Per Diem Rates that were listed incorrectly in FLMMIS referenced by MFAO #88009-20. 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.	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	20200629	540.95	0.00	215.25	215.25	88009-20	
106742600	20200701	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

CARRINGTON PLACE OF ST. PETE	Provider Number:	0 101959-00
10501 ROOSEVELT BLVD N	Date:	7/9/2020
SAINT PETERSBURG, FL 33716	Fiscal Year End:	12/31/2017
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level - Bed Hold	<u>215.25</u>	<u>215.25</u>	<u>6/29/2020</u>
Intermediate I - Standard Medicaid Rate	<u>0.00</u>	<u>540.95</u>	<u>6/29/2020</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 6/29/2020	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

MIAMI CARE CENTER INC

5959 NORTHWEST 7TH STREET

MIAMI, FL 33126

Provider Number:

1 067426-00

Date:

7/9/2020

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>256.82</u>	<u>7/1/2020</u>
<u>0.00</u>	<u>582.52</u>	<u>7/1/2020</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"/> New facility effective 7/1/2020	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance