



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

MEMORANDUM

Date: July 15, 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.	Countryside Rehab and Healthcare Center	0 043872-00	Covid-19 Rate Adjustment	1
2.	Lake View Care Center at Delray	0 229610-00	Covid-19 Rate Adjustment	1
			<u>TOTAL:</u>	2

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
004387200	20200715	562.49	0.00	200.79	200.79	88083-20	
022961000	20200713	568.10	0.00	242.40	242.40	88083-20	



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

COUNTRYSIDE REHAB AND HEALTHCARE CENTER
3825 COUNTRYSIDE BLVD N
PALM HARBOR, FL 34684

Provider Number: 0 043872-00
Date: 7/13/2020
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home

Single Level - Bed Hold

Intermediate I - Standard Medicaid Rate

Current Rate	New Rate	Effective Date
<u>200.79</u>	<u>200.79</u>	<u>7/15/2020</u>
<u>0.00</u>	<u>526.49</u>	<u>7/15/2020</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 7/15/2020	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

CMCII
800 Concourse Parkway South
Maitland, FL 32751

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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

LAKE VIEW CARE CENTER AT DELRAY
5430 LINTON BLVD
DELRAY BEACH, FL 33484

Provider Number: 0 229610-00
Date: 7/21/2020
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home

Single Level - Bed Hold

Intermediate I - Standard Medicaid Rate

Current Rate	New Rate	Effective Date
<u>242.40</u>	<u>242.40</u>	<u>7/13/2020</u>
<u>0.00</u>	<u>568.10</u>	<u>7/13/2020</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 7/13/2020	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

BrightSNFCareLLC d/b/a/ Carestrong
10800 Biscayne Boulevard
Suite 650 Miami, FL 33161

Zainab Day

Medicaid Cost Reimbursement Planning and Finance