



RON DESANTIS  
GOVERNOR

**MEMORANDUM**

**Date:** November 03, 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.	Abbiejean Russel Care Center LLC	0 268755-00	FA	1
			<b><u>TOTAL:</u></b>	1

If you have any questions regarding the above contact Zainab Day at  
Zainab.Day@ahca.myflorida.com.  
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
026875500	20150901	238.14	0.00	238.14	238.14	88553-20	NH15-123C



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**

ABBIJEAN RUSSELL CARE CENTER LLC  
700 S 29TH STREET  
FORT PIERCE, FL 34947

Provider Number: 0 268755-00  
Date: 11/2/2020  
Fiscal Year End: 12/31/2014  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**239.95**      **238.14**      **9/1/2015**

<b>Rate Type:</b>	
<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	

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input type="checkbox"/> Unaudited costs	
<input checked="" type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA #NH15-123C FYE 12/31/2014	

**Distribution:**

Contract Management / Fiscal Agent  
Permanent File  
 For Information Only  
 No Change in Rate

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

*Zainab Day*

Home Office:

Synergy Health Care  
1835 Miami Gardens Dr. Suite 167  
North Miami Beach, FL 33179