

MEMORANDUM

Date: November 13, 2020

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

From: 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>	Provider Number	Type of Action	Number of Rate Change Notices
1.	MF Longwood, LLC	0005379-00	FA	6
2.	Oaks of Kissimmee Health and Rehabiitation Center	0005549-00	FA	4
3.	Boynton Health Care Center	0005814-00	FA & RFA	1
4.	Glen Oaks Health and Rehabilitation Center	0005849-00	FA	2
5.	Royal Palm Beach Health and Rehabilitation Center	0006489-00	FA	5
			TOTAL:	18

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		
	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MFAO	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
000537900	20150101	232.00	0.00	232.00	232.00	88594-20	NH17-038C
000537900	20150901	230.44	0.00	230.44	230.44	88594-20	NH17-038C
000537900	20151228	238.26	0.00	238.26	238.26	88594-20	NH17-038C
000537900	20160101	238.26	0.00	238.26	238.26	88594-20	NH17-038C
000537900	20160901	239.72	0.00	239.72	239.72	88594-20	NH17-038C
000537900	20170901	219.75	0.00	219.75	219.75	88594-20	NH17-038C
000554900	20150101	241.27	0.00	241.27	241.27	88594-20	NH17-047C
000554900	20150901	242.18	0.00	242.18	242.18	88594-20	NH17-047C
000554900	20160901	247.07	0.00	247.07	247.07	88594-20	NH17-047C
000554900	20170901	236.50	0.00	236.50	236.50	88594-20	NH17-047C
000581400	20170901	258.41	0.00	258.41	258.41	88594-20	NH17-048C
000584900	20150901	273.10	0.00	273.10	273.10	88594-20	NH17-105C
000584900	20160901	275.34	0.00	275.34	275.34	88594-20	NH17-105C
000648900	20150101	245.97	0.00	245.97	245.97	88594-20	NH17-051C
000648900	20150901	243.25	0.00	243.25	243.25	88594-20	NH17-051C
000648900	20160901	243.55	0.00	243.55	243.55	88594-20	NH17-051C
000648900	20170801	249.46	0.00	249.46	249.46	88594-20	NH17-051C
000648900	20170901	234.03	0.00	234.03	234.03	88594-20	NH17-051C



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Tallahassee, Florida 32308

MF LONGWOOD, LLC	Provider Number:		0 005379-00		
1520 S GRANT ST	Date:		11/2/202	20	
LONGWOOD, FL 32750	Fiscal Year End:		6/30/2014		
	Audit Status:		Field Aud	ited	
Provider Type:					
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level		233.49	<u>232.00</u>	<u>1/1/2015</u>	
Rate Type:					
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		al Prospective al Prospective	with Interim	Component	
Budget Unaudited costs X Field audited costs Desk audited costs		ster Change 7-038C FYE 6	5/30/2014		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Rein	Zainab Day nbursement P		inance	
Home Office: Pensacola Administrative Services, 40 South Palafox Place Suite 400 Pensacola, FL 32502 XEJ2O Report Calculated: 11/2/2020 10:26:14 AM Report		05270072000	1010120141013	2014122222	



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Tallahassee, Florida 32308

MF LONGWOOD, LLC 1520 S GRANT ST LONGWOOD, FL 32750		Provider Number:		0 005379-00 11/2/2020		
		Date:				
LONGWOOD,	FL 32750		Fiscal Year End:		6/30/20	14
			Audit Status:		Field Aud	lited
Provider Ty	pe:					
				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Sing	le Level		231.92	<u>230.44</u>	<u>9/1/2015</u>
Rate	Type:					
Nate	турс.					
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		ıl Prospective ıl Prospective	with Interim	Component
		Thorrisonat Hospetive data				
Basis:			Changes:			
	D 1 .		Rate Semes	•		
	Budget Unaudited		X FA #NH17	-038C FYE 6	5/30/2014	
X	Field audit					
Λ	Desk audit					
	Desk addit	icu costs				
Distribution	n:			Z-i		
Contract Mana		al Agent	Medicaid Cost Rein	Zainab Day	lanning and E	inonco
Permanent File	-	-			_	mance
For Inf	formation Only	v	Z	inab T	dy	
	ange in Rate	J			-	
Но	me Office:	Pensacola Administrative Services, 40 South Palafox Place Suite 400 Pensacola, FL 32502	LLC			
XFI2O	Report Cal		t Printed :11/2/2020 ID: 00	53700630201	1010120141013	2201/132230



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Tallahassee, Florida 32308

MF LONGWO	MF LONGWOOD, LLC		Provider Nun	Provider Number:			0 005379-00		
1520 S GRANT ST LONGWOOD, FL 32750		Date:		11/2/2020					
LONGWOOD,	FL 32750		Fiscal Year E	nd:		6/30/20)14		
			Audit Status:			Field Au	dited		
Provider Ty	pe:				Current	New	Effective		
Nursing Ho	Cina	de Level			Rate	Rate 238.26	<u>Date</u> 12/28/2015		
rursing 110	me Sing	ac Level			239.73	<u> 250.20</u>	1212012013		
Rate	Type:								
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective da	X Prospective X	_	Prospective Prospective	with Interim	(Component		
Basis:	Budget Unaudited Field audi	ted costs			er Change 038C FYE 6	5/30/2014			
	gement / Fisc			t Reimb	Lainab Day oursement Prinab T		≓inance		
	me Office:	Pensacola Administrative Ser 40 South Palafox Place Suite 400 Pensacola, FL 32502							
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Tallahassee, Florida 32308

MF LONGWOOD, LLC 1520 S GRANT ST		Provider Number	er:	0 005379-00		
		Date:				
Provider Type: Nursing Home Single Level Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Desk audited costs	Fiscal Year End	l:	6/30/2014			
			Audit Status:		Field Aud	lited
Provider Ty	pe:			Current <u>Rate</u>	New	Effective
Nursing Ho	mo Sino	do Lovol		239.73	Rate 238.26	<u>Date</u> <u>1/1/2016</u>
i turising 110		ge Devel		<u> 237.13</u>	<u> </u>	2/2/2/20
Rate	Type:					
	Interim	Interim Component Settlement based on cost	X	Γotal Prospective Γotal Prospective	with Interim	Component
	Unaudited Field audit	ted costs		mester Change H17-038C FYE 6	5/30/2014	
	gement / Fisca	-		Zainab Day Reimbursement Pi Zainab Z		inance
	me Office:	Pensacola Administrative Ser 40 South Palafox Place Suite 400 Pensacola, FL 32502				
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Tallahassee, Florida 32308

MF LONGWOOD, LLC 1520 S GRANT ST LONGWOOD, FL 32750		Provider Number:		0 005379-00 11/2/2020		
		Date:				
LONGWOOD,	FL 32750		Fiscal Year End:		6/30/20	14
			Audit Status:		Field Aud	lited
Provider Ty	pe:			Current	New	Effective
Nursing Hor	ne Sino	le Level		<u>Rate</u> 241.19	<u>Rate</u> 239.72	<u>Date</u> 9/1/2016
Ü	S					
Rate	Type:					
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		ll Prospective	with Interim	Component
Basis:	Budget Unaudited Field audit Desk audit	red costs	Changes: Rate Semes X FA #NH17	ter Change -038C FYE 6	5/30/2014	
	gement / Fisca		Medicaid Cost Rein	Zainab Day nbursement P	lanning and F	inance
Hoi	me Office:	Pensacola Administrative Services, 40 South Palafox Place Suite 400 Pensacola, FL 32502	LLC			



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Tallahassee, Florida 32308

MF LONGWOOD, LLC 1520 S GRANT ST		Provider Numb	er:	0 005379-00			
		Date:		11/2/2020			
LONGWOOD, F	L 32750		Fiscal Year End	d:	12/31/2016		
			Audit Status:		Unaudit	ed	
Provider Typ	e:						
				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Hom	e Sing	gle Level		<u>221.16</u>	<u>219.75</u>	<u>9/1/2017</u>	
Rate T	Tvne:						
	- J Pot						
 - - -	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X	Total Prospective Total Prospective		Component	
Basis:	Budget Unaudited Field audit Desk audit	ted costs		emester Change of FA #NH17-03	88C FYE 6/30	0/2014	
Distribution:				Zainab Day			
Contract Manage	ement / Fisc	al Agent		Reimbursement P	-	inance	
Permanent File				Zainab Z	ay		
	rmation Onl	у			U		
No Chan	ge in Rate						
	e Office:	Pensacola Administrative Service 40 South Palafox Place Suite 400 Pensacola, FL 32502					
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Tallahassee, Florida 32308

OAKS OF KISSIMMEE HEALTH AND REHA	ON CENTER Provider Number:		0 005549-00		
320 N MITCHELL ST	Date:		11/2/202	20	
KISSIMMEE, FL 34741	Fiscal Year End:		6/30/20	14	
	Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 242.75	New <u>Rate</u> 241.27	Effective	
Rate Type:					
Interim Total Interim Interim Compo	Total	Prospective Prospective	e with Interim	Component	
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semeste X Field Audit	_	C FYE 6/30/2	2014	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Reimb	Zainab Day oursement F inab Z	Planning and F	Finance	
Home Office: Pensacola Adm 40 South Palafe Suite 400 Pensacola, FL HG6UJ Report Calculated: 11/2/2020 2:		5490630201	4010120141012	22014124836	



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Tallahassee, Florida 32308

OAKS OF KISSIMMEE	Provider Number:		0 005549-00 11/2/2020		
320 N MITCHELL ST	Date:				
KISSIMMEE, FL 34741		Fiscal Year End:		6/30/20	14
		Audit Status:		Field Aud	lited
Provider Type:					
• •			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home S	ingle Level		<u>244.17</u>	<u>242.18</u>	<u>9/1/2015</u>
Rate Type:					
Interim	X	Prospective			
	Total Interim		al Prospective		
	Interim Component		_	with Interim	Component
	Settlement based on cost		ar rospective	***************************************	component
	Prior Provider Prospective data				
Basis:		hanges:			
Dusis.		Rate Semes	tor Changa		
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	ited costs	A Tield Fiddi		C11L0/30/2	2011
	udited costs				
	udited costs				
Distribution:			Zainab Day		
Contract Management / F	Fiscal Agent —	Medicaid Cost Rein		lanning and F	inance
Permanent File				_	mance
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No Change in Rat		_		V	
Home Office:	Pensacola Administrative Services, LLC				
	40 South Palafox Place				
	Suite 400				
	Pensacola, FL 32502				
HG6III Report	Calculated: 11/2/2020 2:15:00 PM Report Prin	ted ·11/2/2020 ID· 00	554906302014	010120141013	22014124836



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Tallahassee, Florida 32308

OAKS OF KISSIMMEE HEALTH AND REHABILITATION CENTER 320 N MITCHELL ST			Provider Number:		0 005549-00		
			Date:				
KISSIMMEE, I	FL 34741		Fiscal Year End:		6/30/20	14	
			Audit Status:		Field Aud	lited	
Provider Ty	pe:						
v	•			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Ho	me Sing	gle Level		<u>249.25</u>	<u>247.07</u>	<u>9/1/2016</u>	
Rate	Type:						
	T	V	.				
	Interim	X X	Prospective	1.D			
		Total Interim		l Prospective		C	
		Interim Component	1 ota	ii Prospective	with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:		Ch					
Dasis.		Cil	anges:	(Cl			
	Budget		Rate Semes	•	C FYE 6/30/2	0014	
	— Unaudited	costs	X Field Audit	l #1 111 17-047	C I I I I 0/30/2	2014	
X	Field audit						
	Desk audit						
	— Desk audit	ted costs					
Distribution	·•						
Contract Mana		al Agent —		Zainab Day			
Permanent File	_	m Agont	Medicaid Cost Rein	ibursement P	lanning and F Dau	inance	
	formation Only	N.	J		J		
		y					
No Cha	inge in Rate						
Но	me Office:	Pensacola Administrative Services, LLC					
		40 South Palafox Place					
		Suite 400					
		Pensacola, FL 32502					
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Tallahassee, Florida 32308

OAKS OF KISSIMMEE HEALTH AND REHABILITATION CENTER		ER Provider Number:		0 005549-00 11/2/2020		
320 N MITCHELL ST	Date:					
KISSIMMEE, FL 34741		Fiscal Year End:		12/31/20	016	
		Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Sin	ngle Level		Current <u>Rate</u> 237.95	New <u>Rate</u> 236.50	Effective	
Rate Type:						
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		l Prospective l Prospective	e with Interim	Component	
	ed costs lited costs	Changes: Rate Semess X Effects of F 6/30/2014	_	NH17-047C I	FYE	
Distribution: Contract Management / Fis Permanent File For Information OrNo Change in Rate	-	Medicaid Cost Reim	Zainab Day bursement P	lanning and F	ïnance	
Home Office: HG6UJ Report C	Pensacola Administrative Services, L 40 South Palafox Place Suite 400 Pensacola, FL 32502 alculated: 11/2/2020 2:15:00 PM		554912312016	5010120160425	52017123804	



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Tallahassee, Florida 32308

BOYNTON HEALTH CARE CENTER		Provider Number:		0 005814-00 11/3/2020		
7900 VENTURE CENTER V) VENTURE CENTER WAY					
BOYNTON BEACH, FL 33	3437-7402	Fiscal Year End:		12/31/20)15	
		Audit Status:		Revised Fiel	d Audit	
Provider Type:						
• •			Current	New	Effective	
			Rate	<u>Rate</u>	<u>Date</u>	
Nursing Home Sing	gle Level		<u>262.59</u>	<u>258.41</u>	<u>9/1/2017</u>	
Rate Type:						
Interim		X Prospective				
	Total Interim		l Prospective			
	Interim Component		-	with Interim	Component	
	Settlement based on cost		•		•	
	Prior Provider Prospective data					
Basis:		Changes:				
		Rate Semes	ter Change			
Budget			_	C FYE 12/31	/2015	
Unaudited	l costs					
X Field audi	ted costs					
Desk audi	ted costs					
Distribution:			Zainab Day			
Contract Management / Fisc	al Agent	Medicaid Cost Reim		lanning and F	inance	
Permanent File				_	mance	
For Information Onl	ly	zai	inab Do	y		
No Change in Rate	•		(•		
_						
Home Office:	Pensacola Administrative Services,	LLC				
	40 South Palafox Place					
	Suite 400					
	Pensacola, FL 32502					
SS9DC Report Ca	lculated: 11/3/2020 11:13:46 AM Repor	t Printed ·11/3/2020 ID: 00	581412312014	070120140816	52016154025	



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GLEN OAKS HE	ALTH ANI	D REHABILITATION CENTER	Provider Number	er:	0 005849-00		
1100 N PINE ST			Date:		11/2/2020		
CLEARWATER,	FL 33756-	4104	Fiscal Year End	:	6/30/20	14	
			Audit Status:		Field Aud	lited	
Provider Type	:						
				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Home	e Sing	gle Level		<u>272.49</u>	<u>273.10</u>	<u>9/1/2015</u>	
Rate T	ype:						
Iı	nterim		X Prospective				
		Total Interim		Total Prospective			
_		Interim Component		Total Prospective		Component	
_		Settlement based on cost		•		•	
_		Prior Provider Prospective data	a				
Basis:			Changes:				
			Rate Ser	mester Change			
	Budget		X Field A	udit #NH17-1050	C FYE 6/30/2	2014	
	Unaudited	costs					
X	Field audit	ted costs					
	Desk audit	ted costs					
Distribution:				Zainab Day			
Contract Manage	ment / Fisca	al Agent	Medicaid Cost R	<u> </u>	anning and F	inance	
Permanent File				Zainab Z	_		
For Infor	mation Onl	y	4		J		
No Chang	ge in Rate						
Home	Office:	Pensacola Administrative Servi	ices, LLC				
		40 South Palafox Place					
		Suite 400					
		Pensacola, FL 32502					
C4T3O	Report Cal	culated: 11/2/2020 2:04:47 PM	Report Printed :11/2/2020 ID	: 00584906302014	010120141013	32014160617	



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Tallahassee, Florida 32308

GLEN OAKS HEAI	TH AND REHABILITATION CENT	ER Provider Number	:	0 005849-00		
1100 N PINE ST		Date:		11/2/2020		
CLEARWATER, FI	33756-4104	Fiscal Year End:		6/30/20	14	
		Audit Status:		Field Auc	lited	
Provider Type:						
• • • • • • • • • • • • • • • • • • • •			Current	New	Effective	
			<u>Rate</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>274.15</u>	<u>275.34</u>	<u>9/1/2016</u>	
Rate Typ	pe:					
Inte	rim	X Prospective				
	Total Interim		otal Prospective			
	Interim Component		otal Prospective		Component	
	Settlement based on cost		•		•	
	Prior Provider Prospective	e data				
Basis:		Changes:				
		Rate Sem	ester Change			
	udget	X Field Au	dit #NH17-105	C FYE 6/30/2	2014	
	naudited costs					
	ield audited costs					
D	esk audited costs					
Distribution:			Zainab Day			
Contract Manageme	ent / Fiscal Agent	Medicaid Cost Re		lanning and F	Finance	
Permanent File			ainab D			
For Informa	ation Only			J		
No Change i	n Rate					
Home O	office: Pensacola Administrative	Services, LLC				
	40 South Palafox Place	•				
	Suite 400					
	Pensacola, FL 32502					
C4T3O F	Report Calculated: 11/2/2020 2:04:47 PM	Report Printed: 11/2/2020 ID:	00584906302014	010120141013	32014160617	



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Tallahassee, Florida 32308

ROYAL PALM	I BEACH HE	ALTH AND REHABILITATION CENTER	Provider Number:		0 006489	-00	
600 BUSINESS	S PARK WAY	7	Date:		11/13/2020		
ROYAL PALM	I BEACH, FL	33411-1747	Fiscal Year End:		6/30/20	14	
			Audit Status:		Field Aud	lited	
Provider Ty	pe:						
v	•			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Ho	me Sing	de Level		<u>248.16</u>	<u>245.97</u>	<u>1/1/2015</u>	
	_						
Rate	Type:						
	T	V.	.				
	Interim	X X	Prospective Trans	1 D			
		Total Interim		l Prospective		C	
		Interim Component	X Tota	ii Prospective	with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:		CI					
Dasis.			anges:				
	Dudget		Rate Semes	_	C FYE 6/30/2	001.4	
	Budget Unaudited	anata	X Field Audit	t #NH17-051	CFIE 0/30/2	2014	
X	Field audit						
							
	Desk audit	led costs					
Distribution							
Contract Mana		al Agent		Zainab Day			
Permanent File	-	ar rigent	Medicaid Cost Reim		_	inance	
			Za	rinab T	ay		
	formation Only	y	,		U		
No Cha	inge in Rate						
Но	me Office:	Pensacola Administrative Services, LLC					
		40 South Palafox Place					
		Suite 400					
		Pensacola, FL 32502					
FGENE	Report Cal		ed :11/13/2020 ID: 00	64890630201	1010120141013	32014111430	



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ROYAL PALM	I BEACH HE	ALTH AND REHABILITATION CENTER	Provider Number:	Provider Number: 0 006489-00			
600 BUSINESS	S PARK WAY	7	Date:	11/13/2020			
ROYAL PALM	I BEACH, FL	33411-1747	Fiscal Year End:		6/30/20	14	
			Audit Status:		Field Aud	lited	
Provider Ty	ne:						
	F			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Ho	me Sing	gle Level		<u>245.43</u>	<u>243.25</u>	<u>9/1/2015</u>	
Rate	Type:						
	_Interim	X	Prospective				
		Total Interim		l Prospective			
		Interim Component	X Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	-	Prior Provider Prospective data					
D			1				
Basis:		Ch	anges:	~			
	Dadas		Rate Semes	•	C EVE (/20/	001.4	
	Budget Unaudited	anata	X Field Audit	t#NH17-031	C FYE 6/30/2	2014	
X	Field audit						
Λ	— Desk audit						
	Desk addit	led Costs					
Distribution	n•						
Contract Mana		el Agent		Zainab Day			
	-	ai Agent	Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent File			za	inab Z	ay		
For Inf	formation Only	у			U		
No Cha	ange in Rate						
Но	me Office:	Pensacola Administrative Services, LLC					
		40 South Palafox Place					
		Suite 400					
		Pensacola, FL 32502					
EGENE	Report Cal		ed :11/13/2020 ID: 00	648906302017	1010120141013	32014111430	



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Tallahassee, Florida 32308

ROYAL PALM	I BEACH HE	ALTH AND REHABILITATION CENTER	Provider Number:		0 006489-00		
600 BUSINESS	S PARK WAY	7	Date:	11/13/2020			
ROYAL PALM	I BEACH, FL	33411-1747	Fiscal Year End:		6/30/20	14	
			Audit Status:		Field Aud	lited	
Provider Ty	ne:						
•	r			Current	New	Effective	
				<u>Rate</u>	<u>Rate</u>	<u>Date</u>	
Nursing Ho	me Sing	le Level		<u>245.72</u>	<u>243.55</u>	<u>9/1/2016</u>	
Rate	Type:						
	Interim	X	Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	X Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:		Ch	anges:				
Dusis:		Ch	Rate Semes	ter Change			
	Budget			_	C FYE 6/30/2	2014	
	Unaudited	costs	Tiera Tradit	(1117 051	C112 0/30/2	2011	
X	Field audit						
	Desk audit						
<u>Distribution</u>				Zainab Day			
Contract Mana	gement / Fisca	al Agent	Medicaid Cost Rein			inance	
Permanent File	2		Za	rinab T	ay		
For Int	formation Onl	y	0		0		
No Cha	ange in Rate						
Но	me Office:	Pensacola Administrative Services, LLC					
		40 South Palafox Place					
		Suite 400					
		Pensacola, FL 32502					
FGFNF	Report Cal		ed :11/13/2020 ID: 00	64890630201/	010120141013	32014111430	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ROYAL PALM BEACH HEALTH AND REHABILITATION C	CENTER Pr	ovider Number:		0 006489	-00	
600 BUSINESS PARK WAY	Da	ate:		11/13/2020		
ROYAL PALM BEACH, FL 33411-1747	Fis	scal Year End:		6/30/20	14	
	Αι	ıdit Status:		Field Aud	lited	
Provider Type: Nursing Home Single Level			Current <u>Rate</u> 251.62	New <u>Rate</u> 249.46	Effective <u>Date</u> 8/1/2017	
Rate Type:						
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data			ll Prospective ll Prospective	with Interim	Component	
Budget Unaudited costs X Field audited costs Desk audited costs	Chang	Rate Semes	_	C FYE 6/30/2	2014	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Me	dicaid Cost Rein	Zainab Day nbursement P ainab Z	lanning and F	ïnance	
Home Office: Pensacola Administrative Service 40 South Palafox Place Suite 400 Pensacola, FL 32502 FGENF Report Calculated: 11/13/2020 2:19:52 PM Report Calcu	ces, LLC	/13/2020 ID: 00	648906302014	1010120141013	32014111430	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ROYAL PALM	I BEACH HE	ALTH AND REHABILITATION CENTER	Provider Number:		0 006489	-00	
600 BUSINESS	S PARK WAY	<i>Y</i>	Date:		11/13/2020		
ROYAL PALM	I BEACH, FL	33411-1747	Fiscal Year End:		12/31/20)16	
			Audit Status:		Unaudit	ed	
Provider Ty	pe:						
•	•			Current	New	Effective	
				Rate	<u>Rate</u>	<u>Date</u>	
Nursing Hor	me Sing	gle Level		<u>236.05</u>	<u>234.03</u>	<u>9/1/2017</u>	
Rate	Type:						
	Interim	X	Prospective				
	-	Total Interim	•	ıl Prospective			
		Interim Component		-	with Interim	Component	
		Settlement based on cost		F		7	
		Prior Provider Prospective data					
Basis:		Ch	anges:				
Dasis.		Ch	Rate Semes	tor Changa			
	Budget	 		_	NH17-051C F	TYF.	
X	Unaudited	costs	6/30/2014	icia riadit ii.	WIII / 051C I	1 L	
	Field audit						
	Desk audit						
Distribution	<u>ı:</u>			Zainab Day			
Contract Mana	gement / Fisca	al Agent —	Medicaid Cost Rein		lanning and F	inance	
Permanent File	,			ainab Z			
For Inf	formation Only	у	0		8		
	inge in Rate						
		D 1 41					
Ho	me Office:	Pensacola Administrative Services, LLC					
		40 South Palafox Place					
		Suite 400					
		Pensacola, FL 32502					
EGENE	Report Cal	culated: 11/13/2020 2:19:52 PM Report Print	ed ·11/13/2020 ID· 00	648912312016	5010120160425	52017130145	