



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

## MEMORANDUM

**Date:** December 11, 2020  
**To:** Johnnie Mae Peters, SMA Supervisor, Finance and Banking  
**From:** *Z* Zainab Day, Regulatory Analyst Supervisor  
**Subject:** Retroactive Nursing Facility Per Diem Rates

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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.	Forum at Deer Creek	1 049287-00	CHOW	3
2.	The Preserve	1 060909-00	New Facility	3
			<b><u>TOTAL:</u></b>	6

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
1049287	20200101	273.17	0.00	273.17	273.17	88742-20	
1049287	20200701	276.88	0.00	276.88	276.88	88742-20	
1049287	20201001	276.88	0.00	276.88	276.88	88742-20	
1060909	20200421	253.00	0.00	253.00	253.00	88742-20	
1060909	20200701	256.44	0.00	256.44	256.44	88742-20	
1060909	20201001	257.06	0.00	257.06	257.06	88742-20	



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**

FORUM AT DEER CREEK

3001 DEER CREEK COUNTRY CLUB

DEERFIELD BEACH, FL 33442

Provider Number:

1 049287-00

Date:

10/27/2020

Fiscal Year End:

12/31/2018

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home    Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>273.17</u></b>	<b><u>273.17</u></b>	<b><u>1/1/2020</u></b>

<b>Rate Type:</b>	
<input checked="" type="checkbox"/>	Interim
<input type="checkbox"/>	Prospective
<input 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 checked="" type="checkbox"/>	Prior Provider Prospective data

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

<b>Changes:</b>	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 01/01/2020

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

FiveStar Senior Living Inc.  
400 Centre Street  
Newton, MA 02458

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

*Zainab Day*



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**Medicaid Reimbursement Per Diem Rates**

FORUM AT DEER CREEK

3001 DEER CREEK COUNTRY CLUB

DEERFIELD BEACH, FL 33442

Provider Number:

1 049287-00

Date:

10/27/2020

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>276.88</u></b>	<b><u>276.88</u></b>	<b><u>7/1/2020</u></b>

**Rate Type:**

Interim

Prospective

\_\_\_\_\_ Total Interim

\_\_\_\_\_ Total Prospective

\_\_\_\_\_ Interim Component

\_\_\_\_\_ Total Prospective with Interim Component

\_\_\_\_\_ Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

\_\_\_\_\_ Unaudited costs

\_\_\_\_\_ Field audited costs

\_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change

CHOW effective 01/01/2020

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FORUM AT DEER CREEK

3001 DEER CREEK COUNTRY CLUB

DEERFIELD BEACH, FL 33442

Provider Number:

1 049287-00

Date:

10/27/2020

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home    Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>276.88</u></b>	<b><u>276.88</u></b>	<b><u>10/1/2020</u></b>

<b>Rate Type:</b>	
<input checked="" type="checkbox"/>	Interim
<input type="checkbox"/>	Prospective
<input 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 checked="" type="checkbox"/>	Prior Provider Prospective data

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

<b>Changes:</b>	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 01/01/2020

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**Medicaid Reimbursement Per Diem Rates**

THE PRESERVE  
14750 HOPE CENTER LOOP  
FT. MYERS, FL 33912

Provider Number: 1 060909-00  
Date: 10/29/2020  
Fiscal Year End: 04/20/2021  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**0.00**      **253.00**      **4/21/2020**

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ Settlement based on cost	
<input checked="" type="checkbox"/> Prior Provider Prospective data	

Basis:
_____ Budget
_____ Unaudited costs
_____ Field audited costs
_____ Desk audited costs

Changes:
_____ Rate Semester Change
<input checked="" type="checkbox"/> New Facility effective 04/21/2020.

**Distribution:**

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\_\_\_\_\_ No Change in Rate

Home Office:

VOA National Services  
7530 Market Place Drive  
Eden Prairie, MN 55344

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**Medicaid Reimbursement Per Diem Rates**

THE PRESERVE  
14750 HOPE CENTER LOOP  
FT. MYERS, FL 33912

Provider Number: 1 060909-00  
Date: 10/29/2020  
Fiscal Year End: 04/20/2021  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**0.00**    **256.44**    **7/1/2020**

<b>Rate Type:</b>	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ Settlement based on cost	
<input checked="" type="checkbox"/> Prior Provider Prospective data	

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

<b>Changes:</b>
<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> New Facility effective 04/21/2020

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THE PRESERVE  
14750 HOPE CENTER LOOP  
FT. MYERS, FL 33912

Provider Number: 1 060909-00  
Date: 10/29/2020  
Fiscal Year End: 04/20/2021  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**0.00**    **257.06**    **10/1/2020**

<b>Rate Type:</b>	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ Settlement based on cost	
<input checked="" type="checkbox"/> Prior Provider Prospective data	

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

<b>Changes:</b>
<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> New Facility effective 04/21/2020

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