

MEMORANDUM

Date: December 11, 2020

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

From: ZZainab 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.

	Provider Name	Provider Number	Type of Action	Number of Rate Change
				<u>Notices</u>
1	Forum at Deer Creek	1 049287-00	CHOW	3
2	The Preserve	1 060909-00	New Facility	3
			TOTAL:	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	Skilled AIDS (SKA)	Intermediate II	Skilled (SKD)	MFAO number	Audit Number
1049287	20200101	273.17	0.00	273.17	273.17	88742-20	Number
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	



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Rate Date				Provider Number:	1 049287	287-00		
Provider Type: Rate Type: X Interim Total Interim Omponent Interim Component Settlement based on cost X Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Permanent File For Information Only No Change in Rate Home Office: FiveStar Senior Living Inc. 4400 Centre Street Audit Status: Current New Rate Current New Effective Current New Fiffective Current New Effective Current New Effective Total Prospective Total Prospective with Interim Component Total Prospective Wit				Date:		10/27/2020		
Provider Type: Nursing Home Single Level Sin				Fiscal Year End:				
Nursing Home Single Level Single Single Level Single				Audit Status:		Unaudit	ed	
Total Interim			le Level		Rate	Rate	Effective	
Total Interim Interim Component Settlement based on cost X Prior Provider Prospective data Changes:	Ra	te Type:						
Rate Semester Change X Budget Unaudited costs Field audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: FiveStar Senior Living Inc. 400 Centre Street	X		Interim Component Settlement based on cost	Tota	_	with Interim	Component	
Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: FiveStar Senior Living Inc. 400 Centre Street		Budget Unaudited Field audit	ed costs	Rate Semes	-	2020		
400 Centre Street	Contract Ma Permanent F	nnagement / Fisca File Information Only		Medicaid Cost Reim	bursement Pl		inance	
XXX307 Report Calculated: 10/27/2020 11:00 AM Report Printed: 10/27/2020 ID:	F	Home Office:	400 Centre Street Newton, MA 02458					



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FORUM AT DEER CREEK 3001 DEER CREEK COUNTRY CLUB			Provider Number:		1 049287-00 10/27/2020		
			Date:				
DEERFIELD	BEACH, FL 33	442	Fiscal Year End:		12/31/2019		
Provider Type:			Audit Status:		ted		
Nursing Home Single Level				Current Rate 276.88	New <u>Rate</u> 276.88	Effective <u>Date</u> 7/1/2020	
Ra	te Type:						
X	Interim	Total Interim Interim Component		l Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data	10ta	rrospective	with interim	Component	
Basis:			Changes: Rate Semes	tar Changa			
X	Budget Unaudited Field audite Desk audite	ed costs		ective 01/01/2	2020		
Distributi	on:			Zainah Dan			
Contract Management / Fiscal Agent			Zainab Day Medicaid Cost Reimbursement Planning and Finance				
Permanent File			Jainab Day				
For 1	Information Only	,	J.		J		
No C	hange in Rate						
H	Home Office:	FiveStar Senior Living Inc. 400 Centre Street Newton, MA 02458					
XXX307	Report Calo	ulated: 10/27/2020 11:00 AM Report	Printed :10/27/2020 ID:				



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FORUM AT DEER CREEK 3001 DEER CREEK COUNTRY CLUB DEERFIELD BEACH, FL 33442			Provider Number: 1 049287-0					
			Date:		10/27/2020			
			Fiscal Year End:		12/31/20)19		
			Audit Status:		Unaudit	ed		
Provider T	'vpe:							
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing H	ome Sino					10/1/2020		
Tital billing II.		510 20101		270.00	<u> </u>	10/1/2020		
Rat	te Type:							
X	Interim		Prospective					
		Total Interim		l Prospective				
		Interim Component	Tota	l Prospective	with Interim	Component		
		Settlement based on cost						
	X	Prior Provider Prospective data						
Basis:			Changes:					
			Rate Semes	ter Change				
X	Budget			ective 01/01/2	2020			
	Unaudited	costs						
	Field audi	ted costs						
	Desk audi	ted costs						
<u>Distribution</u>	<u>on:</u>			Zainab Day				
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance					
Permanent Fi	ile		20	rinab T	Pay_			
For I	nformation Onl	у	0		8			
No C	hange in Rate							
Н	Iome Office:	FiveStar Senior Living Inc. 400 Centre Street Newton, MA 02458						
XXX307	Renort Cal		Printed: 10/27/2020 ID:					



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THE PRESERVE		Provider Number: 1 060909-00 Date: 10/29/2020			00		
14750 HOPE CENTER LOOP FT. MYERS, FL 33912					10/29/2020		
			Fiscal Year End:		04/20/2021		
			A	udit Status:		Unaudite	ed
Provider T Nursing H		le Level		Curr <u>Ra</u> <u>0.1</u>	<u>te</u>	New <u>Rate</u> 253.00	Effective
Rat	te Type:						
X	Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	Prosp	pective Total Prosp Total Prosp		vith Interim	Component
Basis:	Pudget		Changes: Rate Semester Change X New Facility effective 04/21/2020.				
	Budget Unaudited	costs	X	New Facility elle	cuve 04	/21/2020.	
	Field audite						
	Desk audite	ed costs					
<u>Distributi</u>	on:			Zaina	h Dav		
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance Zainab Day Medicaid Cost Reimbursement Planning and Finance				
Permanent File							
For I	Information Only	,		0		0	
No C	hange in Rate						
F	Iome Office:	VOA National Services 7530 Market Place Drive Eden Prairie, MN 55344					
XXX408	Report Calc	rulated: 12/17/2020 10:56 AM Repo	ort Printed: 12/17/	2020 ID:			



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THE PRESERVE		Provider Number: Date: Fiscal Year End:		1 060909-00			
14750 HOPE CENTER LOOP FT. MYERS, FL 33912				10/29/2020 04/20/2021			
Provider T Nursing Ho		e Level		Current Rate 0.00	New <u>Rate</u> 256.44	Effective	
Rat	te Type:						
X	Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		tal Prospective		Component	
Basis:	Budget Unaudited co Field audited Desk audited	d costs		ester Change lity effective (4/21/2020		
Permanent Fi	nagement / Fiscal	Agent	Medicaid Cost Rei	Zainab Day mbursement P Zainab Z	lanning and F	inance	
No Cl	hange in Rate						
Н	Iome Office:	VOA National Services 7530 Market Place Drive Eden Prairie, MN 55344					
XXX408	Report Calou	lated: 12/17/2020 10:56 AM Reno	art Printed : 12/17/2020 ID:				



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THE PRESERVE		Provider Number:	1 060909-00		
14750 HOPE CENTER LO	OOP	 Date:	10/29/2020 04/20/2021		
FT. MYERS, FL 33912		Fiscal Year End:			
		Audit Status:	Unaudited		
Provider Type: Nursing Home Si	ingle Level	Current <u>Rate</u> <u>0.00</u>	New Effective Rate Date 257.06 10/1/2020		
Rate Type:					
X Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	Prospective Total Prospecti Total Prospecti	ve ve with Interim Component		
Field au	ted costs udited costs udited costs	Changes: Rate Semester Change X New Facility effective			
Distribution: Contract Management / F Permanent File For Information CNo Change in Rate	Only	Zainab Da Medicaid Cost Reimbursement Zainab	Planning and Finance		
Home Office:	VOA National Services 7530 Market Place Drive Eden Prairie, MN 55344	rt Printed : 12/17/2020 ID:			