



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

MEMORANDUM

Date: February 2, 2021
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	River City Rehabilitation Center	1 078092-00	New Facility	2
			<u>TOTAL:</u>	2

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
107809200	20200826	255.88	0.00	255.88	255.88	88930-21	
107809200	20201001	257.48	0.00	257.48	257.48	88930-21	



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

RIVER CITY REHABILITATION CENTER
15480 MAX LEGGETT PKWY
JACKSONVILLE, FL 32218

Provider Number: 1 078092-00
Date: 12/14/2020
Fiscal Year End: 08/20/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **0.00** New Rate: **255.88** Effective Date: **8/26/2020**

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

Basis:
<input type="checkbox"/> Budget
<input 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"/> New Facility effective 08/26/2020

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Health Care Managers, Inc
2380 Sadler Road Suite 201
Fernandina Beach, FL 32034

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day



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

RIVER CITY REHABILITATION CENTER
15480 MAX LEGGETT PKWY
JACKSONVILLE, FL 32218

Provider Number: 1 078092-00
Date: 12/14/2020
Fiscal Year End: 08/20/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **0.00** New Rate: **257.48** Effective Date: **10/1/2020**

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

Basis:
<input type="checkbox"/> Budget
<input 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"/> New Facility effective 08/26/2020

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Health Care Managers, Inc
2380 Sadler Road Suite 201
Fernandina Beach, FL 32034

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day