**SECRETARY** 



#### **MEMORANDUM**

**Date:** June 3, 2021

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 Notices
1.	The Terrace of Jacksonville	0 108507-00	FA & RFA	5
			TOTAL:	5

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	Effective Date Format	Intermediate I	Skilled AIDS	Intermediate II		MFAO	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
010850700	20140701	211.68	0.00	211.68	211.68	89718-21	NH16-025L
010850700	20150101	211.68	0.00	211.68	211.68	89718-21	NH16-025L
010850700	20150501	215.01	0.00	215.01	215.01	89718-21	NH16-025L
010850700	20150901	212.30	0.00	212.30	212.30	89718-21	NH16-025L
010850700	20160901	213.08	0.00	213.08	213.08	89718-21	NH16-025L



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE TERRACE OF JACKSONVILLE  10680 OLD ST AUGUSTINE RD  JACKSONVILLE, FL 32257		Provider	0 108507-00				
		Date:		6/3/2021			
		Fiscal Year End:			4/30/2015		
			Audit Sta	itus:		Revised Field	d Audit
Provider T  Nursing Ho		le Level			Current <u>Rate</u> <b>211.88</b>	New <u>Rate</u> <b>211.68</b>	Effective
Rat	е Туре:						
X	Interim	Total Interim	Prospec	Tota	al Prospective		
	X	Interim Component Settlement based on cost Prior Provider Prospective data		Tota	ll Prospective	with Interim	Component
Budget Unaudited costs X Field audited costs Desk audited costs				ster Change .#NH16-025	L FYE 04/30/	2015	
Permanent Fi	nagement / Fisca		Medicaid	Cost Rein	Zainab Day nbursement P	lanning and F	inance
	hange in Rate						
	Iome Office:	SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114 culated: 6/3/2021 10:54:56 AM Rep	ort Printed :6/3/2021	ID: 10	185070430201°	5050120140524	12016090031



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE TERRACE OF JACKSONVILLE 10680 OLD ST AUGUSTINE RD		Provider Number	r:	0 108507-00 6/3/2021		
		Date:				
JACKSONVII	LE, FL 32257	7	Fiscal Year End:		4/30/2015	
			Audit Status:		Revised Field	d Audit
Provider Ty	ype:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Sino	de Level		212.28	211.68	<u>1/1/2015</u>
<b>g</b>						
Rate	e Type:					
X	_Interim		Prospective			
		Total Interim	To	otal Prospective	:	
		Interim Component	Te	otal Prospective	with Interim	Component
	X	Settlement based on cost				
		Prior Provider Prospective data				
Basis:			Changes:			
	D 1			nester Change		2017
	Budget		X FA & RI	FA #NH16-025	L FYE 04/30/	2015
X	Unaudited Field audit					
Λ	Desk audit					
	Desk audit	icu costs				
<u>Distributio</u>	<u>n:</u>			Zainab Day		
Contract Mana	agement / Fisca	al Agent	Medicaid Cost Re	eimbursement P	lanning and F	inance
Permanent Fil	e			Zainab I	Day	
For In	formation Onl	У	6	/	0	
No Ch	ange in Rate					
Но	ome Office:	SMJ Enterprises, LLC 480 Fentress Blvd.				
		Suite H				
		Daytona Beach, FL 32114				
YJI5E	Report Cal	culated: 6/3/2021 10:54:56 AM Repo	ort Printed :6/3/2021 ID:	10850704302015	5050120140524	12016090031



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE TERRACE OF JACKSONVILLE 10680 OLD ST AUGUSTINE RD			Provider Numb	er:	0 108507-00 6/3/2021 4/30/2015		
			Date:				
JACKSONVILLE, FL 32257		Fiscal Year End	1: <u></u>				
			Audit Status:		Revised Fiel	d Audit	
Provider Ty	ype:			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Sing	le Level		<u>215.61</u>	<u>215.01</u>	<u>5/1/2015</u>	
Rate	e Type:						
	Interim X	Total Interim Interim Component Settlement based on cost		Total Prospective Total Prospective		Component	
		Prior Provider Prospective data					
Basis:	Budget			mester Change RFA #NH16-025	L FYE 04/30/	<sup>7</sup> 2015	
V	Unaudited						
X	Field audit Desk audit						
<b>Distribution</b>				Zainab Day			
	agement / Fisca	al Agent	Medicaid Cost I	Reimbursement P	lanning and F	Finance	
Permanent File				Zainab T	ay		
For In	formation Only	y			U		
No Ch	ange in Rate						
Но	ome Office:	SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114					
YJI5E	Report Cal	culated: 6/3/2021 10:54:56 AM Repo	ort Printed :6/3/2021	D: 10850704302015	5050120140524	42016090031	



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ur End: us:					
us:			15		
			4/30/2015		
0		Revised Fiel	d Audit		
]	urrent <u>Rate</u> 12.92	New <u>Rate</u> 212.30	Effective <u>Date</u> 9/1/2015		
ive					
	ospective				
Total Pro	ospective	with Interim	Component		
nte Semester ( A & RFA #NI	_	L FYE 04/30/	2015		
Zair	nab Dav				
Medicaid Cost Reimbursement Planning and Finance					
0		0			
	704202015	05012014052	12017000021		
	Cost Reimbur Zain	Zainab T	<u>*</u>		



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE TERRACE OF JACKSONVILLE  10680 OLD ST AUGUSTINE RD  JACKSONVILLE, FL 32257			Provider Numb	er:	0 108507-00 6/3/2021 4/30/2015		
			Date:				
			Fiscal Year En	d:			
			Audit Status:		Revised Field	d Audit	
Provider Ty	pe:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Sing	de Level		213.70	213.08	<u>9/1/2016</u>	
Rate	e Type:						
	Interim		X Prospective				
	_	Total Interim		Total Prospective			
		Interim Component		Total Prospective		Component	
	X	Settlement based on cost		•			
		Prior Provider Prospective data					
Basis:	Budget Unaudited Field audit	red costs		emester Change RFA #NH16-025	L FYE 04/30/	2015	
Distribution							
Contract Mana	<del></del>	al Agant		Zainab Day			
Permanent File	-	и Адеш	Medicaid Cost l	Reimbursement P Zainab Z	lanning and F Pay	inance	
For In	formation Only	y		V	0		
No Ch	ange in Rate						
	ome Office:	SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114					
YJI5E	Report Cal	culated: 6/3/2021 10:54:56 AM Repo	ort Printed :6/3/2021	D: 10850704302015	5050120140524	12016090031	