



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

## MEMORANDUM

**Date:** June 3, 2021

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

**From:** *ZD* 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.	The Terrace of Jacksonville	0 108507-00	FA & RFA	5
			<b><u>TOTAL:</u></b>	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 Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit 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



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**

THE TERRACE OF JACKSONVILLE  
10680 OLD ST AUGUSTINE RD  
JACKSONVILLE, FL 32257

Provider Number: 0 108507-00  
Date: 6/3/2021  
Fiscal Year End: 4/30/2015  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**211.88**      **211.68**      **7/1/2014**

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

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

<b>Changes:</b>
_____ Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH16-025L FYE 04/30/2015

**Distribution:**

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

Home Office:

SMJ Enterprises, LLC  
480 Fentress Blvd.  
Suite H  
Daytona Beach, FL 32114

**Zainab Day**

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*Zainab Day*



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JACKSONVILLE, FL 32257

Provider Number: 0 108507-00  
Date: 6/3/2021  
Fiscal Year End: 4/30/2015  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**212.28**    **211.68**    **1/1/2015**

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

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

<b>Changes:</b>
_____ Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH16-025L FYE 04/30/2015

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10680 OLD ST AUGUSTINE RD  
JACKSONVILLE, FL 32257

Provider Number: 0 108507-00  
Date: 6/3/2021  
Fiscal Year End: 4/30/2015  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**215.61**      **215.01**      **5/1/2015**

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

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH16-025L FYE 04/30/2015	

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10680 OLD ST AUGUSTINE RD  
JACKSONVILLE, FL 32257

Provider Number: 0 108507-00  
Date: 6/3/2021  
Fiscal Year End: 4/30/2015  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**212.92**      **212.30**      **9/1/2015**

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

<b>Basis:</b>	
_____ Budget	
_____ Unaudited costs	
<input checked="" type="checkbox"/> Field audited costs	
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<b>Changes:</b>	
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10680 OLD ST AUGUSTINE RD  
JACKSONVILLE, FL 32257

Provider Number: 0 108507-00  
Date: 6/3/2021  
Fiscal Year End: 4/30/2015  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **213.70**    New Rate: **213.08**    Effective Date: **9/1/2016**

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

<b>Basis:</b>	
_____ Budget	
_____ Unaudited costs	
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