



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

MEMORANDUM

Date: October 14, 2021
To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking
From: RF Rebekah Falk, 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.	Kendall Lakes Health and Rehabilitation Center	1 021302-00	Rate Semester Change	1
2.	Pruitthealth – Fleming Island	1 038712-00	Rate Semester Change	1
3.	Golden Glades Nursing and Rehabilitation Center	1 046531-00	Rate Semester Change	1
4.	South Dade Nursing and Rehabilitation Center	1 046541-00	Rate Semester Change	1
5.	North Dade Nursing and Rehabilitation Center	1 047077-00	Rate Semester Change	1
			<u>TOTAL:</u>	5

If you have any questions regarding the above contact Rebekah Falk at Rebekah.Falk@ahca.myflorida.com.
RF/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
102130200	20211001	281.71	0.00	281.71	281.71	90436-21	
103871200	20211001	248.98	0.00	248.98	248.98	90436-21	
104653100	20211001	252.95	0.00	252.95	252.95	90436-21	
104654100	20211001	235.48	0.00	235.48	235.48	90436-21	
104707700	20211001	233.52	0.00	233.52	233.52	90436-21	



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

KENDALL LAKES HEALTH AND REHABILITATION CENTER
5280 SW 157 AVENUE
MIAMI, FL 33185

Provider Number: 1 021302-00
 Date: 10/14/2021
 Fiscal Year End: 2/17/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$289.81</u>	<u>\$281.71</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
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Changes:
_____ x _____ Rate Semester Change

Distribution:

Contract Management / Fiscal Agent
 Permanent File
 _____ For Information Only
 _____ No Change in Rate

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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 Tampa, FL 33610



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Medicaid Reimbursement Per Diem Rates

PRUITTHEALTH - FLEMING ISLAND
2040 TOWN CENTER BLVD
FLEMING ISLAND, FL 32003

Provider Number: 1 038712-00
 Date: 10/14/2021
 Fiscal Year End: 6/30/2020
 Audit Status: Unaudited

Provider Type:

		<u>Current</u> <u>Rate</u>	<u>New</u> <u>Rate</u>	<u>Effective</u> <u>Date</u>
Nursing Home	Single Level	<u>\$244.15</u>	<u>\$248.98</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
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Changes:	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>
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Home Office: No Home Office



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GOLDEN GLADES NURSING AND REHABILITATION
 CENTER
 220 SIERRA DRIVE
 MIAMI, FL 33179

Provider Number: 1 046531-00
 Date: 10/14/2021
 Fiscal Year End: 11/12/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$260.04</u>	<u>\$252.95</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
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 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Ventura Services
2901 Stirling Rd #200
Hollywood, FL 3312



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Medicaid Reimbursement Per Diem Rates

SOUTH DADE NURSING AND REHABILITATION CENTER
17475 S DIXIE HWY
MIAMI, FL 33157

Provider Number: 1 046541-00
 Date: 10/14/2021
 Fiscal Year End: 12/10/2020
 Audit Status: Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>\$260.54</u>	<u>\$235.48</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
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NORTH DADE NURSING AND REHABILITATION CENTER
1255 NE 135TH STREET
NORTH MIAMI, FL 33161

Provider Number: 1 047077-00
 Date: 10/14/2021
 Fiscal Year End: 1/7/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$239.67</u>	<u>\$233.52</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
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