



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>	Provider Number	Type of Action	Number of Rate Change Notices
1.	Kendall Lakes Health and	1 021302-00	Rate Semester	1
	Rehabilitation Center		Change	
2.	Pruitthealth – Fleming Island	1 038712-00	Rate Semester	1
			Change	
3.	Golden Glades Nursing and	1 046531-00	Rate Semester	1
	Rehabilitation Center		Change	
4.	South Dade Nursing and Rehabilitation	1 046541-00	Rate Semester	1
	Center		Change	
5.	North Dade Nursing and Rehabilitation	1 047077-00	Rate Semester	1
	Center		Change	
			TOTAL:	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	



Medicaid Reimbursement Per Diem Rates

KENDALL LAKES HEALTH AND REHABILITATION CENTER 5280 SW 157 AVENUE MIAMI, FL 33185			Pro	vider Number:	1 021302-00 10/14/2021 2/17/2020	
			Da	te:		
			Fis	cal Year End:		
			Au	dit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate		
Nursing Home	Single Level		<u>\$289.81</u>	\$281.7		
Rate Type:						
•						
		Us	rognostavo			
		<u> </u>	rospective X Tot	al Prospective		
				•	Interim Component	
			100	ar i rospective with	mermi component	
			Changes:			
			V -			
			X Rat	e Semester Change		
Distribution:						
Contract Management / I	Fiscal Agent			Rebekah F	alk	
Permanent File			Medicaio	d Cost Reimbursement	Planning and Finance	
For Information	on Only			0010	600	
No Change in	Rate			Rebekal	I falk	
					,	
	Home Office:	Greystone Healthcare	Management			
4042 Park Oaks Blvd, Su			, Suite 300			

Tampa, FL 33610



PRUITTHEALTH - FLEMING ISLAND 2040 TOWN CENTER BLVD FLEMING ISLAND, FL 32003			Provid	1 038712-00		
			Date:		10/14/2021 6/30/2020	
			Fiscal	Year End:		
			Audit	Status:	Unaudited	
Provider Type:						
rrovider Type:			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		\$244.15	\$248.98	10/1/2021	
8	g					
Rate Type:						
		X	_Prospective			
				Prospective		
			1 otal P	rospective with Inte	rim Component	
			Changes:			
			Shangest .			
			X Rate Se	emester Change		
			nate se	mester change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File			Medicaid Co	st Reimbursement Plan	nning and Finance	
For Informa	tion Only			0,10		
No Change	in Rate		/ 7	Pebekah f	alk	
				,		
	TT 0.00	N. II. 6.00				
	Home Office:	No Home Office				



GOLDEN GLADES NU CENTER	RSING AND REHA	BILITATION		Provider Nu	mber:	1 046531-00		
220 SIERRA DRIVE				Date:		10/14/2021		
MIAMI, FL 33179			Fiscal Year End:		 End:	11/12/2020		
111111111111111111111111111111111111111				Audit Status		Unaudited		
Provider Type:								
			Curre		New	Effective		
			Rat		Rate	<u>Date</u>		
Nursing Home	Single Level		<u>\$260.</u>	.04	<u>\$252.95</u>	<u>10/1/2021</u>		
Rate Type:								
		X	Prospective					
		Λ	_1 Tospective X	Total Prospe	ective			
			Total Prospective with Interim Component					
			-	rotai i rospec	tive with inter	inii Component		
			Changes:					
			X	Rate Semester	r Change			
				Kate Semester	Change			
Distribution:								
Contract Management / F	Fiscal Agent			R	Lebekah Falk			
Permanent File	iscai Agent		M	ledicaid Cost Reim		ning and Finance		
For Information	on Only							
No Change in				Kelon	ekah fo	elk		
No change in	Kate			1000	7/400/6/10	00/ 0		
	Home Office:	Ventura Services						
		2901 Stirling Rd #	200					
		Hollywood, FL 33						



SOUTH DADE NURSING AND REHABILITATION CENTER			Provider Number: Date:		1 046541-00 10/14/2021		
17475 S DIXIE HWY							
MIAMI, FL 33157				Fiscal Year End	1:	12/10/2020	
				Audit Status:		Unaudited	
Duovidau Tymas							
Provider Type:			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$260.</u>		235.48	<u>10/1/2021</u>	
Rate Type:							
	!						
			Drognostavo				
		X	Prospective X	Total Prospecti	vo.		
				Total Prospective		a Component	
				_ rotal r rospective	with interm	Component	
			Changes:				
			X	_Rate Semester Cl	nange		
Distribution:							
Contract Management / Fisca	al Agent	ı		Rebe	kah Falk		
Permanent File	Č		Me	edicaid Cost Reimburg	sement Plannin	ng and Finance	
For Information O	Only			Ω_{a}	, , ,	0.0	
No Change in Rat	e			Rebek	ean fa	lk	
					,		
	Home Office:	Ventura Services					
	115me ome.	2901 Stirling Rd #2	200				
		Hollywood, FL 331					



NORTH DADE NURSING AND REHABILITATION CENTER 1255 NE 135TH STREET NORTH MIAMI, FL 33161			Provider Number: 1 047077-			1 047077-00	
			Date: Fiscal Year End:			10/14/2021	
					l:	1/7/2021	
				Audit Status:		Unaudited	
Duoridon Truso.							
Provider Type:			Curre	nt .	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$239.</u>		233.52	10/1/2021	
Rate Type:							
		$_{ m v}$ $ ho_{ m r}$	rospective				
		X Pr	X	Total Prospecti	ve		
				Total Prospective		n Component	
				1			
			Changes:	_			
			X	_Rate Semester Cl	iange		
Distribution:							
Contract Management /	/ Fiscal Agent			Rebe	kah Falk		
Permanent File	6	_	Me	edicaid Cost Reimburs	sement Plannin	g and Finance	
For Informat	tion Only			Ω_{a}	, , ,	0.4	
No Change i	n Rate			Rebek	ran fa	lk	
					,		
	Home Office:	Ventura Services					
	•	2901 Stirling Rd #200)				
		Hollywood, FL 3312					