



MEMORANDUM

Date: October 22, 2021

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

From: \mathcal{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.

	Provider Name	Provider Number	Type of Action	Number of Rate Change Notices
1.	Hamlin Place	0 259586-00	FA	2
2.	Heartland Health Care Center - Jacksonville	0 325236-00	FA	3
3.	Heartland Health Care Center of South Jacksonville	0 325287-00	FA	1
			TOTAL:	6

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	Effective Date Format	Intermediate I	Skilled AIDS	Intermediate II		MFAO	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
025958600	20140701	260.20	0.00	260.20	260.20	90487-21	NH14-102C
025958600	20150101	264.55	0.00	264.55	264.55	90487-21	NH14-102C
032523600	20150101	226.48	0.00	226.48	226.48	90487-21	NH16-089C
032523600	20150901	225.09	0.00	225.09	225.09	90487-21	NH16-089C
032523600	20160901	227.77	0.00	227.77	227.77	90487-21	NH16-089C
032528700	20160901	210.29	0.00	210.29	210.29	90487-21	NH16-077C



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Tallahassee, Florida 32308

HAMLIN PLAC	CE		Provider Number:		0 259586-00		
2180 HYPOLU	XO ROAD		Date:		3/26/202	20	
LANTANA, FL	33462		Fiscal Year End:		8/31/2013		
			Audit Status:		Field Aud	lited	
Provider Type Nursing Hon		le Level		Current <u>Rate</u> 260.54	New <u>Rate</u> 260.20	Effective <u>Date</u> 7/1/2014	
Rate	Type:						
	Interim		X Prospective				
		Total Interim	X Tot	al Prospective	;		
		Interim Component	Tot	al Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data					
Basis:			Changes:	ester Change			
	Budget			it #NH14-102	C FYE 8/31/2	2013	
	Unaudited	costs					
X	Field audit	ed costs					
	Desk audit	ed costs					
Distribution	·•						
Contract Manag		ıl Agent	M. F. C. C. A. D. C.	Zainab Day		2	
Permanent File	-	<i>C</i>	Medicaid Cost Rei	mbursement P	ianning and F	inance	
	ormation Only	<i>I</i>					
	nge in Rate						
Hor	me Office:	No Home Office					
R3HR2	Report Calo	culated: 3/26/2020 9:40:22 AM Report	Printed :3/26/2020 ID: 2	5958608312013	3090120121015	52013083202	



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HAMLIN PLAC	CE			Provider Number:		0 259586-00		
2180 HYPOLUXO ROAD LANTANA, FL 33462				Date:		3/26/2020		
				Fiscal Year End:		8/31/2013		
				Audit Status:		Field Aud	lited	
Provider Ty	pe:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Hon	ne Sing	le Level			<u>264.90</u>	<u>264.55</u>	<u>1/1/2015</u>	
Rate	Type:							
	Interim		X	Prospective				
	•	Total Interim		_	l Prospective			
		Interim Component			_	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:	tor Changa			
	Budget				_	C FYE 8/31/2	2013	
	Unaudited	costs						
X	Field audit	ed costs						
	Desk audit	ed costs						
Distribution					Zainab Day			
Contract Manag		l Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File								
For Inf	ormation Only	/						
No Cha	nge in Rate							
Hor	me Office:	No Home Office						
R3HR2	Report Cald	culated: 3/26/2020 9:40:22 AM Report	t Printed	:3/26/2020 ID: 259	958608312013	8090120121015	52013083202	



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HEARTLAND HEALTH CARE CENTER-JACKSONVILLE		Provider Nur	nber:		0 325236-00		
8495 NORMANDY BLVD		Date:			9/29/202	21	
JACKSONVILLE, FL 3222	21	Fiscal Year I	End:		6/30/20	14	
		Audit Status:			Field Aud	ited	
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Sing	gle Level			227.34	<u>226.48</u>	1/1/2015	
Rate Type:							
Interim		X Prospective	;				
	Total Interim	X	_ Total	Prospective			
	Interim Component		Total	Prospective	with Interim	Component	
	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Changes:	Semeste	er Change			
Budget				_	C FYE 06/30/	2014	
Unaudited	d costs						
X Field aud	ited costs						
Desk aud	ited costs						
Distribution:			F	Rebekah Fa	lk		
Contract Management / Fisc	cal Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File			Ret	ekah P	Talk		
For Information On	ly						
No Change in Rate							
Home Office:	HCR ManorCare Services, LLC 333 North Summit Street Toledo, OH 43604						
O4RN2 Report Ca	alculated: 9/29/2021 1:51:07 PM Repor	t Printed :9/29/2021	ID: 325	23606302014	070120131002	22014152614	



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HEARTLAND HEALTH CARE CENTER-JACKSONVILLE		Provider Number:		0 325236-00		
8495 NORMANDY BLVI	Date:		9/29/202	21		
JACKSONVILLE, FL 32	221	Fiscal Year End:		6/30/20	14	
		Audit Status:		Field Aud	ited	
Provider Type:						
			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home Si	ngle Level		<u>225.95</u>	<u>225.09</u>	<u>9/1/2015</u>	
Rate Type:						
Interim		X Prospective				
	Total Interim	X Tota	al Prospective			
	Interim Component	Tota	al Prospective	with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:				
		Rate Semes	ster Change			
Budget		X Field Audi	t #NH16-089	C FYE 06/30	/2014	
Unaudi	ted costs					
X Field au	idited costs					
Desk au	adited costs					
Distribution:			Rebekah Fa	lk		
Contract Management / Fi	iscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File		Rebekah Falk				
For Information C	Only	, 44	, 3,000	000,0		
No Change in Rate	e					
Home Office:	HCR ManorCare Services, LLC					
	333 North Summit Street					
	Toledo, OH 43604					
O4RN2 Report 0	Calculated: 9/29/2021 1:51:07 PM Report	Printed: 9/29/2021 ID: 32	2523606302014	070120131002	22014152614	



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HEARTLAND HEALTH CARE CENTER-JACKSONVILLE		Provider Number:		0 325236-00		
8495 NORMANDY BLVI	Date:		9/29/202	21		
JACKSONVILLE, FL 322	221	Fiscal Year End:		6/30/20	14	
		Audit Status:		Field Aud	lited	
Provider Type:						
			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home Sin	ngle Level		<u>228.64</u>	<u>227.77</u>	<u>9/1/2016</u>	
Rate Type:						
Interim	_	X Prospective				
	Total Interim	X Tota	al Prospective			
	Interim Component	Tota	al Prospective	with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:				
			ster Change			
Budget		X Field Audi	it #NH16-089	C FYE 06/30	/2014	
Unaudit	ted costs					
X Field au	idited costs					
Desk au	adited costs					
Distribution:			Rebekah Fa	lk		
Contract Management / Fi	scal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File		Rebekah Falk				
For Information C	Only	/02	v gaar 1	age		
No Change in Rate	2					
Home Office:	HCR ManorCare Services, LLC					
	333 North Summit Street					
	Toledo, OH 43604					
O4RN2 Report O	Calculated: 9/29/2021 1:51:07 PM Report	Printed: 9/29/2021 ID: 32	2523606302014	1070120131002	22014152614	



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HEARTLAND HEALTH CA	ARE CENTER OF SOUTH JACKSONVILLE	Provider Number:	0 325287-00			
3648 UNIVERSITY BLVD S	Date:		10/20/20	20		
JACKSONVILLE, FL 32216	Fiscal Year End:		5/31/20	15		
		Audit Status:		Field Aud	lited	
Provider Type:						
			Current	New	Effective	
			<u>Rate</u>	<u>Rate</u>	<u>Date</u>	
Nursing Home Sing	ele Level		<u>210.76</u>	<u>210.29</u>	<u>9/1/2016</u>	
D / D						
Rate Type:						
Interim	X	Prospective				
	Total Interim		ıl Prospective	:		
	Interim Component		-	with Interim	Component	
-	Settlement based on cost		1		1	
-	Prior Provider Prospective data					
	<u> </u>					
Basis:	Ch	anges:				
		Rate Semes	ter Change			
Budget		X Field Audit	t #NH16-077	C FYE 5/31/2	2015	
Unaudited	costs					
X Field audit	ted costs					
Desk audit	ted costs					
Distribution:			Rebekah Fa	lk		
Contract Management / Fisca	al Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File		Rebekah Falk				
For Information Onl	y	100	Depend	1 acre	•	
No Change in Rate						
Home Office:	HCR ManorCare Services, LLC					
	333 North Summit Street					
	Toledo, OH 43604					
ISISE Report Cal	culated: 10/20/2020 11:39:30 AM Report Prints	iD: 22	528705212014	506012014002	22015165254	