



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

MEMORANDUM

Date: December 3, 2021
To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking
RF **From:** 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.	Lake Gibson Village Health and Rehabilitation Center	1 098821-00	New Facility	3
2.	Lakeside Neurologic	1 104832-00	New Facility	2
3.	Gardens at Terracina Health and Rehabilitation	1 108442-00	New Facility	3
4.	The Luxe at Jupiter Rehabilitation Center	1 117617-00	New Facility	2
			<u>TOTAL:</u>	10

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
109882100	20210317	270.18	0.00	270.18	270.18	90620-21	
109882100	20210701	270.17	0.00	270.17	270.17	90620-21	
109882100	20211001	269.05	0.00	269.05	269.05	90620-21	
110483200	20210701	240.42	0.00	240.42	240.42	90620-21	
110483200	20211001	238.57	0.00	238.57	238.57	90620-21	
110844200	20210624	232.38	0.00	232.38	232.38	90620-21	
110844200	20210701	232.56	0.00	232.56	232.56	90620-21	
110844200	20211001	231.16	0.00	231.16	231.16	90620-21	
111761700	20210909	294.32	0.00	294.32	294.32	90620-21	
111761700	20211001	288.15	0.00	288.15	288.15	90620-21	



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

LAKE GIBSON VILLAGE HEALTH AND REHABILITATION CENTER
855 CARPENTERS WAY
LAKELAND, FL 33809

Provider Number: 1 098821-00
Date: 9/02/2021
Fiscal Year End: 3/17/2022
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
000.00 **270.18** **3/17/2021**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> New Facility effective 3/17/2021	

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office:

Ablehearts SE Administrative Services LLC
4042 Park Oaks Blvd., Suite 300
Tampa, FL 33610

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk



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Medicaid Reimbursement Per Diem Rates

LAKE GIBSON VILLAGE HEALTH AND REHABILITATION CENTER
855 CARPENTERS WAY
LAKELAND, FL 33809

Provider Number: 1 098821-00
Date: 9/02/2021
Fiscal Year End: 3/17/2022
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **270.18** New Rate: **270.17** Effective Date: **7/01/2021**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> New Facility effective 3/17/2021	

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LAKE GIBSON VILLAGE HEALTH AND REHABILITATION CENTER
855 CARPENTERS WAY
LAKELAND, FL 33809

Provider Number: 1 098821-00
Date: 9/02/2021
Fiscal Year End: 3/17/2022
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **270.17** New Rate: **269.05** Effective Date: **10/1/2021**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> New Facility effective 3/17/2021	

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LAKESIDE NEUROLOGIC
1962 VANDOLAH RD
WAUCHULA, FL 33873

Provider Number: 1 104832-00
Date: 12/2/2021
Fiscal Year End: 6/30/2021
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
0.00 **240.42** **7/01/2021**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> New Facility effective 7/1/2021	

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Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

LAKESIDE NEUROLOGIC
1962 VANDOLAH RD
WAUCHULA, FL 33873

Provider Number: 1 104832-00
Date: 12/2/2021
Fiscal Year End: 6/30/2021
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **0.00** New Rate: **238.57** Effective Date: **10/01/2021**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> New Facility effective 7/1/2021	

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Medicaid Reimbursement Per Diem Rates

GARDENS AT TERRACINA HEALTH AND REHABILITATION
6869 DAVIS BLVD
NAPLES, FL 34104

Provider Number: 1 108442-00
Date: 10/08/2021
Fiscal Year End: 06/24/2022
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
0.00 **232.38** **6/24/2021**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> New Facility effective 06/24/2021	

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No Change in Rate

Home Office:

The Goodman Group
1107 Hazeltine Blvd Ste 200
Chaska, MN 55318

Rebekah Falk

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Medicaid Reimbursement Per Diem Rates

GARDENS AT TERRACINA HEALTH AND REHABILITATION	Provider Number:	1 108442-00
6869 DAVIS BLVD	Date:	10/08/2021
NAPLES, FL 34104	Fiscal Year End:	06/24/2022
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>0.00</u>	<u>232.56</u>	<u>7/1/2021</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> New Facility effective 06/24/2021	

Distribution:

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Home Office:

The Goodman Group 1107 Hazeltine Blvd Ste 200 Chaska, MN 55318
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GARDENS AT TERRACINA HEALTH AND REHABILITATION	Provider Number:	1 108442-00
6869 DAVIS BLVD	Date:	10/08/2021
NAPLES, FL 34104	Fiscal Year End:	06/24/2022
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>0.00</u>	<u>231.16</u>	<u>10/1/2021</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> New Facility effective 06/24/2021	

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Home Office:

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THE LUXE AT JUPITER REHABILITATION CENTER
674 PIONEER ROAD
JUPITER, FL 33458

Provider Number: 1 117617-00
Date: 11/04/2021
Fiscal Year End: 4/30/2022
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
0.00 **294.32** **9/9/2021**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> New Facility effective 09/09/2021	

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Home Office:

Citadel Consulting Group, LLC
1000 Gates Ave 5th Fl
Brooklyn, NY 11221

Rebekah Falk

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE LUXE AT JUPITER REHABILITATION CENTER
674 PIONEER ROAD
JUPITER, FL 33458

Provider Number: 1 117617-00
Date: 11/04/2021
Fiscal Year End: 4/30/2022
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
0.00 **288.15** **10/1/2021**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> New Facility effective 09/09/2021	

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Home Office:

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1000 Gates Ave 5th Fl
Brooklyn, NY 11221

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