



MEMORANDUM

Date: December 3, 2021

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

 \mathcal{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.

	Provider Name	Provider Number	Type of Action	Number of Rate Change
				<u>Notices</u>
1.	Lake Gibson Village Health and	1 098821-00	New Facility	3
	Rehabilitation Center			
2.	Lakeside Neurologic	1 104832-00	New Facility	2
3.	Gardens at Terracina Health and	1 108442-00	New Facility	3
	Rehabilitation			
4.	The Luxe at Jupiter Rehabilitation	1 117617-00	New Facility	2
	Center			
			TOTAL:	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	



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Tallahassee, Florida 32308

LAKE GIBSON VILLAGE HEALTH AND REHABILITATION CENTER	Provider Number: 1 098821-00			
855 CARPENTERS WAY	Date:		9/02/202	21
LAKELAND, FL 33809	Fiscal Year End:		3/17/202	22
	Audit Status:		Unaudi	ted
Provider Type:	Current New Rate Rate 000.00 270.18			Effective Date
Nursing Home Single Level		<u>000.00</u>	2/0.18	3/17/2021
Rate Type:				
X Interim	Prospective	1D .:		
X Total Interim		al Prospective		C
Interim Component Settlement based on cost	1ota	al Prospective	with Interim	Component
Prior Provider Prospective data				
Basis:	hanges:			
	Rate Semes	ster Change		
X Budget		ty effective 3	/17/2021	
Unaudited costs		•		
Field audited costs				
Desk audited costs				
<u>Distribution:</u>		Rebekah Fa	lk	
Contract Management / Fiscal Agent	Medicaid Cost Rein	nbursement P	lanning and I	Finance
Permanent File	Ra	bekah P	Falle.	
For Information Only	,52	c gour,		
No Change in Rate				
Home Office: Ablehearts SE Administrative Services	LLC			
4042 Park Oaks Blvd., Suite 300				
Tampa, FL 33610				
	nted:11/17/2021 ID:			



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Tallahassee, Florida 32308

LAKE GIBSO	AKE GIBSON VILLAGE HEALTH AND REHABILITATION CENTER		Provider Number: 1 098821-00			
855 CARPEN	NTERS WAY		Date:		9/02/202	21
LAKELAND), FL 33809		Fiscal Year End:		3/17/202	22
			Audit Status:		Unaudi	ted
Provider T	Гуре:			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	Iome Sing	le Level		<u>270.18</u>	<u>270.17</u>	7/01/2021
Ra	te Type:					
X	Interim		Prospective			
	X	Total Interim		al Prospective		
		Interim Component		-	with Interim	Component
		Settlement based on cost				
		Prior Provider Prospective data				
Basis:		Cł	nanges:	G!		
X	Budget		Rate Semes New Facili	ter Change ty effective 3	/17/2021	
	Unaudited	costs	A New Pacifi	ty checuve 3	/1//2021	
	Field audit					
	Desk audit					
<u>Distributi</u>	on:			Rebekah Fa	lk	
Contract Ma	nagement / Fisca	l Agent —	Medicaid Cost Reimbursement Planning and Finance			
Permanent F	file			bekah P	=	
For 1	Information Only	7	100	vereur 1	we	
No C	Change in Rate					
H	Home Office:	Ablehearts SE Administrative Services	LLC			
		4042 Park Oaks Blvd., Suite 300				
		Tampa, FL 33610				
XXX807	Report Cald	culated: 11/17/2021 11:00 AM Report Print	ed:11/17/2021 ID:			



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Tallahassee, Florida 32308

LAKE GIBSO	AKE GIBSON VILLAGE HEALTH AND REHABILITATION CENTER		Provider Number: 1 098821-00				
855 CARPEN	55 CARPENTERS WAY				9/02/2021		
LAKELAND	, FL 33809		Fiscal Year End:		3/17/202	22	
			Audit Status:		Unaudi	ted	
Provider T	Гуре:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	ome Sing	le Level		270.17	269.05	10/1/2021	
3	0						
Г							
Ra	te Type:						
X	Interim		Prospective				
	X	Total Interim		l Prospective)		
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:		Ch	anges:				
			Rate Semes	•			
X	Budget		X New Facili	ty effective 3	3/17/2021		
	Unaudited						
	Field audite						
	Desk audite	ed costs					
<u>Distributi</u>				Rebekah Fa	ılk		
	nagement / Fisca 	ll Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent F			Re	bekah i	Falk		
	Information Only	/					
No C	Change in Rate						
I	Home Office:	Ablehearts SE Administrative Services I	LLC				
		4042 Park Oaks Blvd., Suite 300					
		Tampa, FL 33610					
XXX807	Report Calc	culated: 11/17/2021 11:00 AM Report Print	ed:11/17/2021 ID:				



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Tallahassee, Florida 32308

LAKESIDE NEUROLOGIC Provider Number: 1 104832-0		-00					
1962 VANDOL	LAH RD		Date:		12/2/2021		
WAUCHULA,	FL 33873		Fiscal Year End:		6/30/202	<u>!</u> 1	
			Audit Status:		Unaudit	ed	
Provider Ty Nursing Hor				Current Rate 0.00	New <u>Rate</u> 240.42	Effective	
Rate	Type:						
X	Interim		Prospective				
	X	Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
	-	Settlement based on cost					
		Prior Provider Prospective data					
Basis: X Budget Unaudited costs Field audited costs		sts	Changes: Rate Semes X New Facili	ter Change ty effective 7	/1/2021		
	Desk audited	costs					
Distribution				Rebekah Fa	lk		
Contract Mana	gement / Fiscal A	Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File	2		Re	bekah P	-alk		
For Inf	formation Only		,		-•		
No Cha	ange in Rate						
Hor	me Office:	No Home Office					
XXX808	Report Calcula	ated: 12/2/2021 1:26 PM Report F	Printed: 12/2/2021 ID:				



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Tallahassee, Florida 32308

LAKESIDE NEUROLOGIC			Provider Number: 1 104832-00				
1962 VANDOI	LAH RD		Date:		12/2/2021		
WAUCHULA,	, FL 33873		Fiscal Year End:		6/30/202	21	
			Audit Status:		Unaudit	ted	
Provider Ty Nursing Ho		Level		Current Rate 0.00	New <u>Rate</u> 238.57	Effective <u>Date</u> 10/01/202	
Rate	e Type:						
X	Interim		Prospective				
X Total Interim		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ter Change			
X	Budget		X New Facili	ty effective 7	/1/2021		
	Unaudited co						
	Field audited						
	Desk audited	costs					
Distribution	<u>n:</u>			Rebekah Fa	lk		
Contract Mana	agement / Fiscal A	Agent	Medicaid Cost Rein	bursement P	lanning and F	inance	
Permanent File	e			bekah P			
For In	formation Only		700	o gour 1	ago		
No Cha	ange in Rate						
Но	ome Office:	No Home Office					
XXX808	Report Calcul	ated: 12/2/2021 1:26 PM Report P	rinted:12/2/2021 ID:				



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GARDENS AT TERRACINA HEALTH AND REHABILITATION		Provider Number: 1 108442-00				
6869 DAVIS	5869 DAVIS BLVD				10/08/20)21
NAPLES, FL	34104		Fiscal Year End:		06/24/20	22
			Audit Status:		Unaudit	ed
Provider T	'ype:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing He	ome Sing	le Level		0.00	232.38	6/24/2021
	_					
Rat	te Type:					
X	Interim		Prospective			
	X	Total Interim	Tota	l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
		Prior Provider Prospective data				
Basis:			Changes: Rate Semes	_		
X	Budget		X New Facili	ty effective 0	6/24/2021	
	Unaudited					
	Field audite Desk audite					
	Desk audio	ed Costs				
Distribution	on:		R	ebekah Falk		
Contract Mar	nagement / Fisca	d Agent —	Medicaid Cost Reimbursement Planning and Finance			
Permanent Fi	ile			kah Fa	=	
For I	nformation Only	7	1000	ikan 1 a	KK.	
No C	hange in Rate					
H	Iome Office:	The Goodman Group 1107 Hazeltine Blvd Ste 200 Chaska, MN 55318				
XXX716	Report Calc	culated: 10/08/2021 2:37 PM Report Pri	nted:10/08/2021 ID:			



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GARDENS A	GARDENS AT TERRACINA HEALTH AND REHABILITATION		Provider Number: 1 108442-00				
6869 DAVIS	BLVD		Date:	Date: 10/08/2021			
NAPLES, FL	34104		Fiscal Year End:	d: 06/24/2022			
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current Rate 0.00	New <u>Rate</u> 232.56	Effective <u>Date</u> 7/1/2021	
Rat	te Type:						
	- J P						
X	Interim		Prospective				
	X	Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	ter Change			
X	Budget		X New Facili	ty effective 0	6/24/2021		
	Unaudited of						
	Field audite						
	Desk audite	ed costs					
Distribution	on:		R	ebekah Falk	<u> </u>		
Contract Mar	nagement / Fiscal	l Agent	Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent File			Rebekah Falk				
For I	nformation Only		, 550	40040 / a			
No Cl	hange in Rate						
Н	Iome Office:	The Goodman Group 1107 Hazeltine Blvd Ste 200 Chaska, MN 55318					
XXX716	Report Cala	ulated: 10/08/2021 2:37 PM Report Po	inted :10/08/2021 ID:				



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Tallahassee, Florida 32308

GARDENS AT TERRACINA HEALTH AND REHABILITATION		Provider Number: 1 108442-00				
6869 DAVIS	6869 DAVIS BLVD				10/08/20)21
NAPLES, FL	34104		Fiscal Year End:		06/24/20)22
			Audit Status:		Unaudi	ted
Provider T	ype:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	ome Sing	le Level		0.00	231.16	10/1/2021
Ü	J					
Rat	te Type:					
X	Interim		Prospective			
	X	Total Interim		l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
		Prior Provider Prospective data				
Basis:			Changes: Rate Semes	ter Change		
X	Budget		X New Facili	ty effective 0	6/24/2021	
	Unaudited					
	Field audit					
	Desk audit	ed costs				
Distribution	on:		_			
	nagement / Fisca	ıl Agent —	Rebekah Falk Medicaid Cost Reimbursement Planning and Finance			
Permanent Fi	_	-			_	mance
For I	nformation Only	/	Reb	kah Fa	rlk	
No C	hange in Rate					
Н	Iome Office:	The Goodman Group 1107 Hazeltine Blvd Ste 200 Chaska, MN 55318				
XXX716	Report Cald	culated: 10/08/2021 2:37 PM Report Pri	nted:10/08/2021 ID:			



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THE LUXE	AT JUPITER R	EHABILITATION CENTER	Provider Number: 1 117617-00				
674 PIONEER ROAD JUPITER, FL 33458		Date:		11/04/20)21		
JUPITER, FL	33458		Fiscal Year End:		4/30/20	22	
			Audit Status:		Unaudit	ed	
Provider T	ype:						
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	ome Sinc	gle Level		0.00	294.32	9/9/2021	
runging in		Sie Devel		0.00	25 1.02	2/2/2021	
Rat	te Type:						
X	Interim		Prospective				
	X	Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Changes:				
Dasis.			Rate Semes	tor Changa			
X	Budget			ty effective 0	9/09/2021		
	Unaudited	l costs	74 1000 1000	.,	<i>3.03.</i> 2021		
	Field audi						
	Desk audi	ted costs					
<u>Distributio</u>		-1 A	R	ebekah Falk	(
Permanent F	nagement / Fisc	ai Agent	Medicaid Cost Reim		•	Finance	
	nformation Onl	V	Rebi	rkah Fa	lk		
	hange in Rate	y					
H	Iome Office:	Citadel Consulting Group, LLC 1000 Gates Ave 5th Fl Brooklyn, NY 11221					
XXX811	Report Cal	lculated: 11/04/2021 12:30 PM Report	Printed:11/04/2021 ID:				



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Tallahassee, Florida 32308

THE LUXE AT JUPITE	ER REHABILITATION CENTER	Provider Number: 1 117617-00					
674 PIONEER ROAD		Date:		11/04/20)21		
JUPITER, FL 33458		Fiscal Year End:		4/30/202	22		
		Audit Status:		Unaudit	ed		
Provider Type:							
• •			Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home S	Single Level		0.00	288.15	10/1/2021		
- (<u> </u>				
Data Tymas							
Rate Type:							
X Interim		Prospective					
X	Total Interim	Tota	l Prospective				
	Interim Component	Tota	l Prospective	with Interim	Component		
	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Changes:					
Dasis.		Rate Semes	tor Chango				
X Budge	et -		ty effective 0	9/09/2021			
	lited costs	A TOW I down	ij elleelive o	<i>510512021</i>			
	audited costs						
	audited costs						
Distribution:		R	Rebekah Falk	[
Contract Management /	Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File		Rebo	Robekah Falk				
For Information	•		,				
No Change in Ra	ate						
Home Office	Citadel Consulting Group, LLC 1000 Gates Ave 5th Fl Brooklyn, NY 11221						
XXX810 Repor	•	port Printed :11/04/2021 ID:					