



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

## MEMORANDUM

**Date:** April 8, 2020  
**To:** Johnnie Mae Peters, SMA Supervisor, Finance and Banking  
**From:** Zainab Day, Regulatory Analyst Supervisor  
**Subject:** Retroactive Nursing Facility Per Diem Rates

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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.	Oakbridge Healthcare Center	0 043841-00	FA & RFA	4
2.	Golden Glades Nursing and Rehabilitation Center	1 046531-00	New Facility	1
3.	South Dade Nursing and Rehabilitation Center	1 046541-00	New Facility	1
4.	North Dade Nursing and Rehabilitation Center	1 047077-00	New Facility	1
			<b><u>TOTAL:</u></b>	7

If you have any questions regarding the above contact Zainab Day 412-4798.  
ZD/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
004384100	20130701	208.22	0.00	208.22	208.22	87616-20	NH13-193C
004384100	20140101	211.12	0.00	211.12	211.12	87616-20	NH13-193C
004384100	20140701	222.29	0.00	222.29	222.29	87616-20	NH13-193C
004384100	20160901	202.25	0.00	202.25	202.25	87616-20	NH16-095C
104653100	20191113	252.24	0.00	252.24	252.24	87625-20	
104654100	20191211	252.01	0.00	252.01	252.01	87625-20	
104707700	20200108	234.22	0.00	234.22	234.22	87625-20	



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

OAKBRIDGE HEALTHCARE CENTER  
3110 OAKBRIDGE BLVD E  
LAKELAND, FL 33803-5987

Provider Number: 0 043841-00  
Date: 3/31/2020  
Fiscal Year End: 7/31/2012  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**208.40**    **208.22**    **7/1/2013**

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

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-193C FYE 7/31/2012	

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\_\_\_\_\_ No Change in Rate

**Zainab Day**

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Home Office:

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800 Concourse Parkway South  
Maitland, FL 32751



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**Medicaid Reimbursement Per Diem Rates**

OAKBRIDGE HEALTHCARE CENTER  
3110 OAKBRIDGE BLVD E  
LAKELAND, FL 33803-5987

Provider Number: 0 043841-00  
Date: 3/31/2020  
Fiscal Year End: 7/31/2012  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**211.30**    **211.12**    **1/1/2014**

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

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-193C FYE 7/31/2012	

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OAKBRIDGE HEALTHCARE CENTER  
3110 OAKBRIDGE BLVD E  
LAKELAND, FL 33803-5987

Provider Number: 0 043841-00  
Date: 3/31/2020  
Fiscal Year End: 7/31/2012  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**222.47**    **222.29**    **7/1/2014**

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

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-193C FYE 7/31/2012	

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**Medicaid Reimbursement Per Diem Rates**

OAKBRIDGE HEALTHCARE CENTER  
 3110 OAKBRIDGE BLVD E  
 LAKELAND, FL 33803-5987

Provider Number: 0 043841-00  
 Date: 3/31/2020  
 Fiscal Year End: 12/31/2014  
 Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>202.55</u></b>	<b><u>202.25</u></b>	<b><u>9/1/2016</u></b>

<b>Rate Type:</b>	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" 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	

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

<b>Changes:</b>	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Field Audit #NH16-095C FYE 12/31/2014 with effects of FA & RFA #NH13-193C FYE 7/31/2012

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**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 1 046531-00  
Date: 4/7/2020  
Fiscal Year End: N/A  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**215.59**      **252.24**      **11/1/2019**

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 11/1/2019	

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Home Office:

Ventura Services LLC  
2901 Stirling Road #200  
Hollywood, FL 33021



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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: 4/7/2020  
Fiscal Year End: N/A  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>208.72</u></b>	<b><u>252.01</u></b>	<b><u>12/1/2019</u></b>

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> New facility effective 12/1/2019	

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**Medicaid Reimbursement Per Diem Rates**

NORTH DADE NURSING AND REHABILITATION CENTER  
1255 NE 135TH STREET  
NORTH MIAMI, FL 33161

Provider Number: 1 047077-00  
Date: 4/7/2020  
Fiscal Year End: N/A  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>231.96</u></b>	<b><u>234.22</u></b>	<b><u>1/1/2020</u></b>

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> New facility effective 1/1/2020	

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