




RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

### MEMORANDUM

**Date:** September 27, 2018  
**To:** Johnnie Mae Peters, Acting SMA Supervisor, Finance and Banking  
**From:**  Zainab Day, 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.	Olive Branch Health and Rehab Center	0 249986-00	New Facility	1
			<b>TOTAL:</b>	1

If you have any questions regarding the above contact Zainab Day 412-4798.

ZD/rf



		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
024998600	20181001	261.78	0.00	261.78	261.78	84308-18	



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**

OLIVE BRANCH HEALTH AND REHAB CENTER  
8325 UNIVERSITY PARKWAY  
PENSACOLA, FL 32514

Provider Number: 0 249986-00  
Date: 9/26/2018  
Fiscal Year End: 9/30/2018  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current      New      Effective  
Rate      Rate      Date  
**258.19      261.78      10/1/2018**

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

New facility effective 12/28/2017

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office