




RICK SCOTT  
GOVERNOR  
  
JUSTIN M. SENIOR  
INTERIM SECRETARY

### MEMORANDUM

**Date:** October 28, 2016  
**To:** Gay Munyon, Bureau Chief, Medicaid Fiscal Agent Operations  
**From:**  Lisa Smith, 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. | Heritage Park                             | 0 005850-00            | IRR                   | 2                                    |
| 2. | Heritage Healthcare Center at Tallahassee | 0 043833-00            | Ratings Days          | 1                                    |
| 3. | Palm Garden of Winter Haven               | 0 098593-00            | Ratings Days          | 1                                    |
| 4. | Jacaranda Manor                           | 0 281743-00            | Ratings Days          | 1                                    |
|    |   |                        | <b>Total:</b>         | 5                                    |

If you have any questions regarding the above contact Lisa Smith 412-4114.

LS/kc



|                 |                                | 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) | MCM number | Audit Number |
| 000585000       | 20160701                       | 238.16               | 0.00               | 238.16                | 238.16        | 80067-16   |              |
| 000585000       | 20160901                       | 238.20               | 0.00               | 238.20                | 238.20        | 80067-16   |              |
| 004383300       | 20150901                       | 193.64               | 0.00               | 193.64                | 193.64        | 80067-16   |              |
| 009859300       | 20150901                       | 232.08               | 0.00               | 232.08                | 232.08        | 80067-16   |              |
| 028174300       | 20150101                       | 180.17               | 0.00               | 180.17                | 180.17        | 80067-16   |              |



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**

|                          |                  |             |
|--------------------------|------------------|-------------|
| HERITAGE PARK            | Provider Number: | 0 005850-00 |
| 37135 COLEMAN AVE        | Date:            | 9/20/2016   |
| DADE CITY, FL 33525-4526 | Fiscal Year End: | 6/30/2014   |
|                          | Audit Status:    | Unaudited   |

**Provider Type:**

|                     |                     |                     |                 |                       |
|---------------------|---------------------|---------------------|-----------------|-----------------------|
|                     |                     | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
| <b>Nursing Home</b> | <b>Single Level</b> | <b>232.15</b>       | <b>238.16</b>   | <b>7/1/2016</b>       |

**Rate Type:**

|                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Interim      | <input checked="" type="checkbox"/> Prospective                              |
| _____ Total Interim                   | _____ Total Prospective  |
| _____ Interim Component               | <input checked="" type="checkbox"/> Total Prospective with Interim Component |
| _____ Settlement based on cost        |  |
| _____ Prior Provider Prospective data |  |

**Basis:**


|   |
|---|
| <input type="checkbox"/> Budget                     |
| <input checked="" 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"/> IRR Granted Effective 7/1/2016 |

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
 For Information Only  
 No Change in Rate

 **Lisa Smith**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Gulf Coast Healthcare, LLC  
 40 South Palafox Place  
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 Pensacola, FL 32502



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**Medicaid Reimbursement Per Diem Rates**

|                                 |                  |                    |
|---------------------------------|------------------|--------------------|
| <u>HERITAGE PARK</u>            | Provider Number: | <u>0 005850-00</u> |
| <u>37135 COLEMAN AVE</u>        | Date:            | <u>9/20/2016</u>   |
| <u>DADE CITY, FL 33525-4526</u> | Fiscal Year End: | <u>6/30/2014</u>   |
|                                 | Audit Status:    | <u>Unaudited</u>   |

**Provider Type:**

|                     |                     | <u>Current<br/>Rate</u> | <u>New<br/>Rate</u>  | <u>Effective<br/>Date</u> |
|---------------------|---------------------|-------------------------|----------------------|---------------------------|
| <b>Nursing Home</b> | <b>Single Level</b> | <b><u>232.26</u></b>    | <b><u>238.20</u></b> | <b><u>9/1/2016</u></b>    |

**Rate Type:**

|   |   |
|---|---|
| <u>          </u> Interim                         | <u>  X  </u> Prospective                              |
| <u>          </u> Total Interim                   | <u>          </u> Total Prospective                   |
| <u>          </u> Interim Component               | <u>  X  </u> Total Prospective with Interim Component |
| <u>          </u> Settlement based on cost        |   |
| <u>          </u> Prior Provider Prospective data |   |

**Basis:**

|                                       |
|---------------------------------------|
| <u>          </u> Budget              |
| <u>  X  </u> Unaudited costs          |
| <u>          </u> Field audited costs |
| <u>          </u> Desk audited costs  |


**Changes:**

|   |
|---|
| <u>          </u> Rate Semester Change      |
| <u>  X  </u> IRR Granted Effective 7/1/2016 |

**Distribution:**

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 Permanent File  
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       No Change in Rate

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 Lisa Smith  
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**Medicaid Reimbursement Per Diem Rates**

HERITAGE HEALTHCARE CENTER AT TALLAHASSEE  
3101 GINGER DR  
TALLAHASSEE, FL 32308-4437

Provider Number: 0 043833-00  
Date: 3/23/2016  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

| Current Rate  | New Rate      | Effective Date  |
|---------------|---------------|-----------------|
| <b>193.83</b> | <b>193.64</b> | <b>9/1/2015</b> |

**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

Retro for 9/2015 rate semester to add Ratings Days

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

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800 Concourse Parkway South  
Suite 200  
Maitland, FL 32751



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

PALM GARDEN OF WINTER HAVEN  
1120 CYPRESS GARDENS BLVD  
WINTER HAVEN, FL 33884

Provider Number: 0 098593-00  
Date: 3/24/2016  
Fiscal Year End: 8/31/2014  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

| <u>Current Rate</u>  | <u>New Rate</u>      | <u>Effective Date</u>  |
|----------------------|----------------------|------------------------|
| <b><u>232.37</u></b> | <b><u>232.08</u></b> | <b><u>9/1/2015</u></b> |

**Rate Type:**

|                                     |   |  |                                     |
|-------------------------------------|---|--|-------------------------------------|
| <u>          </u> Interim           | <u>          </u> Total Interim                   | <u>  X  </u> Prospective                                   | <u>          </u> Total Prospective |
| <u>          </u> Interim Component | <u>          </u> Settlement based on cost        | <u>          </u> Total Prospective with Interim Component |                                     |
| <u>          </u> X                 | <u>          </u> Prior Provider Prospective data |  |                                     |

**Basis:**

           Budget

  X   Unaudited costs

           Field audited costs

           Desk audited costs

**Changes:**

           Rate Semester Change

  X   Ratings Day Retro for the 09/2015 Rate Semester


**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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           No Change in Rate

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2033 Main Street  
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Sarasota, FL 34237



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**Medicaid Reimbursement Per Diem Rates**

JACARANDA MANOR

4250 66TH ST N

SAINT PETERSBURG, FL 33709

Provider Number:

0 281743-00

Date:

3/25/2016

Fiscal Year End:

12/31/2013

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home    Single Level**

| <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|-----------------|-----------------------|
| <b>179.48</b>       | <b>180.17</b>   | <b>1/1/2015</b>       |

**Rate Type:**

           Interim

           Total Interim

           Interim Component

           Settlement based on cost

           Prior Provider Prospective data

  X   Prospective

           Total Prospective

           Total Prospective with Interim Component

**Basis:**

           Budget

  X   Unaudited costs

           Field audited costs

           Desk audited costs

**Changes:**

           Rate Semester Change

  X   Ratings Days Retro for the 1/2015 Rate Semester

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

           For Information Only

           No Change in Rate

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Chattanooga, TN 37421

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