



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

## MEMORANDUM

**Date:** June 7, 2022

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

**From:** *JRP* Yndia Rutland, Medicaid Cost Reimbursement Plan Administrator

**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.	Crestwood Nursing Center	0 312274-00	Field Audit	2
2.	Westminster Saint Augustine	1 008120-00	New Facility	9
3.	Orchid Cove Rockledge	1 065142-00	CHOW	6
4.	Orchid Cove at Naples	1 065143-00	CHOW	6
5.	Orchid Cove at Sarasota	1 065146-00	CHOW	6
6.	Orchid Cove at Daytona	1 065707-00	CHOW	6
7.	Jacaranda Manor	1 067603-00	CHOW	6
8.	Debary Health & Rehabilitation Center	1 085662-00	CHOW	4
9.	Riverchase Health and Rehabilitation Center	1 085911-00	CHOW	4
10.	Brynwood Health & Rehabilitation Center	1 085913-00	CHOW	4
11.	Balanced Healthcare	1 087765-00	CHOW	4
12.	Gulf Shores Care Center	1 088821-00	CHOW	4
13.	Palm Vista Nursing and Rehab Center	1 097928-00	CHOW	4
14.	Hawthorne Center for Rehabilitation and Healing of Ocala	1 098770-00	CHOW	4
15.	Village on the Green	1 102178-00	New Facility	4
16.	Orchid Cove at Stuart	1 108317-00	CHOW	4
17.	Orchid Cove at Labelle	1 108328-00	CHOW	4
18.	Orchid Cove at Kissimmee	1 108336-00	CHOW	4
19.	Orchid Cove at Gulfside	1 108473-00	CHOW	4



20.	Monticello Care Center	1 108586-00	CHOW	3
21.	Orchid Cove at Oldsmar	1 108695-00	CHOW	4
22.	Orchid Cove at Clearwater	1 108709-00	CHOW	4
23.	Arbor Springs Health and Rehabilitation Center	1 108713-00	CHOW	4
24.	Gainesville Health and Rehabilitation Center	1 108917-00	CHOW	6
25.	Hawthorne Center for Rehabilitation and Healing of Sarasota	1 121563-00	CHOW	3
26.	Hawthorne Center for Rehabilitation and Healing of Brandon	1 122901-00	CHOW	3
			<b>TOTAL:</b>	116

If you have any questions regarding the above contact, Yndia Rutland 412-4111.

YR/nr

		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MFAO number	Audit Number
031227400	20160901	193.02	0.00	193.02	193.02	492.65	91510-22	NH16-181C
031227400	20170901	197.61	0.00	197.61	197.61	505.36	91510-22	NH16-181C
100812000	20180906	230.09	0.00	230.09	230.09	537.84	91510-22	
100812000	20181001	233.91	0.00	233.91	233.91	550.69	91510-22	
100812000	20190701	220.33	0.00	220.33	220.33	537.11	91510-22	
100812000	20191001	222.11	0.00	222.11	222.11	547.81	91510-22	
100812000	20200701	225.13	0.00	225.13	225.13	550.83	91510-22	
100812000	20201001	226.63	0.00	226.63	226.63	562.60	91510-22	
100812000	20210701	226.81	0.00	226.81	226.81	562.78	91510-22	
100812000	20211001	225.43	0.00	225.43	225.43	569.69	91510-22	
100812000	20220101	225.43	0.00	225.43	225.43	569.69	91510-22	
106514200	20200420	195.82	0.00	195.82	195.82	521.52	91510-22	
106514200	20200701	198.48	0.00	198.48	198.48	524.18	91510-22	
106514200	20201001	201.84	0.00	201.84	201.84	537.81	91510-22	
106514200	20210701	203.91	0.00	203.91	203.91	539.88	91510-22	
106514200	20211001	240.34	0.00	240.34	240.34	584.60	91510-22	
106514200	20220101	212.46	0.00	212.46	212.46	556.72	91510-22	
106514300	20200420	204.73	0.00	204.73	204.73	530.43	91510-22	
106514300	20200701	207.51	0.00	207.51	207.51	533.21	91510-22	
106514300	20201001	211.03	0.00	211.03	211.03	547.00	91510-22	
106514300	20210701	213.19	0.00	213.19	213.19	549.16	91510-22	
106514300	20211001	254.22	0.00	254.22	254.22	598.48	91510-22	
106514300	20220101	222.14	0.00	222.14	222.14	566.40	91510-22	
106514600	20200420	217.90	0.00	217.90	217.90	543.60	91510-22	
106514600	20200701	220.86	0.00	220.86	220.86	546.56	91510-22	
106514600	20201001	220.86	0.00	220.86	220.86	556.83	91510-22	
106514600	20210701	217.90	0.00	217.90	217.90	553.87	91510-22	
106514600	20211001	248.44	0.00	248.44	248.44	592.70	91510-22	
106514600	20220101	223.94	0.00	223.94	223.94	568.20	91510-22	
106570700	20200507	202.36	0.00	202.36	202.36	528.06	91510-22	
106570700	20200701	205.11	0.00	205.11	205.11	530.81	91510-22	
106570700	20201001	208.58	0.00	208.58	208.58	544.55	91510-22	
106570700	20210701	210.72	0.00	210.72	210.72	546.69	91510-22	
106570700	20211001	259.76	0.00	259.76	259.76	604.02	91510-22	
106570700	20220101	219.56	0.00	219.56	219.56	563.82	91510-22	
106760300	20200619	179.39	0.00	179.39	179.39	505.09	91510-22	
106760300	20200701	181.83	0.00	181.83	181.83	507.53	91510-22	
106760300	20201001	184.91	0.00	184.91	184.91	520.88	91510-22	
106760300	20210701	186.81	0.00	186.81	186.81	522.78	91510-22	
106760300	20211001	228.77	0.00	228.77	228.77	573.03	91510-22	
106760300	20220101	194.64	0.00	194.64	194.64	538.90	91510-22	
108566200	20201103	238.73	0.00	238.73	238.73	574.70	91510-22	
108566200	20210701	238.27	0.00	238.27	238.27	574.24	91510-22	
108566200	20211001	253.97	0.00	253.97	253.97	598.23	91510-22	
108566200	20220101	229.78	0.00	229.78	229.78	574.04	91510-22	
108591100	20201102	240.56	0.00	240.56	240.56	576.53	91510-22	
108591100	20210701	240.35	0.00	240.35	240.35	576.32	91510-22	
108591100	20211001	255.96	0.00	255.96	255.96	600.22	91510-22	
108591100	20220101	232.28	0.00	232.28	232.28	576.54	91510-22	
108591300	20201103	250.93	0.00	250.93	250.93	586.90	91510-22	
108591300	20210701	247.57	0.00	247.57	247.57	583.54	91510-22	
108591300	20211001	244.45	0.00	244.45	244.45	588.71	91510-22	
108591300	20220101	234.66	0.00	234.66	234.66	578.92	91510-22	
108776500	20201124	184.91	0.00	184.91	184.91	520.88	91510-22	
108776500	20210701	186.81	0.00	186.81	186.81	522.78	91510-22	
108776500	20211001	228.77	0.00	228.77	228.77	573.03	91510-22	
108776500	20220101	194.64	0.00	194.64	194.64	538.90	91510-22	
108882100	20210321	213.79	0.00	213.79	213.79	549.76	91510-22	
108882100	20210701	215.95	0.00	215.95	215.95	551.92	91510-22	
108882100	20211001	263.05	0.00	263.05	263.05	607.31	91510-22	
108882100	20220101	225.01	0.00	225.01	225.01	569.27	91510-22	
109792800	20201015	229.16	0.00	229.16	229.16	565.13	91510-22	
109792800	20210701	231.50	0.00	231.50	231.50	567.47	91510-22	
109792800	20211001	256.41	0.00	256.41	256.41	600.67	91510-22	
109792800	20220101	230.74	0.00	230.74	230.74	575.00	91510-22	
109877000	20210401	223.22	0.00	223.22	223.22	559.19	91510-22	
109877000	20210701	223.37	0.00	223.37	223.37	559.34	91510-22	
109877000	20211001	260.51	0.00	260.51	260.51	604.77	91510-22	

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MFAO number	Audit Number
109877000	20220101	235.68	0.00	235.68	235.68	579.94	91510-22	
110217800	20210423	274.77	0.00	274.77	274.77	610.74	91510-22	
110217800	20210701	275.04	0.00	275.04	275.04	611.01	91510-22	
110217800	20211001	274.19	0.00	274.19	274.19	618.45	91510-22	
110217800	20220101	274.19	0.00	274.19	274.19	618.45	91510-22	
110831700	20201103	247.07	0.00	247.07	247.07	583.04	91510-22	
110831700	20210701	243.76	0.00	243.76	243.76	579.73	91510-22	
110831700	20211001	260.03	0.00	260.03	260.03	604.29	91510-22	
110831700	20220101	235.36	0.00	235.36	235.36	579.62	91510-22	
110832800	20201103	267.18	0.00	267.18	267.18	603.15	91510-22	
110832800	20210701	263.60	0.00	263.60	263.60	599.57	91510-22	
110832800	20211001	268.14	0.00	268.14	268.14	612.40	91510-22	
110832800	20220101	249.89	0.00	249.89	249.89	594.15	91510-22	
110833600	20201103	252.64	0.00	252.64	252.64	588.61	91510-22	
110833600	20210701	249.25	0.00	249.25	249.25	585.22	91510-22	
110833600	20211001	260.41	0.00	260.41	260.41	604.67	91510-22	
110833600	20220101	236.16	0.00	236.16	236.16	580.42	91510-22	
110847300	20201103	277.87	0.00	277.87	277.87	613.84	91510-22	
110847300	20210701	274.15	0.00	274.15	274.15	610.12	91510-22	
110847300	20211001	261.57	0.00	261.57	261.57	605.83	91510-22	
110847300	20220101	261.57	0.00	261.57	261.57	605.83	91510-22	
110858600	20210919	269.83	0.00	269.83	269.83	605.80	91510-22	
110858600	20211001	256.34	0.00	256.34	256.34	600.60	91510-22	
110858600	20220101	256.34	0.00	256.34	256.34	600.60	91510-22	
110869500	20201119	212.16	0.00	212.16	212.16	548.13	91510-22	
110869500	20210701	214.33	0.00	214.33	214.33	550.30	91510-22	
110869500	20211001	240.12	0.00	240.12	240.12	584.38	91510-22	
110869500	20220101	216.23	0.00	216.23	216.23	560.49	91510-22	
110870900	20201119	205.68	0.00	205.68	205.68	541.65	91510-22	
110870900	20210701	205.76	0.00	205.76	205.76	541.73	91510-22	
110870900	20211001	245.78	0.00	245.78	245.78	590.04	91510-22	
110870900	20220101	219.40	0.00	219.40	219.40	563.66	91510-22	
110871300	20201119	208.93	0.00	208.93	208.93	544.90	91510-22	
110871300	20210701	211.07	0.00	211.07	211.07	547.04	91510-22	
110871300	20211001	257.50	0.00	257.50	257.50	601.76	91510-22	
110871300	20220101	219.93	0.00	219.93	219.93	564.19	91510-22	
110891700	20200401	201.72	0.00	201.72	201.72	527.42	91510-22	
110891700	20200701	204.46	0.00	204.46	204.46	530.16	91510-22	
110891700	20201001	207.92	0.00	207.92	207.92	543.89	91510-22	
110891700	20210701	210.05	0.00	210.05	210.05	546.02	91510-22	
110891700	20211001	254.56	0.00	254.56	254.56	598.82	91510-22	
110891700	20220101	218.39	0.00	218.39	218.39	562.65	91510-22	
112156300	20210804	267.05	0.00	267.05	267.05	603.02	91510-22	
112156300	20211001	259.29	0.00	259.29	259.29	603.55	91510-22	
112156300	20220101	253.70	0.00	253.70	253.70	597.96	91510-22	
112290100	20210804	232.99	0.00	232.99	232.99	568.96	91510-22	
112290100	20211001	250.18	0.00	250.18	250.18	594.44	91510-22	
112290100	20220101	224.36	0.00	224.36	224.36	568.62	91510-22	



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**

CRESTWOOD NURSING CENTER

501 S PALM AVE

PALATKA, FL 32177

Provider Number:

0 312274-00

Date:

1/6/2021

Fiscal Year End:

12/31/2015

Audit Status:

Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**198.48**

New  
Rate

**193.02**

Effective  
Date

**9/1/2016**

**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

Field Audit #NH16-181C FYE 12/31/2015

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

\_\_\_\_\_ For Information Only

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

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Cardinal Resources, LLC

995 Canton St.

Suite 100

Roswell, GA 30075



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**

CRESTWOOD NURSING CENTER

501 S PALM AVE

PALATKA, FL 32177

Provider Number:

0 312274-00

Date:

1/6/2021

Fiscal Year End:

12/31/2015

Audit Status:

Field Audited

**Provider Type:**

**Nursing Home    Single Level**

Current  
Rate

**203.14**

New  
Rate

**197.61**

Effective  
Date

**9/1/2017**

**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

Field Audit #NH16-181C FYE 12/31/2015

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

\_\_\_\_\_ For Information Only

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

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Cardinal Resources, LLC

995 Canton St.

Suite 100

Roswell, GA 30075



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**

WESTMINSTER SAINT AUGUSTINE  
230 TOWERVIEW DRIVE  
SAINT AUGUSTINE, FL 32092

Provider Number: 0 1008120-00  
Date: 5/23/2022  
Fiscal Year End: 8/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**0.00    230.09    9/6/2018**

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 09/06/2018

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Westminster Services  
80 West Lucerne Circle  
Orlando, FL 32801

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance



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**

WESTMINSTER SAINT AUGUSTINE  
230 TOWERVIEW DR.  
SAINT AUGUSTINE, FL 32092

Provider Number: 1 008120-00  
Date: 1/7/2022  
Fiscal Year End: 8/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**229.43**      **233.91**      **10/1/2018**

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 9/06/2018	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Westminster Services  
80 West Luceme Circle  
Orlando, FL 32801

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance





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**

WESTMINSTER SAINT AUGUSTINE  
230 TOWERVIEW DR.  
SAINT AUGUSTINE, FL 32092

Provider Number: 1 008120-00  
Date: 1/7/2022  
Fiscal Year End: 8/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**233.91**    **220.33**    **7/1/2019**

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 9/06/2018

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Westminster Services  
80 West Luceme Circle  
Orlando, FL 32801

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

WESTMINSTER SAINT AUGUSTINE  
230 TOWERVIEW DR.  
SAINT AUGUSTINE, FL 32092

Provider Number: 1 008120-00  
Date: 1/7/2022  
Fiscal Year End: 8/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**220.33**      **222.11**      **10/1/2019**

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 9/06/2018	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Westminster Services  
80 West Luceme Circle  
Orlando, FL 32801

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

WESTMINSTER SAINT AUGUSTINE  
230 TOWERVIEW DR.  
SAINT AUGUSTINE, FL 32092

Provider Number: 1 008120-00  
Date: 1/7/2022  
Fiscal Year End: 8/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**222.11**      **225.13**      **7/1/2020**

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 9/06/2018

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Westminster Services  
80 West Luceme Circle  
Orlando, FL 32801

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

WESTMINSTER SAINT AUGUSTINE  
230 TOWERVIEW DR.  
SAINT AUGUSTINE, FL 32092

Provider Number: 1 008120-00  
Date: 1/7/2022  
Fiscal Year End: 8/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **225.13**      New Rate: **226.63**      Effective Date: **10/1/2020**

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 9/06/2018	

**Distribution:**

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

Westminster Services  
80 West Luceme Circle  
Orlando, FL 32801

**Rebekah Falk**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

WESTMINSTER SAINT AUGUSTINE  
230 TOWERVIEW DR.  
SAINT AUGUSTINE, FL 32092

Provider Number: 1 008120-00  
Date: 1/7/2022  
Fiscal Year End: 8/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**226.63**    **226.81**    **7/1/2021**

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 9/06/2018	

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No Change in Rate

Home Office:

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80 West Luceme Circle  
Orlando, FL 32801

**Rebekah Falk**

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**Medicaid Reimbursement Per Diem Rates**

WESTMINSTER SAINT AUGUSTINE  
230 TOWERVIEW DR.  
SAINT AUGUSTINE, FL 32092

Provider Number: 1 008120-00  
Date: 1/7/2022  
Fiscal Year End: 8/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**226.81**      **225.43**      **10/1/2021**

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 9/06/2018	

**Distribution:**

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Home Office:

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Orlando, FL 32801

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**Medicaid Reimbursement Per Diem Rates**

WESTMINSTER SAINT AUGUSTINE  
230 TOWERVIEW DR.  
SAINT AUGUSTINE, FL 32092

Provider Number: 1 008120-00  
Date: 1/7/2022  
Fiscal Year End: 8/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**225.43**    **225.43**    **1/1/2022**

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 9/06/2018	

**Distribution:**

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Home Office:

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Orlando, FL 32801

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT ROCKLEDGE  
1775 HUNTINGTON LANE  
ROCKLEDGE, FL 32955

Provider Number: 1 065142-00  
Date: 4/01/2022  
Fiscal Year End: 1/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate	New Rate	Effective Date
<b><u>193.01</u></b>	<b><u>195.82</u></b>	<b><u>4/20/2020</u></b>

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 4/20/2020	

**Distribution:**

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**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960





State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT ROCKLEDGE  
1775 HUNTINGTON LANE  
ROCKLEDGE, FL 32955

Provider Number: 1 065142-00  
Date: 4/01/2022  
Fiscal Year End: 1/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**195.82**      **198.48**      **7/1/2020**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 4/20/2020	

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**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT ROCKLEDGE  
1775 HUNTINGTON LANE  
ROCKLEDGE, FL 32955

Provider Number: 1 065142-00  
Date: 4/01/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate	New Rate	Effective Date
<b><u>198.48</u></b>	<b><u>201.84</u></b>	<b><u>10/1/2020</u></b>

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 4/20/2020	

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**Yndia Rutland**

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**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT ROCKLEDGE  
1775 HUNTINGTON LANE  
ROCKLEDGE, FL 32955

Provider Number: 1 065142-00  
Date: 4/01/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**201.84**      **203.91**      **7/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 4/20/2020	

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**Yndia Rutland**

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**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT ROCKLEDGE  
1775 HUNTINGTON LANE  
ROCKLEDGE, FL 32955

Provider Number: 1 065142-00  
Date: 4/01/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**203.91**    **240.34**    **10/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 4/20/2020	

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**Yndia Rutland**

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Home Office: Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT ROCKLEDGE  
1775 HUNTINGTON LANE  
ROCKLEDGE, FL 32955

Provider Number: 1 065142-00  
Date: 4/01/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate	New Rate	Effective Date
<b><u>240.34</u></b>	<b><u>212.46</u></b>	<b><u>1/1/2022</u></b>

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 4/20/2020	

**Distribution:**

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

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960



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**

ORCHID COVE AT NAPLES

2900 12TH ST N

NAPLES, FL 34103

Provider Number:

1 065143-00

Date:

04/15/2022

Fiscal Year End:

1/31/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**201.80**

New  
Rate

**204.73**

Effective  
Date

**4/20/2020**

**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

CHOW effective 4/20/2020

**Distribution:**

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

Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd # 402  
Vero Beach, FL 32960

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT NAPLES

2900 12TH ST N

NAPLES, FL 34103

Provider Number:

1 065143-00

Date:

04/15/2022

Fiscal Year End:

1/31/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**204.73**

New  
Rate

**207.51**

Effective  
Date

**7/1/2020**

**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

CHOW effective 4/20/2020

**Distribution:**

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Home Office:

Orchid Cove Health Group  
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Vero Beach, FL 32960

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT NAPLES

2900 12TH ST N

NAPLES, FL 34103

Provider Number:

1 065143-00

Date:

04/15/2022

Fiscal Year End:

1/31/2020

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**207.51**

New  
Rate

**211.03**

Effective  
Date

**10/1/2020**

**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

CHOW effective 4/20/2020

**Distribution:**

Contract Management / Fiscal Agent

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

Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd # 402  
Vero Beach, FL 32960

**Rebekah Falk**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT NAPLES

2900 12TH ST N

NAPLES, FL 34103

Provider Number:

1 065143-00

Date:

04/15/2022

Fiscal Year End:

1/31/2020

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**211.03**

New  
Rate

**213.19**

Effective  
Date

**7/1/2021**

**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

CHOW effective 4/20/2020

**Distribution:**

Contract Management / Fiscal Agent

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

Home Office:

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**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT NAPLES

2900 12TH ST N

NAPLES, FL 34103

Provider Number:

1 065143-00

Date:

04/15/2022

Fiscal Year End:

1/31/2020

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**213.19**

New  
Rate

**254.22**

Effective  
Date

**10/1/2021**

**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

CHOW effective 4/20/2020

**Distribution:**

Contract Management / Fiscal Agent

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

Home Office:

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**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT NAPLES

2900 12TH ST N

NAPLES, FL 34103

Provider Number:

1 065143-00

Date:

04/15/2022

Fiscal Year End:

1/31/2020

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>254.22</u></b>	<b><u>222.14</u></b>	<b><u>1/1/2022</u></b>

<b>Rate Type:</b>	
<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 checked="" type="checkbox"/>	Prior Provider Prospective data

<b>Basis:</b>	
<input type="checkbox"/>	Budget
<input checked="" 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"/>	CHOW effective 4/20/2020

**Distribution:**

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No Change in Rate

Home Office:

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 2770 Indian River Blvd # 402  
 Vero Beach, FL 32960

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT SARASOTA  
4602 NORTHGATE CT  
SARASOTA, FL 34234

Provider Number: 1 065146-00  
Date: 4/6/2022  
Fiscal Year End: 1/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**217.90**    **217.90**    **4/20/2020**

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

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input checked="" 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"/> CHOW effective 04/20/2020	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT SARASOTA  
4602 NORTHGATE CT  
SARASOTA, FL 34234

Provider Number: 1 065146-00  
Date: 4/6/2022  
Fiscal Year End: 1/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**217.90**    **220.86**    **7/1/2020**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 04/20/2020	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Orchid Cove Health Group  
2770 Indian River Blvd Suite 402  
Vero Beach, FL 32960



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**

ORCHID COVE AT SARASOTA  
4602 NORTHGATE CT  
SARASOTA, FL 34234

Provider Number: 1 065146-00  
Date: 4/6/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**220.86**    **220.86**    **10/1/2020**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 04/20/2020	

**Distribution:**

Contract Management / Fiscal Agent  
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**Rebekah Falk**

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Vero Beach, FL 32960



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT SARASOTA  
4602 NORTHGATE CT  
SARASOTA, FL 34234

Provider Number: 1 065146-00  
Date: 4/6/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**220.86**    **217.90**    **7/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 04/20/2020	

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**Rebekah Falk**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT SARASOTA  
4602 NORTHGATE CT  
SARASOTA, FL 34234

Provider Number: 1 065146-00  
Date: 4/6/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**217.90**    **248.44**    **10/1/2021**

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

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input checked="" 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"/> CHOW effective 04/20/2020	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

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2770 Indian River Blvd Suite 402  
Vero Beach, FL 32960





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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT SARASOTA  
4602 NORTHGATE CT  
SARASOTA, FL 34234

Provider Number: 1 065146-00  
Date: 4/6/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**248.44**    **223.94**    **1/1/2022**

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 checked="" type="checkbox"/>	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"/>	CHOW effective 04/20/2020

**Distribution:**

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 No Change in Rate

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Orchid Cove Health Group  
2770 Indian River Blvd Suite 402  
Vero Beach, FL 32960



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT DAYTONA  
1001 S BEACH ST  
DAYTONA BEACH, FL 32114

Provider Number: 1 065707-00  
Date: 5/12/2022  
Fiscal Year End: 12/31/2015  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**199.46    202.36    5/7/2020**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 05/07/2020	

**Distribution:**

Contract Management / Fiscal Agent  
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\_\_\_\_\_ No Change in Rate

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960



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**

ORCHID COVE AT DAYTONA  
1001 S BEACH ST  
DAYTONA BEACH, FL 32114

Provider Number: 1 065707-00  
Date: 5/12/2022  
Fiscal Year End: 12/31/2015  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**202.36**    **205.11**    **7/1/2020**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 05/07/2020	

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960



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**

ORCHID COVE AT DAYTONA  
1001 S BEACH ST  
DAYTONA BEACH, FL 32114

Provider Number: 1 065707-00  
Date: 5/12/2022  
Fiscal Year End: 9/30/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**205.11**    **208.58**    **10/1/2020**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 05/07/2020	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

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2770 Indian River Blvd #402  
Vero Beach, FL 32960



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT DAYTONA  
1001 S BEACH ST  
DAYTONA BEACH, FL 32114

Provider Number: 1 065707-00  
Date: 5/12/2022  
Fiscal Year End: 9/30/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**208.58**      **210.72**      **7/1/2021**

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 checked="" type="checkbox"/>	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"/>	CHOW effective 05/07/2020

**Distribution:**

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Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT DAYTONA  
1001 S BEACH ST  
DAYTONA BEACH, FL 32114

Provider Number: 1 065707-00  
Date: 5/12/2022  
Fiscal Year End: 9/30/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**210.72**    **259.76**    **10/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 05/07/2020	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT DAYTONA  
1001 S BEACH ST  
DAYTONA BEACH, FL 32114

Provider Number: 1 065707-00  
Date: 5/12/2022  
Fiscal Year End: 9/30/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate	New Rate	Effective Date
<b><u>259.76</u></b>	<b><u>219.56</u></b>	<b><u>1/1/2022</u></b>

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 05/07/2020	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960



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**

JACARANDA MANOR

4250 66TH ST N

KENNETH CITY, FL 33709

Provider Number:

1 067603-00

Date:

4/8/2022

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current  
Rate

**176.82**

New  
Rate

**179.39**

Effective  
Date

**6/19/2020**

**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

CHOW effective 06/19/2020

**Distribution:**

Contract Management / Fiscal Agent

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

Home Office:

No Home Office

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance





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**

JACARANDA MANOR

4250 66TH ST N

KENNETH CITY, FL 33709

Provider Number:

1 067603-00

Date:

4/8/2022

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

New  
Rate

Effective  
Date

**179.39**

**181.83**

**7/1/2020**

**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

CHOW effective 06/19/2020

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

\_\_\_\_\_ For Information Only

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

Home Office:

Empty box for Home Office address

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

JACARANDA MANOR

4250 66TH ST N

KENNETH CITY, FL 33709

Provider Number:

1 067603-00

Date:

4/8/2022

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**181.83**

New  
Rate

**184.91**

Effective  
Date

**10/1/2020**

**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

CHOW effective 06/19/2020

**Distribution:**

Contract Management / Fiscal Agent

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Home Office:

**Rebekah Falk**

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**Medicaid Reimbursement Per Diem Rates**

JACARANDA MANOR

4250 66TH ST N

KENNETH CITY, FL 33709

Provider Number:

1 067603-00

Date:

4/8/2022

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current  
Rate

New  
Rate

Effective  
Date

**184.91**

**186.81**

**7/1/2021**

**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

CHOW effective 06/19/2020

**Distribution:**

Contract Management / Fiscal Agent

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

Home Office:

Empty box for Home Office address

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

*Rebekah Falk*



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

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**Medicaid Reimbursement Per Diem Rates**

JACARANDA MANOR

4250 66TH ST N

KENNETH CITY, FL 33709

Provider Number:

1 067603-00

Date:

4/8/2022

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

New  
Rate

Effective  
Date

**186.81**

**228.77**

**10/1/2021**

**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

CHOW effective 06/19/2020

**Distribution:**

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\_\_\_\_\_ For Information Only

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

Home Office:

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**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

JACARANDA MANOR

4250 66TH ST N

KENNETH CITY, FL 33709

Provider Number:

1 067603-00

Date:

4/8/2022

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current  
Rate

**228.78**

New  
Rate

**194.64**

Effective  
Date

**1/1/2022**

**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

CHOW effective 06/19/2020

**Distribution:**

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

Home Office:

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**Rebekah Falk**

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

DEBARY HEALTH AND REHABILITATION CENTER	Provider Number	085662-00
60 N CHARLES RICHARD BEALL BLVD. CHARLES RICHARD BEALL BLVD	Date	2/18/2022
DEBARY, FL 32713	Fiscal Year End:	12/31/20199
	Audit Status:	Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate	New Rate	Effective Date
<b><u>238.73</u></b>	<b><u>238.73</u></b>	<b><u>11/3/2020</u></b>

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

<b>Basis:</b>	
<input type="checkbox"/>	Budget
<input checked="" 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"/>	CHOW effective 11/03/2020

**Distribution:**

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

Home Office:

Citadel Care Centers 1000 Gates Avenue, 5th Floor Brooklyn, New York 11221
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**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

DEBARY HEALTH AND REHABILITATION CENTER HEALTH AND REHABILITATION CENTER	Provider Number:	1 085662-00
60 N CHARLES RICHARD BEALL BLVD.	Date:	2/18/2022
DEBARY, FL 32713	Fiscal Year End:	12/31/2019
	Audit Status:	Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate	New Rate	Effective Date
<b><u>238.73</u></b>	<b><u>238.27</u></b>	<b><u>7/1/2021</u></b>

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

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

<b>Changes:</b>	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/03/2020	

**Distribution:**

Contract Management / Fiscal Agent

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

Home Office:

Citadel Care Centers  
 1000 Gates Avenue, 5th Floor  
 Brooklyn, New York 11221

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

DEBARY HEALTH AND REHABILITATION CENTER	DEBARY HEALTH AND REHABILITATION CENTER	TEB5662-00
60 N CHARLES RICHARD BEALL BLVD. N. CHARLES RICHARD BEALL BLVD	60 N CHARLES RICHARD BEALL BLVD	2/18/2022
DEBARY, FL 32713	Fiscal Year End:	12/31/20199
	Audit Status:	Unaudited

**Provider Type:**

**Nursing Home      Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>238.27</u></b>	<b><u>253.97</u></b>	<b><u>10/1/2021</u></b>

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

<b>Basis:</b>	
<input type="checkbox"/>	Budget
<input checked="" 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"/>	CHOW effective 11/03/2020

**Distribution:**

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

Home Office:

Citadel Care Centers  
1000 Gates Avenue, 5th Floor  
Brooklyn, New York 11221

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance





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**

DEBARY HEALTH AND REHABILITATION CENTER	DEBARY HEALTH AND REHABILITATION CENTER	Provider Number: N55862-00
60 N CHARLES RICHARD BEALL BLVD.	CHARLES RICHARD BEALL BLVD	Date: 2/18/2022
DEBARY, FL 32713		Fiscal Year End: 12/31/20199
		Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate	New Rate	Effective Date
<u>253.97</u>	<u>229.78</u>	<u>1/1/2022</u>

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

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

<b>Changes:</b>	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CCHOW effective 11/03/2020	

**Distribution:**

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

Home Office:

Citadel Care Centers 1000 Gates Avenue, 5th Floor Brooklyn, New York 11221
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**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

RIVERCHASE HEALTH AND REHABILITATION CENTER  
1017 STRONG RD  
QUINCY, FL 32351

Provider Number: 1 085911-00  
Date: 3/25/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**238.49**      **240.56**      **11/3/2020**

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 checked="" type="checkbox"/>	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"/>	CHOW effective 11/03/2020

**Distribution:**

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No Change in Rate

Home Office:

Lilac Health Group  
140 Gladiola Rd NE  
Palm Bay, FL 32907

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

RIVERCHASE HEALTH AND REHABILITATION CENTER  
1017 STRONG RD  
QUINCY, FL 32351

Provider Number: 1 085911-00  
Date: 3/25/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**240.56**      **240.35**      **7/1/2021**

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 checked="" type="checkbox"/>	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"/>	CHOW effective 11/03/2020

**Distribution:**

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No Change in Rate

Home Office:

Lilac Health Group  
140 Gladiola Rd NE  
Palm Bay, FL 32907

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

RIVERCHASE HEALTH AND REHABILITATION CENTER  
1017 STRONG RD  
QUINCY, FL 32351

Provider Number: 1 085911-00  
Date: 3/25/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**240.35**      **255.96**      **10/1/2021**

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

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input checked="" 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"/> CHOW effective 11/03/2020	

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Home Office:

Lilac Health Group  
140 Gladiola Rd NE  
Palm Bay, FL 32907



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

RIVERCHASE HEALTH AND REHABILITATION CENTER  
1017 STRONG RD  
QUINCY, FL 32351

Provider Number: 1 085911-00  
Date: 3/25/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **255.96**      New Rate: **232.28**      Effective Date: **1/1/2022**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/03/2020	

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Home Office:

Lilac Health Group  
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Palm Bay, FL 32907

**Rebekah Falk**

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

BRYNWOOD HEALTH AND REHABILITATION CENTER  
1656 S JEFFERSON ST  
MONTICELLO, FL 32344

Provider Number: 1 085913-00  
Date: 3/25/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**250.93**    **250.93**    **11/3/2020**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/03/2020	

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Home Office:

Lilac Health Group  
140 Gladiola Rd NE  
Palm Bay, FL 32907

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

BRYNWOOD HEALTH AND REHABILITATION CENTER  
1656 S JEFFERSON ST  
MONTICELLO, FL 32344

Provider Number: 1 085913-00  
Date: 9/30/2021  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**250.93**    **247.57**    **7/1/2021**

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 checked="" type="checkbox"/>	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"/>	CHOW effective 11/03/2020

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Home Office:

Lilac Health Group  
140 Gladiola Rd NE  
Palm Bay, FL 32907

**Rebekah Falk**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

BRYNWOOD HEALTH AND REHABILITATION CENTER  
1656 S JEFFERSON ST  
MONTICELLO, FL 32344

Provider Number: 1 085913-00  
Date: 11/10/2021  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **247.57**    New Rate: **244.45**    Effective Date: **10/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/03/2020	

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**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Lilac Health Group  
140 Gladiola Rd NE  
Palm Bay, FL 32907





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**

BRYNWOOD HEALTH AND REHABILITATION CENTER  
1656 S JEFFERSON ST  
MONTICELLO, FL 32344

Provider Number: 1 085913-00  
Date: 3/25/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**244.45**    **234.66**    **1/1/2022**

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

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input checked="" 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"/> CHOW effective 11/03/2020	

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Home Office:

Lilac Health Group  
140 Gladiola Rd NE  
Palm Bay, FL 32907

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

BALANCED HEALTHCARE  
4250 66<sup>TH</sup> ST N  
KENNETH CITY, FL 33709

Provider Number: 1 087765-00  
Date: 4/19/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**181.83**    **184.91**    **11/24/2020**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/24/2020	

**Distribution:**

Contract Management / Fiscal Agent

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

Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

BALANCED HEALTHCARE  
4250 66<sup>TH</sup> ST N  
KENNETH CITY, FL 33709

Provider Number: 1 087765-00  
Date: 4/19/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**184.91**    **186.81**    **7/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/24/2020	

**Distribution:**

Contract Management / Fiscal Agent

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

Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

BALANCED HEALTHCARE  
4250 66<sup>TH</sup> ST N  
KENNETH CITY, FL 33709

Provider Number: 1 087765-00  
Date: 4/19/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**186.81**    **228.77**    **10/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/24/2020	

**Distribution:**

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Permanent File

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

Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

BALANCED HEALTHCARE  
4250 66<sup>TH</sup> ST N  
KENNETH CITY, FL 33709

Provider Number: 1 087765-00  
Date: 4/19/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**228.77**    **194.64**    **1/1/2022**

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

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

<b>Changes:</b>
_____ Rate Semester Change
<input checked="" type="checkbox"/> CHOW effective 11/24/2020

**Distribution:**

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

Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

GULF SHORES CARE CENTER

220 9<sup>TH</sup> STREET

PORT ST JOE, FL 32456

Provider Number:

1 088821-00

Date:

4/22/2022

Fiscal Year End:

9/30/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**212.07**

New  
Rate

**213.79**

Effective  
Date

**3/21/2021**

**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

CHOW effective 3/21/2021

**Distribution:**

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\_\_\_\_\_ For Information Only

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

Home Office:

No Home Office

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

GULF SHORES CARE CENTER

220 9<sup>TH</sup> STREET

PORT ST JOE, FL 32456

Provider Number:

1 088821-00

Date:

4/22/2022

Fiscal Year End:

9/30/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>213.79</u></b>	<b><u>215.95</u></b>	<b><u>7/1/2021</u></b>

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

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

<b>Changes:</b>	
_____	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 3/21/2021

**Distribution:**

Contract Management / Fiscal Agent

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

Home Office:

No Home Office

**Rebekah Falk**

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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**

GULF SHORES CARE CENTER

220 9<sup>TH</sup> STREET

PORT ST JOE, FL 32456

Provider Number:

1 088821-00

Date:

4/22/2022

Fiscal Year End:

9/30/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**215.95**

New  
Rate

**263.05**

Effective  
Date

**10/1/2021**

**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

CHOW effective 3/21/2021

**Distribution:**

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

Home Office:

No Home Office

**Rebekah Falk**

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

GULF SHORES CARE CENTER

220 9<sup>TH</sup> STREET

PORT ST JOE, FL 32456

Provider Number:

1 088821-00

Date:

4/22/2022

Fiscal Year End:

9/30/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**263.05**

New  
Rate

**225.01**

Effective  
Date

**1/1/2022**

**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

CHOW effective 3/21/2021

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

Home Office:

No Home Office

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

PALM VISTA NURSING AND REHABILITATION CENTER  
5860 COLLEGE ROAD  
KEY WEST, FL 33040

Provider Number: 1 097928-00  
Date: 04/01/2022  
Fiscal Year End: 06/30/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**225.34      229.16      10/15/2020**

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 checked="" type="checkbox"/>	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"/>	CHOW effective 10/15/2020

**Distribution:**

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Home Office:

Ivy Health Group  
5860 College Rd.  
Key West, FL 33040

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

PALM VISTA NURSING AND REHABILITATION CENTER  
5860 COLLEGE ROAD  
KEY WEST, FL 33040

Provider Number: 1 097928-00  
Date: 04/01/2022  
Fiscal Year End: 06/30/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**229.16**      **231.50**      **7/1/2021**

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 checked="" type="checkbox"/>	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"/>	CHOW effective 10/15/2020

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No Change in Rate

Home Office:

Ivy Health Group  
5860 College Rd.  
Key West, FL 33040

**Rebekah Falk**

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**Medicaid Reimbursement Per Diem Rates**

PALM VISTA NURSING AND REHABILITATION CENTER  
5860 COLLEGE ROAD  
KEY WEST, FL 33040

Provider Number: 1 097928-00  
Date: 04/01/2022  
Fiscal Year End: 06/30/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**231.50**      **256.41**      **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 checked="" type="checkbox"/> 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"/>	CHOW effective 10/15/2020

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Home Office:

Ivy Health Group  
5860 College Rd.  
Key West, FL 33040

**Rebekah Falk**

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**Medicaid Reimbursement Per Diem Rates**

PALM VISTA NURSING AND REHABILITATION CENTER  
5860 COLLEGE ROAD  
KEY WEST, FL 33040

Provider Number: 1 097928-00  
Date: 04/01/2022  
Fiscal Year End: 06/30/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**256.41**      **230.74**      **1/1/2022**

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 checked="" type="checkbox"/>	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"/>	CHOW effective 10/15/2020

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Home Office:

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5860 College Rd.  
Key West, FL 33040

**Rebekah Falk**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

HAWTHORNE CENTER FOR REHABILITATION AND HEALING OF OCALA  
4100 S.W. 33<sup>RD</sup> AVENUE  
OCALA, FL 34474

Provider Number: 1 098770-00  
Date: 4/12/2022  
Fiscal Year End: 6/30/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **220.81**      New Rate: **223.22**      Effective Date: **4/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 04/01/2021	

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Home Office:

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**Rebekah Falk**

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**Medicaid Reimbursement Per Diem Rates**

HAWTHORNE CENTER FOR REHABILITATION AND HEALING OF OCALA  
4100 S.W. 33<sup>RD</sup> AVENUE  
OCALA, FL 34474

Provider Number: 1 098770-00  
Date: 4/12/2022  
Fiscal Year End: 6/30/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **223.22**  
New Rate: **223.37**  
Effective Date: **7/1/2021**

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 checked="" type="checkbox"/>	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"/>	CHOW effective 04/01/2021

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**Rebekah Falk**

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**Medicaid Reimbursement Per Diem Rates**

HAWTHORNE CENTER FOR REHABILITATION AND HEALING OF OCALA  
4100 S.W. 33<sup>RD</sup> AVENUE  
OCALA, FL 34474

Provider Number: 1 098770-00  
Date: 4/12/2022  
Fiscal Year End: 6/30/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **223.37**      New Rate: **260.51**      Effective Date: **10/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 04/01/2021	

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**Medicaid Reimbursement Per Diem Rates**

HAWTHORNE CENTER FOR REHABILITATION AND HEALING OF OCALA  
4100 S.W. 33<sup>RD</sup> AVENUE  
OCALA, FL 34474

Provider Number: 1 098770-00  
Date: 4/12/2022  
Fiscal Year End: 6/30/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**260.51**      **235.68**      **1/1/2022**

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 checked="" type="checkbox"/>	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"/>	CHOW effective 04/01/2021

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

VILLAGE ON THE GREEN  
515 VILLAGE PLACE  
LONGWOOD, FL 32779

Provider Number: 1 102178-00  
Date: 1/26/2022  
Fiscal Year End: 12/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **0.00**    New Rate: **274.77**    Effective Date: **4/23/2021**

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 4/23/2021

**Distribution:**

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 No Change in Rate

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

*Rebekah Falk*

Home Office: Lifespace Communities  
4201 Corporate Drive  
West Des Moines, IA 50266



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**

VILLAGE ON THE GREEN  
515 VILLAGE PLACE  
LONGWOOD, FL 32779

Provider Number: 1 102178-00  
Date: 1/26/2022  
Fiscal Year End: 12/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **274.77**      New Rate: **275.04**      Effective Date: **7/1/2021**

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 4/23/2021	

**Distribution:**

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 No Change in Rate

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

*Rebekah Falk*

Home Office: Lifespace Communities  
4201 Corporate Drive  
West Des Moines, IA 50266



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

VILLAGE ON THE GREEN  
515 VILLAGE PLACE  
LONGWOOD, FL 32779

Provider Number: 1 102178-00  
Date: 1/26/2022  
Fiscal Year End: 12/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**275.04**      **274.19**      **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 4/23/2021	

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Home Office:

Lifespace Communities  
4201 Corporate Drive  
West Des Moines, IA 50266

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

*Rebekah Falk*



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

VILLAGE ON THE GREEN  
515 VILLAGE PLACE  
LONGWOOD, FL 32779

Provider Number: 1 102178-00  
Date: 1/26/2022  
Fiscal Year End: 12/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **274.19**    New Rate: **274.19**    Effective Date: **1/1/2022**

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 4/23/2021	

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**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

*Rebekah Falk*

Home Office:

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West Des Moines, IA 50266



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT STUART  
4801 SE COVE RD  
STUART, FL 34997

Provider Number: 1 108317-00  
Date: 3/30/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **247.07**      New Rate: **247.07**      Effective Date: **11/3/2020**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/03/2020	

**Distribution:**

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

Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

ORCHID COVE AT STUART  
4801 SE COVE RD  
STUART, FL 34997

Provider Number: 1 108317-00  
Date: 3/30/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**247.07**    **243.76**    **7/1/2021**

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

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input checked="" 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"/> CHOW effective 11/03/2020	

**Distribution:**

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No Change in Rate

Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT STUART  
4801 SE COVE RD  
STUART, FL 34997

Provider Number: 1 108317-00  
Date: 3/30/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**243.76**    **260.03**    **10/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/03/2020	

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Home Office:

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**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT STUART  
4801 SE COVE RD  
STUART, FL 34997

Provider Number: 1 108317-00  
Date: 3/30/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**260.03**      **235.36**      **1/1/2022**

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

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input checked="" 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"/> CHOW effective 11/03/2020	

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Home Office:

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Vero Beach, FL 32960

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**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT LABELLE  
250 BROWARD AVE  
LABELLE, FL 33935

Provider Number: 1 108328-00  
Date: 3/17/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **267.18**      New Rate: **267.18**      Effective Date: **11/3/2020**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/03/2020	

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

Home Office:

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2770 Indian River Blvd #402  
Vero Beach, FL 32960

**Rebekah Falk**

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**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT LABELLE  
250 BROWARD AVE  
LABELLE, FL 33935

Provider Number: 1 108328-00  
Date: 3/17/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **267.18**      New Rate: **263.60**      Effective Date: **7/1/2021**

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

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input checked="" 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"/> CHOW effective 11/03/2020	

**Distribution:**

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 No Change in Rate

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960



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**

ORCHID COVE AT LABELLE  
250 BROWARD AVE  
LABELLE, FL 33935

Provider Number: 1 108328-00  
Date: 3/17/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**263.60**      **268.14**      **10/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/03/2020	

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**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Vero Beach, FL 32960



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT LABELLE  
250 BROWARD AVE  
LABELLE, FL 33935

Provider Number: 1 108328-00  
Date: 3/17/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**268.14**      **249.89**      **1/1/2022**

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

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input checked="" 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"/> CHOW effective 11/03/2020	

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 No Change in Rate

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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2770 Indian River Blvd #402  
Vero Beach, FL 32960



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT KISSIMMEE  
320 NORTH MITCHELL STREET  
KISSIMMEE, FL 34741

Provider Number: 1 108336-00  
Date: 3/28/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate	New Rate	Effective Date
<b><u>252.64</u></b>	<b><u>252.64</u></b>	<b><u>11/3/2020</u></b>

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/03/2020	

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

Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

ORCHID COVE AT KISSIMMEE  
320 NORTH MITCHELL STREET  
KISSIMMEE, FL 34741

Provider Number: 1 108336-00  
Date: 3/28/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate	New Rate	Effective Date
<b><u>252.64</u></b>	<b><u>249.25</u></b>	<b><u>7/1/2021</u></b>

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/03/2020	

**Distribution:**

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Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

ORCHID COVE AT KISSIMMEE  
320 NORTH MITCHELL STREET  
KISSIMMEE, FL 34741

Provider Number: 1 108336-00  
Date: 3/28/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **249.25**    New Rate: **260.41**    Effective Date: **10/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/03/2020	

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**Rebekah Falk**

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Home Office:

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Vero Beach, FL 32960





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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT KISSIMMEE  
320 NORTH MITCHELL STREET  
KISSIMMEE, FL 34741

Provider Number: 1 108336-00  
Date: 3/28/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>260.41</u></b>	<b><u>236.16</u></b>	<b><u>1/1/2022</u></b>

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

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

<b>Changes:</b>	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/03/2020	

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Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960

**Rebekah Falk**

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT GULFSIDE  
1100 N PINE ST  
CLEARWATER, FL 33756

Provider Number: 1 108473-00  
Date: 03/16/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**277.87**      **277.87**      **11/3/2020**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/03/2020	

**Distribution:**

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

Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT GULFSIDE

1100 N PINE ST

CLEARWATER, FL 33756

Provider Number:

1 108473-00

Date:

03/16/2022

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current  
Rate

**277.87**

New  
Rate

**274.15**

Effective  
Date

**7/1/2021**

**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

CHOW effective 11/03/2020

**Distribution:**

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

Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT GULFSIDE

1100 N PINE ST

CLEARWATER, FL 33756

Provider Number:

1 108473-00

Date:

03/16/2022

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**274.15**

New  
Rate

**261.57**

Effective  
Date

**10/1/2021**

**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

CHOW effective 11/03/2020

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Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT GULFSIDE

1100 N PINE ST

CLEARWATER, FL 33756

Provider Number:

1 108473-00

Date:

03/16/2022

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>261.57</u></b>	<b><u>261.57</u></b>	<b><u>1/1/2022</u></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

CHOW effective 11/03/2020

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Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

MONTICELLO CARE CENTER  
1780 N JEFFERSON HWY  
MONTICELLO, FL 32344

Provider Number: 1 108586-00  
Date: 5/16/2022  
Fiscal Year End: 2/28/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**273.50**      **269.83**      **9/19/2021**

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 checked="" type="checkbox"/>	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"/>	CHOW effective 9/19/2021

**Distribution:**

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Center for Aging and Rehabilitation of Florida  
C/O TKP Accounting  
3550 Powerline Rd  
Oakland Park, FL 33309-5917



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**

MONTICELLO CARE CENTER  
1780 N JEFFERSON HWY  
MONTICELLO, FL 32344

Provider Number: 1 108586-00  
Date: 5/16/2022  
Fiscal Year End: 2/29/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**269.83**      **256.34**      **10/1/2021**

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

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input checked="" 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"/> CHOW effective 9/19/2021	

**Distribution:**

Contract Management / Fiscal Agent

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

Home Office:

Center for Aging and Rehabilitation of Florida  
C/O TKP Accounting  
3550 Powerline Rd  
Oakland Park, FL 33309-5917

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

MONTICELLO CARE CENTER  
1780 N JEFFERSON HWY  
MONTICELLO, FL 32344

Provider Number: 1 108586-00  
Date: 5/16/2022  
Fiscal Year End: 2/29/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**256.34**      **256.34**      **1/1/2022**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 9/19/2021	

**Distribution:**

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

Home Office:

Center for Aging and Rehabilitation of Florida  
C/O TKP Accounting  
3550 Powerline Rd  
Oakland Park, FL 33309-5917

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance





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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT OLDSMAR

3865 TAMPA RD

OLDSMAR, FL 34677

Provider Number:

1 108695-00

Date:

04/12/2022

Fiscal Year End:

1/31/2020

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**208.62**

New  
Rate

**212.16**

Effective  
Date

**11/19/2020**

**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

CHOW effective 11/19/2020

**Distribution:**

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Home Office:

Orchid Cove Health Group

2770 Indian River Blvd # 402

Vero Beach, Fl 32960

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT OLDSMAR  
3865 TAMPA RD  
OLDSMAR, FL 34677

Provider Number: 1 108695-00  
Date: 04/12/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**212.16**      **214.33**      **7/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/19/2020	

**Distribution:**

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

Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd # 402  
Vero Beach, FL 32960

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT OLDSMAR  
3865 TAMPA RD  
OLDSMAR, FL 34677

Provider Number: 1 108695-00  
Date: 04/12/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**214.33**    **240.12**    **10/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/19/2020	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Orchid Cove Health Group  
2770 Indian River Blvd # 402  
Vero Beach, FL 32960



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**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT OLDSMAR  
3865 TAMPA RD  
OLDSMAR, FL 34677

Provider Number: 1 108695-00  
Date: 04/12/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**240.12**    **216.23**    **1/1/2022**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/19/2020	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

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2770 Indian River Blvd # 402  
Vero Beach, FL 32960



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT CLEARWATER  
1980 SUNSET POINT RDD  
CLEARWATER, FL 337655

Provider Number: 1 108709-00  
Date: 4/8/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **201.88**    New Rate: **205.68**    Effective Date: **11/19/2020**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/19/2020	

**Distribution:**

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Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

ORCHID COVE AT CLEARWATER  
1980 SUNSET POINT RD  
CLEARWATER, FL 33765

Provider Number: 1 108709-00  
Date: 4/8/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**205.68**      **205.76**      **7/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/19/2020	

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**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960



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**

ORCHID COVE AT CLEARWATER

1980 SUNSET POINT RD

CLEARWATER, FL 33765

Provider Number:

1 108709-00

Date:

4/8/2022

Fiscal Year End:

1/31/2020

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**205.76**

New  
Rate

**245.78**

Effective  
Date

**10/1/2021**

**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

CHOW effective 11/19/2020

**Distribution:**

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Home Office:

Orchid Cove Health Group  
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Vero Beach, FL 32960

**Rebekah Falk**

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ORCHID COVE AT CLEARWATER  
1980 SUNSET POINT RD  
CLEARWATER, FL 33765

Provider Number: 1 108709-00  
Date: 4/8/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **245.78**  
New Rate: **219.40**  
Effective Date: **1/1/2022**

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 checked="" type="checkbox"/>	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"/>	CHOW effective 11/19/2020

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Home Office:

Orchid Cove Health Group  
2770 Indian River Blvd #402  
Vero Beach, FL 32960

**Rebekah Falk**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ARBOR SPRINGS HEALTH AND REHABILITATION CENTER  
1501 SE 24TH RD  
OCALA, FL 34471

Provider Number: 1 108713-00  
Date: 4/05/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**205.45**      **208.93**      **11/19/2020**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/19/2020	

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Home Office:

Lilac Health Group  
140 Gladiola Rd NE  
Palm Bay, FL 32907

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

*Yndia Rutland*



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**

ARBOR SPRINGS HEALTH AND REHABILITATION CENTER  
1501 SE 24TH RD  
OCALA, FL 34471

Provider Number: 1 108713-00  
Date: 4/05/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **208.93**    New Rate: **\$211.07**    Effective Date: **7/1/2021**

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 checked="" type="checkbox"/>	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"/>	CHOW effective 11/19/2020

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Home Office:

Lilac Health Group  
140 Gladiola Rd NE  
Palm Bay, FL 32907

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

*Yndia Rutland*



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ARBOR SPRINGS HEALTH AND REHABILITATION CENTER  
1501 SE 24TH RD  
OCALA, FL 34471

Provider Number: 1 108713-00  
Date: 4/05/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**\$211.07**      **257.50**      **10/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/19/2020	

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Home Office:

Lilac Health Group  
140 Gladiola Rd NE  
Palm Bay, FL 32907

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

*Yndia Rutland*



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ARBOR SPRINGS HEALTH AND REHABILITATION CENTER  
1501 SE 24TH RD  
OCALA, FL 34471

Provider Number: 1 108713-00  
Date: 4/05/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**257.50**      **219.93**      **1/1/2022**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/19/2020	

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**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

*Yndia Rutland*

Home Office:

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140 Gladiola Rd NE  
Palm Bay, FL 32907



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

GAINESVILLE HEALTH AND REHABILITATION CENTER  
4000 SW 20TH AVE  
GAINESVILLE, FL 32607

Provider Number: 1 108917-00  
Date: 03/14/2022  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**198.82**    **201.72**    **4/1/2020**

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

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

<b>Changes:</b>
_____ Rate Semester Change
<input checked="" type="checkbox"/> CHOW effective 04/01/2020

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**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Lilac Health Group  
140 Gladiola Rd NE  
Palm Bay, FL 32907



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2727 Mahan Drive - Mail Stop 23

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**Medicaid Reimbursement Per Diem Rates**

GAINESVILLE HEALTH AND REHABILITATION CENTER  
4000 SW 20TH AVE  
GAINESVILLE, FL 32607

Provider Number: 1 108917-00  
Date: 03/14/2022  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**201.72**    **204.46**    **7/1/2020**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 04/01/2020	

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Home Office:

Lilac Health Group  
140 Gladiola Rd NE  
Palm Bay, FL 32907

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

GAINESVILLE HEALTH AND REHABILITATION CENTER  
4000 SW 20TH AVE  
GAINESVILLE, FL 32607

Provider Number: 1 108917-00  
Date: 03/14/2022  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **204.46**    New Rate: **207.92**    Effective Date: **10/1/2020**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 04/01/2020	

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**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Lilac Health Group  
140 Gladiola Rd NE  
Palm Bay, FL 32907



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**

GAINESVILLE HEALTH AND REHABILITATION CENTER  
4000 SW 20TH AVE  
GAINESVILLE, FL 32607

Provider Number: 1 108917-00  
Date: 03/14/2022  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**207.92**      **210.05**      **7/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 04/01/2020	

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Home Office:

Lilac Health Group  
140 Gladiola Rd NE  
Palm Bay, FL 32907

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance





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**

GAINESVILLE HEALTH AND REHABILITATION CENTER  
4000 SW 20TH AVE  
GAINESVILLE, FL 32607

Provider Number: 1 108917-00  
Date: 03/14/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **210.05**      New Rate: **254.56**      Effective Date: **10/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 04/01/2020	

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**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Lilac  
140 Gladiola Rd NE  
Palm Bay, FL 32907



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**

GAINESVILLE HEALTH AND REHABILITATION CENTER  
4000 SW 20TH AVE  
GAINESVILLE, FL 32607

Provider Number: 1 108917-00  
Date: 03/14/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**254.56**    **218.39**    **1/1/2022**

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

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

<b>Changes:</b>
_____ Rate Semester Change
<input checked="" type="checkbox"/> CHOW effective 04/01/2020

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Contract Management / Fiscal Agent

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Home Office:

Lilac  
140 Gladiola Rd NE  
Palm Bay, FL 32907

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

HAWTHORNE CENTER FOR REHABILITATION AND HEALING OF SARASOTA  
5381 DESOTO RD  
SARASOTA, FL 34235

Provider Number: 1 121563-00  
Date: 4/25/2022  
Fiscal Year End: 06/30/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**270.68**      **267.05**      **8/4/2021**

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 checked="" type="checkbox"/>	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"/>	CHOW effective 8/04/2021

**Distribution:**

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No Change in Rate

Home Office:

No Home Office

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

HAWTHORNE CENTER FOR REHABILITATION AND HEALING OF SARASOTA  
5381 DESOTO RD  
SARASOTA, FL 34235

Provider Number: 1 121563-00  
Date: 4/25/2022  
Fiscal Year End: 06/30/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**267.05**      **259.29**      **10/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 8/04/2021	

**Distribution:**

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Home Office:

No Home Office

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

HAWTHORNE CENTER FOR REHABILITATION AND HEALING OF SARASOTA  
5381 DESOTO RD  
SARASOTA, FL 34235

Provider Number: 1 121563-00  
Date: 4/25/2022  
Fiscal Year End: 06/30/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**259.29**      **253.70**      **1/1/2022**

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

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

Changes:	
_____	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 8/04/2021

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

Home Office:

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**Rebekah Falk**

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

HAWTHORNE CENTER FOR REHABILITATION AND HEALING  
OF BRANDON  
851 LUMSDEN RD  
BRANDON, FL 33511

Provider Number: 1 122901-00  
Date: 4/26/2022  
Fiscal Year End: 6/30/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **230.63**  
New Rate: **232.99**  
Effective Date: **8/4/2021**

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

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input checked="" 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"/> CHOW effective 8/04/2021	

**Distribution:**

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 No Change in Rate

Home Office:

No Home Office

**Rebekah Falk**

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

HAWTHORNE CENTER FOR REHABILITATION AND HEALING  
OF BRANDON

851 LUMSDEN RD

BRANDON, FL 33511

Provider Number: 1 122901-00

Date: 4/26/2022

Fiscal Year End: 6/30/2019

Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate	New Rate	Effective Date
<b><u>232.99</u></b>	<b><u>250.18</u></b>	<b><u>10/1/2021</u></b>

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 checked="" type="checkbox"/>	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"/>	CHOW effective 8/04/2021

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office
----------------

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**

HAWTHORNE CENTER FOR REHABILITATION AND HEALING  
OF BRANDON

851 LUMSDEN RD

BRANDON, FL 33511

Provider Number: 1 122901-00

Date: 4/26/2022

Fiscal Year End: 6/30/2019

Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate	New Rate	Effective Date
<b>250.18</b>	<b>224.36</b>	<b>1/1/2022</b>

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 checked="" type="checkbox"/>	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"/>	CHOW effective 8/04/2021

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance





RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

## MEMORANDUM

**Date:** September 27, 2022  
**To:** Johnnie Mae Peters, SMA Supervisor, Finance and Banking  
**From:** *ZD* 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.	Summer Brook Health Care Center	0 059783-00	IRR Settlement	3
2.	Menorah House	0 229628-00	FA	3
			<b><u>TOTAL:</u></b>	6

If you have any questions regarding the above contact Zainab Day at  
Zainab.Day@ahca.myflorida.com.  
ZD/nr



		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MFAO number	Audit Number
005978300	20160117	189.69	0.00	189.69	189.69	481.97	92124-22	
005978300	20160901	188.60	0.00	188.60	188.60	488.23	92124-22	
005978300	20170901	188.02	0.00	188.02	188.02	495.77	92124-22	
022962800	20150901	232.86	0.00	232.86	232.86	525.14	92124-22	NH15-053C
022962800	20160901	239.80	0.00	239.80	239.80	539.43	92124-22	NH15-053C
022962800	20170901	243.14	0.00	243.14	243.14	550.89	92124-22	NH15-053C



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**Medicaid Reimbursement Per Diem Rates**

SUMMER BROOK HEALTH CARE CENTER

5377 MONCRIEF ROAD

JACKSONVILLE, FL 32209

Provider Number:

0 059783-00

Date:

8/23/2022

Fiscal Year End:

6/30/2014

Audit Status:

Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**195.35**

New  
Rate

**189.69**

Effective  
Date

**1/17/2016**

**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

IRR Settlement FYE 12/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

\_\_\_\_\_ For Information Only

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

Home Office:

Innovative Health Care Management Services, Inc.

2333 Hansen Lane, Suite 4

Tallahassee, FL 32301

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

*Zainab Day*



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SUMMER BROOK HEALTH CARE CENTER

5377 MONCRIEF ROAD

JACKSONVILLE, FL 32209

Provider Number:

0 059783-00

Date:

8/23/2022

Fiscal Year End:

12/31/2014

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

New  
Rate

Effective  
Date

**194.20**

**188.60**

**9/1/2016**

**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

IRR Settlement FYE 12/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Innovative Health Care Management Services, Inc.

2333 Hansen Lane, Suite 4

Tallahassee, FL 32301

**Zainab Day**

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*Zainab Day*



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**Medicaid Reimbursement Per Diem Rates**

SUMMER BROOK HEALTH CARE CENTER

5377 MONCRIEF ROAD

JACKSONVILLE, FL 32209

Provider Number:

0 059783-00

Date:

8/23/2022

Fiscal Year End:

12/31/2015

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**193.53**

New  
Rate

**188.02**

Effective  
Date

**9/1/2017**

**Rate Type:**

Interim

X Prospective

Total Interim

Total Prospective

Interim Component

X

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

X Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

X IRR Settlement FYE 12/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

       For Information Only

       No Change in Rate

Home Office:

Innovative Health Care Management Services, Inc.

2333 Hansen Lane, Suite 4

Tallahassee, FL 32301

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

*Zainab Day*



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**Medicaid Reimbursement Per Diem Rates**

MENORAH HOUSE	Provider Number:	0 229628-00
9945 CENTRAL PARK BLVD N	Date:	6/14/2022
BOCA RATON, FL 33428-1745	Fiscal Year End:	12/31/2014
	Audit Status:	Field Audited

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>233.49</b>	<b>232.86</b>	<b>9/1/2015</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 #NH15-053C FYE 12/31/2014	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

BrightSNFCare,LLC d/b/a/ Carestrong  
 10800 Biscayne Boulevard  
 Suite 650  
 Miami, FL 33161

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance



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**

MENORAH HOUSE	Provider Number:	0 229628-00
9945 CENTRAL PARK BLVD N	Date:	6/14/2022
BOCA RATON, FL 33428-1745	Fiscal Year End:	12/31/2015
	Audit Status:	Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home      Single Level	<b><u>239.84</u></b>	<b><u>239.80</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 checked="" 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"/> Effects of Field Audit #NH15-053C FYE 12/31/2014	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

BrightSNFCare,LLC d/b/a/ Carestrong  
 10800 Biscayne Boulevard  
 Suite 650  
 Miami, FL 33161

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance



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**

MENORAH HOUSE	Provider Number:	0 229628-00
9945 CENTRAL PARK BLVD N	Date:	6/14/2022
BOCA RATON, FL 33428-1745	Fiscal Year End:	12/31/2015
	Audit Status:	Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home      Single Level	<b><u>243.18</u></b>	<b><u>243.14</u></b>	<b><u>9/1/2017</u></b>

Rate Type:	
<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	

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"/> Effects of Field Audit #NH15-053C FYE 12/31/2014	

**Distribution:**

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office:

BrightSNFCare,LLC d/b/a/ Carestrong  
 10800 Biscayne Boulevard  
 Suite 650  
 Miami, FL 33161

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance





RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

## MEMORANDUM

**Date:** October 5, 2022  
**To:** Johnnie Mae Peters, SMA Supervisor, Finance and Banking  
**From:** ZD 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.	Viera Health & Rehabilitation Center	0 110482-00	FA & RFA	6
2.	Pinellas Park Facility	0 233885-00	Cost Settlement	1
3.	Gandy Crossing Care Center	0 249749-00	Cost Settlement	1
4.	Alhambra Health And Rehabilitation Center	0 261254-00	FA & RFA	2
			<b><u>TOTAL:</u></b>	10

If you have any questions regarding the above contact Zainab Day at  
Zainab.Day@ahca.myflorida.com.  
ZD/nr



		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MFAO number	Audit Number
011048200	20140601	227.88	0.00	227.88	227.88	505.78	92168-22	NH15-059C
011048200	20140701	239.05	0.00	239.05	239.05	519.43	92168-22	NH15-059C
011048200	20150101	243.05	0.00	243.05	243.05	528.55	92168-22	NH15-059C
011048200	20150901	240.40	0.00	240.40	240.40	532.68	92168-22	NH15-059C
011048200	20160901	241.49	0.00	241.49	241.49	541.12	92168-22	NH15-059C
011048200	20170901	248.80	0.00	248.80	248.80	556.55	92168-22	NH15-059C
023388500	20180101	209.72	0.00	209.72	209.72	517.47	92168-22	
024974900	20180601	208.78	0.00	208.78	208.78	516.53	92168-22	
026125400	20160901	229.19	0.00	229.19	229.19	528.82	92168-22	NH17-091C
026125400	20170901	234.60	0.00	234.60	234.60	542.35	92168-22	NH17-091C



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

VIERA HEALTH & REHABILITATION CENTER  
8050 SPYGLASS HILL RD  
MELBOURNE, FL 32940-7983

Provider Number: 0 110482-00  
Date: 5/7/2020  
Fiscal Year End: 12/31/2014  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**227.96**      **227.88**      **6/1/2014**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH15-059C FYE 12/31/2014	

**Distribution:**

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

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Greystone Healthcare Management  
4042 Park Oaks Blvd, Suite 300  
Tampa, FL 33610



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**

VIERA HEALTH & REHABILITATION CENTER

8050 SPYGLASS HILL RD

MELBOURNE, FL 32940-7983

Provider Number:

0 110482-00

Date:

5/7/2020

Fiscal Year End:

12/31/2014

Audit Status:

Revised Field Audit

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**239.15**

New  
Rate

**239.05**

Effective  
Date

**7/1/2014**

**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

FA & RFA #NH15-059C FYE 12/31/2014

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

\_\_\_\_\_ For Information Only

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

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

*Zainab Day*

Home Office:

Greystone Healthcare Management

4042 Park Oaks Blvd, Suite 300

Tampa, FL 33610



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**

VIERA HEALTH & REHABILITATION CENTER

8050 SPYGLASS HILL RD

MELBOURNE, FL 32940-7983

Provider Number:

0 110482-00

Date:

5/7/2020

Fiscal Year End:

12/31/2014

Audit Status:

Revised Field Audit

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**243.25**

New  
Rate

**243.05**

Effective  
Date

**1/1/2015**

**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

FA & RFA #NH15-059C FYE 12/31/2014

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

\_\_\_\_\_ For Information Only

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

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

*Zainab Day*

Home Office:

Greystone Healthcare Management

4042 Park Oaks Blvd, Suite 300

Tampa, FL 33610



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**

VIERA HEALTH & REHABILITATION CENTER  
8050 SPYGLASS HILL RD  
MELBOURNE, FL 32940-7983

Provider Number: 0 110482-00  
Date: 5/7/2020  
Fiscal Year End: 12/31/2014  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **240.61**    New Rate: **240.40**    Effective Date: **9/1/2015**

Rate Type:	
<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	

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH15-059C FYE 12/31/2014	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

\_\_\_\_\_ For Information Only

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

Home Office:

Greystone Healthcare Management  
4042 Park Oaks Blvd, Suite 300  
Tampa, FL 33610

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance



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**Medicaid Reimbursement Per Diem Rates**

VIERA HEALTH & REHABILITATION CENTER  
8050 SPYGLASS HILL RD  
MELBOURNE, FL 32940-7983

Provider Number: 0 110482-00  
Date: 5/7/2020  
Fiscal Year End: 12/31/2015  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**241.44**      **241.49**      **9/1/2016**

Rate Type:	
<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	

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"/> Effects of FA & RFA #NH15-059C FYE 12/31/2014	

**Distribution:**

Contract Management / Fiscal Agent  
Permanent File  
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 No Change in Rate

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Greystone Healthcare Management  
4042 Park Oaks Blvd, Suite 300  
Tampa, FL 33610



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**

PINELLAS PARK FACILITY  
8701 49TH ST N  
PINELLAS PARK, FL 33782

Provider Number: 0 233885-00  
Date: 9/9/2022  
Fiscal Year End: 6/30/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **250.18**      New Rate: **209.72**      Effective Date: **1/1/2018**

<b>Rate Type:</b>	
<input checked="" type="checkbox"/> Interim	<input 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 checked="" 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"/> Cost Settlement FYE 06/30/2019	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

\_\_\_\_\_ For Information Only

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

Home Office:

Florida Care, Inc.  
c/o Apex Healthcare  
400 Rella Blvd, Suite 200  
Montebello, NY 10901

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance





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**

GANDY CROSSING CARE CENTER  
4610 S MANHATTAN AVE  
TAMPA, FL 33611

Provider Number: 0 249749-00  
Date: 9/13/2022  
Fiscal Year End: 5/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**219.32**    **208.78**    **6/1/2018**

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

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input checked="" 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"/> Cost Settlement FYE 05/31/2019	

**Distribution:**

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

Florida Care, Inc.  
c/o Apex Healthcare  
400 Rella Blvd, Suite 200  
Montebello, NY 10901

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance



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**

ALHAMBRA HEALTH AND REHABILITATION CENTER  
7501 38TH AVE N  
SAINT PETERSBURG, FL 33710

Provider Number: 0 261254-00  
Date: 9/12/2022  
Fiscal Year End: 12/31/2015  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **231.38**      New Rate: **229.19**      Effective Date: **9/1/2016**

<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"/> FA & RFA #NH17-091C FYE 12/31/2015	

**Distribution:**

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No Change in Rate

Home Office:

Greystone Healthcare Management  
4042 Park Oaks Blvd, Suite 300  
Tampa, FL 33610

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance



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**

ALHAMBRA HEALTH AND REHABILITATION CENTER  
7501 38TH AVE N  
SAINT PETERSBURG, FL 33710

Provider Number: 0 261254-00  
Date: 9/12/2022  
Fiscal Year End: 12/31/2015  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **236.86**    New Rate: **234.60**    Effective Date: **9/1/2017**

<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"/> FA & RFA #NH17-091C FYE 12/31/2015	

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Home Office:

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4042 Park Oaks Blvd, Suite 300  
Tampa, FL 33610

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

## MEMORANDUM

**Date:** October 26, 2022  
**To:** Johnnie Mae Peters, SMA Supervisor, Finance and Banking  
**From:** *ZD* 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.	Hawthorne Health and Rehabilitation of Sarasota	0 094353-00	Correction FRVS Assets	2
2.	Magnolia Ridge Health and Rehabilitation Center	1 124247-00	New Facility	2
			<b><u>TOTAL:</u></b>	4

If you have any questions regarding the above contact Zainab Day at [Zainab.Day@ahca.myflorida.com](mailto:Zainab.Day@ahca.myflorida.com).  
ZD/nr



		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MFAO number	Audit Number
009435300	20160901	266.10	0.00	266.10	266.10	565.73	92198-22	
009435300	20170901	257.03	0.00	257.03	257.03	564.78	92198-22	
112424700	20220318	287.57	0.00	287.57	287.57	631.83	92198-22	
112424700	20221001	305.67	0.00	305.67	305.67	663.28	92198-22	



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

**MEMORANDUM**

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**To:** Johnnie Mae Peters, SMA Supervisor, Finance and Banking  
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**Subject:** Retroactive Nursing Facility Per Diem Rates

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ZD/nr



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009435300	20170901	257.03	0.00	257.03	257.03	564.78	92198-22	
112424700	20220318	287.57	0.00	287.57	287.57	631.83	92198-22	
112424700	20221001	305.67	0.00	305.67	305.67	663.28	92198-22	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

HAWTHORNE HEALTH AND REHAB OF SARASOTA  
5381 DESOTO ROAD  
SARASOTA, FL 34235

Provider Number: 0 094353-00  
Date: 10/19/2022  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**257.70**      **266.10**      **9/1/2016**

<b>Rate Type:</b>	
<input type="checkbox"/> Interim	<input checked="" 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 checked="" 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"/> Correction to FRVS Assets 2013/01	

**Distribution:**

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No Change in Rate

Home Office:

No Home Office

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance





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**

HAWTHORNE HEALTH AND REHAB OF SARASOTA  
5381 DESOTO ROAD  
SARASOTA, FL 34235

Provider Number: 0 094353-00  
Date: 10/19/2022  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**248.74**      **257.03**      **9/1/2017**

Rate Type:	
<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	

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"/> Correction to FRVS Assets 2013/01	

**Distribution:**

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No Change in Rate

Home Office:

No Home Office

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance



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**

MAGNOLIA RIDGE HEALTH AND REHABILITATION CENTER  
6517 NW 39TH AVE  
GAINESVILLE, FL 32606

Provider Number: 1 124247-00  
Date: 08/04/2022  
Fiscal Year End: 03/17/2023  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**0.00**      **287.57**      **3/18/2022**

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 3/18/2022	

**Distribution:**

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

Clear Choice Health Care  
709 S. Harbor City Blvd. Suite 240  
Melbourne, FL 32901

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance



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**

MAGNOLIA RIDGE HEALTH AND REHABILITATION CENTER	Provider Number:	1 124247-00
6517 NW 39TH AVE	Date:	10/14/2022
GAINESVILLE, FL 32606	Fiscal Year End:	03/17/2023
	Audit Status:	Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home      Single Level	<u>0.00</u>	<u>305.67</u>	<u>10/1/2022</u>

<b>Rate Type:</b>	
<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	

<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 3/18/2022	

**Distribution:**

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For Information Only

No Change in Rate

Home Office:

Clear Choice Health Care 709 S. Harbor City Blvd. Suite 240 Melbourne, FL 32901
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**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance