JASON WEIDA SECRETARY

MEMORANDUM

Date: January 31, 2023

To: Johnnie Mae Peters, Program Operations Administrator, Finance and Banking

From: GR 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.

	Provider Name	Provider Number	Type of Action	Number of Rate Change Notices
1.	Southern Pines Healthcare Center	0 019282-00	FA & RFA	2
2.	Fort Pierce Health Care	0 043861-00	FA & RFA	2
3.	The Palace at Kendall Nursing and Rehab	0 203327-00	FA & RFA	1
4.	St. Anne's Nursing Center	0 209473-00	FA & RFA	1
5.	John Knox Village of Tampa Bay, Inc.	0 210285-00	FA & RFA	2
6.	Davenport Care Center	1 096950-00	CHOW	5
7.	Greenville Care Center	1 108606-00	CHOW	4
8.	Dania Pointe Care Center	1 126344-00	CHOW	2
9.	Crossings Care Center	1 126348-00	CHOW	2
10.	Dunedin Care Center	1 126367-00	CHOW	2
11.	Normandy Center for Nursing and Healing	1 136354-00	CHOW	4
			<u>TOTAL:</u>	27

If you have any questions regarding the above, contact Yndia Rutland at <u>Yndia.Rutland@ahca.myflorida.com</u>.

YR/kg



		Single Level	Level H: AIDS	Single Level	Single Level		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
001928200	20160901	195.63	0.00	195.63	195.63	92618-23	NH09-004L
001928200	20170901	199.65	0.00	199.65	199.65	92618-23	NH09-004L
004386100	20160901	206.29	0.00	206.29	206.29	92618-23	NH13-203C
004386100	20170901	210.22	0.00	210.22	210.22	92618-23	NH16-130C
020332700	20160901	263.36	0.00	263.36	263.36	92618-23	NH15-092C
020947300	20160901	254.86	0.00	254.86	254.86	92618-23	NH13-013L
021028500	20160901	242.13	0.00	242.13	242.13	92618-23	NH13-003W
021028500	20170901	243.85	0.00	243.85	243.85	92618-23	NH13-003W
109695000	20210502	283.16	0.00	283.16	283.16	92618-23	
109695000	20210701	279.36	0.00	279.36	279.36	92618-23	
109695000	20211001	265.39	0.00	265.39	265.39	92618-23	
109695000	20220101	265.39	0.00	265.39	265.39	92618-23	
109695000	20221001	287.38	0.00	287.38	287.38	92618-23	
110860600	20210919	267.08	0.00	267.08	267.08	92618-23	
110860600	20211001	253.73	0.00	253.73	253.73	92618-23	
110860600	20220101	253.73	0.00	253.73	253.73	92618-23	
110860600	20221001	274.75	0.00	274.75	274.75	92618-23	
112634400	20220206	284.28	0.00	284.28	284.28	92618-23	
112634400	20221001	307.83	0.00	307.83	307.83	92618-23	
112634800	20220206	292.93	0.00	292.93	292.93	92618-23	
112634800	20221001	317.20	0.00	317.20	317.20	92618-23	
112636700	20220206	244.42	0.00	244.42	244.42	92618-23	
112636700	20221001	264.67	0.00	264.67	264.67	92618-23	
113635400	20210801	228.64	0.00	228.64	228.64	92618-23	
113635400	20211001	249.23	0.00	249.23	249.23	92618-23	
113635400	20220101	223.75	0.00	223.75	223.75	92618-23	
113635400	20221001	240.86	0.00	240.86	240.86	92618-23	

Page 1 of 1

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SOUTHERN PINES HEALTHCARE CENTER	Provider Number:		0 019282-00		
6140 CONGRESS ST	Date:		12/27/20	18	
NEW PORT RICHEY, FL 34653	Fiscal Year End: 7/31/2015		15		
	Audit Status:		Unaudit	ed	
Provider Type:					
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level		<u>195.71</u>	<u>195.63</u>	<u>9/1/2016</u>	

Rate	Type:				
	_Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective da	X	Prospectiv X	Total Prospective Total Prospective with Interim Component
Basis:	1		Cha	nges:	
X	Budget Unaudited co Field audited Desk audited	costs		Rate	e Semester Change ects of FA & RFA #NH09-004L FYE 0/2007 for prior provider #262706
Distributio	<u>n:</u>				Zainab Day
	igement / Fiscal .	Agent	Medicaid Cost Reimbursement Planning and Finance		
Permanent File For In	e formation Only				
	ange in Rate				
Ho	me Office:	Signature Healthcare, LLC 12201 Bluegrass Parkway Louisville, KY 40299			
A1ZMF	Report Calcul	ated: 12/27/2018 4:20:21 PM	Report Printed	:12/27/2018	ID: 019282073120150801201403282016102245

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Tallahassee, Florida 32308

SOUTHERN PINES HEALTHCARE CENTER	Provider Number:		0 019282	-00
6140 CONGRESS ST	Date:		12/27/20	18
NEW PORT RICHEY, FL 34653	Fiscal Year End:		7/31/20	15
	Audit Status:		Unaudit	ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective Date
Nursing Home Single Level		<u>199.73</u>	<u>199.65</u>	<u>9/1/2017</u>

Rate	e Type:			
	Interim 	Total Interim Interim Component Settlement based on cost Prior Provider Prospective o	X Prospectiv	Total Prospective Total Prospective with Interim Component
Basis:	Budget Unaudited		X Eff	e Semester Change ects of FA & RFA #NH09-004L FYE 0/2007 for prior provider #262706
X	Field audited Field audite Desk audite	ed costs		
<u>Distributio</u>	<u>n:</u>			Zainab Day
	agement / Fisca	l Agent	Medicaid Co	ost Reimbursement Planning and Finance
Permanent Fil	e Iformation Only			
	ange in Rate			
Нс	ome Office:	Signature Healthcare, LLC 12201 Bluegrass Parkway Louisville, KY 40299		
A1ZMF	Report Calc	culated: 12/27/2018 4:20:21 PM	Report Printed :12/27/2018	ID: 019282073120150801201403282016102245



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

FORT PIERCE HEALTH CARE Provi		.	0 043861-00		
611 S 13TH ST	Date:		2/21/20	20	
FORT PIERCE, FL 34950-4054	Fiscal Year End:		12/31/20		
	Audit Status:		Field Au	dited	
Provider Type:					
Nursing Home Single I	Level	Current <u>Rate</u> 206.97	New <u>Rate</u> 206.29	Effective <u>Date</u> <u>9/1/2016</u>	

Rate Type:				
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective da	x	Prospective X	e Total Prospective Total Prospective with Interim Component
Basis: Budget Unaudited X Field audit Desk audit	ed costs		X FA #	Semester Change #NH16-130C FYE 12/31/2015 with effects of & RFA #NH13-203C FYE 7/31/2012
Distribution: Contract Management / Fisca Permanent File For Information Only No Change in Rate		j	Medicaid Cos	Zainab Day tt Reimbursement Planning and Finance
Home Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751			
LB5A9 Report Calc	ulated: 2/21/2020 9:34:24 AM	Report Printed :	2/21/2020	ID: 043861123120150101201504252016112038



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Tallahassee, Florida 32308

FORT PIERCE HEALTH CARE	Provider Number:		0 043861-00		
611 S 13TH ST	Date:		2/21/2020		
FORT PIERCE, FL 34950-4054	Fiscal Year End:		12/31/20	15	
	Audit Status:		Field Aud	ited	
Provider Type:					
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level		<u>210.91</u>	<u>210.22</u>	<u>9/1/2017</u>	

Rate Type:				
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective d	X	Prospectiv X	e Total Prospective Total Prospective with Interim Component
Basis: Budget Unaudited co X Field audited Desk audited	l costs		Rate	e Semester Change #NH16-130C FYE 12/31/2015 with effects of & RFA #NH13-203C FYE 7/31/2012
Distribution:				Zainab Day
Contract Management / Fiscal	Agent	N	Aedicaid Co	ost Reimbursement Planning and Finance
Permanent File				
For Information Only				
No Change in Rate				
Home Office:	CMCII 800 Concourse Parkway Sou Maitland, FL 32751	ith		
LB5A9 Report Calcu	lated: 2/21/2020 9:34:24 AM	Report Printed :	2/21/2020	ID: 043861123120150101201504252016112038

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Tallahassee, Florida 32308

THE PALACE AT KENDALL NURSING AND REHAB CENTER	Provider Number:		0 203327	-00
11215 SW 84TH STREET	Date:		3/3/202	0
MIAMI, FL 33173	Fiscal Year End:		1/31/20	15
	Audit Status:		Revised Fiel	d Audit
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>264.68</u>	263.36	<u>9/1/2016</u>

Ra	ate Type:				
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective da	X	Pros	x Total Prospective Total Prospective with Interim Component
Basis X	Budget Unaudited Field audit Desk audit	costs ed costs			Rate Semester Change FA & RFA #NH15-092C FYE 1/31/2015
Permanent I For	anagement / Fisca	2	I	Aedica	Zainab Day aid Cost Reimbursement Planning and Finance
DRGOW	Home Office:	Professional Care I, Inc. 10850 SW 113th Place Miami, FL 33176 culated: 3/3/2020 2:19:28 PM	Report Printed	212100	20 ID: 203327013120150801201404272015091640



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST. ANNE'S NURSING CENTER	Provider Number:		0 209473	-00
11855 QUAIL ROOST DRIVE	Date:		4/20/202	20
MIAMI, FL 33177	Fiscal Year End:		9/30/20	15
	Audit Status:		Field Aud	lited
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 255.03	New <u>Rate</u> 254.86	Effective <u>Date</u> 9/1/2016
Nursing nome Single Level		<u>255.03</u>	<u> </u>	<u> 7/1/2010</u>

Rate Type:				
Interim		X	Prospective	
	Total Interim		X	Total Prospective
	Interim Component			Total Prospective with Interim Component
	Settlement based on cost			-
	Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH16-013L FYE 9/30/2015
	Unaudited costs		
Х	Field audited costs		
	Desk audited costs		

Distribution:			Zainab Day
Contract Management / Fiscal Agent		Medicaid C	ost Reimbursement Planning and Finance
Permanent File			C C
For Information On	ly		
No Change in Rate			
Home Office:	Catholic Health Services		
	4790 N. State Road 7		
	Lauderdale Lakes, FL 3331	9	
LDCMJ Report Ca	lculated: 4/20/2020 12:29:49 PM	Report Printed :4/20/2020	ID: 209473093020151001201404202016151537



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

JOHN KNOX VILLAGE OF TAMPA BAY, INC	Provider Number:		0 210285	-00
4100 E FLETCHER AVE	Date:		4/13/202	20
TAMPA, FL 33613-4864	Fiscal Year End:		12/31/20)14
	Audit Status:		Unaudit	ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective Date
Nursing Home Single Level		<u>244.14</u>	<u>242.13</u>	<u>9/1/2016</u>

Rate	Гуре:				
	Interim		Х	Prospective	
		Total Interim		X	Total Prospective
		Interim Component			Total Prospective with Interim Component
		Settlement based on cost			-
		Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
	Budget	X	Effects of FA & RFA #NH13-003W FYE
Х	Unaudited costs		12/31/2009
	Field audited costs		
	Desk audited costs		

Distribution	Distribution:			Zainab Day
Contract Management / Fiscal Agent		Medicaid Co	ost Reimbursement Planning and Finance	
Permanent File	Permanent File			C
For Info	ormation Only	7		
No Char	nge in Rate			
Hom	ne Office:	Baycare Health System		
		2985 Drew Street		
		Clearwater, FL 33759		
3SZNW	Report Calc	culated: 4/13/2020 4:15:36 PM	Report Printed :4/13/2020	ID: 210285123120140101201406032016152045



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

JOHN KNOX VILLAGE OF TAMPA BAY, INC	Provider Number:		0 210285	-00
4100 E FLETCHER AVE	Date:		4/13/202	20
TAMPA, FL 33613-4864	Fiscal Year End:		12/31/20)15
	Audit Status:		Unaudit	ed
Provider Type:				
Nursing Homo Single Level		Current <u>Rate</u>	New <u>Rate</u> 243.85	Effective <u>Date</u> 9/1/2017
Nursing Home Single Level		<u>245.82</u>	<u> 243.85</u>	<u>9/1/2017</u>

Rate	Туре:				
	Interim		Х	Prospective	
		Total Interim		X	Total Prospective
		Interim Component			Total Prospective with Interim Component
		Settlement based on cost			-
		Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
	Budget	X	Effects of FA & RFA #NH13-003W FYE
Х	Unaudited costs		12/31/2009
	Field audited costs		
	Desk audited costs		

Distribution:			Zainab Day
Contract Management / Fiscal Agent		Medicaid C	ost Reimbursement Planning and Finance
Permanent File			C
For Information	Only		
No Change in Rat	ie -		
Home Office:	Baycare Health System		
	2985 Drew Street		
	Clearwater, FL 33759		
3SZNW Report	Calculated: 4/13/2020 4:15:36 PM	Report Printed :4/13/2020	ID: 210285123120150101201511282016142809



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DAVENPORT CARE CENTER	Provider Number:		1 096950-	00
206 W ORANGE ST	Date:		12/28/20	22
DAVNPORT, FL. 33837	Fiscal Year End:		1/31/201	9
	Audit Status:		Unaudite	ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>283.16</u>	<u>283.16</u>	5/2/2021

Rate	Туре:			
X	Interim		Prosp	ective
		Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		
	Х	Prior Provider Prospective data		

Basis:		Changes:
		Rate Semester Change
	Budget	X CHOW effective 5/2/2021
Х	Unaudited costs	
	Field audited costs	
	Desk audited costs	
	<u> </u>	

Distribution:		Yndia Rutland
Contract Management / Fiscal A	Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File		Chiedia Pethaiad
X For Information Only		Gndia Rutland
XNo Change in Rate		\mathcal{O}
Home Office:	Davenport Care Center C/O TKP A	ccounting
	3550 Powerline Rd.	
	Oakland Park, FL 33309	
XXX821 Report Calcul	ated: 12/28/2022 10:30 AM Report	t Printed :12/28/2022 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DAVENPORT CARE CENTER	Provider Number:		1 096950-	00
206 W ORANGE ST	Date:		12/28/20	22
DAVNPORT, FL. 33837	Fiscal Year End:		1/31/201	9
	Audit Status:		Unaudite	ed
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 283.16	New <u>Rate</u> 279.36	Effective <u>Date</u> 7/1/2021
Nursing Home Single Level		283.10	279.30	//1/2021

Rate	Type:			
X	Interim		Prospective	
		Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		
	Х	Prior Provider Prospective data		

Basis:		Changes:	
	Budget	X	Rate Semester Change CHOW effective 5/2/2021
X	Unaudited costs Field audited costs Desk audited costs		

Distribution:		Yndia Rutland
Contract Management / Fiscal	Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent FileFor Information Only		Chiendia Dittained
		Gndia Retland
No Change in Rate		V
Home Office:	Davenport Care Center C/O T	KP Accounting
	3550 Powerline Rd.	
	Oakland Park, FL 33309	
XXX821 Report Calcu	ulated: 12/28/2022 10:30 AM	Report Printed :12/28/2022 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DAVENPORT CARE CENTER	Provider Number:		1 096950-00		
206 W ORANGE ST	Date:		12/28/20	22	
DAVNPORT, FL. 33837	Fiscal Year End:		1/31/202	0	
	Audit Status:		Unaudite	ed	
Provider Type:					
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level		279.36	<u>265.39</u>	10/1/2021	

Rate	Type:			
X	Interim		Prospective	
		Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		
	Х	Prior Provider Prospective data		

Basis:		Changes:	
	Budget	x	Rate Semester Change CHOW effective 5/2/2021
X	Unaudited costs Field audited costs Desk audited costs		

Distribution: Contract Management / Fiscal Agent Permanent File For Information Only		Yndia Rutland
		Medicaid Cost Reimbursement Planning and Finance
		Chiendia Dittain
		Gndia Rutland
No Change in	Rate	\mathcal{O}
Home Off	ice: Davenport Care Center C	/O TKP Accounting
	3550 Powerline Rd.	
	Oakland Park, FL 33309	
XXX821 Rep	oort Calculated: 12/28/2022 10:30 AM	Report Printed :12/28/2022 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DAVENPORT CARE CENTER	Provider Number:		1 096950-	00
206 W ORANGE ST	Date:		12/28/20	22
DAVNPORT, FL. 33837	Fiscal Year End:		1/31/202	0
	Audit Status:		Unaudite	ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>265.39</u>	<u>265.39</u>	1/1/2022

Rate	Type:				
X	Interim			Prospective	
		Total Interim			Total Prospective
		Interim Component	-		Total Prospective with Interim Component
		Settlement based on cost	-		
	Х	Prior Provider Prospective data			

Basis:		Changes:
		Rate Semester Change
	Budget	X CHOW effective 5/2/2021
Х	Unaudited costs	
	Field audited costs	
	Desk audited costs	

Distribution:	Yndia Rutland
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	Charlie Dittand
<u>X</u> For Information Only	Gndia Rutland
<u>X</u> No Change in Rate	\mathcal{O}
Home Office: Davenport Care C	enter C/O TKP Accounting
3550 Powerline F	.d.
Oakland Park, FL	33309
XXX821 Report Calculated: 12/28/2022 10:	30 AM Report Printed :12/28/2022 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DAVENPORT CARE CENTER	Provider Number:		1 096950-	00
206 W ORANGE ST	Date:		12/28/20	22
DAVNPORT, FL. 33837	Fiscal Year End:		1/31/202	:0
	Audit Status:		Unaudite	ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		265.39	287.38	10/1/2022

Rate	Type:				
X	Interim			Prospective	
		Total Interim			Total Prospective
		Interim Component	-		Total Prospective with Interim Component
		Settlement based on cost	-		
	Х	Prior Provider Prospective data			

Basis:		Changes:	
	Budget	X	Rate Semester Change CHOW effective 5/2/2021
X	Unaudited costs Field audited costs Desk audited costs		

Distribution: Contract Management / Fiscal Agent		Yndia Rutland
		Medicaid Cost Reimbursement Planning and Finance
Permanent File		Charlie Dittained
For Information Only		Gndia Rutland
No Change in Rate		\mathcal{O}
Home Office:	Davenport Care Center C/O TI	XP Accounting
	3550 Powerline Rd.	
	Oakland Park, FL 33309	
XXX821 Report Calcu	lated: 12/28/2022 10:30 AM	Report Printed :12/28/2022 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GREENVILLE CARE CENTER	Provider Number:		1 108606-	00
13455 W US 90	Date:		1/27/202	3
GREENVILLE, FL 32331	Fiscal Year End:		2/28/201	9
	Audit Status:		Unaudite	ed
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 270.71	New <u>Rate</u> 267.08	Effective <u>Date</u> 9/19/2021

Rate	Type:			
X	Interim		Prospective	
		Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		
	Х	Prior Provider Prospective data		

Basis:		Changes:
	Budget	Rate Semester Change X CHOW effective 9/19/2021
Х	Unaudited costs	
	Field audited costs Desk audited costs	

Distribution:		Yndia Rutland
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance
Permanent File		Charlie Dittand
For Information On	ly	Gndia Rutland
No Change in Rate		\mathcal{O}
Home Office:	C/O TKP Accounting	
	3550 Powerline Rd.	
	Oakland Park, FL 33309	
XXX822 Report Ca	lculated: 1/27/2023 10:30 AM	Report Printed :1/27/2023 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GREENVILLE CARE CENTER	Provider Number:	rovider Number: 1 108606-00		00
13455 W US 90	Date:		1/27/202	3
GREENVILLE, FL 32331	Fiscal Year End:		2/29/202	0
	Audit Status:		Unaudite	ed
Provider Type:				
Nursing Homo Single Level		Current <u>Rate</u>	New <u>Rate</u> 253.73	Effective <u>Date</u> 10/1/2021
Nursing Home Single Level		267.08	253.73	10/1/2021

Rate	Type:			
X	Interim	_	Prospective	
		Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		-
	Х	Prior Provider Prospective data		

Basis:		Changes:
	Budget	Rate Semester Change X CHOW effective 9/19/2021
Х	Unaudited costs	
	Field audited costs Desk audited costs	

Distribution:		Yndia Rutland			
Contract Management / Fiscal Agent Permanent File For Information Only		Medicaid Cost Reimbursement Planning and Finance			
		Chiendia Pethanand			
		Gndia Retland			
No Change in Rate		\mathcal{O}			
Home Office:	C/O TKP Accounting				
	3550 Powerline Rd.				
	Oakland Park, FL 33309				
XXX822 Report Cal	culated: 1/27/2023 10:30 AM	Report Printed :1/27/2023 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GREENVILLE CARE CENTER	Provider Number:		1 108606-	00
13455 W US 90	Date:		1/27/202	3
GREENVILLE, FL 32331	Fiscal Year End:		2/29/202	0
	Audit Status:		Unaudite	ed
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 253.73	New <u>Rate</u> 253.73	Effective <u>Date</u> 1/1/2022
Nursing Home Single Level		<u>253.73</u>	<u>253.73</u>	1/1/2022

Rate	Type:			
X	Interim	_	Prospective	
		Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		
	Х	Prior Provider Prospective data		

Basis:		Changes:	
	Budget	X	Rate Semester Change CHOW effective 9/19/2021
X	Unaudited costs Field audited costs Desk audited costs		

Distribution:		Yndia Rutland
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance
Permanent File		Chindia Dittain
X For Information Only		Gndia Retland
XNo Change in Rate		\mathcal{O}
Home Office:	C/O TKP Accounting	
	3550 Powerline Rd.	
	Oakland Park, FL 33309	
XXX822 Report Cal	culated: 1/27/2023 10:30 AM	Report Printed :1/27/2023 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GREENVILLE CARE CENTER	Provider Number:		1 108606-	00
13455 W US 90	Date:		1/27/202	3
GREENVILLE, FL 32331	Fiscal Year End:		2/29/202	0
	Audit Status:		Unaudite	ed
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 253.73	New <u>Rate</u> 274.75	Effective <u>Date</u> 10/1/2022

Rate	Type:				
X	Interim			Prospective	
		Total Interim			Total Prospective
		Interim Component	_		Total Prospective with Interim Component
		Settlement based on cost	-		
	Х	Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
	Budget	X	CHOW effective 9/19/2021
Х	Unaudited costs		
	Field audited costs		
	Desk audited costs		

Distribution:		Yndia Rutland			
Contract Management / Fiscal Agent Permanent File For Information Only		Medicaid Cost Reimbursement Planning and Finance			
		Chiendia Pethanand			
		Gndia Retland			
No Change in Rate		\mathcal{O}			
Home Office:	C/O TKP Accounting				
	3550 Powerline Rd.				
	Oakland Park, FL 33309				
XXX822 Report Cal	culated: 1/27/2023 10:30 AM	Report Printed :1/27/2023 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DANIA POINTE CARE CENTER	Provider Number:		1 126344	-00
440 PHIPPEN WAITERS ROAD	Date:		1/30/202	23
DANIA BEACH, FL 33004	Fiscal Year End:		1/31/202	20
	Audit Status:		Unaudit	ted
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>284.28</u>	284.28	2/6/2022

Rate	Type:				
X	Interim]	Prospective	
		Total Interim			Total Prospective
		Interim Component			Total Prospective with Interim Component
		Settlement based on cost	-		
	Х	Prior Provider Prospective data			

Basis:		Changes:	
		Rate Semester Change	
	Budget	X CHOW effective 02/06/2022	
X	Unaudited costs		
	Field audited costs		
	Desk audited costs		

Distribution:			Yndia Rutland
Contract Management / Fiscal Agent Permanent File		Agent	Medicaid Cost Reimbursement Planning and Finance
			Charlie Pethonad
For In	nformation Only		Gndia Retland
No Ch	nange in Rate		0
H	ome Office:	C/O TKP Accounting 3550 Powerline Rd Oakland Park, FL 33309	
XXX826	Report Calc	ulated: 1/30/2023 4:28 PM	Report Printed :1/30/2023 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DANIA POINTE CARE CENTER	Provider Number:		1 126344	-00
440 PHIPPEN WAITERS ROAD	Date:		1/30/202	23
DANIA BEACH, FL 33004	Fiscal Year End:		1/31/202	20
	Audit Status:		Unaudit	ted
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		284.28	<u>307.83</u>	<u>10/1/2022</u>

Rate	e Type:			
X	Interim		Prospectiv	e
		Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		
	Х	Prior Provider Prospective data		

Basis:		Changes:
		Rate Semester Change
	Budget	X CHOW effective 02/06/2022
Х	Unaudited costs	
	Field audited costs	
	Desk audited costs	

Distribution:			Yndia Rutland
Contract Management / Fiscal Agent Permanent File		Agent	Medicaid Cost Reimbursement Planning and Finance
			Charlie Pethonad
For In	nformation Only		Gndia Retland
No Ch	nange in Rate		0
H	ome Office:	C/O TKP Accounting 3550 Powerline Rd Oakland Park, FL 33309	
XXX826	Report Calc	ulated: 1/30/2023 4:28 PM	Report Printed :1/30/2023 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CROSSINGS CARE CENTER	Provider Number:		1 126348-	-00
4445 PINE FOREST DRIVE	Date:		2/1/2023	3
LAKE WORTH, FL 33463	Fiscal Year End:		1/31/202	20
	Audit Status:		Unaudit	ed
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 292.93	New <u>Rate</u> 292.93	Effective <u>Date</u> 2/6/2022
Nursing nome Single Level		292.95	272.93	2/0/2022

Rate	Type:			
X	Interim		Prospective	
		Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		_
	Х	Prior Provider Prospective data		

Basis:		Changes:
		Rate Semester Change
	Budget	X CHOW effective 02/06/2022
Х	Unaudited costs	
	Field audited costs	
	Desk audited costs	

<u>Distribution:</u>		Yndia Rutland		
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance		
Permanent File		Chadia Putland		
For Information On	ly	Gndia Rutland		
No Change in Rate				
Home Office:	C/O TKP Accounting 3550 Powerline Rd Oakland Park, FL 33309			
XXX838 Report Ca	lculated: 1/31/2023 4:28 PM	Report Printed :1/31/2023 ID:		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CROSSINGS CARE CENTER	Provider Number:		1 126348-00		
4445 PINE FOREST DRIVE	Date:		3/23/202	22	
LAKE WORTH, FL 33463	Fiscal Year End:		1/31/202	21	
	Audit Status:		Unaudit	ted	
Provider Type:					
Nursing Home Single Level		Current <u>Rate</u> 292.93	New <u>Rate</u> 317.20	Effective <u>Date</u> 10/1/2022	

Rate Type:				
Interim		X	Prospective	
	Total Interim			Total Prospective
	Interim Component			Total Prospective with Interim Component
	Settlement based on cost			-
X	Prior Provider Prospective data			

Basis:		Changes:	
	_		Rate Semester Change
	Budget	X	CHOW effective 02/06/2022
X	Unaudited costs		
	Field audited costs		
	Desk audited costs		
	=		

Distribution: Contract Management / Fiscal Agent Permanent File For Information Only		Yndia Rutland		
		Medicaid Cost Reimbursement Planning and Finance		
		Chadia Putland		
		Gndia Rutland		
No Change in Rate				
Home Office:	C/O TKP Accounting 3550 Powerline Rd Oakland Park, FL 33309			
XXX838 Report Cal	culated: 1/31/2023 4:28 PM	Report Printed :1/31/2023 ID:		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DUNEDIN CARE CENTER	Provider Number:		1 126367-00	
1351 SAN CHRISTOPHER DR.	Date:		1/30/20	23
DUNEDIN, FL 34698	Fiscal Year End:		1/31/202	20
	Audit Status:		Unaudi	ted
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 244.42	New <u>Rate</u> 244.42	Effective <u>Date</u> 2/6/2022

Rat	te Type:			
Х	Interim		Prospective	
		Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		-
	Х	Prior Provider Prospective data		

Basis:		Changes:	
			Rate Semester Change
	Budget	X	CHOW effective 02/06/2022
X	Unaudited costs		
	Field audited costs		
	Desk audited costs		
	-		

Distribution: Contract Management / Fiscal Agent Permanent File For Information Only			Yndia Rutland
		Agent	Medicaid Cost Reimbursement Planning and Finance
			Chadic Pethand
			Gndia Retland
No Ch	ange in Rate		V
Но	ome Office:	C/O TKP Accounting 3550 Powerline Rd Oakland Park, FL 33309	
XXX823	Report Calc	ulated: 1/30/2023 4:28 PM	Report Printed :1/30/2023 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DUNEDIN CARE CENTER	Provider Number:		1 126367-00		
1351 SAN CHRISTOPHER DR.	Date:		1/30/202	23	
DUNEDIN, FL 34698	Fiscal Year End:		1/31/202	21	
	Audit Status:		Unaudit	ted	
Provider Type:					
Nursing Home Single Level		Current <u>Rate</u> 244.42	New <u>Rate</u> 264.67	Effective <u>Date</u> 10/1/2022	
nursing nome Single Level		<u>244.42</u>	204.07	10/1/2022	

Rate	Type:			
X	Interim		Prospective	
		Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		-
	Х	Prior Provider Prospective data		

Basis:		Changes:
		Rate Semester Change
	Budget	X CHOW effective 02/06/2022
Х	Unaudited costs	
	Field audited costs	
	Desk audited costs	

Distribution: Contract Management / Fiscal Agent Permanent File For Information Only			Yndia Rutland
		Agent	Medicaid Cost Reimbursement Planning and Finance
			Chadic Pethand
			Gndia Retland
No Ch	ange in Rate		V
Но	ome Office:	C/O TKP Accounting 3550 Powerline Rd Oakland Park, FL 33309	
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORMANDY CENTER FOR NURSING AND HEALING	Provider Number:		1 136354	-00
8495 NORMANDY BOULEVARD	Date:		12/16/20	22
JACKSONVILLE, FL 32221	Fiscal Year End:		12/31/2018	
	Audit Status:		Unaudit	ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		231.75	228.64	<u>8/1/2021</u>

Rate	Type:			
X	Interim		Prospective	
		Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		_
	Х	Prior Provider Prospective data		

Basis:		Changes:	
	_	Rate Semester Change	
	Budget	X CHOW effective 08/01/2	021
Х	Unaudited costs		
	Field audited costs		
	Desk audited costs		

Distribution: Contract Management / Fiscal Agent Permanent File For Information Only		Yndia Rutland		
		Medicaid Cost Reimbursement Planning and Finance		
		Charlie Dettand		
		Gndia Retland		
No Change in Rate		U		
Home Office:	No Home Office			
XXX820 Report Calcu	ulated: 12/16/2022 08:00 AM	Report Printed :12/16/2022 ID:		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORMANDY CENTER FOR NURSING AND HEALING	Provider Number:		1 136354	-00
8495 NORMANDY BOULEVARD	Date:		12/16/20)22
JACKSONVILLE, FL 32221	Fiscal Year End:		12/31/20	019
	Audit Status:		Unaudi	ted
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		228.64	<u>249.23</u>	<u>10/1/2021</u>

Rate	Type:			
X	Interim		Prospective	
		Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		-
	Х	Prior Provider Prospective data		

Basis:		Changes:	
			Rate Semester Change
	Budget	X	CHOW effective 08/01/2021
X	Unaudited costs		
	Field audited costs		
	Desk audited costs		

Distribution: Contract Management / Fiscal Agent Permanent File		Yndia Rutland		
		Medicaid Cost Reimbursement Planning and Finance		
		Charlie Dettaind		
For Information Only		Gndia Rutland		
No Change in Rate		U		
Home Office:	No Home Office			
XXX820 Report Calcu	lated: 12/16/2022 08:00 AM	Report Printed :12/16/2022 ID:		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORMANDY CENTER FOR NURSING AND HEALING	Provider Number:		1 136354	-00
8495 NORMANDY BOULEVARD	Date:		12/16/20)22
JACKSONVILLE, FL 32221	Fiscal Year End:		12/31/2019	
	Audit Status:		Unaudit	ted
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>249.23</u>	<u>223.75</u>	<u>1/1/2022</u>

Rate	Type:			
Х	Interim		Prospective	
		Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		
	Х	Prior Provider Prospective data		

Basis:		Changes:
		Rate Semester Change
	Budget	X CHOW effective 08/01/2021
Х	Unaudited costs	
	Field audited costs	
	Desk audited costs	

Distribution: Contract Management / Fiscal Agent Permanent File		Yndia Rutland		
		Medicaid Cost Reimbursement Planning and Finance		
		Charlie Dettaind		
For Information Only		Gndia Rutland		
No Change in Rate		U		
Home Office:	No Home Office			
XXX820 Report Calcu	lated: 12/16/2022 08:00 AM	Report Printed :12/16/2022 ID:		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORMANDY CENTER FOR NURSING AND HEALING	Provider Number:		1 136354	-00
8495 NORMANDY BOULEVARD	Date:		12/16/20	022
JACKSONVILLE, FL 32221	Fiscal Year End:	Year End: 12/31/2020		20
	Audit Status:		Unaudit	ted
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		223.75	<u>240.86</u>	10/1/2022

Rate	Type:				
X	Interim			Prospective	
		Total Interim			Total Prospective
		Interim Component	-		Total Prospective with Interim Component
		Settlement based on cost	-		
	Х	Prior Provider Prospective data			

Basis:		Change	s:
	Dudaat		Rate Semester Change
	Budget	X	CHOW effective 08/01/2021
Х	Unaudited costs		
	Field audited costs		
	Desk audited costs		

Distribution:		Yndia Rutland			
Contract Management / Fiscal Agent Permanent File For Information Only		Medicaid Cost Reimbursement Planning and Finance			
		Chiedia Pittared			
		Gndia Rutland			
No Change in Rate		U			
Home Office:	No Home Office				
XXX820 Report Calcu	lated: 12/16/2022 08:00 AM	Report Printed :12/16/2022 ID:			