



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

MEMORANDUM

Date: January 31, 2023
To: Johnnie Mae Peters, Program Operations Administrator, Finance and Banking
From: *YR* 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.	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 Yndia.Rutland@ahca.myflorida.com.

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	



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

SOUTHERN PINES HEALTHCARE CENTER
6140 CONGRESS ST
NEW PORT RICHEY, FL 34653

Provider Number: 0 019282-00
Date: 12/27/2018
Fiscal Year End: 7/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 195.71, 195.63, 9/1/2016

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:

Budget

X Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Effects of FA & RFA #NH09-004L FYE 9/30/2007 for prior provider #262706

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

Signature Healthcare, LLC
12201 Bluegrass Parkway
Louisville, KY 40299



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

SOUTHERN PINES HEALTHCARE CENTER
6140 CONGRESS ST
NEW PORT RICHEY, FL 34653

Provider Number: 0 019282-00
Date: 12/27/2018
Fiscal Year End: 7/31/2015
Audit Status: Unaudited

Provider Type:

Table with 3 columns: Provider Type, Current Rate, New Rate, Effective Date. Row: Nursing Home Single Level, 199.73, 199.65, 9/1/2017

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:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Effects of FA & RFA #NH09-004L FYE
9/30/2007 for prior provider #262706

Distribution:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Signature Healthcare, LLC
12201 Bluegrass Parkway
Louisville, KY 40299



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FORT PIERCE HEALTH CARE
611 S 13TH ST
FORT PIERCE, FL 34950-4054

Provider Number: 0 043861-00
Date: 2/21/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
206.97	206.29	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

FA #NH16-130C FYE 12/31/2015 with effects of FA & RFA #NH13-203C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

CMCII

800 Concourse Parkway South

Maitland, FL 32751

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

FORT PIERCE HEALTH CARE

611 S 13TH ST

FORT PIERCE, FL 34950-4054

Provider Number:

0 043861-00

Date:

2/21/2020

Fiscal Year End:

12/31/2015

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
210.91	210.22	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

FA #NH16-130C FYE 12/31/2015 with effects of FA & RFA #NH13-203C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

CMCII

800 Concourse Parkway South

Maitland, FL 32751

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Medicaid Reimbursement Per Diem Rates

THE PALACE AT KENDALL NURSING AND REHAB CENTER
11215 SW 84TH STREET
MIAMI, FL 33173

Provider Number: 0 203327-00
Date: 3/3/2020
Fiscal Year End: 1/31/2015
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>264.68</u>	<u>263.36</u>	<u>9/1/2016</u>

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 #NH15-092C FYE 1/31/2015

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No Change in Rate

Home Office: Professional Care I, Inc.
10850 SW 113th Place
Miami, FL 33176



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Medicaid Reimbursement Per Diem Rates

ST. ANNE'S NURSING CENTER
11855 QUAIL ROOST DRIVE
MIAMI, FL 33177

Provider Number: 0 209473-00
Date: 4/20/2020
Fiscal Year End: 9/30/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **255.03** New Rate: **254.86** Effective Date: **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 type="checkbox"/> Unaudited costs	
<input checked="" type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-013L FYE 9/30/2015	

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No Change in Rate

Home Office:

Catholic Health Services
4790 N. State Road 7
Lauderdale Lakes, FL 33319

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Medicaid Reimbursement Per Diem Rates

JOHN KNOX VILLAGE OF TAMPA BAY, INC
4100 E FLETCHER AVE
TAMPA, FL 33613-4864

Provider Number: 0 210285-00
Date: 4/13/2020
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
244.14 **242.13** **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 #NH13-003W FYE 12/31/2009	

Distribution:

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No Change in Rate

Home Office:

Baycare Health System
2985 Drew Street
Clearwater, FL 33759

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Medicaid Reimbursement Per Diem Rates

JOHN KNOX VILLAGE OF TAMPA BAY, INC
4100 E FLETCHER AVE
TAMPA, FL 33613-4864

Provider Number: 0 210285-00
Date: 4/13/2020
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
245.82 **243.85** **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"/> Effects of FA & RFA #NH13-003W FYE 12/31/2009	

Distribution:

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For Information Only

No Change in Rate

Home Office:

Baycare Health System
2985 Drew Street
Clearwater, FL 33759

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DAVENPORT CARE CENTER

206 W ORANGE ST

DAVNPORT, FL. 33837

Provider Number:

1 096950-00

Date:

12/28/2022

Fiscal Year End:

1/31/2019

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>283.16</u>	<u>283.16</u>	<u>5/2/2021</u>

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 5/2/2021

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Davenport Care Center C/O TKP Accounting 3550 Powerline Rd. Oakland Park, FL 33309
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Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DAVENPORT CARE CENTER
206 W ORANGE ST
DAVNPORT, FL. 33837

Provider Number: 1 096950-00
Date: 12/28/2022
Fiscal Year End: 1/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **283.16** New Rate: **279.36** Effective Date: **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:	
<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 5/2/2021	

Distribution:

Contract Management / Fiscal Agent
Permanent File
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 No Change in Rate

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Home Office: Davenport Care Center C/O TKP Accounting
3550 Powerline Rd.
Oakland Park, FL 33309



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DAVENPORT CARE CENTER

206 W ORANGE ST

DAVNPORT, FL. 33837

Provider Number:

1 096950-00

Date:

12/28/2022

Fiscal Year End:

1/31/2020

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

279.36

New
Rate

265.39

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 5/2/2021

Distribution:

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_____ For Information Only

_____ No Change in Rate

Home Office:

Davenport Care Center C/O TKP Accounting
3550 Powerline Rd.
Oakland Park, FL 33309

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DAVENPORT CARE CENTER

206 W ORANGE ST

DAVNPORT, FL. 33837

Provider Number:

1 096950-00

Date:

12/28/2022

Fiscal Year End:

1/31/2020

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

265.39

265.39

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 5/2/2021

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Davenport Care Center C/O TKP Accounting
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Oakland Park, FL 33309



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Medicaid Reimbursement Per Diem Rates

DAVENPORT CARE CENTER

206 W ORANGE ST

DAVNPORT, FL. 33837

Provider Number:

1 096950-00

Date:

12/28/2022

Fiscal Year End:

1/31/2020

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

265.39

New
Rate

287.38

Effective
Date

10/1/2022

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 5/2/2021

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

Davenport Care Center C/O TKP Accounting
3550 Powerline Rd.
Oakland Park, FL 33309

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GREENVILLE CARE CENTER

13455 W US 90

GREENVILLE, FL 32331

Provider Number:

1 108606-00

Date:

1/27/2023

Fiscal Year End:

2/28/2019

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

270.71

267.08

9/19/2021

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 9/19/2021

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

C/O TKP Accounting
3550 Powerline Rd.
Oakland Park, FL 33309

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

GREENVILLE CARE CENTER

13455 W US 90

GREENVILLE, FL 32331

Provider Number:

1 108606-00

Date:

1/27/2023

Fiscal Year End:

2/29/2020

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

267.08

253.73

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 9/19/2021

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

C/O TKP Accounting
3550 Powerline Rd.
Oakland Park, FL 33309

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GREENVILLE CARE CENTER

13455 W US 90

GREENVILLE, FL 32331

Provider Number:

1 108606-00

Date:

1/27/2023

Fiscal Year End:

2/29/2020

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

253.73

New
Rate

253.73

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 9/19/2021

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Yndia Rutland

Home 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

GREENVILLE CARE CENTER

13455 W US 90

GREENVILLE, FL 32331

Provider Number:

1 108606-00

Date:

1/27/2023

Fiscal Year End:

2/29/2020

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

253.73

New
Rate

274.75

Effective
Date

10/1/2022

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 9/19/2021

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

C/O TKP Accounting
3550 Powerline Rd.
Oakland Park, FL 33309

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DANIA POINTE CARE CENTER
440 PHIPPEN WAITERS ROAD
DANIA BEACH, FL 33004

Provider Number: 1 126344-00
Date: 1/30/2023
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>
<u>284.28</u>	<u>284.28</u>	<u>2/6/2022</u>

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 02/06/2022	

Distribution:

Contract Management / Fiscal Agent
Permanent File
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Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Home Office:

C/O TKP Accounting
3550 Powerline Rd
Oakland Park, FL 33309



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DANIA POINTE CARE CENTER
440 PHIPPEN WAITERS ROAD
DANIA BEACH, FL 33004

Provider Number: 1 126344-00
Date: 1/30/2023
Fiscal Year End: 1/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **284.28** New Rate: **307.83** Effective Date: **10/1/2022**

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 02/06/2022

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CROSSINGS CARE CENTER
4445 PINE FOREST DRIVE
LAKE WORTH, FL 33463

Provider Number: 1 126348-00
Date: 2/1/2023
Fiscal Year End: 1/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **292.93** New Rate: **292.93** Effective Date: **2/6/2022**

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:	
<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 02/06/2022	

Distribution:

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Oakland Park, FL 33309



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Medicaid Reimbursement Per Diem Rates

CROSSINGS CARE CENTER
4445 PINE FOREST DRIVE
LAKE WORTH, FL 33463

Provider Number: 1 126348-00
Date: 3/23/2022
Fiscal Year End: 1/31/2021
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
292.93 **317.20** **10/1/2022**

Rate Type:	
<input type="checkbox"/> Interim	<input checked="" 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:	
<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 02/06/2022	

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DUNEDIN CARE CENTER	Provider Number:	1 126367-00
1351 SAN CHRISTOPHER DR.	Date:	1/30/2023
DUNEDIN, FL 34698	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>
		244.42	244.42	2/6/2022

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:	
<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 02/06/2022

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Home Office:

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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:	1/30/2023
DUNEDIN, FL 34698	Fiscal Year End:	1/31/2021
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		244.42	264.67	10/1/2022

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:	
<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 02/06/2022

Distribution:

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Home Office:

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 3550 Powerline Rd
 Oakland Park, FL 33309

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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

NORMANDY CENTER FOR NURSING AND HEALING
8495 NORMANDY BOULEVARD
JACKSONVILLE, FL 32221

Provider Number: 1 136354-00
Date: 12/16/2022
Fiscal Year End: 12/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>231.75</u>	<u>228.64</u>	<u>8/1/2021</u>

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 08/01/2021	

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Home Office:

No Home Office

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORMANDY CENTER FOR NURSING AND HEALING
8495 NORMANDY BOULEVARD
JACKSONVILLE, FL 32221

Provider Number: 1 136354-00
Date: 12/16/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
228.64 **249.23** **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 08/01/2021	

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_____ No Change in Rate

Home Office:

No Home Office

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORMANDY CENTER FOR NURSING AND HEALING
8495 NORMANDY BOULEVARD
JACKSONVILLE, FL 32221

Provider Number: 1 136354-00
Date: 12/16/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
249.23 **223.75** **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:	
<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 08/01/2021	

Distribution:

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Medicaid Reimbursement Per Diem Rates

NORMANDY CENTER FOR NURSING AND HEALING
8495 NORMANDY BOULEVARD
JACKSONVILLE, FL 32221

Provider Number: 1 136354-00
Date: 12/16/2022
Fiscal Year End: 12/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
223.75 **240.86** **10/1/2022**

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 08/01/2021	

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Home Office:

No Home Office

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

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