

JASON WEIDA SECRETARY

MEMORANDUM

Date: February 28, 2023

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

From: JR Yndia Rutland, Acting 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>	Provider Number	Type of Action	Number of Rate Change Notices
1.	Palm Garden of Winter Haven	0 098593-00	FA & RFA	1
2.	Village on the Isle	0 210463-00	FA	2
3.	Miami Shores Nursing and Rehab Center	0 214035-00	FA	2
4.	University West Rehabilitation Center	0 250995-00	Cost Settlement	1
5.	Pompano Health and Rehab Center	0 263923-00	FA & RFA	1
6.	Healthcare and Rehab of Sanford	0 263931-00	FA & RFA	2
7.	Regents Park of Sunrise	0 269697-00	FA & RFA	2
8.	Manor Care Nursing and Rehabilitation Center	0 325449-00	IRR Settlement	1
9.	Crystal Health and Rehab	1 002711-00	Cost Settlement	1
10.	Alliance Health and Rehabilitation Center	1 128403-00	CHOW	5
11.	Orange Park Center for Nursing and Healing	1 136355-00	CHOW	4
12.	University Center for Nursing and Healing	1 136360-00	CHOW	4
13.	Winter Haven FL OPCO LLC	1 139241-00	CHOW	2
14.	Buffalo Crossing Healthcare and Rehabilitation Center	1 147494-00	CHOW	2
15.	Harbourwood FL OPCO	1 154556-00	CHOW	2
16.	Laurellwood FL OPCO	1 160111-00	CHOW	2
17.	Blountstown Health and Rehabilitation Center	1 160809-00	CHOW	2
18.	Pinellas Park FL OPCO, LLC	1 161006-00	CHOW	2



		20
	Total:	38
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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		
	Effective Date	Cingle Level	20101111 74120	onigio zovoi	onigio Lovoi		
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MFAO	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
009859300	20160901	244.97	0.00	244.97	244.97	92766-23	NH15-043W
021046300	20160901	263.94	0.00	263.94	263.94	92766-23	NH16-068W
021046300	20170901	290.03	0.00	290.03	290.03	92766-23	NH16-068W
021403500	20160901	277.96	0.00	277.96	277.96	92766-23	NH15-054C
021403500	20170901	278.66	0.00	278.66	278.66	92766-23	NH15-054C
025099500	20180504	240.98	0.00	240.98	240.98	92766-23	
026392300	20160901	213.78	0.00	213.78	213.78	92766-23	NH14-094C
026393100	20160901	199.93	0.00	199.93	199.93	92766-23	NH14-061C
026393100	20170901	206.11	0.00	206.11	206.11	92766-23	NH14-061C
026969700	20160901	206.07	0.00	206.07	206.07	92766-23	NH14-065C
026969700	20170901	214.33	0.00	214.33	214.33	92766-23	NH14-065C
032544900	20170905	254.62	0.00	254.62	254.62	92766-23	
100271100	20180801	222.94	0.00	222.94	222.94	92766-23	
112840300	20210617	209.73	0.00	209.73	209.73	92766-23	
112840300	20210701	210.55	0.00	210.55	210.55	92766-23	
112840300	20211001	249.46	0.00	249.46	249.46	92766-23	
112840300	20220101	220.77	0.00	220.77	220.77	92766-23	
112840300	20221001	234.21	0.00	234.21	234.21	92766-23	
113635500	20210801	218.17	0.00	218.17	218.17	92766-23	
113635500	20211001	247.14	0.00	247.14	247.14	92766-23	
113635500	20220101	222.18	0.00	222.18	222.18	92766-23	
113635500	20221001	238.69	0.00	238.69	238.69	92766-23	
113636000	20210801	223.61	0.00	223.61	223.61	92766-23	
113636000	20211001	249.27	0.00	249.27	249.27	92766-23	
113636000	20220101	223.91	0.00	223.91	223.91	92766-23	
113636000	20221001	250.19	0.00	250.19	250.19	92766-23	
113924100	20220201	217.15	0.00	217.15	217.15	92766-23	
113924100	20221001	221.86	0.00	221.86	221.86	92766-23	
114749400	20220101	237.31	0.00	237.31	237.31	92766-23	
114749400	20221001	240.88	0.00	240.88	240.88	92766-23	
115455600	20220501	232.01	0.00	232.01	232.01	92766-23	
115455600	20221001	249.69	0.00	249.69	249.69	92766-23	
116011100	20220501	225.43	0.00	225.43	225.43	92766-23	
116011100	20221001	247.66	0.00	247.66	247.66	92766-23	
116080900	20220216	211.44	0.00	211.44	211.44	92766-23	
116080900	20221001	229.20	0.00	229.20	229.20	92766-23	
116100600	20220501	231.00	0.00	231.00	231.00	92766-23	
116100600	20221001	254.23	0.00	254.23	254.23	92766-23	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALM GARDEN OF WINTER HAVEN 1120 CYPRESS GARDENS BLVD		Provider Number:		0 098593-00	
		Date:		5/6/2020 9/30/2015	
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		Fiscal Year End:			
		Audit Status:		Unaudit	ed
Provider Type:					
			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>245.69</u>	<u>244.97</u>	<u>9/1/2016</u>
Rate Type:					
Interim		X Prospective			
		*	tal Prospective		
			tal Prospective		Component
			•		•
	Prior Provider Prospective da	ata			
Basis:		Changes:			
		Rate Seme	ester Change		
Budg	ret		FA & RFA #1	NH15-043W	FYE
	dited costs	8/31/2014			
	audited costs				
Desk	audited costs				
D					
Distribution:			Zainab Day		
Contract Management / Permanent File	Fiscal Agent	Medicaid Cost Rei	mbursement P	lanning and F	Finance
For Information	n Only				
No Change in R	ate				
Home Offic	e: Palm Garden Healthcare Hold	dings, LLC			
	2033 Main Street				
	Suite 300				
	Sarasota, FL 34237				
DRNP3 Repo	ort Calculated: 5/6/2020 5:40:09 PM	Report Printed:5/6/2020 ID: 0	9859309302015	509012014022	62016131819



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Tallahassee, Florida 32308

VILLAGE ON THE ISLE		Provider Number:		0 210463-00		
910 TAMIAMI TRAIL SOUTH		Date:		5/6/2020		
VENICE, FL 34285		Fiscal Year End:		12/31/20	14	
		Audit Status:		Field Aud	ited	
Provider Type: Nursing Home Single Level			Current <u>Rate</u> 275.66	New <u>Rate</u> 263.94	Effective <u>Date</u> 9/1/2016	
Rate Type:						
Interim		X Prospective				
	Total Interim	X Tota	al Prospective			
	Interim Component	Tota	al Prospective	with Interim	Component	
	Settlement based on cost Prior Provider Prospective data					
Basis:		Changes:	ster Change			
Budget		X Field Audi	t #NH16-068	W FYE 12/31	/2014	
Unaudited cos						
X Field audited of Desk audited of						
Distribution:						
Contract Management / Fiscal A	gent	Medicaid Cost Rein	Zainab Day	lanning and E	inence	
Permanent File		Medicald Cost Kell	iidui sement F	iaiiiiiig aiiu r	mance	
For Information Only						
No Change in Rate						
Home Office:	No Home Office					
2Y90I Report Calcula	ted: 5/6/2020 10:17:56 AM Report	Printed:5/6/2020 ID: 21	046312312014	010120140313	32015122523	



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Tallahassee, Florida 32308

VILLAGE ON THE ISLE	Provider Numbe	r:	0 210463-00 5/6/2020		
910 TAMIAMI TRAIL SOUTH	Date:				
VENICE, FL 34285	Fiscal Year End:		12/31/20)15	
	Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 290.09	New <u>Rate</u> 290.03	Effective <u>Date</u> 9/1/2017	
Rate Type:					
Interim	X Prospective				
Total Interin		otal Prospective			
Interim Con		otal Prospective	with Interim	Component	
Settlement b	Prospective data				
Basis:	Changes:	nester Change			
Budget		of Field Audit #	NH16-068W	FYE	
X Unaudited costs	12/31/20	014			
Field audited costs					
Desk audited costs					
Distribution:		7-tl D			
Contract Management / Fiscal Agent	Medicaid Cost Ro	Zainab Day		Ginance	
Permanent File	Wedlend Cost Re	ennoursement r	idining did i	mance	
For Information Only					
No Change in Rate					
Home Office: No Home Office	ce				
2Y90I Report Calculated: 5/6/2020	17:56 AM Report Printed :5/6/2020 ID:	2104631231201	501012015052:	52016155356	



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Tallahassee, Florida 32308

MIAMI SHORES NURSING AND REHAB CENTER 9380 NW 7TH AVENUE		Provider Number:		0 214035-00 2/8/2021		
		Date:				
MIAMI, FL 33150		Fiscal Year End:		1/31/20	16	
		Audit Status:		Unaudit	ed	
Provider Type:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Sing	le Level		278.01	277.96	9/1/2016	
			275352			
Rate Type:						
Interim		X Prospective				
	Total Interim	X Tota	l Prospective			
	Interim Component	Tota	l Prospective	with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes: Rate Semes	ter Change			
Budget	-		Field Audit #1	NH15-054C F	FYE	
X Unaudited		1/31/2015				
Field audit Desk audit						
2001 4400						
Distribution:			Zainab Day			
Contract Management / Fisca	al Agent	Medicaid Cost Reim		lanning and F	inance	
Permanent File		112010410 0000 110111				
For Information Only	y					
No Change in Rate						
Home Office:	DOS Health Care, Inc 7735 NW 146th Street, Suite 204 Miami Lakes, FL 33016					
SVSEN Report Cal	culated: 2/8/2021 4:00:36 PM Report I	Printed :2/8/2021 ID: 21	403501312016	6020120150425	52016090609	



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Tallahassee, Florida 32308

MIAMI SHORES NURSING AND REHAB CENTER Provider Number: 9380 NW 7TH AVENUE Date:			Provider Number:		0 214035-00		
		2/8/2021					
MIAMI, FL	33150			Fiscal Year End:		1/31/20	17
				Audit Status:		Unaudit	ed
	rsing Home Single Level				Current <u>Rate</u> 278.70	New <u>Rate</u> 278.66	Effective
Ra	te Type:						
	Interim		X	Prospective			
	<u> </u>	Total Interim		_	al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective d	ata				
Basis:			Char	iges:			
					ster Change		
	Budget			Effects of 1/31/2015	Field Audit #	NH15-054C F	FYE
X	Unaudited			1/31/2013			
	Field audit						
	Desk audit	ed costs					
<u>Distributi</u>	on:				Zainab Day		
Contract Ma	nagement / Fisca	al Agent		Medicaid Cost Reir			inance
Permanent F	ile					<i>&</i>	
For	Information Only	y					
No C	Change in Rate						
I	Home Office:	DOS Health Care, Inc 7735 NW 146th Street, Suite	204				
SVSEN	Report Cal	Miami Lakes, FL 33016 culated: 2/8/2021 4:00:36 PM	Report Printed :	2/8/2021 ID: 21	1403501312017	7020120160426	52017161304



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Tallahassee, Florida 32308

UNIVERSITY	WEST KEHAE	BILITATION CENTER	Provider Number:		0 250995	-00		
545 WEST EU	ICLID AVENUI	E	Date:		11/4/2022			
DELAND, FL	32720		Fiscal Year End:		12/31/20)18		
			Audit Status:		Unaudit	ed		
Provider Ty	ype:							
				Current	New	Effective		
N T • TT	g. ı	T 1		Rate	<u>Rate</u>	<u>Date</u>		
Nursing Ho	ome Single	e Level		<u>251.55</u>	<u>240.98</u>	<u>5/4/2018</u>		
Rate	e Type:							
X	Interim		Prospective					
		Total Interim		al Prospective	;			
		Interim Component		-	with Interim	Component		
	X	Settlement based on cost		1		1		
		Prior Provider Prospective data						
Basis:			Changes:					
			Rate Semes	ster Change				
	Budget		X Cost Settle	ment FYE 12	2/31/2018			
X	Unaudited c	eosts						
	Field audite							
	Desk audite	d costs						
Distributio	n:			Zainah Dan				
Contract Man	agement / Fiscal	Agent	Medicaid Cost Rein	Zainab Day	lanning and F	Ginance		
Permanent Fil	le		Wiedledid Cost Rein	noursement 1	ramming and 1	munec		
For In	nformation Only							
No Ch	ange in Rate							
Н	ome Office:	No Home Office						
U8WB0	Report Calcu	ulated: 11/4/2022 1:31:22 PM Report	Printed: 11/4/2022 ID: 25	09951231201	8050420180216	52021125109		



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Tallahassee, Florida 32308

POMPANO HEALTH AND REHABILITATION CENTER	Provider Number	:	0 263923-00 5/15/2020		
51 W SAMPLE ROAD	Date:				
POMPANO BEACH, FL 33064	Fiscal Year End:		12/31/20)15	
	Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 213.79	New <u>Rate</u> 213.78	Effective	
Rate Type:					
Interim	X Prospective				
Total Interim		otal Prospective			
Interim Component	To	otal Prospective	with Interim	Component	
Settlement based on cost Prior Provider Prospective d	ata				
Basis:	Changes:	ester Change			
Budget	X Effects o	f FA & RFA #	NH14-094C F	FYE	
X Unaudited costs	12/31/20	13			
Field audited costs Desk audited costs					
Distribution:					
Contract Management / Fiscal Agent	Madianid Cost Da	Zainab Day		7:	
Permanent File	Medicaid Cost Re	imbursement P	lanning and F	inance	
For Information Only					
No Change in Rate					
Home Office: No Home Office					
2IMZE Report Calculated: 5/15/2020 11:36:26 AM	Report Printed:5/15/2020 ID:	26392312312015	5010120150408	82016132401	



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Tallahassee, Florida 32308

HEALTHCARE AND REH	IAB OF SANFORD	Provider Number:		0 263931-00 4/20/2020		
950 MELLONVILLE AVE		Date:				
Provider Type: Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget		Fiscal Year End:		12/31/2014		
		Audit Status:		Unaudit	ed	
-	igle Level		Current <u>Rate</u> 199.91	New <u>Rate</u> 199.93	Effective	
Rate Type:						
Interim	Interim Component Settlement based on cost		al Prospective al Prospective	with Interim	Component	
Budget X Unaudite Field auc	d costs lited costs lited costs	Changes: Rate Semes Effects of 1 12/31/2013	FA & RFA #i	NH14-061C F	YE	
Distribution: Contract Management / Fis Permanent File	-	Medicaid Cost Rein	Zainab Day		inance	
For Information OrNo Change in Rate	niy					
Home Office:	No Home Office					
FEIBO Report C	alculated: 4/20/2020 5:04:22 PM Repor	rt Printed :4/20/2020 ID: 26	5393112312014	1010120140702	22015090429	



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Tallahassee, Florida 32308

HEALTHCARE AND F	REHAB OF SANFORD	Provider Nu	mber:	0 263931-00 4/20/2020		
950 MELLONVILLE A	VE	Date:				
SANFORD, FL 32771		Fiscal Year I	End:	12/31/20)16	
		Audit Status	:	Unaudit	ed	
Provider Type: Nursing Home	Single Level		Current <u>Rate</u> 206.09	New <u>Rate</u> 206.11	Effective	
Rate Type:						
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective		Total Prospective Total Prospective		Component	
Field	et dited costs audited costs audited costs	X Effe	Semester Change cts of FA & RFA #1 1/2013	NH14-061C F	FYE	
Distribution: Contract Management / Permanent File	-	Medicaid Cos	Zainab Day st Reimbursement P		rinance	
For InformationNo Change in R	•					
Home Office	e: No Home Office					
FEIBO Repo	rt Calculated: 4/20/2020 5:04:22 PM	Report Printed: 4/20/2020	ID: 26393112312016	5010120160316	52017143400	



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Tallahassee, Florida 32308

REGENTS PARK OF SUNRISE			Provider Nu	mber:		0 269697	-00	
9711 W OAKLA	ND PARK BL	VD		Date:			4/30/202	20
SUNRISE, FL 33	3351			Fiscal Year I	End:		12/31/20)15
				Audit Status:	•		Unaudit	ed
Provider Type Nursing Home		Level				Current <u>Rate</u> 206.05	New <u>Rate</u> 206.07	Effective <u>Date</u> 9/1/2016
Rate T	Type:							
I	nterim		X	Prospective	•			
		Total Interim		_ X		l Prospective		
_		Interim Component			Tota	l Prospective	with Interim	Component
		Settlement based on cost						
_		Prior Provider Prospective data						
	1							
Basis:	J		Chai	nges:				
	D					ter Change		
X	Budget				cts of F 1/2013		NH14-065C F	YE
A	Unaudited co Field audited			/	-,			
	Desk audited							
	_							
Distribution:						Zainab Day		
Contract Manage	ement / Fiscal	Agent		Medicaid Cos			lanning and F	inance
Permanent File							C	
For Infor	rmation Only							
No Chang	ge in Rate							
Home	e Office:	No Home Office						
W7MSQ	Report Calcul	ated: 4/30/2020 9:21:26 AM Report	t Printed	:4/30/2020	ID: 269	969712312015	010120150424	12016145917



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

REGENTS PAR	RK OF SUNRI	ISE		Provider Nu	ımber:		0 269697	-00
9711 W OAKL	AND PARK B	BLVD		Date:			4/30/202	20
SUNRISE, FL	33351			Fiscal Year	End:		12/31/20	16
				Audit Status	s:		Unaudit	ed
Provider Ty	_				Current <u>Rate</u> 214.30	<u>Rate</u>	<u>Rate</u>	Effective <u>Date</u>
Nursing Hor	ne Sing.	le Level				<u>214.30</u>	<u>214.33</u>	9/1/2017
Rate	Type:							
	Interim	_	X	Prospectiv	re			
		Total Interim		X	Tota	l Prospective		
		Interim Component			Tota	l Prospective	with Interim	Component
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cl]				
Dasis:			Cha	nges:	. C	4 a v. Cla a v. a a		
	Budget					ter Change FA & RFA #N	NH14-065C F	YE
X	Unaudited	costs			31/2013		1111100501	
	Field audite							
	Desk audite	ed costs						
D'A 'IL A'								
Distribution		1 A cont				Zainab Day		
Contract Manag	_	I Agent		Medicaid Co	st Reim	bursement P	lanning and F	inance
Permanent File								
	formation Only	7						
No Cha	inge in Rate							
Ног	me Office:	No Home Office						
W7MSQ	Report Calc	culated: 4/30/2020 9:21:26 AM Report	t Printed	:4/30/2020	ID: 26	969712312016	010120160412	22017134630



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

MANOR CARE NURSING	AND REHABILITATION CENTER	Provider Number:		0 325449	-00		
3601 LAKEWOOD BLVD		Date:		2/16/2023			
NAPLES, FL 34112		Fiscal Year End:		12/31/20)15		
		Audit Status:		Unaudit	ed		
Provider Type:							
• •			Current	New	Effective		
N · II · C·			Rate	Rate	<u>Date</u>		
Nursing Home Sing	gle Level		<u>250.14</u>	<u>254.62</u>	<u>9/5/2017</u>		
Rate Type:							
Interim		X Prospective					
	Total Interim	Tota	al Prospective				
	Interim Component	X Tota	ıl Prospective	with Interim	Component		
	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Changes:					
		Rate Semes	ster Change				
Budget			ment FYE 12	/31/2017			
X Unaudited	l costs						
Field audi	ted costs						
Desk audi	ted costs						
Distribution:		Zainab Day					
Contract Management / Fisc	al Agent	Medicaid Cost Rein	nbursement P	lanning and F	inance		
Permanent File							
For Information Onl	ly						
No Change in Rate							
Home Office:	HCR ManorCare Services, LLC						
	333 North Summit Street						
	Toledo, OH 43604						
X9FJT Report Ca	lculated: 2/16/2023 9:27:03 AM Report 1	Printed: 2/16/2023 ID: 32	544912312015	5060120150414	12016105004		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CRYSTAL H	IEALTH AND R	REHAB	Provider Number:		1 002711	-00
48 HIGH POI	INT ROAD		Date:		11/10/20	22
TAVERNIER	R, FL 33070		Fiscal Year End:		7/31/20	19
			Audit Status:		Unaudit	ed
Provider T	Type:			Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing H	ome Sing	le Level		<u>234.87</u>	<u>222.94</u>	8/1/2018
Rat	te Type:					
- Itu	te Type.					
X	Interim	_	Prospective			
		Total Interim	Tota	l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
	X	Settlement based on cost				
	-	Prior Provider Prospective data				
Basis:			CI.			
Dasis:			Changes:	4 Cl		
	Budget		Rate Semes Cost Settle	ter Change ment FYE 07	/31/2019	
X	Unaudited	costs	Cost Settles	mener 12 or	75172017	
	—— Field audit					
	Desk audit	ed costs				
Distribution	on:			Zainab Day		
Contract Mai	nagement / Fisca	al Agent	Medicaid Cost Reim		lanning and F	inance
Permanent Fi	ile					
For I	Information Only	y				
No C	hange in Rate					
Н	Iome Office:	No Home Office				
11		1.6 Home Office				
5QUQT	Report Calo	culated: 11/10/2022 11:22:06 AM Report	Printed: 11/10/2022 ID: 10	027110731201	908012018042	282020103106



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ALLIANCE HEALTH AND REHABILITATION CENTER Provider Number: 1 128403-0		-00					
130 WEST A	RMSTRONG A	VENUE	Date:		1/31/202	23	
DELAND, FI	L 32720		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 206.23	New <u>Rate</u> 209.73	Effective	
Rat	te Type:						
v	Tatantan		Daniel d'				
X	Interim	Total Interim	Prospective	al Prospective			
		Interim Component		-	with Interim	Component	
		Settlement based on cost		аттовресите	With Interim	Component	
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ster Change			
	Budget			ective 06/17/	2021		
X	Unaudited	costs					
	Field audite						
	Desk audite	ed costs					
Digtwibutio	ow.						
Distribution	on: nagement / Fisca	1 Agant	Yndia Rutland				
Permanent Fi		1 Agent	Medicaid Cost Reimbursement Planning and Finance				
		_	Gna	lia Ru	tland		
	Information Only hange in Rate		0				
	_						
Н	Iome Office:	Clear Choice Health Care, LLC 709 S. Harbor City Blvd. Ste 240 Melbourne, FL. 32901					
XXX839	Report Calc	culated: 1/31/2023 08:00 AM Repor	Printed:1/31/2023 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ALLIANCE	HEALTH AND	REHABILITATION CENTER	Provider Number:		1 128403	-00	
130 WEST A	ARMSTRONG A	AVENUE	Date:		1/31/202	23	
DELAND, F	L 32720		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudit	ed	
Provider 7	Гуре:			Current	New	Effective	
				Rate	<u>Rate</u>	<u>Date</u>	
Nursing H	lome Sing	gle Level		<u>209.73</u>	<u>210.55</u>	7/1/2021	
Ra	te Type:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective	:		
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	ter Change			
	Budget		X CHOW eff	ective 06/17/	2021		
X	Unaudited						
	Field audit						
	Desk audit	ted costs					
<u>Distributi</u>			Yndia Rutland				
	nagement / Fisca	al Agent	Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent F	ile		Chart	lin Pu	Hand.		
For	Information Onl	у	you	m / u	tland		
No C	Change in Rate						
I	Home Office:	Clear Choice Health Care, LLC 709 S. Harbor City Blvd. Ste 240 Melbourne, FL. 32901					
XXX839	Report Cal	culated: 1/31/2023 08:00 AM Report I	Printed:1/31/2023 ID:				



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Tallahassee, Florida 32308

ALLIANCE I	HEALTH AND F	REHABILITATION CENTER	Provider Number:		1 128403-	-00
130 WEST A	RMSTRONG AV	VENUE	Date:		1/31/202	23
DELAND, FI	2 32720		Fiscal Year End:		12/31/20	19
			Audit Status:		Unaudit	ed
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 210.55	New <u>Rate</u> 249.46	Effective <u>Date</u> 10/1/2021
Rat	te Type:					
X	Interim		Prospective			
		Total Interim		l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:	Budget Unaudited of Field audited Desk audite	d costs	Changes: Rate Semes CHOW eff	ter Change ective 06/17/	2021	
<u>Distributio</u>	on:		Y	ndia Rutlan	d	
Contract Mar	nagement / Fiscal	Agent	Medicaid Cost Reim			inance
Permanent Fi	ile				Ü	
For I	nformation Only		gna	m M	tland	
No Cl	hange in Rate		U			
Н	Iome Office:	Clear Choice Health Care, LLC 709 S. Harbor City Blvd. Ste 240 Melbourne, FL. 32901				
XXX839	Report Calc	ulated: 1/31/2023 08:00 AM Report	Printed:1/31/2023 ID:			



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Tallahassee, Florida 32308

ALLIANCE I	HEALTH AND F	AND REHABILITATION CENTER Provider Number: 1 128403-00		-00			
130 WEST A	RMSTRONG AV	VENUE	Date:		1/31/2023		
DELAND, FI	L 32720		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 249.46	New <u>Rate</u> 220.77	Effective <u>Date</u> 1/1/2022	
Rat	te Type:						
X	Interim		Prospective				
Λ	memi	Total Interim		l Prospective			
		Interim Component		-	with Interim	Component	
		Settlement based on cost		I		1	
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ter Change			
	Budget			ective 06/17/	2021		
X	Unaudited of	costs					
	Field audite						
	Desk audite	ed costs					
5.4. 4. 4.							
Distribution			Yndia Rutland				
	nagement / Fiscal 	Agent	Medicaid Cost Rein		C	inance	
Permanent F			Clna	ia Ru	tland		
	Information Only			- , - 50			
No C	hange in Rate		-				
Н	Home Office:	Clear Choice Health Care, LLC 709 S. Harbor City Blvd. Ste 240 Melbourne, FL. 32901					
XXX839	Report Calc	ulated: 1/31/2023 08:00 AM Report	Printed:1/31/2023 ID:				



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Tallahassee, Florida 32308

ALLIANCE HEALTH AND REHABILITATION CENTER	Provider Number:		1 128403-00					
130 WEST A	ARMSTRONG A	VENUE	Date:		1/31/202	23		
DELAND, F	TL 32720		Fiscal Year End:		12/31/20	20		
			Audit Status:		Unaudit	ed		
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 220.77	New <u>Rate</u> 234.21	Effective <u>Date</u> 10/1/2022		
Ra	nte Type:							
	-JP-							
X	Interim	<u>_</u>	Prospective					
		Total Interim		al Prospective				
		Interim Component	Tota	ıl Prospective	with Interim	Component		
		Settlement based on cost						
	X	Prior Provider Prospective data						
Basis:	:		Changes:					
	Dudget		Rate Semes	ster Change Tective 06/17/	2021			
X	Budget Unaudited	costs	X CHOW eff	ective 00/1//	2021			
71	Field audite							
	Desk audite							
<u>Distributi</u>	<u>ion:</u>		Yndia Rutland					
Contract Ma	anagement / Fisca	l Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent I	File		Chan	lia Pu	Hand	,		
For	Information Only	,	gnii	m / m	tland			
No C	Change in Rate		V					
1	Home Office:	Clear Choice Health Care, LLC 709 S. Harbor City Blvd. Ste 240 Melbourne, FL. 32901						
XXX839	Report Calc	rulated: 1/31/2023 08:00 AM Report	Printed:1/31/2023 ID:					



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Tallahassee, Florida 32308

ORANGE PARK CENTER FOR NURSING AND HEALING	Provider Number:		1 136355-00			
570 WELLS	ROAD		Date:		2/14/202	:3
ORANGE PA	ARK, FL 32073		Fiscal Year End:		12/31/20	18
			Audit Status:		Unaudite	ed
Provider T	Гуре:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	ome Sing	gle Level		<u>215.96</u>	<u>218.17</u>	8/1/2021
Rai	te Type:					
X	Interim		Prospective	1D .:		
		Total Interim Interim Component		l Prospective	with Interim	Commonant
		Interim Component Settlement based on cost	10ta	i Prospective	with interim	Component
	X	Prior Provider Prospective data				
Basis:			Changes: Rate Semes	ter Change		
	Budget			ective 08/01/2	2021	
X	Unaudited	costs	_			
	Field audi	ted costs				
	Desk audi	ted costs				
Distribution	one					
	nagement / Fisc	al Agent		ndia Rutlan		
Permanent F	-	m rigem	Medicaid Cost Reim		_	
	nc Information Onl	XI	Gnd	ia Ru	tland	
	Thange in Rate	J	0			
	_					
F	Home Office:	Empire Care Centers 311 Boulevard of the Americas Suite Lakewood NJ, 08701	405			
XXX833	Report Cal	culated: 2/14/2023 08:00 AM Report F	Printed: 2/14/2023 ID:			



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Tallahassee, Florida 32308

ORANGE PA	ARK CENTER FO	OR NURSING AND HEALING	Provider Number:		1 136355-	-00		
570 WELLS	ROAD		Date:		2/14/2023			
ORANGE PA	ARK, FL 32073		Fiscal Year End:		12/31/20	20		
			Audit Status:		Unaudit	ed		
Provider T	Гуре:							
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing H	omo Singl	e Level						
Trui sing 11	ome singr	c Level		<u>218.17</u>	<u>247.14</u>	10/1/2021		
Ra	te Type:							
X	Interim	_	Prospective					
		Total Interim		l Prospective				
		Interim Component		_	with Interim	Component		
		Settlement based on cost		_		_		
	X	Prior Provider Prospective data						
Basis:			Changes:					
	Budget		Rate Semes CHOW eff	ter Change ective 08/01/	2021			
X	Unaudited c	costs						
	Field audite	d costs						
	Desk audite	d costs						
<u>Distributi</u>	on:		Yndia Rutland					
Contract Ma	nagement / Fiscal	Agent	Medicaid Cost Rein	bursement P	lanning and F	inance		
Permanent F	ïle		Char	lin Du	Houl			
For 1	Information Only		gna	u / u	tland			
No C	Change in Rate		U					
H	Home Office:	Empire Care Centers 311 Boulevard of the Americas Suite Lakewood NJ, 08701	405					
XXX833	Report Calcu	ulated: 2/14/2023 08:00 AM Report I	Printed:2/14/2023 ID:					



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Tallahassee, Florida 32308

ORANGE PA	ARK CENTER	FOR NURSING AND HEALING	Provider Number:		1 136355-	-00
570 WELLS	ROAD		Date:		2/14/202	23
ORANGE PA	ARK, FL 32073		Fiscal Year End:		12/31/20	20
			Audit Status:		Unaudit	ed
Provider T	Гуре:					
	• •			Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing H	Iome Sing	gle Level		<u>247.14</u>	<u>222.18</u>	1/1/2022
Ra	te Type:					
Ka	ic Type.					
X	Interim		Prospective			
		Total Interim	Tota	l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes:			
Dasis.			Rate Semes	tar Changa		
	Budget			ective 08/01/	2021	
X	 Unaudited	l costs				
	Field audi	ted costs				
	Desk audi	ted costs				
<u>Distributi</u>			Y	ndia Rutlan	d	
Contract Ma	nagement / Fisc	al Agent	Medicaid Cost Reim	bursement P	lanning and F	inance
Permanent F	file		Clark	lin Pu	Hand.	
For	Information Onl	у	grace	m / m	tland	
No C	Change in Rate		V			
I	Home Office:	Empire Care Centers				
		311 Boulevard of the Americas Suite	e 405			
		Lakewood NJ, 08701				
XXX833	Report Ca	lculated: 2/14/2023 08:00 AM Report	Printed :2/14/2023 ID:			



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Tallahassee, Florida 32308

ORANGE PA	ARK CENTER I	FOR NURSING AND HEALING	Provider Number:		1 136355-00		
570 WELLS ROAD			Date:		2/14/202	.3	
ORANGE PA	ARK, FL 32073		Fiscal Year End: Audit Status:		12/31/20	20	
					Unaudite	ed	
Provider 7	Гуре:						
				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing H	Iome Sing	gle Level		<u>222.18</u> <u>238.69</u> <u>10/1/202</u>			
Ra	te Type:						
Tu	ite Type:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	;		Changes:				
			Rate Semes	ter Change			
	Budget	-	X CHOW eff	ective 08/01/2	2021		
X	Unaudited						
	Field audi						
	Desk audi	ted costs					
<u>Distributi</u>			Yndia Rutland				
	anagement / Fisc	al Agent	Medicaid Cost Reim		_		
Permanent F			Und	ia Ru	tland		
For	Information Onl	y		, , ,	3000,700		
No C	Change in Rate		v				
I	Home Office:	Empire Care Centers 311 Boulevard of the Americas Suite	÷ 405				
		Lakewood NJ, 08701					
XXX833	Report Cal	lculated: 2/14/2023 08:00 AM Report 1	Printed :2/14/2023 ID:				



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Tallahassee, Florida 32308

UNIVERSITY CENTER FOR NURSING AND HEALING		NURSING AND HEALING	Provider Number:		1 136360-00		
3648 UNIVERSITY BLVD. S.			Date:		2/14/2023		
JACKSONV	ILLE, FL 32216		Fiscal Year End: Audit Status:		12/31/2019		
					Unaudite	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 221.35	New <u>Rate</u> 223.61	Effective	
Ra	te Type:						
	T . •		.				
X	Interim	Total Interim	Prospective	1 Decompositivo			
		Interim Component		l Prospective	with Interim	Component	
		Settlement based on cost		ii i rospective	with interim	Component	
	X	Prior Provider Prospective data					
Basis:			Changes:	ter Change			
	Budget			ective 08/01/	2021		
X	Unaudited of	costs					
	Field audite	ed costs					
	Desk audite	ed costs					
<u>Distributi</u>			Yndia Rutland				
	nagement / Fiscal	l Agent	Medicaid Cost Rein		_		
Permanent F	ïile		Class	lia Ru	tland		
For	Information Only	,		ia /ai			
No C	Change in Rate		~				
H	Home Office:	Empire Care Centers 311 Boulevard of the Americas Suite Lakewood NJ, 08701	405				
XXX832	Report Calc	culated: 2/14/2023 08:00 AM Report I	Printed: 2/14/2023 ID:				



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Tallahassee, Florida 32308

UNIVERSITY CENTER FOR NURSING AND HEALING			Provider Number:		1 136360-00		
3648 UNIVER	RSITY BLVD. S	5.	Date:		2/14/2023		
JACKSONVII	LLE, FL 32216		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 223.61	New <u>Rate</u> 249.27	Effective <u>Date</u> 10/1/2021	
Rofe	е Туре:						
Nau	e Type.						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:	ter Change			
	Budget			ective 08/01/	2021		
X	Unaudited of	costs					
	Field audite	ed costs					
	Desk audite	ed costs					
<u>Distributio</u>			Yndia Rutland				
	agement / Fiscal	l Agent	Medicaid Cost Rein	bursement P	lanning and F	inance	
Permanent Fil			Clad	ia Ru	tland		
For Ir	nformation Only			, , ,			
No Ch	nange in Rate		-				
Н	ome Office:	Empire Care Centers 311 Boulevard of the Americas Suite Lakewood NJ, 08701	e 405				
XXX832	Report Calc	ulated: 2/14/2023 08:00 AM Report	Printed :2/14/2023 ID:				



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Tallahassee, Florida 32308

UNIVERSITY CENTER FOR NURSING AND HEALING			Provider Number:		1 136360-00		
3648 UNIVER	RSITY BLVD. S	5.	Date:		2/14/2023 12/31/2019		
JACKSONVI	LLE, FL 32216		Fiscal Year End:				
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 249.27	New <u>Rate</u> 223.91	Effective	
Rat	e Type:						
***	T		D				
X	Interim	Total Interim	Prospective	l Prospective			
		Interim Component		_	with Interim	Component	
		Settlement based on cost		i i rospective	with interim	Component	
	X	Prior Provider Prospective data					
Basis:			Changes:	ter Change			
	Budget			ective 08/01/2	2021		
X	Unaudited of						
	Field audite Desk audite						
Distributio	on:		Yndia Rutland				
Contract Man	nagement / Fisca	l Agent	Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent Fi	le		Chad	lin Pu	Hand		
For I	nformation Only		gnu	m / m	tland		
No Cl	hange in Rate		V				
Н	ome Office:	Empire Care Centers 311 Boulevard of the Americas Suite Lakewood NJ, 08701	e 405				
XXX832	Report Calc	rulated: 2/14/2023 08:00 AM Report	Printed :2/14/2023 ID:				



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Tallahassee, Florida 32308

UNIVERSITY CENTER FOR NURSING AND HEALING		NURSING AND HEALING	Provider Number:		1 136360-00 2/14/2023		
3648 UNIVERSITY BLVD. S.			Date:				
JACKSONV	ILLE, FL 32216		Fiscal Year End:		12/31/2020		
			Audit Status:		Unaudit	ed	
Provider T	Гуре:						
			Current <u>Rate</u>	Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	ome Singl	e Level		223.91	<u>250.19</u>	10/1/2022	
Rat	te Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:	. Classic			
	Budget		Rate Semes CHOW eff	ter Change ective 08/01/	2021		
X	Unaudited o	costs					
	Field audite	d costs					
	Desk audite	d costs					
<u>Distributi</u>	on:		Yndia Rutland				
Contract Ma	nagement / Fiscal	Agent	Medicaid Cost Reim			inance	
Permanent F	ïle				•		
For 1	Information Only		gna	ui ru	tland		
No C	Change in Rate		U				
F	Home Office:	Empire Care Centers 311 Boulevard of the Americas Suite Lakewood NJ, 08701	405				
XXX832	Report Calcu	alated: 2/14/2023 08:00 AM Report F	Printed: 2/14/2023 ID:				



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Tallahassee, Florida 32308

WINTER HA	VEN FL OPCO	LLC	Provider Number:		1 139241-00		
2701 LAKE A	LFRED ROAD		Date:		2/16/2023 12/31/2019		
WINTER HA	VEN, FL 33881		Fiscal Year End:				
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 241.57	New <u>Rate</u> 217.15	Effective <u>Date</u> 2/1/2022	
Rate	е Туре:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	Budget Unaudited of Field audite Desk audite	d costs	Changes: Rate Semes CHOW eff	ter Change ective 02/01/	2022		
<u>Distributio</u>	<u>on:</u>		Y	ndia Rutlan	d		
Contract Man	agement / Fiscal	Agent	Medicaid Cost Reim			inance	
Permanent Fi	le				-		
For Ir	nformation Only		gna	m ru	tland		
No Ch	nange in Rate		V				
Н	ome Office:	Everview Group LLC 100 Merrick Rd Suite 418E Rockville Centre, NY 11570-4888					
XXX829	Report Calc	ulated: 2/16/2023 08:00 AM Report	Printed :2/16/2023 ID:				



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Tallahassee, Florida 32308

WINTER HAY	VEN FL OPCO	LLC	Provider Number:		1 139241-00		
2701 LAKE ALFRED ROAD			Date:		2/16/2023		
WINTER HAY	VEN, FL 33881		Fiscal Year End:		12/31/2020		
			Audit Status:		Unaudited		
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 217.15	New <u>Rate</u> 221.86	Effective	
Rate	е Туре:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:	ter Change			
	Budget		X CHOW eff	ective 02/01/2	2022		
X	Unaudited o						
	Field audite Desk audite						
							
Distributio			Yndia Rutland				
Contract Man	agement / Fiscal	Agent	Medicaid Cost Rein	bursement P	lanning and F	inance	
Permanent Fil	le		Clad	in Ru	Hand		
For Ir	nformation Only		grace	m / m	tland		
No Ch	nange in Rate		V				
Но	ome Office:	Everview Group LLC 100 Merrick Rd Suite 418E Rockville Centre, NY 11570-4888					
XXX829	Report Calc	ulated: 2/16/2023 08:00 AM Report	Printed :2/16/2023 ID:				



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Tallahassee, Florida 32308

CENTER 3875 WEDGEWOOD LANE			Provider Numbe	er:	1 147494-00 2/16/2023		
			Date:				
THE VILLA	GES, FL 32162		Fiscal Year End	:	12/31/2019		
			Audit Status:		Unaudit	ed	
Provider T		le Level		Current <u>Rate</u> 263.67	New <u>Rate</u> 237.31	Effective <u>Date</u> 1/1/2022	
Rat	te Type:						
X	InterimX	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		Cotal Prospective		Component	
Basis:				nester Change			
X	Budget Unaudited Field audite Desk audite	ed costs	X CHOW	effective 01/01/	2022		
Distribution	on: nagement / Fisca	J. Agent		Yndia Rutlan			
Permanent F	_	n Agont	Medicaid Cost R		_		
			Gn	dia Ru	tland		
	Information Only hange in Rate	1	0				
H	Iome Office:	KR MANAGEMENT 200 CLEARWATER-LARGO RI LARGO, FL 33770) S				
XXX838	Report Calo	culated: 2/16/2023 08:00 AM Repo	rt Printed :2/16/2023 ID	:			



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Tallahassee, Florida 32308

BUFFALO CROSSING HEALTHCARE AND REHABILITATION CENTER			Provider Numb	er·	1 147494-00 2/16/2023		
3875 WEDGEWO	3875 WEDGEWOOD LANE THE VILLAGES, FL 32162						
					12/31/20		
	<u>, </u>		Audit Status:		Unaudit		
Provider Type	ը•						
Trovider Typ	.			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Hom	e Single	Level		<u>237.31</u>	<u>240.88</u>	10/1/2022	
Rate T	l'ype:						
X I	nterim		Prospective				
_		_ Total Interim		Total Prospective			
_		_Interim Component		Total Prospective	with Interim	Component	
_		Settlement based on cost					
_	X	Prior Provider Prospective data					
Basis:			Changes:				
	_		Rate Se	mester Change			
	Budget		X CHOW	effective 01/01/	2022		
X	Unaudited co						
	Field audited						
	_ Desk audited	costs					
Distribution:							
Contract Manage		Δ gent		Yndia Rutlan			
Permanent File	ment / Tiscar /	agent		Reimbursement P			
			Gn	edia Ru	tland		
	rmation Only ge in Rate						
Home	e Office:	VD MANAGEMENT					
110111	e office.	KR MANAGEMENT 200 CLEARWATER-LARGO RD S LARGO, FL 33770					
XXX838	Report Calcul	lated: 2/16/2023 08:00 AM Report F	Printed:2/16/2023 ID);			



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Tallahassee, Florida 32308

HARBOURWOOD FL OPCO 549 SKY HARBOR DR			Provider Number:		1 154556-00	
			Date:		2/9/2023	
CLEARWATI	ER, FL 33759		Fiscal Year End:		5/31/2020	
			Audit Status:		Unaudit	ed
Provider Ty		le Level		Current <u>Rate</u> 262.94	New <u>Rate</u> 232.01	Effective <u>Date</u> 5/1/2022
Rate	e Type:					
X	Interim		Prospective			
		Total Interim —		l Prospective		
		Interim Component		_	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes: Rate Semes	ter Change		
	Budget		X CHOW eff	ective 05/01/2	2022	
X	Unaudited					
	Field audite Desk audite					
	Desk addite	au costs				
<u>Distributio</u>	<u>on:</u>		Y	ndia Rutlan	d	
Contract Man	agement / Fiscal	l Agent	Medicaid Cost Reim	bursement P	lanning and F	inance
Permanent Fil	le		Chad	in Pu	Hand	•
For Ir	nformation Only		graci	m /m	tland	
No Ch	nange in Rate		V			
Н	ome Office:	Everview Group LLC 100 Merrick Rd Suite 418E Rockville Centre, NY 11570-4888				
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Tallahassee, Florida 32308

HARBOURWOOD FL OPCO			Provider Number:		1 154556-00		
549 SKY HA	RBOR DR		Date:		2/9/2023		
CLEARWAT	ER, FL 33759		Fiscal Year End:		5/31/202	21	
			Audit Status:		Unaudit	ed	
Provider T Nursing He		e Level		Current <u>Rate</u> 232.01	New <u>Rate</u> 249.69	Effective	
Rat	te Type:						
X	Interim		Prospective				
		Total Interim —		l Prospective			
		Interim Component		_	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	Budget Unaudited of Field audited Desk audited	ed costs	Changes: Rate Semes CHOW effe	ter Change ective 05/01/	2022		
Distribution: Contract Management / Fiscal Agent		I Agent	Yndia Rutland Medicaid Cost Reimbursement Planning and Finance				
Permanent Fi	ile				_		
For I	nformation Only		Gnd	ia Kil	tland		
No Cl	hange in Rate		U				
н	Iome Office:	Everview Group LLC 100 Merrick Rd Suite 418E Rockville Centre, NY 11570-4888					
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Tallahassee, Florida 32308

LAURELLWOOD FL OPCO LLC 3127 57TH AVENUE, NORTH			Provider Number:		1 160111-00	
			Date:		2/16/2023	
ST. PETERS	BURG, FL 33714	1	Fiscal Year End:		5/31/202	20
			Audit Status:		Unaudit	ed
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 250.38	New <u>Rate</u> 225.43	Effective <u>Date</u> 5/1/2022
Ra	te Type:					
37	T		D			
X	Interim	Total Interim	Prospective	l Prospective		
		Interim Component		_	with Interim	Component
		Settlement based on cost		i i rospective	with interim	Component
	X	Prior Provider Prospective data				
Basis:			Changes:	ter Change		
	Budget		X CHOW eff	ective 05/01/2	2022	
X	Unaudited of					
	Field audite Desk audite					
Distribution Contract Mar		A ~~~	Yndia Rutland			
	nagement / Fiscal	Agent	Medicaid Cost Reimbursement Planning and Finance			
Permanent F			Gnd	ia Ru	tland	
	Information Only		0			
No C	hange in Rate					
F	Home Office:	Everview Group LLC 100 Merrick Rd Suite 418E Rockville Centre, NY 11570-4888				
XXX843	Report Calc	ulated: 2/16/2023 4:28 PM Report	Printed :2/16/2023 ID:			



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Tallahassee, Florida 32308

LAURELLWOOD FL OPCO LLC 3127 57TH AVENUE, NORTH			Provider Number:		1 160111-00 2/16/2023		
			Date:				
ST. PETERSI	BURG, FL 33714	4	Fiscal Year End:		5/31/202	21	
			Audit Status:		Unaudit	ed	
Provider T	-	le Level		Current New Effective Rate Rate Date 225.43 247.66 10/1/20			
Rat	te Type:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	Budget Unaudited of Field audited		Changes: Rate Semes CHOW eff	ter Change ective 05/01/	2022		
	Desk audite	ed costs					
Distribution	<u>on:</u>		v	ndia Rutlan	ď		
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance				
Permanent Fi	ile				-		
For I	nformation Only		gna	u / u	tland		
No C	hange in Rate		U				
Н	Iome Office:	Everview Group LLC 100 Merrick Rd Suite 418E Rockville Centre, NY 11570-4888					
XXX843	Report Calc	ulated: 2/16/2023 4:28 PM Report	Printed :2/16/2023 ID:				



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Tallahassee, Florida 32308

BLOUNTSTOWN HEALTH AND REHABILITATION CENTER 16690 S.W. CHIPOLA ROAD			Provider Number:		1 160809-00		
			Date:	2/20/2023			
BLOUNTSTO	WN, FL 32424		Fiscal Year End:	12/31/2019			
			Audit Status:		Unaudit	ed	
Provider Ty Nursing Ho	-	Level		Current <u>Rate</u> 234.76	Rate Rate Date		
Rate	e Type:						
Rate	г турс.	_					
X	_Interim		Prospective				
		Total Interim	Tota	l Prospective			
		_ Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:	ter Change			
	Budget			ective 02/16/2	2022		
X	Unaudited co	osts					
	Field audited	costs					
	Desk audited	costs					
Distribution:		_	Yndia Rutland				
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance				
Permanent File	e		Clad	in Ru	Hand	•	
For In	formation Only			/	tland		
No Cha	ange in Rate		U				
Но	ome Office:	No Home Office					
XXX841	Report Calcul	ated: 2/20/2023 4:28 PM Report Pr	inted:2/20/2023 ID:				



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Tallahassee, Florida 32308

BLOUNTSTOWN HEALTH AND REHABILITATION CENTER 16690 S.W. CHIPOLA ROAD			Provider Number:		1 160809-00		
			Date:	2/20/2023			
BLOUNTSTO	WN, FL 32424		Fiscal Year End:		12/31/2020		
			Audit Status:		Unaudit	ed	
Provider Ty Nursing Ho		Level		Current Rate 211.44	Rate Rate Date		
Rate	e Type:						
Nau	c Type.						
X	_Interim		Prospective				
		Total Interim	Tota	l Prospective			
		_Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:	tar Changa			
	Budget	_		ective 02/16/2	2022		
X	Unaudited co	osts					
	Field audited	costs					
	Desk audited	costs					
Distribution:		_	Yndia Rutland				
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance				
Permanent Fil	e		And	lia Ru	tland	,	
For In	formation Only		7.00	-52 , 520			
No Ch	ange in Rate		•				
Но	ome Office:	No Home Office					
XXX841	Report Calcul	ated: 2/20/2023 4:28 PM Report Pri	inted:2/20/2023 ID:				



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Tallahassee, Florida 32308

PINELLAS PARK FL OPCO, LLC		LLC	Provider Number:		1 161006-00		
8701 49TH STREET NORTH			Date:		2/9/2023		
PINELLAS I	PARK, FL 33782		Fiscal Year End:		6/30/2020		
			Audit Status:		Unaudit	ted	
Provider To		e Level		Current <u>Rate</u> 255.46	Rate Rate Date		
Ra	te Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component		l Prospective		Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ter Change			
	Budget		X CHOW eff	ective 05/01/	2022		
X	Unaudited o						
	Field audite						
	Desk audite	a costs					
Diatoibosti							
Distribution:			Yndia Rutland				
Contract Management / Fiscal Agent Permanent File			Medicaid Cost Reim		Ū		
			Gnd	ia Ru	tland		
	Information Only Change in Rate		0				
I	Home Office:	Everview Group LLC 100 Merrick Rd Suite 418E Rockville Centre, NY 11570-4888					
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Tallahassee, Florida 32308

PINELLAS PARK FL OPCO, LLC 8701 49TH STREET NORTH			Provider Number:		1 161006-00 2/9/2023		
			Date:				
PINELLAS P	PARK, FL 33782		Fiscal Year End:		6/30/2021		
			Audit Status:		Unaudit	ted	
Provider T Nursing H		e Level		Current Rate New Rate Effective Date 231.00 254.23 10/1/20			
Rat	te Type:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost					
	Λ.	Prior Provider Prospective data					
Basis:			Changes:	ter Change			
	Budget		X CHOW eff	ective 05/01/2	2022		
X	Unaudited of						
	Field audite Desk audite						
Distribution			Yndia Rutland				
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance				
Permanent F	ile		Clad	in Ru	Hand	•	
For I	Information Only			ia Ru			
No C	hange in Rate		~				
F	Iome Office:	Everview Group LLC 100 Merrick Rd Suite 418E Rockville Centre, NY 11570-4888					
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