



RON DESANTIS
GOVERNOR

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>	<u>Provider Number</u>	<u>Type of Action</u>	<u>Number of Rate Change Notices</u>
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



			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		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit 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	



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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 098593-00
Date: 5/6/2020
Fiscal Year End: 9/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>245.69</u>	<u>244.97</u>	<u>9/1/2016</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Effects of FA & RFA #NH15-043W FYE 8/31/2014	

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

Palm Garden Healthcare Holdings, LLC
2033 Main Street
Suite 300
Sarasota, FL 34237

Zainab Day

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Medicaid Reimbursement Per Diem Rates

VILLAGE ON THE ISLE
910 TAMIAMI TRAIL SOUTH
VENICE, FL 34285

Provider Number: 0 210463-00
Date: 5/6/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **275.66** New Rate: **263.94** 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 #NH16-068W FYE 12/31/2014	

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No Change in Rate

Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

VILLAGE ON THE ISLE	Provider Number:	0 210463-00
910 TAMIAMI TRAIL SOUTH	Date:	5/6/2020
VENICE, FL 34285	Fiscal Year End:	12/31/2015
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>290.09</u>	<u>290.03</u>	<u>9/1/2017</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Effects of Field Audit #NH16-068W FYE 12/31/2014	

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No Change in Rate

Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

MIAMI SHORES NURSING AND REHAB CENTER	Provider Number:	0 214035-00
9380 NW 7TH AVENUE	Date:	2/8/2021
MIAMI, FL 33150	Fiscal Year End:	1/31/2016
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>278.01</u>	<u>277.96</u>	<u>9/1/2016</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Effects of Field Audit #NH15-054C FYE 1/31/2015	

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No Change in Rate

Home Office:

DOS Health Care, Inc
7735 NW 146th Street, Suite 204
Miami Lakes, FL 33016

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Medicaid Reimbursement Per Diem Rates

<u>MIAMI SHORES NURSING AND REHAB CENTER</u>	Provider Number:	<u>0 214035-00</u>
<u>9380 NW 7TH AVENUE</u>	Date:	<u>2/8/2021</u>
<u>MIAMI, FL 33150</u>	Fiscal Year End:	<u>1/31/2017</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<u>278.70</u>	<u>278.66</u>	<u>9/1/2017</u>

Rate Type:	
<u>Interim</u>	<u>X</u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:	
<u> </u> Budget	
<u>X</u> Unaudited costs	
<u> </u> Field audited costs	
<u> </u> Desk audited costs	

Changes:	
<u> </u> Rate Semester Change	
<u>X</u> Effects of Field Audit #NH15-054C FYE 1/31/2015	

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Home Office: DOS Health Care, Inc
7735 NW 146th Street, Suite 204
Miami Lakes, FL 33016



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Medicaid Reimbursement Per Diem Rates

UNIVERSITY WEST REHABILITATION CENTER

545 WEST EUCLID AVENUE

DELAND, FL 32720

Provider Number:

0 250995-00

Date:

11/4/2022

Fiscal Year End:

12/31/2018

Audit Status:

Unaudited

Provider Type:

Nursing Home

Single Level

Current
Rate

New
Rate

Effective
Date

251.55

240.98

5/4/2018

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

Cost Settlement FYE 12/31/2018

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Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

POMPANO HEALTH AND REHABILITATION CENTER
51 W SAMPLE ROAD
POMPANO BEACH, FL 33064

Provider Number: 0 263923-00
Date: 5/15/2020
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
213.79 **213.78** **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 #NH14-094C FYE 12/31/2013	

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No Change in Rate

Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

HEALTHCARE AND REHAB OF SANFORD
950 MELLONVILLE AVE
SANFORD, FL 32771

Provider Number: 0 263931-00
Date: 4/20/2020
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **199.91** New Rate: **199.93** 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 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 #NH14-061C FYE 12/31/2013	

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No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

HEALTHCARE AND REHAB OF SANFORD
950 MELLONVILLE AVE
SANFORD, FL 32771

Provider Number: 0 263931-00
Date: 4/20/2020
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **206.09** New Rate: **206.11** Effective Date: **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 #NH14-061C FYE 12/31/2013	

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No Change in Rate

Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

REGENTS PARK OF SUNRISE
9711 W OAKLAND PARK BLVD
SUNRISE, FL 33351

Provider Number: 0 269697-00
Date: 4/30/2020
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **206.05** New Rate: **206.07** 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 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 #NH14-065C FYE 12/31/2013	

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No Change in Rate

Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

REGENTS PARK OF SUNRISE
9711 W OAKLAND PARK BLVD
SUNRISE, FL 33351

Provider Number: 0 269697-00
Date: 4/30/2020
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **214.30** New Rate: **214.33** Effective Date: **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 #NH14-065C FYE 12/31/2013	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

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Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MANOR CARE NURSING AND REHABILITATION CENTER
3601 LAKEWOOD BLVD
NAPLES, FL 34112

Provider Number: 0 325449-00
Date: 2/16/2023
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
250.14 **254.62** **9/5/2017**

Rate Type:	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input checked="" 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"/> IRR Settlement FYE 12/31/2017	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

HCR ManorCare Services, LLC
333 North Summit Street
Toledo, OH 43604

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CRYSTAL HEALTH AND REHAB
48 HIGH POINT ROAD
TAVERNIER, FL 33070

Provider Number: 1 002711-00
Date: 11/10/2022
Fiscal Year End: 7/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **234.87** New Rate: **222.94** Effective Date: **8/1/2018**

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" 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"/> Cost Settlement FYE 07/31/2019	

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office:

No Home Office

Zainab Day

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Medicaid Reimbursement Per Diem Rates

ALLIANCE HEALTH AND REHABILITATION CENTER
130 WEST ARMSTRONG AVENUE
DELAND, FL 32720

Provider Number: 1 128403-00
Date: 1/31/2023
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **206.23** New Rate: **209.73** Effective Date: **6/17/2021**

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 06/17/2021

Distribution:

Contract Management / Fiscal Agent

Permanent File

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_____ No Change in Rate

Home Office:

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

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ALLIANCE HEALTH AND REHABILITATION CENTER
130 WEST ARMSTRONG AVENUE
DELAND, FL 32720

Provider Number: 1 128403-00
Date: 1/31/2023
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
209.73 **210.55** **7/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 06/17/2021	

Distribution:

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

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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



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

ALLIANCE HEALTH AND REHABILITATION CENTER
130 WEST ARMSTRONG AVENUE
DELAND, FL 32720

Provider Number: 1 128403-00
Date: 1/31/2023
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
210.55 **249.46** **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:	
<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 06/17/2021	

Distribution:

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Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Yndia Rutland

Home Office:

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



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Medicaid Reimbursement Per Diem Rates

ALLIANCE HEALTH AND REHABILITATION CENTER
130 WEST ARMSTRONG AVENUE
DELAND, FL 32720

Provider Number: 1 128403-00
Date: 1/31/2023
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>249.46</u>	<u>220.77</u>	<u>1/1/2022</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 06/17/2021	

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Melbourne, FL. 32901



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Medicaid Reimbursement Per Diem Rates

ALLIANCE HEALTH AND REHABILITATION CENTER
130 WEST ARMSTRONG AVENUE
DELAND, FL 32720

Provider Number: 1 128403-00
Date: 1/31/2023
Fiscal Year End: 12/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
220.77 **234.21** **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 06/17/2021

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Home Office:

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709 S. Harbor City Blvd. Ste 240
Melbourne, FL. 32901

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Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ORANGE PARK CENTER FOR NURSING AND HEALING
570 WELLS ROAD
ORANGE PARK, FL 32073

Provider Number: 1 136355-00
Date: 2/14/2023
Fiscal Year End: 12/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
215.96 **218.17** **8/1/2021**

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 08/01/2021

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Home Office:

Empire Care Centers
311 Boulevard of the Americas Suite 405
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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

ORANGE PARK CENTER FOR NURSING AND HEALING
570 WELLS ROAD
ORANGE PARK, FL 32073

Provider Number: 1 136355-00
Date: 2/14/2023
Fiscal Year End: 12/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>218.17</u>	<u>247.14</u>	<u>10/1/2021</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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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ORANGE PARK CENTER FOR NURSING AND HEALING
570 WELLS ROAD
ORANGE PARK, FL 32073

Provider Number: 1 136355-00
Date: 2/14/2023
Fiscal Year End: 12/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>247.14</u>	<u>222.18</u>	<u>1/1/2022</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 08/01/2021	

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Medicaid Reimbursement Per Diem Rates

ORANGE PARK CENTER FOR NURSING AND HEALING
570 WELLS ROAD
ORANGE PARK, FL 32073

Provider Number: 1 136355-00
Date: 2/14/2023
Fiscal Year End: 12/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **222.18** New Rate: **238.69** 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 08/01/2021

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

UNIVERSITY CENTER FOR NURSING AND HEALING
3648 UNIVERSITY BLVD. S.
JACKSONVILLE, FL 32216

Provider Number: 1 136360-00
Date: 2/14/2023
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
221.35 **223.61** **8/1/2021**

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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Home Office:

Empire Care Centers
311 Boulevard of the Americas Suite 405
Lakewood NJ, 08701

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Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

UNIVERSITY CENTER FOR NURSING AND HEALING
3648 UNIVERSITY BLVD. S.
JACKSONVILLE, FL 32216

Provider Number: 1 136360-00
Date: 2/14/2023
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
223.61 **249.27** **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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Home Office:

Empire Care Centers
311 Boulevard of the Americas Suite 405
Lakewood NJ, 08701

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Medicaid Reimbursement Per Diem Rates

UNIVERSITY CENTER FOR NURSING AND HEALING
3648 UNIVERSITY BLVD. S.
JACKSONVILLE, FL 32216

Provider Number: 1 136360-00
Date: 2/14/2023
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
249.27 **223.91** **1/1/2022**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 08/01/2021	

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Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

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Lakewood NJ, 08701



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

UNIVERSITY CENTER FOR NURSING AND HEALING
3648 UNIVERSITY BLVD. S.
JACKSONVILLE, FL 32216

Provider Number: 1 136360-00
Date: 2/14/2023
Fiscal Year End: 12/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>223.91</u>	<u>250.19</u>	<u>10/1/2022</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 08/01/2021	

Distribution:

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_____ No Change in Rate

Home Office:

Empire Care Centers
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Lakewood NJ, 08701

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Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WINTER HAVEN FL OPCO LLC
2701 LAKE ALFRED ROAD
WINTER HAVEN, FL 33881

Provider Number: 1 139241-00
Date: 2/16/2023
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
241.57 **217.15** **2/1/2022**

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 02/01/2022

Distribution:

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No Change in Rate

Home Office:

Everview Group LLC
100 Merrick Rd Suite 418E
Rockville Centre, NY 11570-4888

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WINTER HAVEN FL OPCO LLC
2701 LAKE ALFRED ROAD
WINTER HAVEN, FL 33881

Provider Number: 1 139241-00
Date: 2/16/2023
Fiscal Year End: 12/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **217.15** New Rate: **221.86** 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 02/01/2022

Distribution:

Contract Management / Fiscal Agent

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Home Office:

Everview Group LLC
100 Merrick Rd Suite 418E
Rockville Centre, NY 11570-4888

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BUFFALO CROSSING HEALTHCARE AND REHABILITATION CENTER

3875 WEDGEWOOD LANE

THE VILLAGES, FL 32162

Provider Number: 1 147494-00

Date: 2/16/2023

Fiscal Year End: 12/31/2019

Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>263.67</u>	<u>237.31</u>	<u>1/1/2022</u>

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 01/01/2022

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office:

KR MANAGEMENT
200 CLEARWATER-LARGO RD S
LARGO, FL 33770

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BUFFALO CROSSING HEALTHCARE AND REHABILITATION CENTER

3875 WEDGEWOOD LANE

THE VILLAGES, FL 32162

Provider Number:

1 147494-00

Date:

2/16/2023

Fiscal Year End:

12/31/2021

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate

237.31

New Rate

240.88

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 01/01/2022

Distribution:

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_____ No Change in Rate

Home Office:

KR MANAGEMENT
200 CLEARWATER-LARGO RD S
LARGO, FL 33770

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBOURWOOD FL OPCO
549 SKY HARBOR DR
CLEARWATER, FL 33759

Provider Number: 1 154556-00
Date: 2/9/2023
Fiscal Year End: 5/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
262.94 **232.01** **5/1/2022**

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 05/01/2022	

Distribution:

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_____ No Change in Rate

Home Office:

Everview Group LLC
100 Merrick Rd Suite 418E
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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

HARBOURWOOD FL OPCO
549 SKY HARBOR DR
CLEARWATER, FL 33759

Provider Number: 1 154556-00
Date: 2/9/2023
Fiscal Year End: 5/31/2021
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
232.01 **249.69** **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 05/01/2022	

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Medicaid Reimbursement Per Diem Rates

LAURELLWOOD FL OPCO LLC
3127 57TH AVENUE, NORTH
ST. PETERSBURG, FL 33714

Provider Number: 1 160111-00
Date: 2/16/2023
Fiscal Year End: 5/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **250.38** New Rate: **225.43** Effective Date: **5/1/2022**

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 05/01/2022

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Everview Group LLC
100 Merrick Rd Suite 418E
Rockville Centre, NY 11570-4888

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAURELLWOOD FL OPCO LLC
3127 57TH AVENUE, NORTH
ST. PETERSBURG, FL 33714

Provider Number: 1 160111-00
Date: 2/16/2023
Fiscal Year End: 5/31/2021
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **225.43** New Rate: **247.66** Effective Date: **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 05/01/2022	

Distribution:

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Medicaid Reimbursement Per Diem Rates

BLOUNTSTOWN HEALTH AND REHABILITATION CENTER
16690 S.W. CHIPOLA ROAD
BLOUNTSTOWN, FL 32424

Provider Number: 1 160809-00
Date: 2/20/2023
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
234.76 211.44 2/16/2022

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 02/16/2022

Distribution:

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_____ No Change in Rate

Home Office:

No Home Office

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BLOUNTSTOWN HEALTH AND REHABILITATION CENTER
16690 S.W. CHIPOLA ROAD
BLOUNTSTOWN, FL 32424

Provider Number: 1 160809-00
Date: 2/20/2023
Fiscal Year End: 12/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
211.44 **229.20** **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 02/16/2022

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PINELLAS PARK FL OPCO, LLC

8701 49TH STREET NORTH

PINELLAS PARK, FL 33782

Provider Number:

1 161006-00

Date:

2/9/2023

Fiscal Year End:

6/30/2020

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

255.46

New
Rate

231.00

Effective
Date

5/1/2022

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 05/01/2022

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PINELLAS PARK FL OPCO, LLC

8701 49TH STREET NORTH

PINELLAS PARK, FL 33782

Provider Number:

1 161006-00

Date:

2/9/2023

Fiscal Year End:

6/30/2021

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

231.00

New
Rate

254.23

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 05/01/2022

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