

JASON WEIDA SECRETARY

MEMORANDUM

Date: May 15, 2023

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

From: Yndia Rutland, Acting Regulatory Analyst Supervisor *GR* 5/17/2023

Subject: Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

	Provider Name	Provider Number	<u>Type of Action</u>	Number of Rate Change Notices
1.	Riverchase Health and Rehab Center	0 005386-00	FA	1
2.	MF Oakwood, LLC	0 005547-00	FA	2
3.	Krystal Bay Nursing & Rehab	0 089220-00	FA	2
4.	The Lodge Health and Rehab Center	0 227773-00	FA & RFA	1
5.	Zephyrhills Health & Rehab Center, Inc.	0 320404-00	FA	
6.	Florida Living Nursing Center	0 320463-00	FA	1
7.	Heartland Health Care Center – Boynton Beach	0 325309-00	FA	1
8.	Manor Care of Boca Raton FL, LLC	0 325368-00	FA	1
9.	Manorcare Health Services	0 325384-00	FA	1
10.	Manorcare Health Services – Sarasota	0 325465-00	FA	1
11.	Manor Health Care Services	0 325473-00	FA	1
12.	ManorCare Health Services – Delray Beach	0 325520-00	FA	1
13.	Gandy FL OPCO, LLC	1 150765-00	CHOW	2
14.	Hidden Lakes Senior Living Community	1 152686-00	CHOW	2
15.	Specialty Health and Rehabilitation Center	1 162179-00	CHOW	2



16.	Lilac at Silver Palm	1 166584-00	New Facility	1
			<u>Total:</u>	21

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

YR/kg

		Single Level	Level H: AIDS	Single Level	Single Level		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
000538600	20160901	234.97	0.00	234.97	234.97	93104-23	NH17-104C
000554700	20160901	230.48	0.00	230.48	230.48	93104-23	NH17-046C
000554700	20170901	219.16	0.00	219.16	219.16	93104-23	NH17-046C
008922000	20160901	250.48	0.00	250.48	250.48	93104-23	NH15-098C
008922000	20170901	247.57	0.00	247.57	247.57	93104-23	NH15-098C
022777300	20160901	253.07	0.00	253.07	253.07	93104-23	NH14-020C
032040400	20160901	224.93	0.00	224.93	224.93	93104-23	NH15-025W
032046300	20160901	229.97	0.00	229.97	229.97	93104-23	NH15-029W
032530900	20160901	204.56	0.00	204.56	204.56	93104-23	NH16-086C
032536800	20160901	204.07	0.00	204.07	204.07	93104-23	NH16-075C
032538400	20160901	201.74	0.00	201.74	201.74	93104-23	NH16-079C
032546500	20160901	217.10	0.00	217.10	217.10	93104-23	NH16-076C
032547300	20160901	220.76	0.00	220.76	220.76	93104-23	NH16-082C
032552000	20160901	194.85	0.00	194.85	194.85	93104-23	NH16-088C
115076500	20220501	236.63	0.00	236.63	236.63	93104-23	
115076500	20221001	243.55	0.00	243.55	243.55	93104-23	
115268600	20220301	211.03	0.00	211.03	211.03	93104-23	
115268600	20221001	227.26	0.00	227.26	227.26	93104-23	
116217900	20220401	234.69	0.00	234.69	234.69	93104-23	
116217900	20221001	254.14	0.00	254.14	254.14	93104-23	
116658400	20230105	306.19	0.00	306.19	306.19	93104-23	



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Medicaid Reimbursement Per Diem Rates

RIVERCHASE HEALTH AND REHABILITATION CENTER	Provider Number:		0 005386-00		
1017 STRONG RD	Date:	2/3/2022		2	
QUINCY, FL 32351	Fiscal Year End:		6/30/20	14	
	Audit Status:		Field Auc	lited	
Provider Type:					
Nursing Home Single Level		Current <u>Rate</u> 235.16	New <u>Rate</u> 234.97	Effective <u>Date</u> <u>9/1/2016</u>	

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

Basis:		Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH17-104C FYE 06/30/2014
	Unaudited costs		
X	Field audited costs		
	Desk audited costs		
	-		

Distribution:			Rebekah Falk
Contract Managemen	t / Fiscal Agent	Medicaid C	ost Reimbursement Planning and Finance
Permanent File			Ċ.
For Informati	on Only		
No Change in	Rate		
Home Off	ice: Pensacola Administrative S	Services, LLC	
	40 South Palafox Place		
	Suite 400		
	Pensacola, FL 32502		
HAQYJ Re	port Calculated: 2/3/2022 1:38:49 PM	Report Printed :2/3/2022	ID: 005386063020140101201410132014161243



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Medicaid Reimbursement Per Diem Rates

MF OAKWOOD, LLC	YOOD, LLC Provider Number:		0 005547-00		
451 S AMELIA AVE	Date: 11/20/2020		20		
DELAND, FL 32724	Fiscal Year End:		6/30/20	14	
	Audit Status:		Field Aud	lited	
Provider Type:					
Nursing Home Single Level		Current <u>Rate</u> 232.00	New <u>Rate</u> 230.48	Effective <u>Date</u> 9/1/2016	

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

Basis:		Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH17-046C FYE 06/30/2014
	Unaudited costs		
X	Field audited costs		
	Desk audited costs		
	-		

<u>Distribution:</u>			Zainab Day
Contract Management / Fis	cal Agent	Medicaid Co	ost Reimbursement Planning and Finance
Permanent File			C C
For Information Only			
No Change in Rate			
Home Office:	Pensacola Administrative S	ervices, LLC	
	40 South Palafox Place		
	Suite 400		
	Pensacola, FL 32502		
F0Z1L Report C	alculated: 11/20/2020 3:45:29 PM	Report Printed :11/20/2020	ID: 005547063020140101201410122014135946
F0Z1L Report C	Suite 400 Pensacola, FL 32502	Report Printed :11/20/2020	ID: 005547063020140101201410122014135



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Medicaid Reimbursement Per Diem Rates

MF OAKWOOD, LLC Provider Nun			0 005547-	-00
451 S AMELIA AVE	Date: 11/20/2020		20	
DELAND, FL 32724	Fiscal Year End:		12/31/20	16
	Audit Status:		Unaudit	ed
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 220.66	New <u>Rate</u> 219.16	Effective <u>Date</u> <u>9/1/2017</u>

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

Basis:		Changes:]
			Rate Semester Change
	Budget	X	Field Audit #NH17-046C FYE 06/30/2014
Х	Unaudited costs		
	Field audited costs		
	Desk audited costs		

Distribution:		Zainab Day		
Contract Management / Fi	scal Agent	Medicaid Co	ost Reimbursement Planning and Finance	
Permanent File			C C	
For Information C	nly			
No Change in Rate				
Home Office:	Pensacola Administrative S	ervices, LLC		
	40 South Palafox Place			
	Suite 400			
	Pensacola, FL 32502			
F0Z1L Report 0	Calculated: 11/20/2020 3:45:29 PM	Report Printed :11/20/2020	ID: 005547123120160101201604252017125707	



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Medicaid Reimbursement Per Diem Rates

KRYSTAL BAY NURSING & REHABILITATION	Provider Number:		0 089220	-00
16650 W DIXIE HWY	Date:		5/2/202	3
NORTH MIAMI BEACH, FL 33160	Fiscal Year End: 1/31/2015		15	
	Audit Status:		Unaudit	ed
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 254.44	New <u>Rate</u> 250.48	Effective <u>Date</u> <u>9/1/2016</u>

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

Basis:		Changes:	
			Rate Semester Change
	Budget	X	Effects of Field Audit #NH15-098C FYE
X	Unaudited costs		01/31/2014
	Field audited costs		
	Desk audited costs		
	-		

Distribution:			Zainab Day
Contract Management / Fiscal	Contract Management / Fiscal Agent		Cost Reimbursement Planning and Finance
Permanent File			C C
For Information Only			
No Change in Rate			
Home Office:	No Home Office		
9M442 Report Calcu	lated: 5/2/2023 4:15:00 PM	Report Printed :5/2/2023	ID: 089220013120150201201406262015092749



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Medicaid Reimbursement Per Diem Rates

KRYSTAL BAY NURSING & REHABILITATION	Provider Number:		0 089220	-00
16650 W DIXIE HWY	Date:		5/2/202	3
NORTH MIAMI BEACH, FL 33160	Fiscal Year End:	nd: 1/31/2016		16
	Audit Status:		Unaudit	ed
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 251.50	New <u>Rate</u> 247.57	Effective <u>Date</u> <u>9/1/2017</u>

Rate Ty	pe:				
Inte	erim		Х	Prospective	
		Total Interim		X	Total Prospective
		Interim Component			Total Prospective with Interim Component
		Settlement based on cost			
		Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH15-098C FYE 01/31/2014
Х	Unaudited costs		
	Field audited costs		
	Desk audited costs		

Distr	<u>distribution:</u>			Zainab Day
Contra	Contract Management / Fiscal Agent ermanent File		Medicaid C	ost Reimbursement Planning and Finance
Perma				č
For Information Only				
	_No Change in Rate			
	Home Office:	No Home Office		
0M442	Report Calcu	lated: 5/2/2023 4:15:00 PM	Report Printed :5/2/2023	ID: 089220013120160201201507292016123429



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Medicaid Reimbursement Per Diem Rates

THE LODGE HEALTH AND REHABILITATION CENTER	Provider Number:		0 227773	-00
635 SE 17TH STREET	Date:		11/10/20	20
OCALA, FL 34471	Fiscal Year End:		14	
	Audit Status:		Revised Field	d Audit
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 254.33	New <u>Rate</u> 253.07	Effective <u>Date</u> 9/1/2016
Nursing frome Single Lever		<u> </u>	<u> 233.07</u>	<u> 7/1/2010</u>

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

Basis:		Changes:	
			Rate Semester Change
	Budget	X	FA & RFA #NH14-020C FYE 8/31/2014
	Unaudited costs		
Х	Field audited costs		
	Desk audited costs		

Distribution: Contract Management / Fiscal Agent			Zainab Day		
		Medicaid Co	Medicaid Cost Reimbursement Planning and Finance		
Permanent File			C C		
For Inform	nation Only				
No Change	e in Rate				
Home Office: Greystone Healthcare Managemen			gement		
4042 Park Oaks Blvd, Suite 300			300		
		Tampa, FL 33610			
YN6EZ	Report Calcu	lated: 11/10/2020 1:56:58 PM	Report Printed :11/10/2020	ID: 227773083120140101201409292014121647	



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Medicaid Reimbursement Per Diem Rates

Provider Number:		0 320404-00		
Date:		4/9/202	0	
Fiscal Year End:		1/31/20	15	
Audit Status:		Field Aud	lited	
	Current <u>Rate</u> 228.56	New <u>Rate</u> 224.93	Effective <u>Date</u> 9/1/2016	
	Date: Fiscal Year End:	Date: Fiscal Year End: Audit Status: Current	Date: 4/9/202 Fiscal Year End: 1/31/20 Audit Status: Field Aud Current New <u>Rate</u> <u>Rate</u>	

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

Basis:		Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH15-025W FYE 1/31/2015
	Unaudited costs		
Х	Field audited costs		
	Desk audited costs		
	-		

Distribution:			Zainab Day
Contract Management / Fisc	al Agent	Medicaid C	ost Reimbursement Planning and Finance
Permanent File			C
For Information Onl	у		
No Change in Rate			
Home Office: Sunbelt Health Care Centers, Inc.		rs,Inc.	
	485 N. Keller road		
	Suite 250		
	Maitland, FL 32751		
CFN89 Report Ca	lculated: 4/9/2020 10:35:40 AM	Report Printed :4/9/2020	ID: 320404013120150801201404272015144259



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Medicaid Reimbursement Per Diem Rates

Provider Number:		0 320463	-00
Date:		3/31/202	20
Fiscal Year End:		1/31/20	15
Audit Status:		Field Aud	lited
	Current <u>Rate</u> 231.35	New <u>Rate</u> 229.97	Effective <u>Date</u> 9/1/2016
	Date: Fiscal Year End:	Date: Fiscal Year End: Audit Status: Current	Date: 3/31/202 Fiscal Year End: 1/31/202 Audit Status: Field Aud Current New Rate Rate

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

Basis:		Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH15-029W FYE 1/31/2015
	Unaudited costs		
Х	Field audited costs		
	Desk audited costs		
	-		

Distribution:	<u>uon:</u> Zainab Day		Zainab Day
Contract Management / Fisca	al Agent	Medicaid Co	ost Reimbursement Planning and Finance
Permanent File			C
For Information Onl	у		
No Change in Rate			
Home Office: Sunbelt Health Care Centers, Inc.		rs,Inc.	
	485 N. Keller road		
	Suite 250		
	Maitland, FL 32751		
4TTT4 Report Cal	culated: 3/31/2020 8:14:54 AM	Report Printed :3/31/2020	ID: 320463013120150801201404272015140833



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Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER- BOYNTON BEACH	Provider Number:		0 325309	-00
3600 OLD BOYNTON ROAD	Date:		10/23/20	20
BOYNTON BEACH, FL 33436	Fiscal Year End:		6/30/20	14
	Audit Status:		Field Aud	lited
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>204.71</u>	<u>204.56</u>	<u>9/1/2016</u>

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

Basis:		Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH16-086C FYE 6/30/2014
	Unaudited costs		
X	Field audited costs		
	Desk audited costs		
	-		

Distribution:		Zainab Day			
Contract Management / H	Fiscal Agent	Medicaid Co	st Reimbursement Planning and Finance		
Permanent File			C C		
For Information	Only				
No Change in Ra	te				
Home Office	: HCR ManorCare Services,	LLC			
	333 North Summit Street				
	Toledo, OH 43604				
LLLL7 Report	Calculated: 10/23/2020 9:56:58 AM	Report Printed :10/23/2020	ID: 325309063020140701201310072014155531		



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Medicaid Reimbursement Per Diem Rates

MANOR CARE OF BOCA RATON FL, LLC	Provider Number:		0 325368-00		
375 NW 51ST STREET	Date:		11/12/20	20	
BOCA RATON, FL 33431	Fiscal Year End:		5/31/2015		
	Audit Status:		Field Audited		
Provider Type:					
Nursing Home Single Level		Current <u>Rate</u> 204.14	New <u>Rate</u> 204.07	Effective <u>Date</u> <u>9/1/2016</u>	

Rate Ty	ype:				
In	terim	_	Х	Prospective	
		Total Interim		X	Total Prospective
		Interim Component			Total Prospective with Interim Component
		Settlement based on cost			
		Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH16-075C FYE 5/31/2015
	Unaudited costs		
X	Field audited costs		
	Desk audited costs		

Distribution:			Zainab Day			
Contract Managemen	nt / Fiscal A	gent	Medicaid Co	st Reimbursement Planning and Finance		
Permanent File				C C		
For Informat	tion Only					
No Change in	n Rate					
Home Of	ffice:	HCR ManorCare Services,	LLC			
		333 North Summit Street				
		Toledo, OH 43604				
V9P9V Re	eport Calculat	red: 11/12/2020 2:25:22 PM	Report Printed :11/12/2020	ID: 325368053120150601201409222015161246		
V 9F 9 V	eport Calcula	ed. 11/12/2020 2.25.22 FM	Report Fillited .11/12/2020	ID. 32350805512015000120140922201510124		



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Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES	Provider Number:		0 325384-00		
13881 EAGLE RIDGE DRIVE	Date:		1/6/202	1	
FORT MYERS, FL 33912	Fiscal Year End:		12/31/20	15	
	Audit Status:		Field Aud	lited	
Provider Type:					
Nursing Home Single Level		Current <u>Rate</u> 202.20	New <u>Rate</u> 201.74	Effective <u>Date</u> <u>9/1/2016</u>	

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

Basis:]	Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH16-079C FYE 12/31/2015
	Unaudited costs		
X	Field audited costs		
	Desk audited costs		
	-		

Distribution:		Zainab Day		
Contract Management / Fise	cal Agent	Medicaid Co	ost Reimbursement Planning and Finance	
Permanent File				
For Information On	ly			
No Change in Rate				
Home Office:	HCR ManorCare Services, LI	LC		
	333 North Summit Street			
	Toledo, OH 43604			
7YOOQ Report Ca	lculated: 1/6/2021 11:08:03 AM	Report Printed :1/6/2021	ID: 325384123120150601201504142016105806	



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Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES-SARASOTA	Provider Number:		0 325465	-00	
5511 SWIFT ROAD	Date:		1/6/202	1	
SARASOTA, FL 34231	Fiscal Year End:		5/31/20	15	
	Audit Status:		Field Audited		
Provider Type:					
Nursing Home Single Level		Current <u>Rate</u> 217.24	New <u>Rate</u> 217.10	Effective <u>Date</u> 9/1/2016	

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

Basis:		Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH16-076C FYE 5/31/2015
	Unaudited costs		
X	Field audited costs		
	Desk audited costs		
	-		

Distribution:			Zainab Day		
Contract Managen	ontract Management / Fiscal Agent		Medicaid C	ost Reimbursement Planning and Finance	
Permanent File				C C	
For Inform	nation Only	,			
No Change	e in Rate				
Home	Office:	HCR ManorCare Services,	LLC		
		333 North Summit Street			
		Toledo, OH 43604			
BAWPH	Report Calc	ulated: 1/6/2021 10:03:10 AM	Report Printed :1/6/2021	ID: 325465053120150601201409232015140238	



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Medicaid Reimbursement Per Diem Rates

MANOR CARE HEALTH SERVICES	Provider Number:		0 325473	-00
1450 EAST VENICE AVENUE	Date:		12/4/202	20
VENICE, FL 34292	Fiscal Year End:		12/31/20)15
	Audit Status:		Field Auc	lited
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u>	New <u>Rate</u>	Effective Date
Nursing Home Single Level		<u>221.76</u>	<u>220.76</u>	<u>9/1/2016</u>

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

Basis:		Changes:	
		Rate Semester Change	
	Budget	X Field Audit #NH16-082C FYI	E 12/31/2015
	Unaudited costs		
Х	Field audited costs		
	Desk audited costs		

Distribution:			Zainab Day		
Contract Management / Fig	scal Agent	Medicaid C	ost Reimbursement Planning and Finance		
Permanent File			C C		
For Information O	nly				
No Change in Rate					
Home Office:	HCR ManorCare Services,	LLC			
	333 North Summit Street				
	Toledo, OH 43604				
P17R9 Report C	Calculated: 12/4/2020 3:25:15 PM	Report Printed :12/4/2020	ID: 325473123120150601201504192016133238		



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Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES (DELRAY BEACH)	Provider Number:		0 325520	-00
16200 JOG ROAD	Date:	Date: 4/21/2020		20
DELRAY BEACH, FL 33446	Fiscal Year End:		4/30/20	15
	Audit Status:		Field Aud	lited
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 195.77	New <u>Rate</u> 194.85	Effective <u>Date</u> <u>9/1/2016</u>

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

Basis:		Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH16-088C FYE 4/30/2015
	Unaudited costs		
X	Field audited costs		
	Desk audited costs		
	-		

Distribution:			Zainab Day		
Contract Management	/ Fiscal Agent	Medicaid C	ost Reimbursement Planning and Finance		
Permanent File					
For Informatio	n Only				
No Change in F	late				
Home Offic	ce: HCR ManorCare Services,	LLC			
	333 North Summit Street				
	Toledo, OH 43604				
ALJQF Repo	ort Calculated: 4/21/2020 1:12:29 PM	Report Printed :4/21/2020	ID: 325520043020150501201409212015154055		
ALJQF Repo		Report Printed :4/21/2020	ID: 325520043020150501201409212015154		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GANDY FL OPCO, LLC	Provider Number:		1 150765	-00
4610 S. MANHATTAN AVENUE	Date: 3/23/2023		23	
TAMPA, FL 33611	Fiscal Year End:		5/31/20	20
	Audit Status:		Unaudit	ed
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 261.70	New <u>Rate</u> 236.63	Effective <u>Date</u> 5/1/2022

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

Basis:		Changes:	
	Budget	x	Rate Semester Change CHOW effective 05/01/2022
X	Unaudited costs Field audited costs Desk audited costs		

Distribution:		Yndia Rutland Medicaid Cost Reimbursement Planning and Finance		
Contract Management / Fisca	l Agent			
Permanent File		Chiedia Pethaiad		
For Information Only		Gndia Rutland		
No Change in Rate		V		
Home Office:	No Home Office			
XXX841 Report Calc	ulated: 3/23/2023 4:28 PM	Report Printed :3/23/2023 ID:		



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GANDY FL OPCO, LLC	Provider Number:		1 150765	-00
4610 S. MANHATTAN AVENUE	Date:	3/23/2023		
TAMPA, FL 33611	Fiscal Year End: 5/31/2021		21	
	Audit Status:		Unaudited	
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 236.63	New <u>Rate</u> 243.55	Effective <u>Date</u> <u>10/1/2022</u>

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

Basis:		Changes:
		Rate Semester Change
	Budget	X CHOW effective 05/01/2022
X	Unaudited costs	
	Field audited costs	
	Desk audited costs	

Distribution:		Yndia Rutland
Contract Management / Fisca	l Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File		Chadia Puttand
For Information Only		Gndia Retland
No Change in Rate		V
Home Office:	No Home Office	
XXX841 Report Calc	rulated: 3/23/2023 4:28 PM	Report Printed :3/23/2023 ID:



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HIDDEN LAKES SENIOR LIVING COMMUNITY	Provider Number:		1 152686-00		
1006 33RD STREET	Date:		3/16/2023		
VERO BEACH, FL 32960	Fiscal Year End: 12/31/2019		019		
	Audit Status:		Unaudi	ted	
Provider Type:					
Nursing Home Single Level		Current <u>Rate</u> 235.43	New <u>Rate</u> 211.03	Effective <u>Date</u> <u>3/1/2022</u>	

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

Basis:		Changes:	
			Rate Semester Change
	Budget	X	CHOW effective 03/01/2022
Х	Unaudited costs		
	Field audited costs		
	Desk audited costs		

Distribution:		Yndia Rutland
Contract Management / Fisca	al Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File		Charlie Retternal
For Information Only	у	Gndia Retland
No Change in Rate		\mathcal{O}
Home Office:	KR MANAGEMENT	
	200 CLEARWATER-LA LARGO, FL 33770	ARGO RD S
XXX844 Report Cal	culated: 3/16/2023 4:28 PM	Report Printed :3/16/2023 ID:



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HIDDEN LAKES SENIOR LIVING COMMUNITY	Provider Number:		1 152686-00		
1006 33RD STREET	Date:		3/16/2023		
VERO BEACH, FL 32960	Fiscal Year End: 12/31/2020		020		
	Audit Status:		Unaudited		
Provider Type:					
Nursing Home Single Level		Current <u>Rate</u> 211.03	New <u>Rate</u> 227.26	Effective <u>Date</u> 10/1/2022	

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

Basis:]	Changes:	
			Rate Semester Change
	Budget	X	CHOW effective 03/01/2022
X	Unaudited costs		
	Field audited costs		
	Desk audited costs		
	-		

Distribution:		Yndia Rutland
Contract Management / Fis	cal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File		Chiedia Pittared
For Information O	ıly	Gndia Retland
No Change in Rate		V
Home Office:	KR MANAGEMENT 200 CLEARWATER-LA LARGO, FL 33770	ARGO RD S
XXX844 Report C	alculated: 3/16/2023 4:28 PM	Report Printed :3/16/2023 ID:



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SPECIALTY HEALTH AND REHABILITATION CENTER	Provider Number:		1 162179	-00
6984 PINE FOREST ROAD	Date:		5/4/202	3
PENSACOLA, FL 32526	Fiscal Year End: 12/31/2018		18	
	Audit Status:	Unaudited		ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>259.33</u>	<u>234.69</u>	4/1/2022

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

Basis:		Changes:	
Bu	ıdget	x	Rate Semester Change CHOW effective 04/01/2022
X Ur Fie	audited costs eld audited costs esk audited costs		

Distribution:		Yndia Rutland Medicaid Cost Reimbursement Planning and Finance (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): ():	
Contract Management / Fisca	l Agent		
Permanent File			
For Information Only	,	Gndia Retland	
No Change in Rate			
Home Office:	No Home Office		
XXX848 Report Calc	ulated: 5/4/2023 4:28 PM	Report Printed :5/4/2023 ID:	



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SPECIALTY HEALTH AND REHABILITATION CENTER	Provider Number:		1 162179-	-00	
6984 PINE FOREST ROAD	Date:		5/4/202	3	
PENSACOLA, FL 32526	Fiscal Year End: 12/31/2020		20		
	Audit Status:		Unaudited		
Provider Type:					
		Current <u>Rate</u>	New <u>Rate</u>	Effective Date	
Nursing Home Single Level		234.69	<u>254.14</u>	10/1/2022	

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

Basis:		Changes:	
Bu	ıdget	x	Rate Semester Change CHOW effective 04/01/2022
X Ur Fie	audited costs eld audited costs esk audited costs		

Distribution:		Yndia Rutland Medicaid Cost Reimbursement Planning and Finance (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): (): ():	
Contract Management / Fisca	l Agent		
Permanent File			
For Information Only	,	Gndia Retland	
No Change in Rate			
Home Office:	No Home Office		
XXX848 Report Calc	ulated: 5/4/2023 4:28 PM	Report Printed :5/4/2023 ID:	



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LILAC AT SILVER PALM	Provider Number:		1 166584	00
14601 NE 16TH AVE	Date:		05/08/20	023
MIAMI, FL 33161	Fiscal Year End:		01/04/2	024
	Audit Status:		Unaudi	ted
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 0.00	New <u>Rate</u> 306.19	Effective <u>Date</u> 01/05/2023
Nursing Home Single Level		0.00	300.19	01/05/2025

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

Basis:		Changes:
Х	Budget	Rate Semester Change X New Facility effective 1/5/2023
	Unaudited costs Field audited costs	
	Desk audited costs	

Distribution:		Yndia Rutland Medicaid Cost Reimbursement Planning and Finance Gindia Rutland	
Contract Management	/ Fiscal Agent		
Permanent File			
For Information	on Only		
No Change in 1	Rate	\mathcal{O}	
Home Offi	ce: Lilac Health Group LLC 980 Sylvan Ave Englewood Cliff, NJ 07632	2	
XX846 Report Calculated: 05/08/2023 4:00 PM		Report Printed :05/08/2023 ID:	