



RON DESANTIS  
GOVERNOR

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 *JR* 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.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Type of Action</u>	<u>Number of Rate Change Notices</u>
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
			<b>Total:</b>	21

If you have any questions regarding the above, contact Yndia Rutland at [Yndia.Rutland@ahca.myflorida.com](mailto: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
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	



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**

RIVERCHASE HEALTH AND REHABILITATION CENTER  
1017 STRONG RD  
QUINCY, FL 32351

Provider Number: 0 005386-00  
Date: 2/3/2022  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **235.16**      New Rate: **234.97**      Effective Date: **9/1/2016**

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH17-104C FYE 06/30/2014	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Pensacola Administrative Services, LLC  
40 South Palafox Place  
Suite 400  
Pensacola, FL 32502

**Rebekah Falk**

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**

MF OAKWOOD, LLC  
451 S AMELIA AVE  
DELAND, FL 32724

Provider Number: 0 005547-00  
Date: 11/20/2020  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **232.00**    New Rate: **230.48**    Effective Date: **9/1/2016**

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH17-046C FYE 06/30/2014	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Pensacola Administrative Services, LLC  
40 South Palafox Place  
Suite 400  
Pensacola, FL 32502



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**

MF OAKWOOD, LLC  
451 S AMELIA AVE  
DELAND, FL 32724

Provider Number: 0 005547-00  
Date: 11/20/2020  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>220.66</u></b>	<b><u>219.16</u></b>	<b><u>9/1/2017</u></b>

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH17-046C FYE 06/30/2014	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Pensacola Administrative Services, LLC  
40 South Palafox Place  
Suite 400  
Pensacola, FL 32502

**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**

KRYSTAL BAY NURSING & REHABILITATION

16650 W DIXIE HWY

NORTH MIAMI BEACH, FL 33160

Provider Number:

0 089220-00

Date:

5/2/2023

Fiscal Year End:

1/31/2015

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**254.44**

New  
Rate

**250.48**

Effective  
Date

**9/1/2016**

**Rate Type:**

           Interim

           **X** Prospective

           Total Interim

           **X** Total Prospective

           Interim Component

           Total Prospective with Interim Component

           Settlement based on cost

           Prior Provider Prospective data

**Basis:**

           Budget

           **X** Unaudited costs

           Field audited costs

           Desk audited costs

**Changes:**

           Rate Semester Change

           **X** Effects of Field Audit #NH15-098C FYE  
01/31/2014

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

           For Information Only

           No Change in Rate

Home Office:

No Home Office

**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 BAY NURSING & REHABILITATION

16650 W DIXIE HWY

NORTH MIAMI BEACH, FL 33160

Provider Number:

0 089220-00

Date:

5/2/2023

Fiscal Year End:

1/31/2016

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**251.50**

New  
Rate

**247.57**

Effective  
Date

**9/1/2017**

**Rate Type:**

           Interim

      X       Prospective

           Total Interim

          X          

Total Prospective

           Interim Component

           Total Prospective with Interim Component

           Settlement based on cost

           Prior Provider Prospective data

**Basis:**

           Budget

      X       Unaudited costs

           Field audited costs

           Desk audited costs

**Changes:**

           Rate Semester Change

      X       Field Audit #NH15-098C FYE 01/31/2014

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

           For Information Only

           No Change in Rate

Home Office:

No Home Office

**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**

THE LODGE HEALTH AND REHABILITATION CENTER  
635 SE 17TH STREET  
OCALA, FL 34471

Provider Number: 0 227773-00  
Date: 11/10/2020  
Fiscal Year End: 8/31/2014  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **254.33**    New Rate: **253.07**    Effective Date: **9/1/2016**

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH14-020C FYE 8/31/2014	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Greystone Healthcare Management  
4042 Park Oaks Blvd, Suite 300  
Tampa, FL 33610

**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**

ZEPHYRHILLS HEALTH & REHAB CENTER, INC.	Provider Number:	0 320404-00
7350 DAIRY RD	Date:	4/9/2020
ZEPHYRHILLS, FL 33540	Fiscal Year End:	1/31/2015
	Audit Status:	Field Audited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home      Single Level	<u>228.56</u>	<u>224.93</u>	<u>9/1/2016</u>

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH15-025W FYE 1/31/2015	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Sunbelt Health Care Centers, Inc.  
 485 N. Keller road  
 Suite 250  
 Maitland, FL 32751

**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**

FLORIDA LIVING NURSING CENTER  
3355 E SEMORAN BLVD  
APOPKA, FL 32703

Provider Number: 0 320463-00  
Date: 3/31/2020  
Fiscal Year End: 1/31/2015  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**231.35**      **229.97**      **9/1/2016**

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH15-029W FYE 1/31/2015	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Sunbelt Health Care Centers, Inc.  
485 N. Keller road  
Suite 250  
Maitland, FL 32751

**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**

HEARTLAND HEALTH CARE CENTER- BOYNTON BEACH  
 3600 OLD BOYNTON ROAD  
 BOYNTON BEACH, FL 33436

Provider Number: 0 325309-00  
 Date: 10/23/2020  
 Fiscal Year End: 6/30/2014  
 Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>204.71</u></b>	<b><u>204.56</u></b>	<b><u>9/1/2016</u></b>

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-086C FYE 6/30/2014	

**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**

MANOR CARE OF BOCA RATON FL, LLC  
375 NW 51ST STREET  
BOCA RATON, FL 33431

Provider Number: 0 325368-00  
Date: 11/12/2020  
Fiscal Year End: 5/31/2015  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **204.14**      New Rate: **204.07**      Effective Date: **9/1/2016**

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

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-075C FYE 5/31/2015	

**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**

MANORCARE HEALTH SERVICES  
13881 EAGLE RIDGE DRIVE  
FORT MYERS, FL 33912

Provider Number: 0 325384-00  
Date: 1/6/2021  
Fiscal Year End: 12/31/2015  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**202.20**    **201.74**    **9/1/2016**

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-079C FYE 12/31/2015	

**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**

MANOR CARE HEALTH SERVICES  
1450 EAST VENICE AVENUE  
VENICE, FL 34292

Provider Number: 0 325473-00  
Date: 12/4/2020  
Fiscal Year End: 12/31/2015  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**221.76**    **220.76**    **9/1/2016**

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-082C FYE 12/31/2015	

**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**

MANORCARE HEALTH SERVICES (DELRAY BEACH)  
 16200 JOG ROAD  
 DELRAY BEACH, FL 33446

Provider Number: 0 325520-00  
 Date: 4/21/2020  
 Fiscal Year End: 4/30/2015  
 Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>195.77</u></b>	<b><u>194.85</u></b>	<b><u>9/1/2016</u></b>

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Field Audit #NH16-088C FYE 4/30/2015

**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**

GANDY FL OPCO, LLC

4610 S. MANHATTAN AVENUE

TAMPA, FL 33611

Provider Number:

1 150765-00

Date:

3/23/2023

Fiscal Year End:

5/31/2020

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

New  
Rate

Effective  
Date

**261.70**

**236.63**

**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:**

Contract Management / Fiscal Agent

Permanent File

\_\_\_\_\_ For Information Only

\_\_\_\_\_ No Change in Rate

Home Office:

No Home Office

**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**

GANDY FL OPCO, LLC

4610 S. MANHATTAN AVENUE

TAMPA, FL 33611

Provider Number:

1 150765-00

Date:

3/23/2023

Fiscal Year End:

5/31/2021

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**236.63**

New  
Rate

**243.55**

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

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

\_\_\_\_\_ For Information Only

\_\_\_\_\_ No Change in Rate

Home Office:

No Home Office

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

*Yndia Rutland*



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**

HIDDEN LAKES SENIOR LIVING COMMUNITY  
1006 33RD STREET  
VERO BEACH, FL 32960

Provider Number: 1 152686-00  
Date: 3/16/2023  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **235.43**  
New Rate: **211.03**  
Effective Date: **3/1/2022**

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 03/01/2022	

**Distribution:**

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

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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



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**

HIDDEN LAKES SENIOR LIVING COMMUNITY  
1006 33RD STREET  
VERO BEACH, FL 32960

Provider Number: 1 152686-00  
Date: 3/16/2023  
Fiscal Year End: 12/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **211.03**      New Rate: **227.26**      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 03/01/2022

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SPECIALTY HEALTH AND REHABILITATION CENTER  
6984 PINE FOREST ROAD  
PENSACOLA, FL 32526

Provider Number: 1 162179-00  
Date: 5/4/2023  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **259.33**      New Rate: **234.69**      Effective Date: **4/1/2022**

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 04/01/2022	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

\_\_\_\_\_ For Information Only

\_\_\_\_\_ No Change in Rate

Home Office:

No Home Office

**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**

SPECIALTY HEALTH AND REHABILITATION CENTER  
6984 PINE FOREST ROAD  
PENSACOLA, FL 32526

Provider Number: 1 162179-00  
Date: 5/4/2023  
Fiscal Year End: 12/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **234.69**      New Rate: **254.14**      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:	
_____ Budget	
<input checked="" type="checkbox"/> Unaudited costs	
_____ Field audited costs	
_____ Desk audited costs	

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 04/01/2022	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

\_\_\_\_\_ For Information Only

\_\_\_\_\_ No Change in Rate

Home Office:

No Home Office

**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**

LILAC AT SILVER PALM  
14601 NE 16TH AVE  
MIAMI, FL 33161

Provider Number: 1 166584-00  
Date: 05/08/2023  
Fiscal Year End: 01/04/2024  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**0.00**      **306.19**      **01/05/2023**

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 type="checkbox"/> Prior Provider Prospective data	

Basis:	
<input checked="" type="checkbox"/> Budget	
<input 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"/> New Facility effective 1/5/2023	

**Distribution:**

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

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Lilac Health Group LLC  
980 Sylvan Ave  
Englewood Cliff, NJ 07632