



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**

CLYDE E. LASSEN STATE VETERANS' NURSING HOME	Provider Number:	0 032049-00
4650 STATE RD 16	Date:	09/06/2023
SAINT AUGUSTINE, FL 32092	Fiscal Year End:	06/30/2018
	Audit Status:	Field Audited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$289.85</u>	<u>\$289.93</u>	<u>10/01/2023</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"/> Pediatric
<input type="checkbox"/> Prior Provider Prospective Data	<input type="checkbox"/> Rebase

**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"/> Rate Semester Change

**Distribution:**

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

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

*Yndia Rutland*

**Home Office:** Florida Dept. of Veterans Affairs  
 11351 Ulmerton Road, Room 311-K  
 Largo, FL 33778-1630



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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

MEMORIAL MANOR NURSING HOME	Provider Number:	0 201006-00
777 SOUTH DOUGLAS ROAD	Date:	09/06/2023
PEMBROKE PINES, FL 33025	Fiscal Year End:	04/30/2017
	Audit Status:	Field Audited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$277.24</u>	<u>\$275.97</u>	<u>10/01/2023</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"/>	Pediatric
<input type="checkbox"/>	Prior Provider Prospective Data	<input type="checkbox"/>	Rebase

**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"/>	Rate Semester Change

**Distribution:**

- Contract Management / Fiscal Agent
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- For Information Only
- No change in Rate

**Home Office:** No Home Office

**Yndia Rutland**

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**Medicaid Reimbursement Per Diem Rates**

THE ROHR HOME	Provider Number:	0 202533-00
2120 MARSHALL EDWARDS DR	Date:	09/06/2023
BARTOW, FL 33830	Fiscal Year End:	09/30/2018
	Audit Status:	Field Audited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>\$268.03</b>	<b>\$268.27</b>	<b>10/01/2023</b>

**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"/> Pediatric
<input type="checkbox"/> Prior Provider Prospective Data	<input type="checkbox"/> Rebase

**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"/> Rate Semester Change

**Distribution:**

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**Home Office:** No Home Office

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**Medicaid Reimbursement Per Diem Rates**

MARIANNA HEALTH & REHABILITATION	Provider Number:	0 203475-00
4295 FIFTH AVENUE	Date:	09/06/2023
MARIANNA, FL 32446	Fiscal Year End:	12/31/2017
	Audit Status:	Field Audited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$257.94</u>	<u>\$258.92</u>	<u>10/01/2023</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"/> Pediatric
<input type="checkbox"/> Prior Provider Prospective Data	<input type="checkbox"/> Rebase

**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"/> Rate Semester Change

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

JACKSON MEMORIAL PERDUE MEDICAL CENTER  
 19590 OLD CUTLER ROAD  
 CUTLER RIDGE, FL 33157

Provider Number: 0 203670-00  
 Date: 09/06/2023  
 Fiscal Year End: 09/30/2018  
 Audit Status: Field Audited

<b>Provider Type:</b>		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b>\$262.32</b>	<b>\$269.85</b>	<b>10/01/2023</b>

**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"/> Pediatric
<input type="checkbox"/> Prior Provider Prospective Data	<input type="checkbox"/> Rebase

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Rate Semester Change

**Distribution:**

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 Permanent File  
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**Medicaid Reimbursement Per Diem Rates**

JACKSON MEMORIAL LONG TERM CARE CENTER  
 2500 NW 22ND AVE  
 MIAMI, FL 33142

Provider Number: 0 204161-00  
 Date: 09/06/2023  
 Fiscal Year End: 09/30/2018  
 Audit Status: Field Audited

<b>Provider Type:</b>		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b>\$263.24</b>	<b>\$269.49</b>	<b>10/01/2023</b>

**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"/> Pediatric
<input type="checkbox"/> Prior Provider Prospective Data	<input type="checkbox"/> Rebase

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Rate Semester Change

**Distribution:**

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 Permanent File  
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**Medicaid Reimbursement Per Diem Rates**

EMORY L BENNETT MEMORIAL VETERANS NURSING HOME

1920 MASON AVENUE

DAYTONA BEACH, FL 32117

Provider Number:

0 210889-00

Date:

09/06/2023

Fiscal Year End:

06/30/2021

Audit Status:

Field Audited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$292.28</u>	<u>\$295.24</u>	<u>10/01/2023</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"/> Pediatric
<input type="checkbox"/> Prior Provider Prospective Data	<input type="checkbox"/> Rebase

**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"/> Rate Semester Change

**Distribution:**

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**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

**Home Office:** Florida Dept. of Veterans Affairs  
 11351 Ulmerton Road, Room 311-K  
 Largo, FL 33778-1630



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**Medicaid Reimbursement Per Diem Rates**

SABAL PALMS HEALTH CARE CENTER PEDIATRIC

Provider Number:

0 210951-00

499 ALTERNATE KEENE RD NE

Date:

09/06/2023

LARGO, FL 33771

Fiscal Year End:

12/31/2016

Audit Status:

Field Audited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>\$282.69</b>	<b>\$279.08</b>	<b>10/01/2023</b>
	Level U: Fragile Under 21	<b>\$640.30</b>	<b>\$647.01</b>	<b>10/01/2023</b>

**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 checked="" type="checkbox"/>	Pediatric
<input type="checkbox"/>	Prior Provider Prospective Data	<input type="checkbox"/>	Rebase

**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"/>	Rate Semester Change

**Distribution:**

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

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

*Yndia Rutland*

**Home Office:** The Goodman Group, LLC  
 1107 Hazeltine Blvd  
 Chaska, MN 55318





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**Medicaid Reimbursement Per Diem Rates**

W. FRANK WELLS NURSING HOME

210 N 2ND ST

MACCLENNY, FL 32063

Provider Number:

0 211052-00

Date:

09/06/2023

Fiscal Year End:

09/30/2018

Audit Status:

Field Audited

<b>Provider Type:</b>		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>\$287.07</u></b>	<b><u>\$288.76</u></b>	<b><u>10/01/2023</u></b>

**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"/> Pediatric
<input type="checkbox"/> Prior Provider Prospective Data	<input type="checkbox"/> Rebase

**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"/> Rate Semester Change

**Distribution:**

- Contract Management / Fiscal Agent
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- For Information Only
- No change in Rate

**Home Office:** No Home Office

**Yndia Rutland**

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**Medicaid Reimbursement Per Diem Rates**

EDWARD J HEALEY REHABILITATION AND NURSING  
 CENTER

5101 WEST BLUE HERON BLVD

RIVIERA BEACH, FL 33418

Provider Number: 0 212032-00

Date: 09/06/2023

Fiscal Year End: 09/30/2018

Audit Status: Field Audited

<b>Provider Type:</b>		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>\$292.06</u></b>	<b><u>\$289.54</u></b>	<b><u>10/01/2023</u></b>

**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"/> Pediatric
<input type="checkbox"/> Prior Provider Prospective Data	<input type="checkbox"/> Rebase

**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"/> Rate Semester Change

**Distribution:**

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

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

*Yndia Rutland*

**Home Office:** Health Care District of Palm Beach County  
 1515 N. Flagler Drive  
 West Palm Beach, FL 33401



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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

BALDOMERO LOPEZ MEMORIAL VETERANS NURSING HOME

6919 PARKWAY BLVD

LAND O LAKES, FL 34639

Provider Number: 0 214914-00

Date: 09/06/2023

Fiscal Year End: 06/30/2018

Audit Status: Field Audited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>\$289.54</b>	<b>\$288.40</b>	<b>10/01/2023</b>

**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"/>	Pediatric
<input type="checkbox"/>	Prior Provider Prospective Data	<input type="checkbox"/>	Rebase

**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"/>	Rate Semester Change

**Distribution:**

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

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

*Yndia Rutland*

**Home Office:** Florida Dept. of Veterans Affairs  
 11351 Ulmerton Road, Room 311-K  
 Largo, FL 33778-1630



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**Medicaid Reimbursement Per Diem Rates**

PLANTATION NURSING & REHABILITATION CENTER  
 PEDIATRIC

4250 NW 5TH ST  
 PLANTATION, FL 33317

Provider Number: 0 226017-00

Date: 09/06/2023

Fiscal Year End: 12/31/2019

Audit Status: Revised Desk Audit

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>\$321.40</b>	<b>\$317.46</b>	<b>10/01/2023</b>
	Level U: Fragile Under 21	<b>\$679.01</b>	<b>\$685.39</b>	<b>10/01/2023</b>

**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 checked="" type="checkbox"/>	Pediatric
<input type="checkbox"/>	Prior Provider Prospective Data	<input type="checkbox"/>	Rebase

**Basis:**

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

**Changes:**

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Rate Semester Change

**Distribution:**

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

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

**Home Office:** NuVision Management  
 5310 NW 33rd Avenue  
 Ft. Lauderdale, FL 33309



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**Medicaid Reimbursement Per Diem Rates**

ALEXANDER NININGER STATE VETERANS NURSING HOME  
 8401 W CYPRESS DR  
 PEMBROKE PINES, FL 33025

Provider Number: 0 229849-00  
 Date: 09/06/2023  
 Fiscal Year End: 06/30/2021  
 Audit Status: Field Audited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>\$301.91</b>	<b>\$309.57</b>	<b>10/01/2023</b>

**Rate Type:**

Interim  
 Total Interim  
 Interim component  
 Settlement based on cost  
 Prior Provider Prospective Data  
 Prospective  
 Total Prospective  
 Total Prospective with Interim component  
 Pediatric  
 Rebase

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Rate Semester Change

**Distribution:**

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

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

**Home Office:** Florida Dept. of Veterans Affairs  
 11351 Ulmerton Road, Room 311-K  
 Largo, FL 33778-1630



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**Medicaid Reimbursement Per Diem Rates**

SARASOTA MEMORIAL NURSING AND REHABILITATION  
 CENTER

5640 RAND BLVD

SARASOTA, FL 34238

Provider Number:

0 260355-00

Date:

09/06/2023

Fiscal Year End:

09/30/2018

Audit Status:

Field Audited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>\$249.46</b>	<b>\$247.70</b>	<b>10/01/2023</b>

**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"/> Pediatric
<input type="checkbox"/> Prior Provider Prospective Data	<input type="checkbox"/> Rebase

**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"/> Rate Semester Change

**Distribution:**

- Contract Management / Fiscal Agent
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- For Information Only
- No change in Rate

**Home Office:** No Home Office

**Yndia Rutland**

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*Yndia Rutland*



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**Medicaid Reimbursement Per Diem Rates**

CLIFFORD CHESTER SIMS STATE VETERANS NURSING HOME  
 4419 TRAM ROAD  
 PANAMA CITY, FL 32404

Provider Number: 0 264491-00  
 Date: 09/06/2023  
 Fiscal Year End: 06/30/2021  
 Audit Status: Field Audited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>\$249.46</b>	<b>\$295.15</b>	<b>10/01/2023</b>

**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"/>	Pediatric
<input type="checkbox"/>	Prior Provider Prospective Data	<input type="checkbox"/>	Rebase

**Basis:**

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

**Changes:**

Rate Semester Change  
 Rate Semester Change

**Distribution:**

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

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

*Yndia Rutland*

**Home Office:** : Florida Dept. of Veterans Affairs  
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**Medicaid Reimbursement Per Diem Rates**

DOUGLAS JACOBSON STATE VETERANS' NURSING HOME

21281 GRAYTON TERRACE  
 PORT CHARLOTTE, FL 33954

Provider Number: 0 269492-00  
 Date: 09/06/2023  
 Fiscal Year End: 06/30/2021  
 Audit Status: Desk Audited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>\$287.98</b>	<b>\$293.41</b>	<b>10/01/2023</b>

**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"/> Pediatric
<input type="checkbox"/> Prior Provider Prospective Data	<input type="checkbox"/> Rebase

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Rate Semester Change

**Distribution:**

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

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**Medicaid Reimbursement Per Diem Rates**

CHILDREN'S COMPREHENSIVE CARE CENTER  
 200 SE 19TH AVENUE  
 POMPANO BEACH, FL 33060

Provider Number: 0 312789-00  
 Date: 09/06/2023  
 Fiscal Year End: 12/31/2019  
 Audit Status: Revised Desk Audit

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>\$285.58</b>	<b>\$284.56</b>	<b>10/01/2023</b>
	Level U: Fragile Under 21	<b>\$643.19</b>	<b>\$652.49</b>	<b>10/01/2023</b>

**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 checked="" type="checkbox"/> Pediatric
<input type="checkbox"/> Prior Provider Prospective Data	<input type="checkbox"/> Rebase

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Rate Semester Change

**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