

Medicaid Reimbursement Per Diem Rates

CLYDE E. LASSEN STATE VETERANS' NURS	NG HOME Provider Number:	0 032049-00 09/06/2023		
4650 STATE RD 16	Date:			
SAINT AUGUSTINE, FL 32092	Fiscal Year End:	06/30/201	18	
	Audit Status:	Field Audit	ted	
Provider Type: Nursing Home Single Level	Current <u>Rate</u> \$289.85	New <u>Rate</u> \$289.93	Effective <u>Date</u> 10/01/2023	
Rate Type:				
Interim Total Interim Interim compone Settlement base Prior Provider P Basis: Budget Unaudited costs X Field audited costs Desk audited costs	d on cost Pediatric	ive with Interim co	mponent	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No change in Rate	Medicaid Cost Reimbu	dia Rutland Irsement Planning		

Home Office: Florida Dept. of Veterans Affairs

11351 Ulmerton Road, Room 311-K



Medicaid Reimbursement Per Diem Rates

MEMORIAL MANOR NURSING HOME		Provider Numb	oer:	0 201006-00 09/06/2023		
777 SOUTH DOUGLAS R	OAD	Date:				
PEMBROKE PINES, FL 33025		Fiscal Year En	nd:	04/30/201	17	
		Audit Status:		Field Audit	red	
Provider Type: Nursing Home Sin	ngle Level		Current <u>Rate</u> \$277.24	New <u>Rate</u> \$275.97	Effective <u>Date</u> 10/01/2023	
Rate Type:						
Basis: Budget Unaudited X Field audit Desk audit	red costs	Changes: Rate Semester	Pediatric	ve with Interim co	mponent	
Distribution:				lia Rutland	15:	
Contract Management / Fig	scal Agent	Medica		rsement Planning		
Permanent File			andi	a Rutla	nd	
For Information	n Only		1	,		
No change in F	Rate					



Medicaid Reimbursement Per Diem Rates

THE ROHR H	OME		Provider Numb	er:	0 202533-00		
2120 MARSHA	ALL EDWARDS	DR	Date: 09/06/2023		23		
BARTOW, FL	33830		Fiscal Year End:		09/30/20	18	
			Audit Status:		Field Audi	ted	
Provider Type Nursing Home		e Level		Current <u>Rate</u> \$268.03	New <u>Rate</u> \$268.27	Effective <u>Date</u> 10/01/2023	
Rate	Туре:]					
X	Basis: Budget Unaudited cos Field audited of Desk audited of	costs	Changes:	_ Pediatric _ Rebase	ive with Interim co	omponent	
Distribution:	-		Medica		dia Rutland	and Finance	
	gement / Fiscal	Agent					
Permanent File		.l.		Gndu	a Rutla	ind	
	r Information On	•		0			
No	change in Rate	•					



Medicaid Reimbursement Per Diem Rates

MARIANNA HEALTH & REHABILITATION		Provider Number:	0 203475-00		
4295 FIFTH AVENU	UE	Date:	09/06/2023		
MARIANNA, FL 32446		Fiscal Year End:	12/31/20	17	
		Audit Status:	Field Audi	ited	
Provider Type: Nursing Home	Single Level	Current <u>Rate</u> \$257.94	New <u>Rate</u> \$258.92	Effective <u>Date</u> 10/01/2023	
Rate Typ	e:				
Bas Bu	Total Interim Interim component Settlement based on component Prior Provider Prospect sis: dget audited costs	ost Pediatric	ective ective with Interim co	omponent	
X Fie	eld audited costs sk audited costs				
Distribution:			⁄ndia Rutland		
Contract Managem	ent / Fiscal Agent	Medicaid Cost Reim	bursement Planning	and Finance	
Permanent File		Charl	in Putt	and.	
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Medicaid Reimbursement Per Diem Rates

JACKSON MEN	MORIAL PERDI	UE MEDICAL CENTER	Provider Numb	er:	0 203670-00 09/06/2023		
19590 OLD CU	TLER ROAD		Date:				
CUTLER RIDG	E, FL 33157		Fiscal Year En	d:	09/30/201	8	
			Audit Status:		Field Audit	ed	
Provider Type Nursing Home		Level		Current <u>Rate</u> \$262.32	New <u>Rate</u> \$269.85	Effective <u>Date</u> 10/01/2023	
Rate	Туре:]					
X	Basis: Budget Unaudited cos Field audited of	costs	Changes: Rate Semester	_ Pediatric _ Rebase	ve ve with Interim co	mponent	
<u>Distribution:</u> Contract Manag	rement / Fiscal	Agent	Medica		ia Rutland sement Planning	and Finance	
Permanent File	_	· · ·g -· · ·		10.1.	0.41		
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No	change in Rate			0			



Medicaid Reimbursement Per Diem Rates

JACKSON MEN	MORIAL LONG	TERM CARE CENTER	Provider Numb	er:	0 204161-00		
2500 NW 22ND	AVE		Date:		09/06/2023		
MIAMI, FL 331	42		Fiscal Year End:		09/30/201	18	
			Audit Status:		Field Audit	ted	
Provider Type: Nursing Home		Level		Current <u>Rate</u> \$263.24	New <u>Rate</u> \$269.49	Effective <u>Date</u> 10/01/2023	
Rate ⁻	Туре:]					
	Basis: Budget Unaudited cos	Total Interim Interim component Settlement based on cost Prior Provider Prospective I	Changes: Rate Semester	_ Pediatric _ Rebase	ive ve with Interim co	mponent	
X	Field audited o						
	Desk audited o	costs					
Distribution:				Ynd	lia Rutland		
Contract Manag	gement / Fiscal	Agent	Medica	nid Cost Reimbu	rsement Planning	and Finance	
Permanent File				(ludi	2 Petto	ad	
For	Information On	ıly		gracia	a Rutla	nu	
No	change in Rate			U			



Medicaid Reimbursement Per Diem Rates

EMORY L BEN HOME	NETT MEMOR	IAL VETERANS NURSING	Provider Numb	oer:	0 210889-	00
1920 MASON A	AVENUE		Date: 09/06/2023			23
DAYTONA BEA	ACH, FL 32117	,	Fiscal Year En	nd:	06/30/202	21
			Audit Status:		Field Audit	ed
Provider Type Nursing Home		· Level		Current <u>Rate</u> \$292.28	New <u>Rate</u> \$295.24	Effective <u>Date</u> 10/01/2023
Rate	Туре:]				
	Interim Basis:	Total Interim Interim component Settlement based on cost Prior Provider Prospective D	Changes: Rate Semester	Pediatric Rebase	ve ve with Interim co	mponent
	 Unaudited cos 	ts				
X	Field audited of Desk audited of					
Permanent File	gement / Fiscal e r Information Or			aid Cost Reimbur	ia Rutland rsement Planning	
No	change in Rate					

Home Office: Florida Dept. of Veterans Affairs

11351 Ulmerton Road, Room 311-K



1107 Hazeltine Blvd Chaska, MN 55318

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

SABAL PALMS I	HEALTH CARE C	ENTER PEDIATRIC	Provider Number: 0 21095			1-00	
499 ALTERNATE	E KEENE RD NE		Date:		09/06/2023		
LARGO, FL 33771			— Fiscal Year En		12/31/201	6	
			Audit Status:		Field Audite	ed	
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home	Single Le	vel		\$282.69	\$279.08	10/01/2023	
_	Level U: F	Fragile Under 21		<u>\$640.30</u>	<u>\$647.01</u>	10/01/2023	
Rate T	ype:						
 - - - -	Int	etal Interim Perim component ettlement based on cost Fior Provider Prospective D	X X X	_ Prospective _ Total Prospecti _ Total Prospecti _ Pediatric _ Rebase	ve ve with Interim cor	mponent	
E	Basis:		Changes:				
			Rate Semester	Change			
E	Budget		X Rate Se	emester Change			
l	Unaudited costs						
	Field audited cost Desk audited cost						
Distribution:				Ynd	ia Rutland		
·	ement / Fiscal Age	ent	Medica	aid Cost Reimbur	sement Planning	and Finance	
Contract Management / Fiscal Agent Permanent File For Information Only No change in Rate				Gndie	a Rutla	nd	
Home Office: T	he Goodman Gro	oup, LLC					



Home Office: No Home Office

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

W. FRANK WELLS NURSIN	G HOME	Provider Number: Date:		0 211052-00 09/06/2023	
210 N 2ND ST					
MACCLENNY, FL 32063		Fiscal Year End:		09/30/201	8
		Audit Status:		Field Audit	ed
Provider Type: Nursing Home Sing	jle Level		Current <u>Rate</u> \$287.07	New <u>Rate</u> \$288.76	Effective <u>Date</u> 10/01/2023
Rate Type:					
Basis: Budget Unaudited c X Field audited Desk audited	osts d costs	Changes: Rate Semester	Pediatric Rebase	ive ve with Interim co	mponent
Distribution:			Ynd	lia Rutland	
Contract Management / Fisc	al Agent	Medic	aid Cost Reimbui	rsement Planning	and Finance
Permanent File			(ludi	2 Pitto	nd.
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Medicaid Reimbursement Per Diem Rates

EDWARD J HEALEY REHABILITATION AND NUCENTER	JRSING Provider Number:	0 212032-	-00	
5101 WEST BLUE HERON BLVD	Date:	09/06/202	09/06/2023	
RIVIERA BEACH, FL 33418	Fiscal Year End:	09/30/20	18	
	Audit Status:	Field Audi	ted	
Provider Type: Nursing Home Single Level	Current <u>Rate</u> \$292.06	New <u>Rate</u> \$289.54	Effective <u>Date</u> 10/01/2023	
Rate Type:				
Interim Total Interim Interim compone Settlement based Prior Provider Pro Basis: Budget Unaudited costs X Field audited costs Desk audited costs	d on cost Pediatric	tive with Interim co	omponent	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No change in Rate	Medicaid Cost Reimbu	dia Rutland ursement Planning A Rutla		

<u>Home Office:</u> Health Care District of Palm Beach County

1515 N. Flagler Drive

West Palm Beach, FL 33401



Medicaid Reimbursement Per Diem Rates

BALDOMERO HOME	LOPEZ MEMOR	RIAL VETERANS NURSING	Provider Numb	er:	0 214914-	00
6919 PARKWA	AY BLVD		Date: 09/06/2023			23
LAND O LAKE	S, FL 34639		Fiscal Year En	d:	06/30/201	18
			Audit Status:		Field Audit	ted
Provider Type Nursing Home		Level		Current <u>Rate</u> \$289.54	New <u>Rate</u> \$288.40	Effective <u>Date</u> 10/01/2023
Rate	Туре:					
	Interim	Total Interim Interim component Settlement based on cost Prior Provider Prospective Da	X X	_ Prospective _ Total Prospect _ Total Prospecti _ Pediatric _ Rebase	ive ve with Interim co	mponent
	Basis:		Changes: Rate Semester (Change		
	Budget			emester Change		
	Unaudited cos					
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Distribution:				Ynd	lia Rutland	
Contract Mana	gement / Fiscal	Agent	Medica	aid Cost Reimbu	rsement Planning	and Finance
Permanent File)			(ludi	2 Petto	and .
For	r Information On	nly		gruu	a Rutla	
No	change in Rate			U		

 $\underline{\textbf{Home Office:}} \quad \textbf{Florida Dept. of Veterans Affairs}$

11351 Ulmerton Road, Room 311-K



Medicaid Reimbursement Per Diem Rates

PLANTATION NU PEDIATRIC	JRSING & RE	HABILITATION CENTER	Provider Numb	oer:	0 226017-00		
4250 NW 5TH ST	-		Date: Fiscal Year End:		09/06/2023		
PLANTATION, FL	L 33317				12/31/201	9	
			Audit Status:		Revised Desk	Audit	
Provider Type: Nursing Home	Single	Level		Current <u>Rate</u> \$321.40	New <u>Rate</u> \$317.46	Effective <u>Date</u> 10/01/2023	
	Level l	J: Fragile Under 21		\$679.01	\$685.39	10/01/2023	
Rate Ty]			•		
Interim Total Interim Interim component Settlement based on cost		Interim component Settlement based on cost Prior Provider Prospective Dat	Changes: Rate Semester	_ Pediatric _ Rebase	ve ve with Interim cor	mponent	
Distribution:					ia Rutland		
Contract Manage	ment / Fiscal /	Agent	Medica		sement Planning a		
Permanent File				Undi	r Rutla	nd	
For Ir	nformation On	ly		June	, will		
No ch	nange in Rate						

Home Office: NuVision Management

5310 NW 33rd Avenue Ft. Lauderdale, FL 33309



Medicaid Reimbursement Per Diem Rates

ALEXANDER NININGER STATE VETERANS NURSING HOME	G Provider Number:	0 229849-00 09/06/2023				
8401 W CYPRESS DR	Date:					
PEMBROKE PINES, FL 33025	Fiscal Year End:	06/30/2021				
	Audit Status:	Field Audited				
Provider Type: Nursing Home Single Level	Current <u>Rate</u> \$301.91	New Effective Rate Date \$309.57 10/01/2023				
Rate Type:						
Interim Total Interim Interim component Settlement based on cost Prior Provider Prospective Basis: Budget Unaudited costs X Field audited costs Desk audited costs	stPediatric	ctive with Interim component				
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No change in Rate	Medicaid Cost Reimb	Medicaid Cost Reimbursement Planning and Finance Andia Rettland				

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Affairs 11351 Ulmerton Road, Room 311-K



Medicaid Reimbursement Per Diem Rates

SARASOTA MEMORIAL NURSING AND REHABILITATION CENTER			Provider Num	ber:	0 260355-00		
5640 RAND BLVD		Date:		09/06/2023			
SARASOTA, F	L 34238		Fiscal Year Er	nd:	09/30/20	18	
			Audit Status:	Field Audited			
Provider Type Nursing Home				Current <u>Rate</u> \$249.46	New <u>Rate</u> \$247.70	Effective <u>Date</u> 10/01/2023	
Rate	Туре:						
	Interi Settle	Interim m component ement based on cost Provider Prospective Da	X X	Prospective Total Prospect Total Prospecti Pediatric Rebase	ive ive with Interim co	mponent	
	Basis:		Changes:	Observation			
	Budget Unaudited costs		Rate Semester X Rate Semester	Cnange emester Change			
X	Field audited costs Desk audited costs						
Distribution:			Madia		lia Rutland	and Finance	
	agement / Fiscal Agent		iviedic		rsement Planning		
Permanent File				Gndi	a Rutla	ind	
For Information Only		Gndia Rutland					
No	change in Rate						



Medicaid Reimbursement Per Diem Rates

CLIFFORD CHESTER SIMS STATE VETERANS NURSING HOME			Provider Number:		0 264491-00		
4419 TRAM ROAD			Date: 09/06/2023			23	
PANAMA CITY	', FL 32404		Fiscal Year En	d:	06/30/202	21	
			Audit Status:		Field Audited		
Provider Type	::			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home	e Single	e Level		<u>\$249.46</u>	<u>\$295.15</u>	<u>10/01/2023</u>	
Rate	Туре:]					
	Interim Basis:	Total Interim Interim component Settlement based on cost Prior Provider Prospective Da	X X ata	_ Prospective _ Total Prospect _ Total Prospecti _ Pediatric _ Rebase	ive ve with Interim co	mponent	
			Rate Semester	Change			
X	Budget Unaudited cos Field audited c	costs	X Rate Se	emester Change			
	Desk audited (_	costs					
Distribution:			Yndia Rutland				
Contract Mana	gement / Fiscal	Agent			rsement Planning		
Permanent File	e r Information Or	nly		Gndi	a Rutla	nd	
No	change in Rate						

Home Office: : Florida Dept. of Veterans Affairs

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Medicaid Reimbursement Per Diem Rates

DOUGLAS JACOBSON STATE VETERANS' NURSING HOME			Provider Numb	er:	0 269492-00		
21281 GRAYTON TERRACE		Date:		09/06/202	23		
PORT CHARLOTTE, FL 33954		Fiscal Year En	d:	06/30/202	21		
Provider Type: Nursing Home Single Level			Audit Status:		Desk Audited		
			Current <u>Rate</u> \$287.98	New <u>Rate</u> \$293.41	Effective <u>Date</u> <u>10/01/2023</u>		
Rate Ty	/pe:]					
	asis: Budget Unaudited costicited audited costicities audited audited costicities audited audited costicities audited audi	osts	Changes:	Pediatric Rebase	ive ve with Interim co	mponent	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No change in Rate			Medicaid Cost Reimbursement Planning and Finance Gladia Rutland				

Home Office: Florida Dept. of Veterans Affairs

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Medicaid Reimbursement Per Diem Rates

CHILDREN'S COMPREHENSIVE CARE CENTER 200 SE 19TH AVENUE		Provider Number:		0 312789-00			
			Date:		09/06/2023		
POMPANO BEACH, FL 33060)	Fiscal Year End:		12/31/2019		
			Audit Status: Revised Desk Audit		k Audit		
Provider Type Nursing Home		Level		Current <u>Rate</u> \$285.58	New <u>Rate</u> \$284.56	Effective <u>Date</u> 10/01/2023	
	Level l	U: Fragile Under 21		<u>\$643.19</u>	<u>\$652.49</u>	10/01/2023	
Rate	Туре:						
Interim Total Interim Interim component Settlement based on cost Prior Provider Prospective D Basis: Budget Unaudited costs Field audited costs X Desk audited costs		X Prospective X Total Prospective Total Prospective with Interim component X Pediatric Rebase Changes: Rate Semester Change X Rate Semester Change					
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	Information On			0			
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