

## **Medicaid Reimbursement Per Diem Rates**

CLYDE E. LASSEN STATE VETERANS' NURSING HOME		Provider Numb	er:	0 032049-00		
4650 STATE RD 16		Date:		09/30/2024		
SAINT AUGUSTINE, FL 32	2092	Fiscal Year En	d:	06/30/201	8	
		Audit Status:		Field Audit	ed	
Provider Type: Nursing Home Sin	gle Level		Current <u>Rate</u> <b>\$289.93</b>	New <u>Rate</u> <b>\$324.83</b>	Effective <u>Date</u> 10/01/2024	
Rate Type:						
Basis:  Budget Unaudited of the proof of the	ed costs	Changes:	_ Pediatric _ Rebase	ve with Interim co	mponent	
Distribution:				ia Rutland		
Contract Management / Fis	cal Agent	Medica	nid Cost Reimbur	sement Planning	and Finance	
Permanent File			Undi	r Rutla	nd	
For Information	Only		1	, , , , ,		
No change in R	ate					

**Home Office:** Florida Dept. of Veterans Affairs

11351 Ulmerton Road, Room 311-K



# **Medicaid Reimbursement Per Diem Rates**

MEMORIAL MANOR NURSING HOME		Provider Number:	0 201006-00		
777 SOUTH DOUG	GLAS ROAD	Date:	09/30/2024		
PEMBROKE PINE	S, FL 33025	Fiscal Year End:	04/30/20	21	
		Audit Status:	Desk Aud	ited	
Provider Type: Nursing Home	Single Level	Current <u>Rate</u> <b>\$275.97</b>	<u>Rate</u>	Effective <u>Date</u> 10/01/2024	
Rate Typ	oe:				
Int	Total Interim Interim component Settlement based on Prior Provider Prospe	cost Pediatric		omponent	
Ва	sis:	Changes:			
Ur Fie	adget naudited costs eld audited costs esk audited costs	Rate Semester Change  X Rate Semester Ch	ange		
<u>Distribution:</u>			Yndia Rutland	. <del>_</del> .	
Contract Management / Fiscal Agent			eimbursement Planning		
Permanent File		Chro	dia Rutla	end	
For Inf	ormation Only				
No cha	ange in Rate	0			



# **Medicaid Reimbursement Per Diem Rates**

MARIANNA HEALTH & REHABILITATION		Provider Numbe	r:	0 203475-00		
4295 FIFTH AVENUE		Date:		09/30/2024		
MARIANNA, FL 3244	6	Fiscal Year End:		12/31/20 <sup>-</sup>	19	
		Audit Status:		Field Audi	ted	
Provider Type: Nursing Home	Single Level		Current <u>Rate</u> <b>\$258.92</b>	New <u>Rate</u> <b>\$266.64</b>	Effective <u>Date</u> 10/01/2024	
Rate Type:						
X Field a	Total Interim Interim component Settlement based on cos Prior Provider Prospective	Changes:  Rate Semester Cl	Pediatric Rebase	ive with Interim co	omponent	
Distribution:		Medicair		dia Rutland	and Finance	
Contract Management	t / Fiscal Agent			_		
Permanent File			Indu	a Rutla	end	
For Inform	•	6	1			
No change	e in Kate					



# **Medicaid Reimbursement Per Diem Rates**

JACKSON MEMORIAL PERDUE MEDICAL CENTER 19590 OLD CUTLER ROAD		Provider Number:		0 203670-00		
			Date:		09/30/2024	
CUTLER RIDGE,	FL 33157		Fiscal Year End	l:	09/30/202	2
			Audit Status:		Field Audit	ed
Provider Type: Nursing Home	Single L	.evel		Current <u>Rate</u> <b>\$269.85</b>	New <u>Rate</u> <b>\$285.25</b>	Effective <u>Date</u> 10/01/2024
Rate Ty	rpe:					
B B U X F	lı S	sts	Changes: Rate Semester C	Pediatric Rebase	ve ve with Interim co	mponent
Distribution:				Ynd	ia Rutland	
Contract Manage	ment / Fiscal A	gent	Medicai	d Cost Reimbur	sement Planning	and Finance
Permanent File				Andi	2. Petto	nd.
For In	nformation Only	,		June	r Rutla	
No ch	nange in Rate		2			



# **Medicaid Reimbursement Per Diem Rates**

JACKSON MEMORIAL LONG TERM CARE CENTER 2500 NW 22ND AVE		Provider Numb	er:	0 204161-00		
			Date:		09/30/2024	
MIAMI, FL 33142	2		Fiscal Year End	d:	09/30/202	22
			Audit Status:		Field Audit	ed
Provider Type: Nursing Home	Single L	_evel		Current <u>Rate</u> <b>\$269.49</b>	New <u>Rate</u> <b>\$298.05</b>	Effective <u>Date</u> 10/01/2024
Rate Ty	ype:					
		sts	Changes:	Pediatric Rebase	ive ve with Interim co	mponent
Distribution:				Ynd	lia Rutland	
Contract Manage	ement / Fiscal A	gent	Medica	id Cost Reimbu	rsement Planning	and Finance
Permanent File				(ludi	a. Pitta	nd.
For Ir	nformation Only	1		June	a Rutla	
No ch	hange in Rate		(			



#### **Medicaid Reimbursement Per Diem Rates**

EMORY L BEN HOME	NETT MEMORI	AL VETERANS NURSING	Provider Number	er:	0 210889-0	00
1920 MASON /	AVENUE		Date: 09/30/20		09/30/202	4
DAYTONA BEA	ACH, FL 32117	,	Fiscal Year End: 06/30/2021		<u>!</u> 1	
			Audit Status:		Field Audit	ed
Provider Type	:			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	e Single	Level		<u>\$295.24</u>	<u>\$330.65</u>	<u>10/01/2024</u>
Rate	Туре:	]				
	Basis:  Budget Unaudited cos Field audited of		Changes: Rate Semester C	Pediatric Rebase	ve ve with Interim co	mponent
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Distribution:				Ynd	ia Rutland	
	gement / Fiscal	Agent	Medica	id Cost Reimbur	sement Planning	and Finance
Permanent File	•	Č		10.1.	0.10-	
For	r Information On	ıly		gnau	r Rutla	na
	change in Rate		(			

**Home Office:** Florida Dept. of Veterans Affairs

11351 Ulmerton Road, Room 311-K



## **Medicaid Reimbursement Per Diem Rates**

SABAL PALMS HEALTH CARE CENTER PEDIATRIC		CENTER PEDIATRIC	Provider Number:		0 210951-00	
499 ALTERNAT	E KEENE RD NE		Date: Fiscal Year End:		09/30/2024	
LARGO, FL 33	771				12/31/202	2
			Audit Status:		Field Audit	ed
Provider Type: Nursing Home	Single Le	evel Fragile Under 21		Current <u>Rate</u> \$279.08	New <u>Rate</u> <b>\$273.26</b> <b>\$653.80</b>	Effective <u>Date</u> 10/01/2024 10/01/2024
Rate 1		<b>3</b>		<u>,</u>	<u>********</u>	<u></u>
Interim  Total Interim  Interim component  Settlement based on cost  Prior Provider Prospective I		nterim component ettlement based on cost rior Provider Prospective Data	X Changes:	Prospective Total Prospecti Total Prospecti Pediatric Rebase	ve ve with Interim coi	mponent
X	Budget Unaudited costs Field audited cos	-	Rate Semester ( X Rate Se	Change mester Change		
	Desk audited cos	ets				
Distribution:				Ynd	ia Rutland	
Contract Manag	gement / Fiscal Ag	jent	Medica	id Cost Reimbur	rsement Planning	and Finance
Permanent File For Information Only				Gndie	r Rutla	nd
No (	change in Rate					

 $\underline{\textbf{Home Office:}} \quad \text{The Goodman Group, LLC}$ 

1107 Hazeltine Blvd Chaska, MN 55318



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**

Fiscal Year End: 09/30/2022 Audit Status: Field Audited  Provider Type:  Nursing Home Single Level \$288.76 \$317.89 10/01/2024  Rate Type:  Interim	W. FRANK WELLS NURSING HOME 210 N 2ND ST		Provider Number:	0 211052-00	
Audit Status: Field Audited  Provider Type: Nursing Home Single Level S288.76 \$317.89 10/01/2024  Rate Type:  Interim Total Interim Total Interim Total Prospective Interim Total Prospective Total Prospective With Interim component Pediatric Prior Provider Prospective Data X Rebase  Basis:  Changes: Rate Semester Change X Rate Semester Change Unaudited costs X Field audited costs X Field audited costs Desk audited Costs  Distribution: Contract Management / Fiscal Agent Permanent File For Information Only  Audit Status: Field Audited  Prospective Prospective Total Prospective Total Prospective Total Prospective with Interim component Pediatric Rebase  Prospective Total Pr			Date:	09/30/20	09/30/2024
Provider Type: Nursing Home Single Level \$288.76 \$317.89 10/01/2024    Rate Type:	MACCLENNY, FL 32	2063	Fiscal Year End:	09/30/20	)22
Provider Type: Nursing Home Single Level \$288.76 \$317.89 \$10/01/2024    Rate Type:			Audit Status:	Field Aud	ited
Interim  Total Interim  Total Prospective  Interim Component  Settlement based on cost Pediatric Prior Provider Prospective Data  Rebase  Basis:  Changes: Rate Semester Change  Unaudited costs  X Field audited costs Desk audited costs  Desk audited costs  Desk audited Costs  Audita Rutland  Medicaid Cost Reimbursement Planning and Finance  For Information Only	Provider Type: Nursing Home	Single Level	Rate	<u>Rate</u>	<u>Date</u>
Total Interim Total Prospective Total Prospective Total Prospective With Interim component Total Prospective with Interim component Pediatric Prior Provider Prospective Data X Rebase    Basis:	Rate Type:				
Rate Semester Change  Unaudited costs  X Field audited costs  Desk audited costs  Desk audited costs  Permanent File For Information Only  Rate Semester Change  X Rate Semester Change  Yndia Rutland  Medicaid Cost Reimbursement Planning and Finance  Unaudited costs  A Rate Semester Change  Medicaid Change  Yndia Rutland  Medicaid Cost Reimbursement Planning and Finance  Unaudited costs  Yndia Rutland  Medicaid Cost Reimbursement Planning and Finance  Unaudited costs	Interi	Total Interim Interim component Settlement based on	Total Procest Pediatri	rospective rospective with Interim co ic	omponent
Budget X Rate Semester Change Unaudited costs X Field audited costs Desk audited costs  Desk audited costs  Permanent File For Information Only  Rate Semester Change  Yndia Rutland  Medicaid Cost Reimbursement Planning and Finance  Unaudited costs  Yndia Rutland  Medicaid Cost Reimbursement Planning and Finance  Yndia Rutland	Basis	:	Changes:		
Contract Management / Fiscal Agent  Permanent File  For Information Only  Medicaid Cost Reimbursement Planning and Finance  ### ### ### ### ### ### ### ### ### #	Unau X Field	dited costs audited costs		Change	
Permanent File For Information Only  Gilliant Management / Fiscal Agent  Gladia Redland	Distribution:				
	Contract Management / Fiscal Agent			_	
		nation Only	yn	dia Rulla	ind
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# **Medicaid Reimbursement Per Diem Rates**

EDWARD J HE CENTER	ALEY REHABIL	LITATION AND NURSING	Provider Number	er:	0 212032-0	00	
5101 WEST BL	UE HERON BL	VD	Date:		09/30/2024		
RIVIERA BEAC	CH, FL 33418		Fiscal Year End	l:	09/30/202	2	
			Audit Status:		Field Audit	ed	
Provider Type Nursing Home		Level		Current <u>Rate</u> <b>\$289.54</b>	New <u>Rate</u> <b>\$317.59</b>	Effective <u>Date</u> 10/01/2024	
Rate	Туре:	]					
X	Basis:  Budget Unaudited cosine Field audited cosine Desk audited cosine	osts	Changes: Rate Semester C	Pediatric Rebase	ve ve with Interim co	mponent	
Distribution	_			Ynd	ia Rutland		
Distribution:	goment / Figge	Agant	Medicai	d Cost Reimbur	sement Planning	and Finance	
Permanent File	gement / Fiscal	Agent			a Rutla		
	Information On		,	1	, -555000		
No	change in Rate		,				



#### **Medicaid Reimbursement Per Diem Rates**

BALDOMERO LOPEZ MEMORIAL VETERANS NURSING HOME		Provider Numbe	er:	0 214914-00		
6919 PARKWA	AY BLVD		Date: 09/30/20		09/30/202	24
LAND O LAKE	S, FL 34639		Fiscal Year End	d:	06/30/202	21
			Audit Status:		Field Audit	ed
Provider Type Nursing Home		Level		Current <u>Rate</u> <b>\$288.40</b>	New <u>Rate</u> <b>\$328.52</b>	Effective <u>Date</u> 10/01/2024
Rate	Туре:	]				
X	Basis:  Budget Unaudited cost Field audited cost	osts	Changes: Rate Semester C	Pediatric Rebase	ive ve with Interim co	mponent
Permanent File	gement / Fiscal .e r Information On change in Rate	ly		id Cost Reimbu	lia Rutland rsement Planning a Rutla	

Home Office: Florida Dept. of Veterans Affairs

11351 Ulmerton Road, Room 311-K



#### **Medicaid Reimbursement Per Diem Rates**

PLANTATION PEDIATRIC	NURSING & RE	EHABILITATION CENTER	Provider Numb	per:	0 226017-0	00
4250 NW 5TH	ST		Date: 09/30/2024		4	
PLANTATION,	FL 33317		Fiscal Year En	d:	12/31/202	2
			Audit Status:		Field Audit	ed
Provider Type Nursing Home	e Single	· Level U: Fragile Under 21		Current <u>Rate</u> \$317.46  \$685.39	New <u>Rate</u> \$336.50 \$717.04	Effective <u>Date</u> 10/01/2024 10/01/2024
Rate	Type:	]				
Interim  Total Interim Interim component Settlement based on cost Prior Provider Prospective D  Basis:  Budget Unaudited costs X Field audited costs Desk audited costs		Changes: Rate Semester	Pediatric Rebase	ve ve with Interim coi	mponent	
Distribution:					ia Rutland	
Contract Mana	gement / Fiscal	Agent	Medica		sement Planning	
Permanent File For Information Only				Gndia	r Rutla	nd
No	change in Rate					

Home Office: NuVision Management

5310 NW 33rd Avenue Ft. Lauderdale, FL 33309



## **Medicaid Reimbursement Per Diem Rates**

ALEXANDER NININGER STATE VETERAN HOME	JRSING Provider Number:	0 229849-00	
8401 W CYPRESS DR	Date:	09/30/2024	
PEMBROKE PINES, FL 33025	Fiscal Year End:	06/30/2021	
	Audit Status:	Field Audited	
Provider Type:  Nursing Home Single Level	Current <u>Rate</u> <b>\$309.57</b>	New       Effective         Rate       Date         \$334.15       10/01/2024	
Rate Type:			
Interim  Total Interim Interim com Settlement Prior Provid  Basis:  Budget Unaudited costs X Field audited costs Desk audited costs	Total Flospect	ive with Interim component	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For Information Only  No change in Rate	Medicaid Cost Reimbu	dia Rutland Irsement Planning and Finance	

Home Office: Florida Dept. of Veterans

Affairs 11351 Ulmerton Road, Room 311-K



## **Medicaid Reimbursement Per Diem Rates**

SARASOTA MEMORIAL NURSING AND REHABILITATION CENTER	N Provider Number:		0 260355-00		
5640 RAND BLVD	Date:	09/30/2024			
SARASOTA, FL 34238	Fiscal Year End:		09/30/202	22	
	Audit Status:	Field Audited			
Provider Type:  Nursing Home Single Level	<u> </u>	urrent <u>Rate</u> 247.70	New <u>Rate</u> <b>\$287.10</b>	Effective <u>Date</u> 10/01/2024	
Rate Type:					
Interim  Total Interim  Interim component  Settlement based on cost  Prior Provider Prospective I  Basis:  Budget  Unaudited costs  X Field audited costs	Tota Tota Pedi	iatric ase ge	re e with Interim co	mponent	
Desk audited costs					
Distribution:		Yndi	a Rutland		
Contract Management / Fiscal Agent Permanent File	Medicaid Cost Reimbursement Planning and Finance				
For Information Only No change in Rate	y	Gndia Retland			

Home Office: Sarasota County Public Hospital Dist

1700 S Tamiani Trial Sarasota, FL 34239



## **Medicaid Reimbursement Per Diem Rates**

CLIFFORD CHESTER SIMS STATE VETERANS NURSING HOME 4419 TRAM ROAD		Provider Number:		0 264491-00		
		Date:	09/30/2024			
PANAMA CITY	/, FL 32404		Fiscal Year End	d:	06/30/202	21
			Audit Status:	Field Audited		
Provider Type Nursing Home		Level		Current <u>Rate</u> <b>\$295.15</b>	New <u>Rate</u> <b>\$331.52</b>	Effective <u>Date</u> 10/01/2024
Rate	Туре:	]				
X	Basis:  Budget Unaudited cos Field audited of		Changes: Rate Semester (	Pediatric Rebase	ive ve with Interim co	mponent
^	Desk audited o					
Distribution:				Ynd	lia Rutland	
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance				
Permanent File		-		che 1:	D. H.	
Fo	r Information On	ıly		grau	a Rutla	na
	change in Rate			0		

**Home Office:** Florida Dept. of Veterans Affairs

11351 Ulmerton Road, Room 311-K



#### **Medicaid Reimbursement Per Diem Rates**

DOUGLAS JACOBSON STATE VETERANS' NURSING HOME 21281 GRAYTON TERRACE		Provider Number:	0 269492-00		
		Date:	09/30/2024		
PORT CHARLOTTE, F	L 33954	Fiscal Year End:	06/30/2021		
		Audit Status:	Field Audited		
Provider Type: Nursing Home	Single Level	Current <u>Rate</u> <b>\$293.41</b>	New       Effective         Rate       Date         \$328.92       10/01/2024		
Rate Type:					
χ Field a	Total Interim Interim component Settlement based on cost Prior Provider Prospective I	Pediatric	ective ective with Interim component		
Distribution:  Contract Management / Fiscal Agent  Permanent File  For Information Only  No change in Rate		Medicaid Cost Reimbursement Planning and Finance  Gndia Rutland			

**Home Office:** Florida Dept. of Veterans Affairs

11351 Ulmerton Road, Room 311-K



## **Medicaid Reimbursement Per Diem Rates**

Provider Number	r:	0 312789-00		
Date:		09/30/2024		
Fiscal Year End:		12/31/202	21	
Audit Status:	Field Audited			
	Current <u>Rate</u> <b>\$284.56</b>	New <u>Rate</u> <b>\$264.89</b>	Effective <u>Date</u> 10/01/2024	
	<u>\$652.49</u>	<u>\$645.43</u>	10/01/2024	
t X p re Data  Changes:  Rate Semester Ch	Total Prospect Fotal Prospect Pediatric Rebase	ive with Interim co	mponent	
Medicaid	Medicaid Cost Reimbursement Planning and Finance  Gndia Rutland			
	Date: Fiscal Year End: Audit Status:   The Data  Changes: Rate Semester Changes: X Rate Semester Changes: Medicaid	Fiscal Year End: Audit Status:  Current Rate \$284.56 \$652.49  Prospective Total Prospect Total Prospect Total Prospect Rebase  Changes: Rate Semester Change X Rate Semester Change  X Rate Semester Change	Prospective Total Prospective Total Prospective with Interim content of the Data  Changes: Rate Semester Change  Yndia Rutland  Rudit Status:  Field Audit  12/31/202  Rebase  Current New Rate Rate Rate \$284.56 \$264.89 \$645.43  Prospective Total Prospective with Interim content of the Data Rebase  Yndia Rutland  Medicaid Cost Reimbursement Planning	

 $\underline{\textbf{Home Office:}} \quad \text{Broward Children's Center, Inc.}$ 

200 SE 19th Avenue

Pompano Beach, FL 33072



## **Medicaid Reimbursement Per Diem Rates**

ARDIE R. COPAS STATE VETERANS NURSING HOME	Provider Number:	er: 1 199059-00 09/30/2024			
13000 SW Tradition Parkway	Date:				
PORT SAINT LUCIE, FL 34987	Fiscal Year End:	06/30/2023			
	Audit Status:	Field Audited			
Provider Type:  Nursing Home Single Level	Ra	rrent New Effective <u>ate Rate Date</u> .00 \$327.03 10/01/2024			
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	Total Total Pedia	se e			
Distribution:		Yndia Rutland			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File For Information Only No change in Rate	G.	Gndia Rutland			

**Home Office:** Florida Dept. of Veterans Affairs

11351 Ulmerton Road, Room 311-K



## **Medicaid Reimbursement Per Diem Rates**

ALWYN C. CASHE STATE VETERANS NURSING HOME 5255 RAYMOND ST		Provider Number: Date:		:	1 204887-00		
				09/30/2024			
ORLANDO, FL 32803		— Fiscal Year End:			06/30/202	23	
		Audit St	atus:	Field Audited			
Provider Type:  Nursing Home Single Le	evel			Current <u>Rate</u> <b>\$0.00</b>	New <u>Rate</u> <b>\$334.24</b>	Effective <u>Date</u> 10/01/2024	
Rate Type:							
Ir	otal Interim Interim component Settlement based on cost Prior Provider Prospective Da		7 F	Prospective Fotal Prospect Fotal Prospecti Pediatric Rebase	ive ive with Interim co	omponent	
Basis:		Changes Rate Sen		nanga			
Budget				ester Change			
Unaudited costs				3			
X Field audited cos	ets						
Desk audited cos	sts						
Distribution:				Ync	lia Rutland		
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance					
Permanent File			,	ludi	a. Ritta	nd.	
For Information Only			/	June	a Rutla		
No change in Rate			U				

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

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