



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

MEMORANDUM

Date: February 26, 2025

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

JR **From:** Yndia Rutland, Regulatory Analyst Supervisor

Subject: Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. These rates are past the 7 year window for retro adjustment through the claims system (HP); therefore they were handled through gross adjustment and accounts receivable requests. Attached are the rate change notices.

Please update the rates in FLMMIS for information purposes only.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Type of Action</u>	<u>Number of Rate Change Notices</u>
1.	West Broward Rehabilitation and Healthcare	0-026536-00	FA	2
2.	Seminole Pavilion Rehabilitation and Nursing Services	0-122236-00	FA	2
3.	Freedom Square Rehabilitation and Nursing Center	0-122239-00	FA & RFA	2
4.	Cypress Village	0-122242-00	FA	4
5.	The Gardens at DePugh Nursing Center	0-201588-00	FA	3
6.	Pines of Sarasota	0-202703-00	FA	2
7.	Jackson Memorial Perdue Medical Center	0-203670-00	FA	1
8.	The Terrace at Bishop's Glenn	0-209511-00	FA	3
9.	Avante at Orlando	0-223808-00	FA	2
10.	Stuart Rehabilitation and Healthcare	0-251673-00	CS	1
11.	Abbey Rehabilitation and Nursing Center	0-263958-00	FA & RFA	2
12.	Valencia Hills Health and Rehabilitation Center	0-265560-00	FA	1



13.	The Springs at Boca Ciega Bay	0-267724-00	FA	1
14.	Heartland Health Care Center- Ft. Myers	0-325325-00	FA & RFA	2
			<u>Total:</u>	28

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

YR/ah

Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
002653600	20160901	259.42	259.42	259.42	259.42	95825-25	NH18-009L
002653600	20170901	266.30	266.30	266.30	266.30	95825-25	NH18-009L
012223600	20160901	220.13	220.13	220.13	220.13	95825-25	NH16-003L
012223600	20170901	223.70	223.70	223.70	223.70	95825-25	NH16-003L
012223900	20160901	214.18	214.18	214.18	214.18	95825-25	NH15-148G
012223900	20170901	218.45	218.45	218.45	218.45	95825-25	NH15-148G
012224200	20150101	219.21	219.21	219.21	219.21	95825-25	NH15-048C
012224200	20150901	219.57	219.57	219.57	219.57	95825-25	NH15-048C
012224200	20160901	231.48	231.48	231.48	231.48	95825-25	NH15-048C
012224200	20170901	235.19	235.19	235.19	235.19	95825-25	NH15-048C
020158800	20140701	222.51	222.51	222.51	222.51	95825-25	NH14-146C
020158800	20150101	227.65	227.65	227.65	227.65	95825-25	NH14-146C
020158800	20150901	230.10	230.10	230.10	230.10	95825-25	NH14-146C
020270300	20140701	265.19	265.19	265.19	265.19	95825-25	NH14-090C
020270300	20150101	269.14	269.14	269.14	269.14	95825-25	NH14-090C
020367000	20150901	264.38	264.38	264.38	264.38	95825-25	NH15-135C
020951100	20150901	243.03	243.03	243.03	243.03	95825-25	NH15-095C
020951100	20160901	254.58	254.58	254.58	254.58	95825-25	NH15-095C
020951100	20170901	256.75	256.75	256.75	256.75	95825-25	NH15-095C
022380800	20160901	235.13	235.13	235.13	235.13	95825-25	NH15-046C
022380800	20170901	239.85	239.85	239.85	239.85	95825-25	NH15-046C
025167300	20180808	225.96	225.96	225.96	225.96	95825-25	
026395800	20150901	220.22	220.22	220.22	220.22	95825-25	NH15-010G
026395800	20160901	222.03	222.03	222.03	222.03	95825-25	NH15-010G
026556000	20150901	194.24	194.24	194.24	194.24	95825-25	NH15-101C
026772400	20150901	230.12	230.12	230.12	230.12	95825-25	NH15-102C
032532500	20150901	213.03	213.03	213.03	213.03	95825-25	NH16-087C
032532500	20160901	213.71	213.71	213.71	213.71	95825-25	NH16-087C



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

WEST BROWARD REHABILITATION AND HEALTHCARE
7751 W BROWARD BLVD
PLANTATION, FL 33324

Provider Number: 0 026536-00
Date: 2/21/2025
Fiscal Year End: 12/31/2015
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **262.97** New Rate: **259.42** Effective Date: **9/1/2016**

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"/> Prior Provider Prospective data	

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"/> FA & RFA #NH18-009L FYE 12/31/2015	

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For Information Only

No Change in Rate

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Royal Meridian Management Company, LLC
3777 Royal Palm Ave
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WEST BROWARD REHABILITATION AND HEALTHCARE
7751 W BROWARD BLVD
PLANTATION, FL 33324

Provider Number: 0 026536-00
Date: 2/21/2025
Fiscal Year End: 12/31/2015
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **268.96**
New Rate: **266.30**
Effective Date: **9/1/2017**

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"/> Prior Provider Prospective data	

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"/> FA & RFA #NH18-009L FYE 12/31/2015.	

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SEMINOLE PAVILION REHABILITATION & NURSING SERVICES	Provider Number:	0 122236-00
10800 TEMPLE TERRACE	Date:	10/28/2020
SEMINOLE, FL 33772	Fiscal Year End:	12/31/2015
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>220.18</u>	<u>220.13</u>	<u>9/1/2016</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"/> Prior Provider Prospective data	

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"/> Field Audit #NH16-003L FYE 12/31/2015	

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Zainab Day

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Medicaid Reimbursement Per Diem Rates

SEMINOLE PAVILION REHABILITATION & NURSING SERVICES	Provider Number:	0 122236-00
10800 TEMPLE TERRACE	Date:	10/28/2020
SEMINOLE, FL 33772	Fiscal Year End:	12/31/2015
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>223.76</u>	<u>223.70</u>	<u>9/1/2017</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"/> Prior Provider Prospective data	

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"/> Field Audit #NH16-003L FYE 12/31/2015	

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

FREEDOM SQUARE REHABILITATION & NURSING SERVICES
10801 JOHNSON BLVD
SEMINOLE, FL 33772

Provider Number: 0 122239-00
Date: 10/27/2020
Fiscal Year End: 12/31/2015
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **222.73** New Rate: **214.18** Effective Date: **9/1/2016**

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"/> Prior Provider Prospective data	

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"/> FA & RFA #NH15-148G FYE 12/31/2015	

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

FREEDOM SQUARE REHABILITATION & NURSING SERVICES
10801 JOHNSON BLVD
SEMINOLE, FL 33772

Provider Number: 0 122239-00
Date: 10/27/2020
Fiscal Year End: 12/31/2015
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **226.33** New Rate: **218.45** Effective Date: **9/1/2017**

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"/> Prior Provider Prospective data	

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"/> FA & RFA #NH15-148G FYE 12/31/2015	

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Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE	Provider Number:	0 122242-00
4600 MIDDLETON PARK CIR E	Date:	11/12/2020
JACKSONVILLE, FL 32224	Fiscal Year End:	12/31/2013
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>223.40</u>	<u>219.21</u>	<u>1/1/2015</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"/> Prior Provider Prospective data	

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"/> Field Audit #NH15-048C FYE 12/31/2013	

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Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE	Provider Number:	0 122242-00
4600 MIDDLETON PARK CIR E	Date:	11/12/2020
JACKSONVILLE, FL 32224	Fiscal Year End:	12/31/2013
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>223.86</u>	<u>219.57</u>	<u>9/1/2015</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"/> Prior Provider Prospective data	

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"/>	Field Audit #NH15-048C FYE 12/31/2013

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Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE	Provider Number:	0 122242-00
4600 MIDDLETON PARK CIR E	Date:	11/12/2020
JACKSONVILLE, FL 32224	Fiscal Year End:	12/31/2015
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>231.59</u>	<u>231.48</u>	<u>9/1/2016</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"/> 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"/> Field Audit #NH15-048C FYE 12/31/2013	

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE	Provider Number:	0 122242-00
4600 MIDDLETON PARK CIR E	Date:	11/12/2020
JACKSONVILLE, FL 32224	Fiscal Year End:	12/31/2015
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>235.30</u>	<u>235.19</u>	<u>9/1/2017</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"/> 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"/> Field Audit #NH15-048C FYE 12/31/2013	

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE GARDENS AT DEPUGH NURSING CENTER
550 W MORSE BLVD
WINTER PARK, FL 32789

Provider Number: 0 201588-00
Date: 3/26/2020
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
225.55 **222.51** **7/1/2014**

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"/> Prior Provider Prospective data	

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"/> Field Audit #NH14-146C FYE 12/31/2013	

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No Change in Rate

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Home Office:

No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE GARDENS AT DEPUGH NURSING CENTER
550 W MORSE BLVD
WINTER PARK, FL 32789

Provider Number: 0 201588-00
Date: 3/26/2020
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
230.69 **227.65** **1/1/2015**

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"/> Prior Provider Prospective data	

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"/> Field Audit #NH14-146C FYE 12/31/2013	

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No Home Office



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Medicaid Reimbursement Per Diem Rates

THE GARDENS AT DEPUGH NURSING CENTER
550 W MORSE BLVD
WINTER PARK, FL 32789

Provider Number: 0 201588-00
Date: 3/26/2020
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
232.68 **230.10** **9/1/2015**

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"/> Prior Provider Prospective data	

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"/> Field Audit #NH14-146C FYE 12/31/2013	

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Home Office:

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Medicaid Reimbursement Per Diem Rates

PINES OF SARASOTA	Provider Number:	0 202703-00
1501 N ORANGE AVE	Date:	10/20/2020
SARASOTA, FL 34236-2631	Fiscal Year End:	7/31/2013
	Audit Status:	Field Audited

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		266.50	265.19	7/1/2014

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"/> Prior Provider Prospective data	

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"/> Field Audit #NH14-090C FYE 7/31/2013	

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Medicaid Reimbursement Per Diem Rates

PINES OF SARASOTA
1501 N ORANGE AVE
SARASOTA, FL 34236-2631

Provider Number: 0 202703-00
Date: 10/20/2020
Fiscal Year End: 7/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
270.92 **269.14** **1/1/2015**

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"/> Prior Provider Prospective data	

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"/> Field Audit #NH14-090C FYE 7/31/2013	

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 203670-00
Date: 11/6/2020
Fiscal Year End: 9/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **265.55** New Rate: **264.38** Effective Date: **9/1/2015**

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"/> Prior Provider Prospective data	

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"/> Field Audit #NH15-135C FYE 9/30/2014	

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Medicaid Reimbursement Per Diem Rates

THE TERRACE AT BISHOP'S GLENN
900 LPGA BLVD
HOLLY HILL, FL 32117-3100

Provider Number: 0 209511-00
Date: 5/11/2020
Fiscal Year End: 9/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **247.79** New Rate: **243.03** Effective Date: **9/1/2015**

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"/> Prior Provider Prospective data	

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"/> Field Audit #NH15-095C FYE 9/30/2014	

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Medicaid Reimbursement Per Diem Rates

THE TERRACE AT BISHOP'S GLENN
900 LPGA BLVD
HOLLY HILL, FL 32117-3100

Provider Number: 0 209511-00
Date: 5/11/2020
Fiscal Year End: 9/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
256.30 **254.58** **9/1/2016**

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"/> 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"/> Effects of Field Audit #NH15-095C FYE 9/30/2014	

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Medicaid Reimbursement Per Diem Rates

THE TERRACE AT BISHOP'S GLENN
900 LPGA BLVD
HOLLY HILL, FL 32117-3100

Provider Number: 0 209511-00
Date: 5/11/2020
Fiscal Year End: 9/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
258.46 **256.75** **9/1/2017**

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"/> 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"/> Effects of Field Audit #NH15-095C FYE 9/30/2014	

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Medicaid Reimbursement Per Diem Rates

AVANTE AT ORLANDO INC.

2000 NORTH SEMORAN BOULEVARD

ORLANDO, FL 32807

Provider Number:

0 223808-00

Date:

1/20/2021

Fiscal Year End:

12/31/2015

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

248.16

New
Rate

235.13

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

 Unaudited costs

 X Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X Field Audit #NH15-046C FYE 12/31/2015

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Home Office:

Avante Group, Inc.
4601 Sheridan Street
Suite 500
Hollywood, FL 33021-6744

Zainab Day

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE AT ORLANDO INC.

2000 NORTH SEMORAN BOULEVARD

ORLANDO, FL 32807

Provider Number:

0 223808-00

Date:

1/20/2021

Fiscal Year End:

12/31/2015

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

253.22

New
Rate

239.85

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

 Unaudited costs

 X Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X Field Audit #NH15-046C FYE 12/31/2015

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Home Office:

Avante Group, Inc.
4601 Sheridan Street
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Hollywood, FL 33021-6744

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Medicaid Reimbursement Per Diem Rates

STUART REHABILITATION AND HEALTHCARE
1500 SE PALM BEACH RD
STUART, FL 34994

Provider Number: 0 251673-00
Date: 2/19/2025
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
244.90 **225.96** **8/8/2018**

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ 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"/> Cost Settlement FYE 12/31/2019

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_____ No Change in Rate

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Home Office:

BrightSNFCare,LLC d/b/a/ Carestrong
10800 Biscayne Boulevard
Suite 650
Miami, FL 33161



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Medicaid Reimbursement Per Diem Rates

ABBEY REHABILITATION AND NURSING CENTER
7101 DR MARTIN LUTHER KING JR ST N
SAINT PETERSBURG, FL 33702

Provider Number: 0 263958-00
Date: 2/22/2021
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **221.57** New Rate: **220.22** Effective Date: **9/1/2015**

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"/> Prior Provider Prospective data	

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"/> FA & RFA #NH15-010G FYE 12/31/2014	

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Home Office:

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Medicaid Reimbursement Per Diem Rates

ABBEY REHABILITATION AND NURSING CENTER
7101 DR MARTIN LUTHER KING JR ST N
SAINT PETERSBURG, FL 33702

Provider Number: 0 263958-00
Date: 2/22/2021
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **223.40** New Rate: **222.03** Effective Date: **9/1/2016**

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"/> Prior Provider Prospective data	

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"/> FA & RFA #NH15-010G FYE 12/31/2014	

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Medicaid Reimbursement Per Diem Rates

VALENCIA HILLS HEALTH AND REHABILITATION CENTER	Provider Number:	0 265560-00
1350 SLEEPY HILL RD	Date:	12/3/2020
LAKELAND, FL 33810	Fiscal Year End:	12/31/2014
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>194.97</u>	<u>194.24</u>	<u>9/1/2015</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"/> Prior Provider Prospective data	

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"/> Field Audit #NH15-101C FYE 12/31/2014	

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No Change in Rate

Home Office:

Summit Care II, Inc 2123 Centre Pointe Blvd. Tallahassee, FL 32308
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Medicaid Reimbursement Per Diem Rates

THE SPRINGS AT BOCA CIEGA BAY
1255 PASADENA AVE S, SUITE C
SOUTH PASADENA, FL 33707

Provider Number: 0 267724-00
Date: 2/24/2025
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
230.27 **230.12** **9/1/2015**

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"/> Prior Provider Prospective data	

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"/> Field Audit #NH15-102C FYE 12/31/2014	

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Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Home Office: Summit Care II LLC
2123 Centre Pointe Blvd.
Tallahassee, FL 32308



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER-FT. MYERS
1600 MATTHEW DRIVE
FORT MYERS, FL 33907

Provider Number: 0 325325-00
Date: 10/15/2020
Fiscal Year End: 9/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
216.37 **213.03** **9/1/2015**

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"/> Prior Provider Prospective data	

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"/> Field Audit #NH16-087C FYE 9/30/2014	

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Home Office:

HCR ManorCare Services, LLC
333 North Summit Street
Toledo, OH 43604

Zainab Day

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Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER-FT. MYERS
1600 MATTHEW DRIVE
FORT MYERS, FL 33907

Provider Number: 0 325325-00
Date: 10/15/2020
Fiscal Year End: 9/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
215.69 **213.71** **9/1/2016**

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"/> Prior Provider Prospective data	

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"/> Field Audit #NH16-087C FYE 9/30/2014	

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