



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

MEMORANDUM

Date: March 7, 2025
To: Johnnie Mae Peters, Program Operations Administrator, Finance and Banking
YR **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.	Lexington Health and Rehabilitation Center	0-032553-00	RFA	1
2.	River Valley Rehabilitation Center	0-044889-00	FA	1
3.	Shoal Creek Rehabilitation Center	0-059852-00	FA	2
4.	Terrace of Kissimmee	0-100487-00	RFA	7
5.	The Garden Health and Rehabilitation Center	0-122342-00	RFA	4
6.	Westwood Nursing and Rehabilitation Center	0-173397-00	CS	3
7.	Life Care Center of New Port Richey	0-259357-00	DA	1
8.	Carrollwood Care Center	0-263877-00	RFA	1
9.	Springs at Lake Pointe Woods	0-268780-00	FA	1
10.	Life Care Center of Punta Gorda	0-311685-00	DA	2
11.	Lutheran Haven Nursing Home	0-313718-00	FA	1
			<u>Total:</u>	24

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)		
003255300	20150101	223.56	223.56	223.56	223.56	95859-25	NH14-018C
004488900	20160901	194.63	194.63	194.63	194.63	95859-25	NH16-166C
005985200	20160901	187.37	187.37	187.37	187.37	95859-25	NH16-153C
005985200	20170901	191.55	0.00	191.55	191.55	95859-25	NH16-153C
010048700	20131201	189.58	189.58	189.58	189.58	95859-25	NH15-106C
010048700	20140101	191.79	191.79	191.79	191.79	95859-25	NH15-106C
010048700	20140701	198.64	198.64	198.64	198.64	95859-25	NH15-106C
010048700	20150101	198.20	198.20	198.20	198.20	95859-25	NH15-106C
010048700	20150301	202.95	202.95	202.95	202.95	95859-25	NH15-106C
010048700	20150901	200.45	200.45	200.45	200.45	95859-25	NH15-106C
010048700	20160901	202.66	202.66	202.66	202.66	95859-25	NH15-106C
012234200	20140701	227.34	227.34	227.34	227.34	95859-25	NH15-060C
012234200	20150101	232.46	232.46	232.46	232.46	95859-25	NH15-060C
012234200	20150901	230.80	230.80	230.80	230.80	95859-25	NH15-060C
012234200	20160901	234.34	234.34	234.34	234.34	95859-25	NH15-060C
017339700	20160928	219.72	219.72	219.72	219.72	95859-25	
017339700	20140701	220.01	220.01	220.01	220.01	95859-25	
017339700	20170901	222.64	0.00	222.64	222.64	95859-25	
025935700	20160901	227.45	227.45	227.45	227.45	95859-25	DR17-007
026387700	20150901	206.97	206.97	206.97	206.97	95859-25	NH15-012G
026878000	20150901	241.87	241.87	241.87	241.87	95859-25	NH15-100C
031168500	20160901	248.57	248.57	248.57	248.57	95859-25	NH15-100C
031168500	20170901	255.12	0.00	255.12	255.12	95859-25	DR17-002
031371800	20160901	241.23	241.23	241.23	241.23	95859-25	NH16-040L



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

LEXINGTON HEALTHCARE AND REHABILITATION CENTER
6300 46TH AVENUE N
SAINT PETERSBURG, FL 33709

Provider Number: 0 032553-00
Date: 12/3/2020
Fiscal Year End: 12/31/2013
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **224.49** New Rate: **223.56** Effective Date: **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"/> FA & RFA #NH14-018C FYE 12/31/2013	

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No Change in Rate

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

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

RIVER VALLEY REHABILITATION CENTER
17884 NE CROZIER ST
BLOUNTSTOWN, FL 32424

Provider Number: 0 044889-00
Date: 12/6/2024
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **194.58** New Rate: **194.63** 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"/> Field Audit #NH16-166C FYE 12/31/2014	

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No Change in Rate

Yndia Rutland

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Atlanta, GA 30328



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

SHOAL CREEK REHABILITATION CENTER
500 HOSPITAL DRIVE
CRESTVIEW, FL 32539

Provider Number: 0 059852-00
Date: 10/31/2023
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
187.72 **187.37** **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 #NH16-153C FYE 12/31/2015	

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No Change in Rate

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Maitland, FL 32751



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Medicaid Reimbursement Per Diem Rates

SHOAL CREEK REHABILITATION CENTER
500 HOSPITAL DRIVE
CRESTVIEW, FL 32539

Provider Number: 0 059852-00
Date: 10/31/2023
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
191.91 **191.55** **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"/> Field Audit #NH16-153C FYE 12/31/2015	

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

THE TERRACE OF KISSIMMEE

221 PARK PLACE BLVD

KISSIMMEE, FL 34741

Provider Number:

0 100487-00

Date:

3/5/2021

Fiscal Year End:

2/28/2015

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

190.99

New
Rate

189.58

Effective
Date

12/1/2013

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

_____ Unaudited costs

Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

FA & RFA #15-106C FYE 2/28/2015

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_____ No Change in Rate

Home Office:

SMJ Enterprises, LLC

480 Fentress Blvd.

Suite H

Daytona Beach, FL 32114

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE TERRACE OF KISSIMMEE
221 PARK PLACE BLVD
KISSIMMEE, FL 34741

Provider Number: 0 100487-00
Date: 3/5/2021
Fiscal Year End: 2/28/2015
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
193.20 **191.79** **1/1/2014**

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" 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 #15-106C FYE 2/28/2015	

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No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

THE TERRACE OF KISSIMMEE
221 PARK PLACE BLVD
KISSIMMEE, FL 34741

Provider Number: 0 100487-00
Date: 3/5/2021
Fiscal Year End: 2/28/2015
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
200.47 **198.64** **7/1/2014**

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" 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 #15-106C FYE 2/28/2015	

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Medicaid Reimbursement Per Diem Rates

THE TERRACE OF KISSIMMEE
221 PARK PLACE BLVD
KISSIMMEE, FL 34741

Provider Number: 0 100487-00
Date: 3/5/2021
Fiscal Year End: 2/28/2015
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
201.29 **198.20** **1/1/2015**

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #15-106C FYE 2/28/2015	

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Home Office:

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Medicaid Reimbursement Per Diem Rates

THE TERRACE OF KISSIMMEE
221 PARK PLACE BLVD
KISSIMMEE, FL 34741

Provider Number: 0 100487-00
Date: 3/5/2021
Fiscal Year End: 2/28/2015
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
205.56 **202.95** **3/1/2015**

Rate Type:	
<input type="checkbox"/> Interim	<input checked="" 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:	
_____ Budget	
_____ Unaudited costs	
<input checked="" type="checkbox"/> Field audited costs	
_____ Desk audited costs	

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #15-106C FYE 2/28/2015	

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_____ No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

THE TERRACE OF KISSIMMEE

221 PARK PLACE BLVD

KISSIMMEE, FL 34741

Provider Number:

0 100487-00

Date:

3/5/2021

Fiscal Year End:

2/28/2015

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

205.90

New
Rate

202.66

Effective
Date

9/1/2016

Rate Type:

 Interim

 X Prospective

 Total Interim

 Total Prospective

 Interim Component

 Total Prospective with Interim Component

 X Settlement based on cost

 Prior Provider Prospective data

Basis:

 Budget

 Unaudited costs

 X Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X FA & RFA #15-106C FYE 2/28/2015

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 No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

THE GARDENS HEALTH & REHABILITATION CENTER
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH, FL 32114

Provider Number: 0 122342-00
Date: 2/28/2020
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>227.46</u>	<u>227.34</u>	<u>7/1/2014</u>

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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_____ No Change in Rate

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE GARDENS HEALTH & REHABILITATION CENTER
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH, FL 32114

Provider Number: 0 122342-00
Date: 2/28/2020
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
232.57	232.46	1/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Distribution:

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No Change in Rate

Home Office: Greystone Healthcare Management
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Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE GARDENS HEALTH & REHABILITATION CENTER
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH, FL 32114

Provider Number: 0 122342-00
Date: 2/28/2020
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>237.01</u>	<u>234.34</u>	<u>9/1/2016</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Distribution:

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No Change in Rate

Home Office: Greystone Healthcare Management
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Medicaid Reimbursement Per Diem Rates

WESTWOOD NURSING AND REHABILITATION CENTER
1001 MAR-WALT DRIVE
FORT WALTON BEACH, FL 32547

Provider Number: 0 173397-00
Date: 2/21/2024
Fiscal Year End: 6/30/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
256.51 **219.72** **9/28/2016**

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" 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"/> Cost Settlement FYE 6/30/2017

Distribution:

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For Information Only

No Change in Rate

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

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

WESTWOOD NURSING AND REHABILITATION CENTER
1001 MAR-WALT DRIVE
FORT WALTON BEACH, FL 32547

Provider Number: 0 173397-00
Date: 2/21/2024
Fiscal Year End: 6/30/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
256.51 **220.01** **7/1/2017**

Rate Type:	
<input type="checkbox"/> Interim	<input checked="" 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 6/30/2017	

Distribution:

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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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Medicaid Reimbursement Per Diem Rates

WESTWOOD NURSING AND REHABILITATION CENTER
1001 MAR-WALT DRIVE
FORT WALTON BEACH, FL 32547

Provider Number: 0 173397-00
Date: 2/21/2024
Fiscal Year End: 6/30/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **253.85** New Rate: **222.64** Effective Date: **9/1/2017**

Rate Type:	
<input type="checkbox"/> Interim	<input checked="" 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 6/30/2017	

Distribution:

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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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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF NEW PORT RICHEY
7400 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34653

Provider Number: 0 259357-00
Date: 5/5/2020
Fiscal Year End: 12/31/2015
Audit Status: Desk Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
228.70 **227.45** **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 type="checkbox"/> Field audited costs	
<input checked="" type="checkbox"/> Desk audited costs	

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Desk Audit #DR17-007 FYE 12/31/2015	

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No Change in Rate

Home Office:

Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CARROLLWOOD CARE CENTER
15002 HUTCHINSON RD
TAMPA, FL 33625

Provider Number: 0 263877-00
Date: 2/19/2021
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **208.97** New Rate: **206.97** 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 # NH15-012G FYE 12/31/2014	

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No Change in Rate

Home Office:

No Home Office

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE SPRINGS AT LAKE POINTE WOODS
3280 LAKE POINTE BLVD
SARASOTA, FL 34231

Provider Number: 0 268780-00
Date: 3/4/2025
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
241.97 241.87 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 #NH15-100C FYE 12/31/2014

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No Change in Rate

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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



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

LIFE CARE CENTER OF PUNTA GORDA
450 SHREVE STREET
PUNTA GORDA, FL 33950

Provider Number: 0 311685-00
Date: 10/30/2020
Fiscal Year End: 2/29/2016
Audit Status: Desk Audited

Provider Type:

Nursing Home Single Level

Current Rate: **249.65** New Rate: **248.57** 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 type="checkbox"/> Field audited costs	
<input checked="" type="checkbox"/> Desk audited costs	

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Desk Audit #DR17-002 FYE 2/29/2016	

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For Information Only

No Change in Rate

Home Office:

Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF PUNTA GORDA
450 SHREVE STREET
PUNTA GORDA, FL 33950

Provider Number: 0 311685-00
Date: 10/30/2020
Fiscal Year End: 2/28/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
255.24 **255.12** **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 Desk Audit #DR17-002 FYE 2/29/2016	

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For Information Only

No Change in Rate

Home Office:

Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LUTHERAN HAVEN NURSING HOME
1525 HAVEN DRIVE
OVIEDO, FL 32765

Provider Number: 0 313718-00
Date: 10/21/2020
Fiscal Year End: 8/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **241.35** New Rate: **241.23** 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"/> Field Audit #NH16-040L FYE 08/31/2015	

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No Change in Rate

Home Office:

No Home Office

Zainab Day

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