



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## MEMORANDUM

**Date:** February 27, 2018  
**To:** Johnnie Mae Peters, Government Operations Consultant II  
**From:**  Lisa Smith, Regulatory Analyst Supervisor  
**Subject:** Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Type of Action</u>	<u>Number of Rate Change Notices</u>
1.	Grand Oaks Health and Rehabilitation Center	0 043864-00	IRR	1
2.	Island Health and Rehabilitation Center	0 059866-00	IRR	1
3.	Clearwater Center	0 140643-00	IRR	1
4.	Bartow Center	0 140648-00	IRR	1
5.	North Lake Care Center	0 151590-00	IRR	1
6.	Rehabilitation Center at Hollywood Hills, LLC	0 154525-00	CS	5
7.	Auburndale Oaks Care and Rehabilitation Center	0 159593-00	CS	4
8.	West Jacksonville Care and Rehabilitation Center	0 159594-00	CS	4
9.	Clearwater Care and Rehabilitation Center	0 159595-00	CS	4
10.	Laurel Pointe Care and Rehabilitation Center	0 159597-00	CS	4
11.	Solaris Healthcare Charlotte Harbor	0 162219-00	CS	4
12.	Solaris Healthcare Coconut Creek	0 162220-00	CS	4
13.	Solaris Healthcare Daytona	0 162221-00	CS	4
14.	Solaris Senior Living North Naples	0 162226-00	CS	4
15.	Solaris Healthcare Parkway	0 162228-00	CS	4
16.	Solaris Healthcare Pensacola	0 162230-00	CS	4
17.	Solaris Healthcare Windermere	0 162232-00	CS	4



18.	Manatee Springs Rehabilitation and Nursing Center	0 202028-00	NRP CHOP/RP CHOW	2
19.	Healthpark Care Center, Inc.	0 210587-00	FA & RFA	4
20.	Woodland Terrace of Citrus County	0 228711-00	FA & RFA	3
21.	Ruleme Center	0 260452-00	FA	3
22.	Island Lake Center	0 260657-00	FA	3
23.	Indian River Center	0 260665-00	FA	4
24.	Hunters Creek Nursing and Rehab Center	0 263605-00	FA	2
25.	Rehab & Healthcare Center of Cape Coral	0 263869-00	IRR	1
26.	Carrollwood Care Center	0 263877-00	IRR	1
27.	Highland Pines Rehabilitation Center	0 263907-00	IRR	1
28.	Clifford Chester Sims State Veterans Nursing Home	0 264491-00	FA & RFA	2
			<b>TOTAL:</b>	80

If you have any questions regarding the above contact Lisa Smith 412-4114.

LS/sj

		Single Level	Level H: AIDS	Single Level	Single Level		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
004386400	20170907	214.54	0.00	214.54	214.54	82894-18	
005986600	20170907	209.30	0.00	209.30	209.30	82894-18	
014064300	20170914	228.43	0.00	228.43	228.43	82894-18	
014064800	20170914	212.52	0.00	212.52	212.52	82894-18	
015159000	20170907	279.62	0.00	279.62	279.62	82894-18	
015452500	20150717	233.34	0.00	233.34	233.34	82894-18	
015452500	20150901	226.48	0.00	226.48	226.48	82894-18	
015452500	20160701	229.56	0.00	229.56	229.56	82894-18	
015452500	20160901	231.00	0.00	231.00	231.00	82894-18	
015452500	20170901	236.51	0.00	236.51	236.51	82894-18	
015959300	20151116	243.15	0.00	243.15	243.15	82894-18	
015959300	20160601	247.01	0.00	247.01	247.01	82894-18	
015959300	20160901	249.93	0.00	249.93	249.93	82894-18	
015959300	20170901	253.25	0.00	253.25	253.25	82894-18	
015959400	20151116	232.65	0.00	232.65	232.65	82894-18	
015959400	20160601	235.68	0.00	235.68	235.68	82894-18	
015959400	20160901	238.01	0.00	238.01	238.01	82894-18	
015959400	20170901	241.85	0.00	241.85	241.85	82894-18	
015959500	20151116	242.49	0.00	242.49	242.49	82894-18	
015959500	20160601	245.77	0.00	245.77	245.77	82894-18	
015959500	20160901	248.66	0.00	248.66	248.66	82894-18	
015959500	20170901	253.40	0.00	253.40	253.40	82894-18	
015959700	20151116	234.81	0.00	234.81	234.81	82894-18	
015959700	20160601	235.54	0.00	235.54	235.54	82894-18	
015959700	20160901	238.10	0.00	238.10	238.10	82894-18	
015959700	20170901	240.65	0.00	240.65	240.65	82894-18	
016221900	20160101	260.43	0.00	260.43	260.43	82894-18	
016221900	20160701	261.36	0.00	261.36	261.36	82894-18	
016221900	20160901	265.26	0.00	265.26	265.26	82894-18	
016221900	20170901	269.93	0.00	269.93	269.93	82894-18	
016222000	20160101	260.16	0.00	260.16	260.16	82894-18	
016222000	20160701	260.16	0.00	260.16	260.16	82894-18	
016222000	20160901	264.68	0.00	264.68	264.68	82894-18	
016222000	20170901	269.04	0.00	269.04	269.04	82894-18	
016222100	20160101	252.24	0.00	252.24	252.24	82894-18	
016222100	20160701	252.24	0.00	252.24	252.24	82894-18	
016222100	20160901	255.05	0.00	255.05	255.05	82894-18	
016222100	20170901	256.79	0.00	256.79	256.79	82894-18	
016222600	20160101	286.13	0.00	286.13	286.13	82894-18	
016222600	20160701	287.20	0.00	287.20	287.20	82894-18	
016222600	20160901	299.12	0.00	299.12	299.12	82894-18	
016222600	20170901	309.39	0.00	309.39	309.39	82894-18	
016222800	20160101	256.76	0.00	256.76	256.76	82894-18	
016222800	20160701	258.84	0.00	258.84	258.84	82894-18	
016222800	20160901	264.56	0.00	264.56	264.56	82894-18	
016222800	20170901	269.29	0.00	269.29	269.29	82894-18	
016223000	20160101	248.42	0.00	248.42	248.42	82894-18	
016223000	20160701	250.48	0.00	250.48	250.48	82894-18	
016223000	20160901	255.24	0.00	255.24	255.24	82894-18	
016223000	20170901	260.65	0.00	260.65	260.65	82894-18	
016223200	20160101	248.16	0.00	248.16	248.16	82894-18	
016223200	20160701	248.16	0.00	248.16	248.16	82894-18	
016223200	20160901	251.76	0.00	251.76	251.76	82894-18	
016223200	20170901	256.93	0.00	256.93	256.93	82894-18	
020202800	20170401	253.31	0.00	253.31	253.31	82894-18	
020202800	20170901	256.78	0.00	256.78	256.78	82894-18	
021058700	20140701	248.53	0.00	248.53	248.53	82894-18	NH14-003G
021058700	20150101	253.09	0.00	253.09	253.09	82894-18	NH14-003G
021058700	20150901	253.94	0.00	253.94	253.94	82894-18	NH14-003G
021058700	20170901	259.19	0.00	259.19	259.19	82894-18	NH14-003G
022871100	20110701	165.30	311.50	165.30	165.30	82894-18	NH13-084C
022871100	20120101	166.21	313.82	166.21	166.21	82894-18	NH13-084C
022871100	20120701	171.34	320.55	171.34	171.34	82894-18	NH13-084C
026045200	20140701	232.57	0.00	232.57	232.57	82894-18	NH14-074C
026045200	20150101	234.83	0.00	234.83	234.83	82894-18	NH14-074C
026045200	20150901	233.05	0.00	233.05	233.05	82894-18	NH14-074C
026065700	20140701	236.17	0.00	236.17	236.17	82894-18	NH14-076C
026065700	20150101	239.32	0.00	239.32	239.32	82894-18	NH14-076C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
026065700	20150901	236.87	0.00	236.87	236.87	82894-18	NH14-076C
026066500	20140701	230.36	0.00	230.36	230.36	82894-18	NH14-077C
026066500	20150101	233.48	0.00	233.48	233.48	82894-18	NH14-077C
026066500	20150901	231.58	0.00	231.58	231.58	82894-18	NH14-077C
026066500	20160901	226.84	0.00	226.84	226.84	82894-18	NH14-077C
026360500	20140101	237.42	0.00	237.42	237.42	82894-18	NH14-120W
026360500	20140701	246.58	0.00	246.58	246.58	82894-18	NH14-120W
026386900	20170909	224.59	0.00	224.59	224.59	82894-18	
026387700	20170914	224.29	0.00	224.29	224.29	82894-18	
026390700	20170914	223.92	0.00	223.92	223.92	82894-18	
026449100	20140701	240.22	0.00	240.22	240.22	82894-18	NH14-002G
026449100	20150901	245.46	0.00	245.46	245.46	82894-18	NH14-002G



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**

GRAND OAKS HEALTH AND REHABILITATION CENTER  
3001 PALM COAST PARKWAY SE  
PALM COAST, FL 32137

Provider Number: 0 043864-00  
Date: 1/25/2018  
Fiscal Year End: 12/31/2015  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate	New Rate	Effective Date
<b>212.15</b>	<b>214.54</b>	<b>9/7/2017</b>

**Rate Type:**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input checked="" type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

IRR Granted Effective 9/7/2017

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

Home Office: CMC II, LLC  
800 Concourse Parkway South  
Suite 200  
Maitland, FL 32751



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ISLAND HEALTH AND REHABILITATION CENTER  
125 ALMA BLVD  
MERRITT IS, FL 32953-4345

Provider Number: 0 059866-00  
Date: 1/24/2018  
Fiscal Year End: 12/31/2015  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
207.07	209.30	9/7/2017

**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

IRR Granted Effective 09/07/2017

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

CMC II, LLC  
800 Concourse Parkway South  
Suite 200  
Maitland, FL 32751

Lisa Smith

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**Medicaid Reimbursement Per Diem Rates**

CLEARWATER CENTER  
1270 TURNER ST  
CLEARWATER, FL 33756

Provider Number: 0 140643-00  
Date: 1/26/2018  
Fiscal Year End: 2/28/2017  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>225.33</u>	<u>228.43</u>	<u>9/14/2017</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

IRR Granted Effective 9/14/2017.

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

Home Office:    No Home Office



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**Medicaid Reimbursement Per Diem Rates**

BARTOW CENTER  
2055 E GEORGIA ST  
BARTOW, FL 33830

Provider Number: 0 140648-00  
Date: 1/24/2018  
Fiscal Year End: 2/28/2017  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<b>210.09</b>	<b>212.52</b>	<b>9/14/2017</b>

Rate Type:	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input checked="" 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"/> IRR Granted Effective 9/14/2017	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

Home Office:  No Home Office

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**Medicaid Reimbursement Per Diem Rates**

NORTH LAKE CARE CENTER

750 BAYBERRY DRIVE

LAKE PARK, FL 33403

Provider Number:

0 151590-00

Date:

1/23/2018

Fiscal Year End:

6/30/2016

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>276.71</u>	<u>279.62</u>	<u>9/7/2017</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

IRR Granted Effective 9/7/2017

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**Medicaid Reimbursement Per Diem Rates**

REHABILITATION CENTER AT HOLLYWOOD HILLS, LLC  
1200 N 35TH AVE  
HOLLYWOOD, FL 33021

Provider Number: 0 154525-00  
 Date: 9/20/2017  
 Fiscal Year End: 6/30/2016  
 Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>238.63</u></b>	<b><u>233.34</u></b>	<b><u>7/17/2015</u></b>

**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 6/30/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:  No Home Office

**Lisa Smith**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

REHABILITATION CENTER AT HOLLYWOOD HILLS, LLC  
1200 N 35TH AVE  
HOLLYWOOD, FL 33021

Provider Number: 0 154525-00  
Date: 9/20/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**233.81**    **226.48**    **9/1/2015**

**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

Cost Settlement FYE 6/30/2016

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

Contract Management / Fiscal Agent

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\_\_\_\_\_ For Information Only

\_\_\_\_\_ No Change in Rate

Home Office:

No Home Office



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

REHABILITATION CENTER AT HOLLYWOOD HILLS, LLC  
1200 N 35TH AVE  
HOLLYWOOD, FL 33021

Provider Number: 0 154525-00  
Date: 9/20/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
233.81    229.56    7/1/2016

**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

Cost Settlement FYE 6/30/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

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**Medicaid Reimbursement Per Diem Rates**

REHABILITATION CENTER AT HOLLYWOOD HILLS, LLC  
1200 N 35TH AVE  
HOLLYWOOD, FL 33021

Provider Number: 0 154525-00  
Date: 9/20/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**231.21**    **231.00**    **9/1/2016**

**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

Cost Settlement FYE 6/30/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

REHABILITATION CENTER AT HOLLYWOOD HILLS, LLC  
1200 N 35TH AVE  
HOLLYWOOD, FL 33021

Provider Number: 0 154525-00  
Date: 9/20/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
237.04    236.51    9/1/2017

**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

Cost Settlement FYE 6/30/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

**Lisa Smith**

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**

AUBURNDALE OAKS CARE AND REHABILITATION CENTER  
919 OLD WINTER HAVEN RD  
AUBURNDALE, FL 33823-4329

Provider Number: 0 159593-00  
Date: 12/5/2017  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<u>245.23</u>	<u>243.15</u>	<u>11/16/2015</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

Cost Settlement FYE 5/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

\_\_\_\_\_ For Information Only

\_\_\_\_\_ No Change in Rate

Home Office:

Sun Island Healthcare, LLC  
505 Marlboro Road  
Wood Ridge, NJ 07075

**Lisa Smith**

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**

AUBURNDALE OAKS CARE AND REHABILITATION CENTER  
919 OLD WINTER HAVEN RD  
AUBURNDALE, FL 33823-4329

Provider Number:	0 159593-00
Date:	12/5/2017
Fiscal Year End:	5/31/2016
Audit Status:	Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<u>245.23</u>	<u>247.01</u>	<u>6/1/2016</u>

**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  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Cost Settlement FYE 5/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:      Sun Island Healthcare, LLC  
 505 Marlboro Road  
 Wood Ridge, NJ 07075

**Lisa Smith**

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**

AUBURNDALE OAKS CARE AND REHABILITATION CENTER  
919 OLD WINTER HAVEN RD  
AUBURNDALE, FL 33823-4329

Provider Number: 0 159593-00  
Date: 12/5/2017  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
248.56	249.93	9/1/2016

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 5/31/2016	

**Distribution:**

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No Change in Rate

Home Office: Sun Island Healthcare, LLC  
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**Medicaid Reimbursement Per Diem Rates**

AUBURNDALE OAKS CARE AND REHABILITATION CENTER  
919 OLD WINTER HAVEN RD  
AUBURNDALE, FL 33823-4329

Provider Number: 0 159593-00  
Date: 12/5/2017  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
247.06	253.25	9/1/2017

**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

Cost Settlement FYE 5/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Sun Island Healthcare, LLC  
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**Medicaid Reimbursement Per Diem Rates**

WEST JACKSONVILLE CARE AND REHABILITATION CENTER  
1650 FOURAKER RD  
JACKSONVILLE, FL 32221

Provider Number: 0 159594-00  
Date: 2/6/2018  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate	New Rate	Effective Date
<b>236.15</b>	<b>232.65</b>	<b>11/16/2015</b>

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> Cost Settlement FYE 5/31/2016	

**Distribution:**  
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 No Change in Rate

**Lisa Smith**  
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

WEST JACKSONVILLE CARE AND REHABILITATION CENTER  
1650 FOURAKER RD  
JACKSONVILLE, FL 32221

Provider Number: 0 159594-00  
Date: 2/6/2018  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**236.15**    **235.68**    **6/1/2016**

**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

Cost Settlement FYE 5/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

WEST JACKSONVILLE CARE AND REHABILITATION CENTER  
1650 FOURAKER RD  
JACKSONVILLE, FL 32221

Provider Number: 0 159594-00  
Date: 2/6/2018  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>238.86</b>	<b>238.01</b>	<b>9/1/2016</b>

**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

Cost Settlement FYE 5/31/2016

**Distribution:**

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office: Sun Island Healthcare, LLC  
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>WEST JACKSONVILLE CARE AND REHABILITATION CENTER</u>	Provider Number:	<u>0 159594-00</u>
<u>1650 FOURAKER RD</u>	Date:	<u>2/6/2018</u>
<u>JACKSONVILLE, FL 32221</u>	Fiscal Year End:	<u>5/31/2016</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>238.20</u></b>	<b><u>241.85</u></b>	<b><u>9/1/2017</u></b>

<b>Rate Type:</b>	
<input type="checkbox"/> Interim	<input checked="" 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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Cost Settlement FYE 5/31/2016	

**Distribution:**

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 No Change in Rate

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CLEARWATER CARE AND REHABILITATION CENTER  
2055 PALMETTO ST  
CLEARWATER, FL 33765

Provider Number: 0 159595-00  
Date: 2/19/2018  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
248.02	242.49	11/16/2015

**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

Cost Settlement FYE 5/31/2016

**Distribution:**

Contract Management / Fiscal Agent

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\_\_\_\_\_ No Change in Rate

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CLEARWATER CARE AND REHABILITATION CENTER  
2055 PALMETTO ST  
CLEARWATER, FL 33765

Provider Number: 0 159595-00  
Date: 2/19/2018  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
248.02	245.77	6/1/2016

**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

Cost Settlement FYE 5/31/2016

**Distribution:**

Contract Management / Fiscal Agent

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**Medicaid Reimbursement Per Diem Rates**

CLEARWATER CARE AND REHABILITATION CENTER  
2055 PALMETTO ST  
CLEARWATER, FL 33765

Provider Number: 0 159595-00  
Date: 2/19/2018  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>251.21</b>	<b>248.66</b>	<b>9/1/2016</b>

**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

Cost Settlement FYE 5/31/2016

**Distribution:**

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\_\_\_\_\_ No Change in Rate

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CLEARWATER CARE AND REHABILITATION CENTER  
2055 PALMETTO ST  
CLEARWATER, FL 33765

Provider Number: 0 159595-00  
Date: 2/19/2018  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current      New      Effective  
Rate      Rate      Date  
**250.39**      **253.40**      **9/1/2017**

<b>Rate Type:</b>	
<input type="checkbox"/> Interim	<input checked="" 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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Cost Settlement FYE 5/31/2016	

**Distribution:**

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No Change in Rate

Home Office: Sun Island Healthcare, LLC  
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

LAUREL POINTE CARE AND REHABILITATION CENTER  
703 S 29TH ST  
FORT PIERCE, FL 34947

Provider Number: 0 159597-00  
Date: 12/4/2017  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>239.02</b>	<b>234.81</b>	<b>11/16/2015</b>

**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

Cost Settlement FYE 5/31/2016

**Distribution:**

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\_\_\_\_\_ No Change in Rate

Home Office: Sun Island Healthcare, LLC  
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**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

LAUREL POINTE CARE AND REHABILITATION CENTER  
703 S 29TH ST  
FORT PIERCE, FL 34947

Provider Number: 0 159597-00  
Date: 12/4/2017  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate      New Rate      Effective Date  
**239.02**      **235.54**      **6/1/2016**

**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  
 Cost Settlement FYE 5/31/2016

**Distribution:**

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

Home Office: Sun Island Healthcare, LLC  
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

LAUREL POINTE CARE AND REHABILITATION CENTER  
703 S 29TH ST  
FORT PIERCE, FL 34947

Provider Number: 0 159597-00  
Date: 12/4/2017  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>242.01</u>	<u>238.10</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

Cost Settlement FYE 5/31/2016

**Distribution:**

Contract Management / Fiscal Agent

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**Medicaid Reimbursement Per Diem Rates**

LAUREL POINTE CARE AND REHABILITATION CENTER  
703 S 29TH ST  
FORT PIERCE, FL 34947

Provider Number: 0 159597-00  
Date: 12/4/2017  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate	New Rate	Effective Date
<b>240.08</b>	<b>240.65</b>	<b>9/1/2017</b>

**Rate Type:**

<input type="checkbox"/> Interim	<input checked="" 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:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Cost Settlement FYE 5/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:    Sun Island Healthcare, LLC  
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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE CHARLOTTE HARBOR  
 4000 KINGS HWY  
 PORT CHARLOTTE, FL 33980

Provider Number: 0 162219-00  
 Date: 7/28/2017  
 Fiscal Year End: 6/30/2016  
 Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<u>258.55</u>	<u>260.43</u>	<u>1/1/2016</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

Cost Settlement FYE 6/30/2016

  
 Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

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\_\_\_\_\_ No Change in Rate

Home Office: Solaris Foundation, Inc.  
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 Bonita Springs, FL 34135



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE CHARLOTTE HARBOR  
4000 KINGS HWY  
PORT CHARLOTTE, FL 33980

Provider Number: 0 162219-00  
Date: 7/28/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
258.55	261.36	7/1/2016

**Rate Type:**

Interim  
\_\_\_\_\_ Total Interim  
\_\_\_\_\_ Interim Component  
 Settlement based on cost  
\_\_\_\_\_ Prior Provider Prospective data

Prospective  
\_\_\_\_\_ Total Prospective  
\_\_\_\_\_ Total Prospective with Interim Component

**Basis:**

\_\_\_\_\_ Budget  
 Unaudited costs  
\_\_\_\_\_ Field audited costs  
\_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Cost Settlement FYE 6/30/2016

**Distribution:**

Contract Management / Fiscal Agent

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\_\_\_\_\_ No Change in Rate

Home Office:

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE CHARLOTTE HARBOR  
4000 KINGS HWY  
PORT CHARLOTTE, FL 33980

Provider Number: 0 162219-00  
Date: 7/28/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<u>257.91</u>	<u>265.26</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

Cost Settlement FYE 6/30/2016

**Distribution:**

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office:

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE CHARLOTTE HARBOR

4000 KINGS HWY

PORT CHARLOTTE, FL 33980

Provider Number:

0 162219-00

Date:

7/28/2017

Fiscal Year End:

6/30/2016

Audit Status:

Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<u>269.90</u>	<u>269.93</u>	<u>9/1/2017</u>

**Rate Type:**

Interim

\_\_\_\_\_ Total Interim

\_\_\_\_\_ Interim Component

Settlement based on cost

\_\_\_\_\_ Prior Provider Prospective data

Prospective

\_\_\_\_\_ Total Prospective

\_\_\_\_\_ Total Prospective with Interim Component

**Basis:**

\_\_\_\_\_ Budget

Unaudited costs

\_\_\_\_\_ Field audited costs

\_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change

Cost Settlement FYE 6/30/2016

**Distribution:**

Contract Management / Fiscal Agent

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\_\_\_\_\_ No Change in Rate

Home Office:

Solaris Foundation, Inc.

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Bonita Springs, FL 34135

Lisa Smith

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE COCONUT CREEK  
4125 WEST SAMPLE RD  
COCONUT CREEK, FL 33073

Provider Number: 0 162220-00  
Date: 9/28/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>258.92</u>	<u>260.16</u>	<u>1/1/2016</u>

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 using FYE 6/30/2016 C/R

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Bonita Springs, FL 34135

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>SOLARIS HEALTHCARE COCONUT CREEK</u>	Provider Number:	<u>0 162220-00</u>
<u>4125 WEST SAMPLE RD</u>	Date:	<u>9/28/2017</u>
<u>COCONUT CREEK, FL 33073</u>	Fiscal Year End:	<u>6/30/2016</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>258.92</b>	<b>260.16</b>	<b>7/1/2016</b>

<b>Rate Type:</b>	
<input type="checkbox"/> Interim	<input checked="" 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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Cost Settlement using FYE 6/30/2016 C/R	

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Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE COCONUT CREEK

4125 WEST SAMPLE RD

COCONUT CREEK, FL 33073

Provider Number:

0 162220-00

Date:

9/28/2017

Fiscal Year End:

6/30/2016

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>260.78</b>	<b>264.68</b>	<b>9/1/2016</b>

**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

Cost Settlement using FYE 6/30/2016 C/R

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE COCONUT CREEK  
4125 WEST SAMPLE RD  
COCONUT CREEK, FL 33073

Provider Number: 0 162220-00  
Date: 9/28/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**269.03**    **269.04**    **9/1/2017**

<b>Rate Type:</b>	
<input type="checkbox"/> Interim	<input checked="" 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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Cost Settlement using FYE 6/30/2016 C/R	

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE DAYTONA  
550 NATIONAL HEALTHCARE DRIVE  
DAYTONA BEACH, FL 32114

Provider Number: 0 162221-00  
Date: 7/27/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
251.28	252.24	1/1/2016

**Rate Type:**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Interim Component  
 Settlement based on cost  
 \_\_\_\_\_ Prior Provider Prospective data

\_\_\_\_\_ Prospective  
 \_\_\_\_\_ Total Prospective  
 \_\_\_\_\_ Total Prospective with Interim Component

**Basis:**

\_\_\_\_\_ Budget  
 Unaudited costs  
 \_\_\_\_\_ Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Cost Settlement FYE 6/30/2016

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE DAYTONA  
550 NATIONAL HEALTHCARE DRIVE  
DAYTONA BEACH, FL 32114

Provider Number: 0 162221-00  
Date: 7/27/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**251.28**    **252.24**    **7/1/2016**

**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

Cost Settlement FYE 6/30/2016

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE DAYTONA  
550 NATIONAL HEALTHCARE DRIVE  
DAYTONA BEACH, FL 32114

Provider Number: 0 162221-00  
Date: 7/27/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
249.14	255.05	9/1/2016

**Rate Type:**

<input type="checkbox"/>	Interim	<input checked="" 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 6/30/2016

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE DAYTONA  
550 NATIONAL HEALTHCARE DRIVE  
DAYTONA BEACH, FL 32114

Provider Number: 0 162221-00  
Date: 7/27/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>256.80</u>	<u>256.79</u>	<u>9/1/2017</u>

**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  
 \_\_\_\_\_ Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Cost Settlement FYE 6/30/2016

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS SENIOR LIVING NORTH NAPLES  
10949 PARNU STREET  
NAPLES, FL 34109

Provider Number: 0 162226-00  
Date: 7/28/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>285.82</b>	<b>286.13</b>	<b>1/1/2016</b>

**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

Cost Settlement FYE 6/30/2016

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS SENIOR LIVING NORTH NAPLES

10949 PARNU STREET

NAPLES, FL 34109

Provider Number:

0 162226-00

Date:

7/28/2017

Fiscal Year End:

6/30/2016

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>285.82</u>	<u>287.20</u>	<u>7/1/2016</u>

**Rate Type:**

Interim

\_\_\_\_\_ Total Interim

\_\_\_\_\_ Interim Component

Settlement based on cost

\_\_\_\_\_ Prior Provider Prospective data

Prospective

\_\_\_\_\_ Total Prospective

\_\_\_\_\_ Total Prospective with Interim Component

**Basis:**

\_\_\_\_\_ Budget

Unaudited costs

\_\_\_\_\_ Field audited costs

\_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change

Cost Settlement FYE 6/30/2016

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Medicaid Reimbursement Per Diem Rates

SOLARIS SENIOR LIVING NORTH NAPLES  
10949 PARNU STREET  
NAPLES, FL 34109

Provider Number: 0 162226-00  
Date: 7/28/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>288.54</u>	<u>299.12</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

Cost Settlement FYE 6/30/2016

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS SENIOR LIVING NORTH NAPLES  
 10949 PARNU STREET  
 NAPLES, FL 34109

Provider Number: 0 162226-00  
 Date: 7/28/2017  
 Fiscal Year End: 6/30/2016  
 Audit Status: Unaudited

**Provider Type:**


Nursing Home      Single Level

Current Rate	New Rate	Effective Date
311.82	309.39	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 6/30/2016	

  
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Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE PARKWAY  
800 SE CENTRAL PKWY  
STUART, FL 34994

Provider Number: 0 162228-00  
Date: 8/3/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
256.71    256.76    1/1/2016

**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

Cost Settlement using FYE 6/30/2016 C/R

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Home Office:

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE PARKWAY  
800 SE CENTRAL PKWY  
STUART, FL 34994

Provider Number: 0 162228-00  
Date: 8/3/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current      New      Effective  
Rate      Rate      Date  
**256.71**    **258.84**    **7/1/2016**

**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

Cost Settlement using FYE 6/30/2016 C/R

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE PARKWAY  
800 SE CENTRAL PKWY  
STUART, FL 34994

Provider Number: 0 162228-00  
Date: 8/3/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
256.07	264.56	9/1/2016

**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

Cost Settlement using FYE 6/30/2016 C/R

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE PARKWAY  
800 SE CENTRAL PKWY  
STUART, FL 34994

Provider Number: 0 162228-00  
Date: 8/3/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>269.27</u>	<u>269.29</u>	<u>9/1/2017</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

Cost Settlement using FYE 6/30/2016 C/R

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE PENSACOLA  
8475 UNIVERSITY PARKWAY  
PENSACOLA, FL 32514

Provider Number: 0 162230-00  
Date: 7/28/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>247.84</u>	<u>248.42</u>	<u>1/1/2016</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

Cost Settlement FYE 06/30/2016

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE PENSACOLA  
8475 UNIVERSITY PARKWAY  
PENSACOLA, FL 32514

Provider Number: 0 162230-00  
Date: 7/28/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current    New    Effective  
Rate    Rate    Date  
**247.84    250.48    7/1/2016**

**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

Cost Settlement FYE 06/30/2016

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE PENSACOLA

8475 UNIVERSITY PARKWAY

PENSACOLA, FL 32514

Provider Number:

0 162230-00

Date:

7/28/2017

Fiscal Year End:

6/30/2016

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>247.51</u>	<u>255.24</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

Cost Settlement FYE 06/30/2016

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE PENSACOLA

8475 UNIVERSITY PARKWAY

PENSACOLA, FL 32514

Provider Number:

0 162230-00

Date:

7/28/2017

Fiscal Year End:

6/30/2016

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>260.64</u>	<u>260.65</u>	<u>9/1/2017</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

Cost Settlement FYE 06/30/2016

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\_\_\_\_\_ No Change in Rate

Home Office:

Solaris Foundation, Inc.

9250 Bonita Beach Road SE

Bonita Springs, FL 34135

 Lisa Smith

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**

SOLARIS HEALTHCARE WINDERMERE  
4875 CASON COVE DRIVE  
ORLANDO, FL 32811

Provider Number: 0 162232-00  
Date: 7/28/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
247.46	248.16	1/1/2016

**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

Cost Settlement FYE 06/30/2016

**Distribution:**

Contract Management / Fiscal Agent

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Home Office:

Solaris Foundation, Inc.  
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Lisa Smith

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 2727 Mahan Drive - Mail Stop 23  
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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE WINDERMERE  
 4875 CASON COVE DRIVE  
 ORLANDO, FL 32811

Provider Number: 0 162232-00  
 Date: 7/28/2017  
 Fiscal Year End: 6/30/2016  
 Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>247.46</u>	<u>248.16</u>	<u>7/1/2016</u>

**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 06/30/2016

  
**Lisa Smith**  
 Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE WINDERMERE
4875 CASON COVE DRIVE
ORLANDO, FL 32811

Provider Number: 0 162232-00
Date: 7/28/2017
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 248.12, 251.76, 9/1/2016

Rate Type: Interim, Prospective, Total Interim, Total Prospective, Settlement based on cost, Prior Provider Prospective data

Basis: Budget, Unaudited costs, Field audited costs, Desk audited costs

Changes: Rate Semester Change, Cost Settlement FYE 06/30/2016

Distribution:

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No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE WINDERMERE  
 4875 CASON COVE DRIVE  
 ORLANDO, FL 32811

Provider Number: 0 162232-00  
 Date: 7/28/2017  
 Fiscal Year End: 6/30/2016  
 Audit Status: Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<u>256.87</u>	<u>256.93</u>	<u>9/1/2017</u>

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Cost Settlement FYE 06/30/2016	

**Distribution:**

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 No Change in Rate

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>MANATEE SPRINGS REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 202028-00</u>
<u>5627 9TH ST E</u>	Date:	<u>2/15/2018</u>
<u>BRADENTON, FL 34203</u>	Fiscal Year End:	<u>3/31/2018</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>229.28</b>	<b>253.31</b>	<b>4/1/2017</b>

**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 type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

<input checked="" type="checkbox"/> Budget
<input 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"/> NRP CHOP/RP CHOW effective 04/01/2017

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Lisa Smith  
Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MANATEE SPRINGS REHABILITATION AND NURSING CENTER  
5627 9TH ST E  
BRADENTON, FL 34203

Provider Number: 0 202028-00  
Date: 2/15/2018  
Fiscal Year End: 3/31/2018  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>226.09</u>	<u>256.78</u>	<u>9/1/2017</u>

**Rate Type:**

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

NRP CHOP/RP CHOW effective 04/01/2017

**Distribution:**

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office:    No Home Office

**Lisa Smith**

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**

HEALTHPARK CARE CENTER INC.

16131 ROSERUSH COURT

FORT MYERS, FL 33908-3634

Provider Number:

0 210587-00

Date:

12/21/2017

Fiscal Year End:

9/30/2013

Audit Status:

Revised Field Audit

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>248.69</b>	<b>248.53</b>	<b>7/1/2014</b>

**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 #NH14-003G FYE 9/30/2013

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Lee Memorial Health System  
636 Del Prado Boulevard  
Cape Coral, FL 33990

Lisa Smith

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

HEALTHPARK CARE CENTER INC.  
16131 ROSERUSH COURT  
FORT MYERS, FL 33908-3634

Provider Number: 0 210587-00  
Date: 12/21/2017  
Fiscal Year End: 9/30/2013  
Audit Status: Revised Field Audit

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
253.25	253.09	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 #NH14-003G FYE 9/30/2013

**Distribution:**

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

Lisa Smith  
Medicaid Cost Reimbursement Planning and Finance

Home Office: Lee Memorial Health System  
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

HEALTHPARK CARE CENTER INC.  
16131 ROSERUSH COURT  
FORT MYERS, FL 33908-3634

Provider Number: 0 210587-00  
Date: 12/21/2017  
Fiscal Year End: 9/30/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
253.93    253.94    9/1/2015

**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

Effects of FA & RFA #NH14-003G FYE 9/30/2013

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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For Information Only

No Change in Rate

Home Office: Lee Memorial Health System  
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Cape Coral, FL 33990



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

HEALTHPARK CARE CENTER INC.  
16131 ROSERUSH COURT  
FORT MYERS, FL 33908-3634

Provider Number: 0 210587-00  
Date: 12/21/2017  
Fiscal Year End: 9/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**259.18**    **259.19**    **9/1/2017**

**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

Effects of FA & RFA #NH14-003G FYE 9/30/2013

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Lee Memorial Health System  
636 Del Prado Boulevard  
Cape Coral, FL 33990

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

WOODLAND TERRACE OF CITRUS COUNTY

124 W NORVELL BRYANT HWY

HERNANDO, FL 34442

Provider Number: 0 228711-00

Date: 10/23/2017

Fiscal Year End: 12/31/2010

Audit Status: Revised Field Audit

**Provider Type:**

Nursing Home

Single Level

Current Rate	New Rate	Effective Date
<u>165.91</u>	<u>165.30</u>	<u>7/1/2011</u>

Level H: Aids

<u>312.11</u>	<u>311.50</u>	<u>7/1/2011</u>
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**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 #NH13-084C FYE 12/31/2010

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

SMJ Enterprises, LLC  
480 Fentress Blvd. Suite H  
Daytona Beach, FL 32114

Lisa Smith

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**

WOODLAND TERRACE OF CITRUS COUNTY	Provider Number:	0 228711-00
124 W NORVELL BRYANT HWY	Date:	10/23/2017
HERNANDO, FL 34442	Fiscal Year End:	12/31/2010
	Audit Status:	Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>166.83</u>	<u>166.21</u>	<u>1/1/2012</u>
	Level H: Aids	<u>314.44</u>	<u>313.82</u>	<u>1/1/2012</u>

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-084C FYE 12/31/2010	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

SMJ Enterprises, LLC  
 480 Fentress Blvd. Suite H  
 Daytona Beach, FL 32114

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

WOODLAND TERRACE OF CITRUS COUNTY  
124 W NORVELL BRYANT HWY  
HERNANDO, FL 34442

Provider Number: 0 228711-00  
Date: 10/23/2017  
Fiscal Year End: 12/31/2010  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>171.97</u>	<u>171.34</u>	<u>7/1/2012</u>
	Level H: Aids	<u>321.18</u>	<u>320.55</u>	<u>7/1/2012</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"/> FA & RFA #NH13-084C FYE 12/31/2010	

**Distribution:**

Contract Management / Fiscal Agent

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No Change in Rate

Home Office: SMJ Enterprises, LLC  
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**Medicaid Reimbursement Per Diem Rates**

RULEME CENTER

2810 RULEME ST

EUSTIS, FL 32726

Provider Number:

0 260452-00

Date:

12/8/2017

Fiscal Year End:

12/31/2013

Audit Status:

Field Audited

**Provider Type:**

**Nursing Home    Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>234.63</b>	<b>232.57</b>	<b>7/1/2014</b>

**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

Field Audit #NH14-074C FYE 12/31/2013

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

OPIS Management Resources, LLC  
10150 Highland Manor Drive  
Suite 300  
Tampa, FL 33610

**Lisa Smith**

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**

RULEME CENTER  
2810 RULEME ST  
EUSTIS, FL 32726

Provider Number: 0 260452-00  
Date: 12/8/2017  
Fiscal Year End: 12/31/2013  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>236.92</u>	<u>234.83</u>	<u>1/1/2015</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

Field Audit #NH14-074C FYE 12/31/2013

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: OPIS Management Resources, LLC  
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Lisa Smith

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

RULEME CENTER  
2810 RULEME ST  
EUSTIS, FL 32726

Provider Number: 0 260452-00  
Date: 12/8/2017  
Fiscal Year End: 12/31/2013  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>235.16</u>	<u>233.05</u>	<u>9/1/2015</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

Field Audit #NH14-074C FYE 12/31/2013

**Distribution:**

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Lisa Smith

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ISLAND LAKE CENTER  
155 LANDOVER PLACE  
LONGWOOD, FL 32750

Provider Number: 0 260657-00  
Date: 12/1/2017  
Fiscal Year End: 12/31/2013  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
236.56	236.17	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 #NH14-076C FYE 12/31/2013	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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10150 Highland Manor Drive  
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Tampa, FL 33610

Lisa Smith  
Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ISLAND LAKE CENTER	Provider Number:	0 260657-00
155 LANDOVER PLACE	Date:	12/1/2017
LONGWOOD, FL 32750	Fiscal Year End:	12/31/2013
	Audit Status:	Field Audited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<u>239.72</u>	<u>239.32</u>	<u>1/1/2015</u>

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH14-076C FYE 12/31/2013	

**Distribution:**

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

Lisa Smith  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: OPIS Management Resources, LLC  
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 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**

ISLAND LAKE CENTER  
155 LANDOVER PLACE  
LONGWOOD, FL 32750

Provider Number: 0 260657-00  
Date: 12/1/2017  
Fiscal Year End: 12/31/2013  
Audit Status: Field Audited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<u>237.27</u>	<u>236.87</u>	<u>9/1/2015</u>

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH14-076C FYE 12/31/2013	

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Home Office:

OPIS Management Resources, LLC  
10150 Highland Manor Drive  
Suite 300  
Tampa, FL 33610

Lisa Smith  
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**

INDIAN RIVER CENTER  
7201 GREENBORO DR  
WEST MELBOURNE, FL 32904

Provider Number: 0 260665-00  
Date: 12/7/2017  
Fiscal Year End: 12/31/2013  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>230.49</u>	<u>230.36</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

Field Audit #NH14-077C FYE 12/31/2013

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Home Office: OPIS Management Resources, LLC  
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**Medicaid Reimbursement Per Diem Rates**

INDIAN RIVER CENTER  
7201 GREENBORO DR  
WEST MELBOURNE, FL 32904

Provider Number: 0 260665-00  
Date: 12/7/2017  
Fiscal Year End: 12/31/2013  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>233.62</b>	<b>233.48</b>	<b>1/1/2015</b>

**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

Field Audit #NH14-077C FYE 12/31/2013

**Lisa Smith**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

INDIAN RIVER CENTER	Provider Number:	0 260665-00
7201 GREENBORO DR	Date:	12/7/2017
WEST MELBOURNE, FL 32904	Fiscal Year End:	12/31/2013
	Audit Status:	Field Audited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate	New Rate	Effective Date
<b>231.71</b>	<b>231.58</b>	<b>9/1/2015</b>

<b>Rate Type:</b>	
<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 #NH14-077C FYE 12/31/2013

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**Medicaid Reimbursement Per Diem Rates**

INDIAN RIVER CENTER	Provider Number:	0 260665-00
7201 GREENBORO DR	Date:	12/7/2017
WEST MELBOURNE, FL 32904	Fiscal Year End:	12/31/2015
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>226.83</u></b>	<b><u>226.84</u></b>	<b><u>9/1/2016</u></b>

**Rate Type:**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> 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 #NH14-077C FYE 12/31/2013

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Medicaid Reimbursement Per Diem Rates

HUNTERS CREEK NURSING AND REHAB CENTER  
14155 TOWN LOOP BLVD  
ORLANDO, FL 32837

Provider Number: 0 263605-00  
Date: 11/29/2017  
Fiscal Year End: 12/31/2012  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>237.03</u>	<u>237.42</u>	<u>1/1/2014</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 #NH14-120W FYE 12/31/2012	

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Atlanta, GA 30328



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

HUNTERS CREEK NURSING AND REHAB CENTER  
14155 TOWN LOOP BLVD  
ORLANDO, FL 32837

Provider Number: 0 263605-00  
Date: 11/29/2017  
Fiscal Year End: 12/31/2012  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>246.18</b>	<b>246.58</b>	<b>7/1/2014</b>

**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

Field Audit #NH14-120W FYE 12/31/2012

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

REHAB & HEALTHCARE CENTER OF CAPE CORAL  
2629 DEL PRADO BLVD  
CAPE CORAL, FL 33904

Provider Number: 0 263869-00  
Date: 1/23/2018  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**220.78**    **224.59**    **9/9/2017**

**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

IRR Granted Effective 9/9/2017

Lisa Smith

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No Change in Rate

Home Office:    No Home Office





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**Medicaid Reimbursement Per Diem Rates**

CARROLLWOOD CARE CENTER	Provider Number:	0 263877-00
15002 HUTCHINSON RD	Date:	1/25/2018
TAMPA, FL 33625	Fiscal Year End:	12/31/2016
	Audit Status:	Unaudited

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>221.55</b>	<b>224.29</b>	<b>9/14/2017</b>

<b>Rate Type:</b>	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input checked="" type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> IRR Granted Effective 9/14/2017	

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Home Office:  No Home Office

  
 Lisa Smith  
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**Medicaid Reimbursement Per Diem Rates**

HIGHLAND PINES REHABILITATION CENTER  
1111 S HIGHLAND AVE  
CLEARWATER, FL 33756

Provider Number: 0 263907-00  
Date: 1/25/2018  
Fiscal Year End: 12/31/2015  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
220.23	223.92	9/14/2017

**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

IRR Granted Effective 09/14/2017

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Home Office:    No Home Office



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**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 0 264491-00  
Date: 11/8/2017  
Fiscal Year End: 6/30/2013  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**240.21    240.22    7/1/2014**

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH14-002G FYE 6/30/2013	

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No Change in Rate

Home Office:

Florida Dept. of Veterans Affairs  
11351 Ulmerton Road, Room 332-I  
Largo, Fl 33778-1630

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**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 0 264491-00  
Date: 11/8/2017  
Fiscal Year End: 6/30/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate      New Rate      Effective Date  
**245.45**      **245.46**      **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 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 FA & RFA #NH14-002G FYE 6/30/2013	

**Distribution:**

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No Change in Rate

Home Office: Florida Dept. of Veterans Affairs  
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