




RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

MEMORANDUM

Date: April 1, 2019
To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking
From:  Zainab Day, 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.	Riviera Health Resort	0 048807-00	FA	13
2.	Advanced Rehabilitation & Health Center	0 151506-00	FA & RFA	4
3.	Atlantic Healthcare Center	0 159592-00	FA	4
4.	Orchard Park Health and Rehabilitation	0 159593-00	FA	4
5.	West Jacksonville Care and Rehabilitation Center	0 159594-00	FA	4
6.	Comprehensive Healthcare of Clearwater	0 159595-00	FA	4
7.	Laurel Pointe Health and Rehabilitation Center	0 159597-00	FA	4
8.	Stuart Rehabilitation and Healthcare	0 251673-00	NRP CHOP/CHOW	2
9.	Manor Oaks Nursing and Rehabilitation Center	0 256935-00	FA	1
10.	Highlands Lake Center, LLC	0 260576-00	FA	4
11.	Douglas Jacobson State Veterans Nursing Home	0 269492-00	FA & RFA	5
12.	Advanced Rehabilitation & Health Center	0 324094-00	FA & RFA	5
13.	Manor Care Health Services-Dunedin	0 325686-00	FA	3
14.	Martin Nursing and Rehabilitation	1 000022-00	NRP CHOP/CHOW	2
			TOTAL:	59

If you have any questions regarding the above contact Zainab Day 412-4798.

ZD/cs



		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
004880700	20120614	231.47	379.08	231.47	231.47	85320-19	NH14-013G
004880700	20120701	241.03	390.24	241.03	241.03	85320-19	NH14-013G
004880700	20130101	244.37	395.18	244.37	244.37	85320-19	NH14-013G
004880700	20130424	242.24	393.05	242.24	242.24	85320-19	NH14-013G
004880700	20130701	248.25	0.00	248.25	248.25	85320-19	NH14-013G
004880700	20131024	248.25	0.00	248.25	248.25	85320-19	NH14-013G
004880700	20131201	248.25	0.00	248.25	248.25	85320-19	NH14-013G
004880700	20140101	242.31	0.00	242.31	242.31	85320-19	NH14-013G
004880700	20140701	259.22	0.00	259.22	259.22	85320-19	NH14-013G
004880700	20150101	265.96	0.00	265.96	265.96	85320-19	NH14-013G
004880700	20150901	267.29	0.00	267.29	267.29	85320-19	NH14-013G
004880700	20160901	264.56	0.00	264.56	264.56	85320-19	NH14-013G
004880700	20170902	265.24	0.00	265.24	265.24	85320-19	NH14-013G
015150600	20150701	254.24	0.00	254.24	254.24	85320-19	NH10-075C
015150600	20150901	255.23	0.00	255.23	255.23	85320-19	NH10-075C
015150600	20160201	259.94	0.00	259.94	259.94	85320-19	NH10-075C
015150600	20160901	265.01	0.00	265.01	265.01	85320-19	NH10-075C
015959200	20151116	226.20	0.00	226.20	226.20	85320-19	NH16-046W
015959200	20160601	227.56	0.00	227.56	227.56	85320-19	NH16-046W
015959200	20160901	232.10	0.00	232.10	232.10	85320-19	NH16-046W
015959200	20170901	237.89	0.00	237.89	237.89	85320-19	NH16-046W
015959300	20151116	231.49	0.00	231.49	231.49	85320-19	NH16-050W
015959300	20160601	235.50	0.00	235.50	235.50	85320-19	NH16-050W
015959300	20160901	239.39	0.00	239.39	239.39	85320-19	NH16-050W
015959300	20170901	243.84	0.00	243.84	243.84	85320-19	NH16-050W
015959400	20151116	220.66	0.00	220.66	220.66	85320-19	NH16-048W
015959400	20160601	223.81	0.00	223.81	223.81	85320-19	NH16-048W
015959400	20160901	226.98	0.00	226.98	226.98	85320-19	NH16-048W
015959400	20170901	232.07	0.00	232.07	232.07	85320-19	NH16-048W
015959500	20151116	230.10	0.00	230.10	230.10	85320-19	NH16-047W
015959500	20160601	233.47	0.00	233.47	233.47	85320-19	NH16-047W
015959500	20160901	237.33	0.00	237.33	237.33	85320-19	NH16-047W
015959500	20170901	242.46	0.00	242.46	242.46	85320-19	NH16-047W
015959700	20151116	219.95	0.00	219.95	219.95	85320-19	NH16-049W
015959700	20160601	220.88	0.00	220.88	220.88	85320-19	NH16-049W
015959700	20160901	224.44	0.00	224.44	224.44	85320-19	NH16-049W
015959700	20170901	228.16	0.00	228.16	228.16	85320-19	NH16-049W
025167300	20180808	244.90	0.00	244.90	244.90	85320-19	
025167300	20181001	247.09	0.00	247.09	247.09	85320-19	
025693500	20140701	218.38	0.00	218.38	218.38	85320-19	NH14-110C
026057600	20150101	222.92	0.00	222.92	222.92	85320-19	NH14-071C
026057600	20150901	219.91	0.00	219.91	219.91	85320-19	NH14-071C
026057600	20160901	221.74	0.00	221.74	221.74	85320-19	NH14-071C
026057600	20170901	225.30	0.00	225.30	225.30	85320-19	NH14-071C
026949200	20140701	233.32	0.00	233.32	233.32	85320-19	NH14-001G
026949200	20150101	246.19	0.00	246.19	246.19	85320-19	NH14-001G
026949200	20150901	244.50	0.00	244.50	244.50	85320-19	NH14-001G
026949200	20160901	252.98	0.00	252.98	252.98	85320-19	NH14-001G
026949200	20170901	259.14	0.00	259.14	259.14	85320-19	NH14-001G
032409400	20120701	236.65	385.86	236.65	236.65	85320-19	NH10-075C
032409400	20130101	234.98	385.79	234.98	234.98	85320-19	NH10-075C
032409400	20130701	240.46	0.00	240.46	240.46	85320-19	NH10-075C
032409400	20140701	246.19	0.00	246.19	246.19	85320-19	NH10-075C
032409400	20150101	248.88	0.00	248.88	248.88	85320-19	NH10-075C
032568600	20150101	209.63	0.00	209.63	209.63	85320-19	NH14-031C
032568600	20150901	207.65	0.00	207.65	207.65	85320-19	NH14-031C
032568600	20160901	208.80	0.00	208.80	208.80	85320-19	NH14-031C
0100002200	20180809	231.25	0.00	231.25	231.25	85320-19	
0100002200	20181001	245.82	0.00	245.82	245.82	85320-19	



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

RIVIERA HEALTH RESORT
6901 YUMURI STREET
CORAL GABLES, FL 33146

Provider Number: 0 048807-00
Date: 2/8/2019
Fiscal Year End: 11/30/2013
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	231.66	231.47	6/14/2012
	Level H: Aids	379.27	379.08	6/14/2012

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 #NH14-013G FYE 11/30/2013


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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

RIVIERA HEALTH RESORT
6901 YUMURI STREET
CORAL GABLES, FL 33146

Provider Number: 0 048807-00
Date: 2/8/2019
Fiscal Year End: 11/30/2013
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>241.23</u>	<u>241.03</u>	<u>7/1/2012</u>
	Level H: Aids	<u>390.44</u>	<u>390.24</u>	<u>7/1/2012</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 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 #NH14-013G FYE 11/30/2013

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

RIVIERA HEALTH RESORT
6901 YUMURI STREET
CORAL GABLES, FL 33146

Provider Number: 0 048807-00
Date: 2/8/2019
Fiscal Year End: 11/30/2013
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	244.57	244.37	1/1/2013
	Level H: Aids	395.38	395.18	1/1/2013

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 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 #NH14-013G FYE 11/30/2013

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Medicaid Reimbursement Per Diem Rates

RIVIERA HEALTH RESORT
6901 YUMURI STREET
CORAL GABLES, FL 33146

Provider Number: 0 048807-00
Date: 2/8/2019
Fiscal Year End: 11/30/2013
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>242.44</u>	<u>242.24</u>	<u>4/24/2013</u>
	Level H: Aids	<u>393.25</u>	<u>393.05</u>	<u>4/24/2013</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:

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH14-013G FYE 11/30/2013

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

RIVIERA HEALTH RESORT
6901 YUMURI STREET
CORAL GABLES, FL 33146

Provider Number: 0 048807-00
Date: 2/8/2019
Fiscal Year End: 11/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: 248.49
New Rate: 248.25
Effective Date: 7/1/2013

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH14-013G FYE 11/30/2013	

Distribution:

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_____ No Change in Rate

Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

RIVIERA HEALTH RESORT
6901 YUMURI STREET
CORAL GABLES, FL 33146

Provider Number: 0 048807-00
Date: 2/8/2019
Fiscal Year End: 11/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
248.49 248.25 10/24/2013

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH14-013G FYE 11/30/2013

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No Change in Rate

Home Office:

No Home Office



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Medicaid Reimbursement Per Diem Rates

RIVIERA HEALTH RESORT
6901 YUMURI STREET
CORAL GABLES, FL 33146

Provider Number: 0 048807-00
Date: 2/8/2019
Fiscal Year End: 11/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
242.55 242.31 1/1/2014

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 #NH14-013G FYE 11/30/2013

Zainab Day

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Home Office:

No Home Office



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Medicaid Reimbursement Per Diem Rates

RIVIERA HEALTH RESORT
6901 YUMURI STREET
CORAL GABLES, FL 33146

Provider Number: 0 048807-00
Date: 2/8/2019
Fiscal Year End: 11/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>259.47</u>	<u>259.22</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 #NH14-013G FYE 11/30/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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_____ For Information Only

_____ No Change in Rate

Home Office:

No Home Office



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Medicaid Reimbursement Per Diem Rates

RIVIERA HEALTH RESORT
6901 YUMURI STREET
CORAL GABLES, FL 33146

Provider Number: 0 048807-00
Date: 2/8/2019
Fiscal Year End: 11/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
267.53 267.29 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

Field Audit #NH14-013G FYE 11/30/2013

Zainab Day

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No Change in Rate

Home Office:

No Home Office



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Medicaid Reimbursement Per Diem Rates

RIVIERA HEALTH RESORT
6901 YUMURI STREET
CORAL GABLES, FL 33146

Provider Number: 0 048807-00
Date: 2/8/2019
Fiscal Year End: 2/28/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
264.60 264.56 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

Effects of Field Audit #NH14-013G FYE
11/30/2013

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No Change in Rate

Home Office:

No Home Office



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Medicaid Reimbursement Per Diem Rates

RIVIERA HEALTH RESORT
6901 YUMURI STREET
CORAL GABLES, FL 33146

Provider Number: 0 048807-00
Date: 2/8/2019
Fiscal Year End: 2/28/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 265.28 New Rate: 265.24 Effective Date: 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 Field Audit #NH14-013G FYE 11/30/2013

Distribution:

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No Change in Rate

Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

ATLANTIC HEALTHCARE CENTER
3663 15TH AVE
VERO BEACH, FL 32960

Provider Number: 0 159592-00
Date: 3/15/2019
Fiscal Year End: 5/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
239.03 **226.20** **11/16/2015**

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Field Audit #NH16-046W FYE 5/31/2016

Distribution:

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No Change in Rate

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

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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

ATLANTIC HEALTHCARE CENTER

3663 15TH AVE

VERO BEACH, FL 32960

Provider Number:

0 159592-00

Date:

3/15/2019

Fiscal Year End:

5/31/2016

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

240.20

227.56

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

Field Audit #NH16-046W 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

Zainab Day

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ATLANTIC HEALTHCARE CENTER
3663 15TH AVE
VERO BEACH, FL 32960

Provider Number: 0 159592-00
Date: 3/15/2019
Fiscal Year End: 5/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
248.41 237.89 9/1/2017

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-046W FYE 5/31/2016	

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

Zainab Day 
Medicaid Cost Reimbursement Planning and Finance

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



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

ORCHARD PARK HEALTH AND REHABILITATION
919 OLD WINTER HAVEN RD
AUBURNDALE, FL 33823-4329

Provider Number: 0 159593-00
Date: 3/22/2019
Fiscal Year End: 5/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
243.15	231.49	11/16/2015

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

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 NH#16-050W FYE 5/31/2016

Zainab Day

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Home Office: Sun Island Healthcare, LLC
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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

ORCHARD PARK HEALTH AND REHABILITATION
919 OLD WINTER HAVEN RD
AUBURNDALE, FL 33823-4329

Provider Number: 0 159593-00
Date: 3/22/2019
Fiscal Year End: 5/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 247.01, 235.50, 6/1/2016

Rate Type:

Interim

X Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

X

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

Field Audit NH#16-050W FYE 5/31/2016

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Medicaid Reimbursement Per Diem Rates

ORCHARD PARK HEALTH AND REHABILITATION
919 OLD WINTER HAVEN RD
AUBURNDALE, FL 33823-4329

Provider Number: 0 159593-00
Date: 3/22/2019
Fiscal Year End: 5/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>249.93</u>	<u>239.39</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

Field Audit NH#16-050W FYE 5/31/2016

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Medicaid Reimbursement Per Diem Rates

ORCHARD PARK HEALTH AND REHABILITATION
919 OLD WINTER HAVEN RD
AUBURNDALE, FL 33823-4329

Provider Number: 0 159593-00
Date: 3/22/2019
Fiscal Year End: 5/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 253.25, 243.84, 9/1/2017.

Rate Type:

Interim

X Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

X

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

Field Audit NH#16-050W FYE 5/31/2016

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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: 3/15/2019
Fiscal Year End: 5/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
232.65	220.66	11/16/2015

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-048W FYE 5/31/2016	

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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: 3/15/2019
Fiscal Year End: 5/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
235.68	223.81	6/1/2016

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH16-048W FYE 5/31/2016

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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: 3/15/2019
Fiscal Year End: 5/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
238.01 **226.98** **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

Field Audit #NH16-048W FYE 5/31/2016

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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: 3/15/2019
Fiscal Year End: 5/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>241.85</u>	<u>232.07</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:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH16-048W FYE 5/31/2016

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Medicaid Reimbursement Per Diem Rates

COMPREHENSIVE HEALTHCARE OF CLEARWATER
2055 PALMETTO ST
CLEARWATER, FL 33765

Provider Number: 0 159595-00
Date: 3/12/2019
Fiscal Year End: 5/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
242.49 230.10 11/16/2015

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Field Audit #NH16-047W FYE 05/31/2016

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Medicaid Reimbursement Per Diem Rates

COMPREHENSIVE HEALTHCARE OF CLEARWATER
2055 PALMETTO ST
CLEARWATER, FL 33765

Provider Number: 0 159595-00
Date: 3/12/2019
Fiscal Year End: 5/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
245.77	233.47	6/1/2016

Rate Type:

Interim

Total Interim

Prospective

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 #NH16-047W FYE 05/31/2016

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Medicaid Reimbursement Per Diem Rates

COMPREHENSIVE HEALTHCARE OF CLEARWATER
2055 PALMETTO ST
CLEARWATER, FL 33765

Provider Number: 0 159595-00
Date: 3/12/2019
Fiscal Year End: 5/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
248.66	237.33	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

Field Audit #NH16-047W FYE 05/31/2016

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Medicaid Reimbursement Per Diem Rates

COMPREHENSIVE HEALTHCARE OF CLEARWATER
2055 PALMETTO ST
CLEARWATER, FL 33765

Provider Number: 0 159595-00
Date: 3/12/2019
Fiscal Year End: 5/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
253.40 242.46 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

Field Audit #NH16-047W FYE 05/31/2016

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No Change in Rate

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

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

Provider Number: 0 159597-00
Date: 3/21/2019
Fiscal Year End: 5/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: 234.81
New Rate: 219.95
Effective Date: 11/16/2015

Rate Type:

X Interim
Prospective
Total Interim
Interim Component
Settlement based on cost
Prior Provider Prospective data
Total Prospective
Total Prospective with Interim Component

Basis:

Budget
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Field Audit #NH16-049W FYE 5/31/2016

Distribution:

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

Zainab Day (signature)

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 159597-00
Date: 3/21/2019
Fiscal Year End: 5/31/2016
Audit Status: Field Audited

Provider Type:

Table with 3 columns: Provider Type, Current Rate, New Rate, Effective Date. Row: Nursing Home Single Level, 235.54, 220.88, 6/1/2016

Rate Type:

Interim Total Interim
X Prospective Total Prospective
Interim Component Total Prospective with Interim Component
X Settlement based on cost
Prior Provider Prospective data

Basis:

Budget
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Field Audit #NH16-049W FYE 5/31/2016

Distribution:

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Zainab Day
Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

<u>LAUREL POINTE HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 159597-00</u>
<u>703 S 29TH ST</u>	Date:	<u>3/21/2019</u>
<u>FORT PIERCE, FL 34947</u>	Fiscal Year End:	<u>5/31/2016</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		238.10	224.44	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 type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs


Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH16-049W FYE 5/31/2016

Distribution:

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 No Change in Rate

Home Office: Sun Island Healthcare, LLC
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Zainab Day 
 Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

<u>LAUREL POINTE HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 159597-00</u>
<u>703 S 29TH ST</u>	Date:	<u>3/21/2019</u>
<u>FORT PIERCE, FL 34947</u>	Fiscal Year End:	<u>5/31/2016</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>240.65</u>	<u>228.16</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:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH16-049W FYE 5/31/2016

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Home Office: Sun Island Healthcare, LLC
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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 251673-00
Date: 12/6/2018
Fiscal Year End: 6/30/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
249.77 244.90 8/8/2018

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
 NRP CHOP/CHOW effective 08/08/2018

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

STUART REHABILITATION AND HEALTHCARE

1500 SE PALM BEACH RD

STUART, FL 34994

Provider Number:

0 251673-00

Date:

12/6/2018

Fiscal Year End:

6/30/2019

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

247.09

247.09

10/1/2018

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

NRP CHOP/CHOW effective 08/08/2018

Distribution:

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Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

MANOR OAKS NURSING & REHABILITATION CENTER
2121 E COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308

Provider Number: 0 256935-00
Date: 11/7/2018
Fiscal Year End: 8/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
218.42 **218.38** **7/1/2014**

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 #NH14-110C FYE 8/31/13

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Home Office: 1601 Management, LLC.
1701 N.E. 26th Street
Wilton Manors, FL 33305

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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

HIGHLANDS LAKE CENTER, LLC
4240 LAKELAND HIGHLANDS RD
LAKELAND, FL 33813

Provider Number: 0 260576-00
Date: 12/19/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>223.14</u>	<u>222.92</u>	<u>1/1/2015</u>

Rate Type:

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

Basis:

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

Changes:

_____	Rate Semester Change
<input checked="" type="checkbox"/>	Field Audit #NH14-071C FYE 12/31/2013

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



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Medicaid Reimbursement Per Diem Rates

HIGHLANDS LAKE CENTER, LLC
4240 LAKELAND HIGHLANDS RD
LAKELAND, FL 33813

Provider Number: 0 260576-00
Date: 12/19/2018
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
219.94 **219.91** **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 Field Audit #NH14-071C FYE 12/31/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

HIGHLANDS LAKE CENTER, LLC
4240 LAKELAND HIGHLANDS RD
LAKELAND, FL 33813

Provider Number: 0 260576-00
Date: 12/19/2018
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 221.78, 221.74, 9/1/2016

Rate Type:

Interim

X Prospective

Total Interim

X Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Effects of Field Audit #NH14-071C 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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HIGHLANDS LAKE CENTER, LLC
4240 LAKELAND HIGHLANDS RD
LAKELAND, FL 33813

Provider Number: 0 260576-00
Date: 12/19/2018
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>225.34</u>	<u>225.30</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

Effects of Field Audit #NH14-071C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DOUGLAS JACOBSON STATE VETERANS NURSING HOME
21281 GRAYTON TERRACE
PORT CHARLOTTE, FL 33954

Provider Number: 0 269492-00
Date: 11/7/2017
Fiscal Year End: 6/30/2013
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 233.93, 233.32, 7/1/2014

Rate Type: Interim, Prospective, Total Interim, Total Prospective, etc.

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

Changes: Rate Semester Change, FA & RFA #NH14-001G FYE 6/30/2013

Distribution:

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

Lisa Smith
Medicaid Cost Reimbursement Planning and Finance

Home Office: Florida Dept. of Veterans Affairs
11351 Ulmerton Road, Room 332-I
Largo, FL 33778-1630



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

DOUGLAS JACOBSON STATE VETERANS NURSING HOME
21281 GRAYTON TERRACE
PORT CHARLOTTE, FL 33954

Provider Number: 0 269492-00
Date: 11/7/2017
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
246.17 246.19 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 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 #NH14-001G FYE 6/30/2013	

Lisa Smith

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office: Florida Dept. of Veterans Affairs
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Largo, Fl 33778-1630

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DOUGLAS JACOBSON STATE VETERANS NURSING HOME	Provider Number:	0 269492-00
21281 GRAYTON TERRACE	Date:	11/7/2017
PORT CHARLOTTE, FL 33954	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>244.48</u>	<u>244.50</u>	<u>9/1/2015</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ 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"/> Effects of FA & RFA #NH14-001G FYE 6/30/2013

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

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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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DOUGLAS JACOBSON STATE VETERANS NURSING HOME
21281 GRAYTON TERRACE
PORT CHARLOTTE, FL 33954

Provider Number: 0 269492-00
Date: 11/7/2017
Fiscal Year End: 6/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 252.97, 252.98, 9/1/2016

Rate Type:

Form with checkboxes for Interim, Prospective, Total Interim, Total Prospective, etc.

Basis:

Form with checkboxes for Budget, Unaudited costs, Field audited costs, Desk audited costs

Changes:

Form with checkboxes for Rate Semester Change, Effects of FA & RFA #NH14-001G FYE 6/30/2013

Lisa Smith (Signature)

Medicaid Cost Reimbursement Planning and Finance

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Contract Management / Fiscal Agent

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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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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DOUGLAS JACOBSON STATE VETERANS NURSING HOME
21281 GRAYTON TERRACE
PORT CHARLOTTE, FL 33954

Provider Number: 0 269492-00
Date: 11/7/2017
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>259.12</u>	<u>259.14</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

Effects of FA & RFA #NH14-001G FYE 6/30/2013

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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No Change in Rate

Home Office:

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Largo, Fl 33778-1630



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ADVANCED REHABILITATION & HEALTH CENTER
401 FAIRWOOD AVE
CLEARWATER, FL 33759

Provider Number: 0 324094-00
Date: 9/13/2018
Fiscal Year End: 2/28/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
236.66	236.65	7/1/2012

Level H: Aids

385.87	385.86	7/1/2012
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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

Effects of FA & RFA #NH10-075C FYE
2/29/2008

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Hallmark Accounting
368 New Hempstead Road #309
New City, NY 10956



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ADVANCED REHABILITATION & HEALTH CENTER
401 FAIRWOOD AVE
CLEARWATER, FL 33759

Provider Number: 0 324094-00
Date: 9/13/2018
Fiscal Year End: 2/29/2012
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	234.99	234.98	1/1/2013
	Level H: Aids	385.80	385.79	1/1/2013

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH10-075C FYE 2/29/2008

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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For Information Only

No Change in Rate

Home Office:

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New City, NY 10956



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ADVANCED REHABILITATION & HEALTH CENTER
401 FAIRWOOD AVE
CLEARWATER, FL 33759

Provider Number: 0 324094-00
Date: 9/13/2018
Fiscal Year End: 2/29/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
240.47 **240.46** **7/1/2013**

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 #NH10-075C FYE 2/29/2008	

Distribution:

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No Change in Rate

Home Office: Hallmark Accounting
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New City, NY 10956

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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

ADVANCED REHABILITATION & HEALTH CENTER
401 FAIRWOOD AVE
CLEARWATER, FL 33759

Provider Number: 0 324094-00
Date: 9/13/2018
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
246.20 **246.19** **7/1/2014**

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 #NH10-075C FYE 2/29/2008

Distribution:

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No Change in Rate

Home Office: Hallmark Accounting
368 New Hempstead Road #309
New City, NY 10956

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ADVANCED REHABILITATION & HEALTH CENTER

401 FAIRWOOD AVE

CLEARWATER, FL 33759

Provider Number:

0 324094-00

Date:

9/13/2018

Fiscal Year End:

2/28/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
248.89	248.88	1/1/2015

Rate Type:

Interim

X Prospective

Total Interim

X Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Effects of FA & RFA #NH10-075C FYE 2/29/2008

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Hallmark Accounting

368 New Hempstead Road #309

New City, NY 10956

Zainab Day



Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ADVANCED CARE CENTER
401 FAIRWOOD AVE
CLEARWATER, FL 33759

Provider Number: 0 151506-00
Date: 9/13/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
254.25 254.24 7/1/2015

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 #NH10-075C FYE 2/29/2008 for prior provider #324094

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Florida Care, Inc.
c/o Apex Healthcare
400 Rella Blvd, Suite 200
Montebello, NY 10901

Zainab Day

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

ADVANCED CARE CENTER
401 FAIRWOOD AVE
CLEARWATER, FL 33759

Provider Number: 0 151506-00
Date: 9/13/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
255.24 255.23 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 #NH10-075C FYE 2/29/2008 for prior provider #324094

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Florida Care, Inc.
c/o Apex Healthcare
400 Rella Blvd, Suite 200
Montebello, NY 10901

Zainab Day

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

ADVANCED CARE CENTER
401 FAIRWOOD AVE
CLEARWATER, FL 33759

Provider Number: 0 151506-00
Date: 9/13/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 259.95
New Rate: 259.94
Effective Date: 2/1/2016

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

Effects of FA & RFA #NH10-075C FYE 2/29/2008 for prior provider #324094

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

Florida Care, Inc.
c/o Apex Healthcare
400 Rella Blvd, Suite 200
Montebello, NY 10901



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ADVANCED CARE CENTER
401 FAIRWOOD AVE
CLEARWATER, FL 33759

Provider Number: 0 151506-00
Date: 9/13/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
265.02 265.01 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

Effects of FA & RFA #NH10-075C FYE 2/29/2008 for prior provider #324094

Distribution:

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Permanent File

For Information Only

No Change in Rate

Home Office:

Florida Care, Inc.
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Montebello, NY 10901

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

MANOR-CARE HEALTH SERVICES-DUNEDIN	Provider Number:	0 325686-00
870 PATRICIA AVE	Date:	8/20/2018
DUNEDIN, FL 34698	Fiscal Year End:	9/30/2014
	Audit Status:	Field Audited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
210.00	209.63	1/1/2015

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Field Audit #NH14-031C FYE 9/30/2014

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

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

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Medicaid Reimbursement Per Diem Rates

MANOR-CARE HEALTH SERVICES-DUNEDIN
870 PATRICIA AVE
DUNEDIN, FL 34698

Provider Number: 0 325686-00
Date: 8/20/2018
Fiscal Year End: 9/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **208.02**
New Rate: **207.65**
Effective Date: **9/1/2015**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH14-031C FYE 9/30/2014	

Lisa Smith
Medicaid Cost Reimbursement Planning and Finance

Distribution:

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

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MANOR-CARE HEALTH SERVICES-DUNEDIN
870 PATRICIA AVE
DUNEDIN, FL 34698

Provider Number: 0 325686-00
Date: 8/20/2018
Fiscal Year End: 9/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
209.15 **208.80** **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

Field Audit #NH14-031C FYE 9/30/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

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

MARTIN NURSING AND REHABILITATION

6011 SE TOWER DR

STUART, FL 34997

Provider Number:

1 000022-00

Date:

1/28/2019

Fiscal Year End:

6/30/2019

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>250.55</u>	<u>231.25</u>	<u>8/9/2018</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

NRP CHOP effective 8/9/2018

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office:

No Home Office

Zainab Day

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

MARTIN NURSING AND REHABILITATION
6011 SE TOWER DR
STUART, FL 34997

Provider Number: 1 000022-00
Date: 1/28/2019
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 245.82
New Rate: 245.82
Effective Date: 10/1/2018

Rate Type:

X Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

X Prior Provider Prospective data

Basis:

X Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X NRP CHOP effective 8/9/2018

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office