




RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

## MEMORANDUM

**Date:** August 8, 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.	Concordia Village of Tampa	0 242673-00	NRP/CHOP CHOW	2
2.	Oak Haven Rehab and Nursing Center	0 250324-00	NRP/CHOP CHOW	2
3.	Sandgate Gardens Rehab and Nursing Center	0 250334-00	NRP/CHOP CHOW	2
4.	Parkview Rehabilitation Center of Winter Park	1 002787-00	NRP/CHOP CHOW	2
5.	Nspire Healthcare Lauderhill	1 002969-00	NRP/CHOP CHOW	2
6.	Nspire Healthcare Miami Lakes	1 002974-00	NRP/CHOP CHOW	2
7.	Nspire Healthcare Tamarac	1 002982-00	NRP/CHOP CHOW	2
8.	Nspire Healthcare Plantation	1 002991-00	NRP/CHOP CHOW	2
9.	Nspire Healthcare Kendall	1 002999-00	NRP/CHOP CHOW	2
			<b><u>TOTAL:</u></b>	18

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
024267300	20180501	231.38	0.00	231.38	231.38	86477-19	
024267300	20181001	244.14	0.00	244.14	244.14	86477-19	
025032400	20180627	226.63	0.00	226.63	226.63	86477-19	
025032400	20181001	249.93	0.00	249.93	249.93	86477-19	
025033400	20180627	216.66	0.00	216.66	216.66	86477-19	
025033400	20181001	238.10	0.00	238.10	238.10	86477-19	
100278700	20180919	198.36	0.00	198.36	198.36	86477-19	
100278700	20181001	227.59	0.00	227.59	227.59	86477-19	
100296900	20180919	203.27	0.00	203.27	203.27	86477-19	
100296900	20181001	207.21	0.00	207.21	207.21	86477-19	
100297400	20180919	233.06	0.00	233.06	233.06	86477-19	
100297400	20181001	228.95	0.00	228.95	228.95	86477-19	
100298200	20180919	226.18	0.00	226.18	226.18	86477-19	
100298200	20181001	255.50	0.00	255.50	255.50	86477-19	
100299100	20180919	220.77	0.00	220.77	220.77	86477-19	
100299100	20181001	232.49	0.00	232.49	232.49	86477-19	
100299900	20180919	209.92	0.00	209.92	209.92	86477-19	
100299900	20181001	230.43	0.00	230.43	230.43	86477-19	



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**

CONCORDIA VILLAGE OF TAMPA  
4100 E FLETCHER AVE  
TAMPA, FL 33613

Provider Number: 0 242673-00  
Date: 4/23/2019  
Fiscal Year End: 4/30/2019  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate      New Rate      Effective Date  
**245.82**      **231.38**      **5/1/2018**

**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 5/1/2018

**Distribution:**

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Permanent File

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

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

Home Office:      No Home Office

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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**Medicaid Reimbursement Per Diem Rates**

CONCORDIA VILLAGE OF TAMPA  
4100 E FLETCHER AVE  
TAMPA, FL 33613

Provider Number: 0 242673-00  
Date: 4/23/2019  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate      New Rate      Effective Date  
244.14      244.14      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 5/1/2018

**Distribution:**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

OAK HAVEN REHAB AND NURSING CENTER  
919 OLD WINTER HAVEN RD  
AUBURNDALE, FL 33823-4329

Provider Number: 0 250324-00  
Date: 3/28/2019  
Fiscal Year End: 5/31/2019  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate      New Rate      Effective Date  
**243.84**      **226.63**      **6/27/2018**

**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 6/27/2018

**Distribution:**

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:      No Home Office

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**Medicaid Reimbursement Per Diem Rates**

OAK HAVEN REHAB AND NURSING CENTER  
919 OLD WINTER HAVEN RD  
AUBURNDALE, FL 33823-4329

Provider Number: 0 250324-00  
Date: 3/28/2019  
Fiscal Year End: 5/31/2017  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>249.93</u>	<u>249.93</u>	<u>10/1/2018</u>

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ Settlement based on cost	
<input checked="" 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/CHOW effective 6/27/2018	

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**Distribution:**

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Home Office:

No Home Office

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**Medicaid Reimbursement Per Diem Rates**

SANDGATE GARDENS REHAB AND NURSING CENTER  
703 S 29TH ST  
FORT PIERCE, FL 34947

Provider Number: 0 250334-00  
Date: 4/1/2019  
Fiscal Year End: 5/31/2019  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<u>228.16</u>	<u>216.66</u>	<u>6/27/2018</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:	
<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/CHOW effective 6/27/2018	

**Distribution:**

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Home Office:      No Home Office

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**Medicaid Reimbursement Per Diem Rates**

SANDGATE GARDENS REHAB AND NURSING CENTER  
703 S 29TH ST  
FORT PIERCE, FL 34947

Provider Number: 0 250334-00  
Date: 4/1/2019  
Fiscal Year End: 5/31/2017  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
238.10	238.10	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 6/27/2018

Zainab Day



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Home Office:

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**Medicaid Reimbursement Per Diem Rates**

PARKVIEW REHABILITATION CENTER AT WINTER PARK  
2075 LOCH LOMOND DRIVE  
WINTER PARK, FL 32792

Provider Number: 1 002787-00  
Date: 5/2/2019  
Fiscal Year End: 9/17/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>198.95</u></b>	<b><u>198.36</u></b>	<b><u>9/19/2018</u></b>

**Rate Type:**

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

	<input type="checkbox"/>	Prospective
		Total Prospective
		Total Prospective with Interim Component

**Basis:**

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

**Changes:**

	<input type="checkbox"/>	Rate Semester Change
	<input checked="" type="checkbox"/>	NRP CHOP/CHOW effective 9/19/2018

**Distribution:**

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No Change in Rate

Home Office:  No Home Office

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**Medicaid Reimbursement Per Diem Rates**

PARKVIEW REHABILITATION CENTER AT WINTER PARK  
2075 LOCH LOMOND DRIVE  
WINTER PARK, FL 32792

Provider Number: 1 002787-00  
Date: 5/2/2019  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**227.59**      **227.59**      **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 9/19/2018

**Distribution:**

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

Home Office:      No Home Office

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**Medicaid Reimbursement Per Diem Rates**

NSPIRE HEALTHCARE LAUDERHILL

2599 NW 55TH AVE

LAUDERHILL, FL 33313

Provider Number:

1 002969-00

Date:

4/22/2019

Fiscal Year End:

9/17/2019

Audit Status:

Unaudited

**Provider Type:**

Nursing Home      Single Level

Current  
Rate

New  
Rate

Effective  
Date

197.67

203.27

9/19/2018

**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

NRP CHOP/CHOW effective 9/19/2018

**Distribution:**

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Home Office:

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**Medicaid Reimbursement Per Diem Rates**

NSPIRE HEALTHCARE LAUDERHILL

2599 NW 55TH AVE

LAUDERHILL, FL 33313

Provider Number:

1 002969-00

Date:

4/22/2019

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<b>207.21</b>	<b>207.21</b>	<b>10/1/2018</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

NRP CHOP/CHOW effective 9/19/2018

**Distribution:**

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

Home Office:

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**Medicaid Reimbursement Per Diem Rates**

NSPIRE HEALTHCARE MIAMI LAKES

5725 NW 186 STREET

HIALEAH, FL 33015

Provider Number:

1 002974-00

Date:

4/22/2019

Fiscal Year End:

9/17/2019

Audit Status:

Unaudited

**Provider Type:**

Nursing Home      Single Level

Current  
Rate

New  
Rate

Effective  
Date

231.57

233.06

9/19/2018

**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 9/19/2018

**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**

NSPIRE HEALTHCARE MIAMI LAKES

5725 NW 186 STREET

HIALEAH, FL 33015

Provider Number:

1 002974-00

Date:

4/22/2019

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>228.95</b>	<b>228.95</b>	<b>10/1/2018</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

NRP CHOP/CHOW effective 9/19/2018

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

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

Home Office:

No Home Office

Zainab Day

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

NSPIRE HEALTHCARE TAMARAC

5901 NW 79TH AVENUE

TAMARAC, FL 33321

Provider Number:

1 002982-00

Date:

4/22/2019

Fiscal Year End:

9/17/2019

Audit Status:

Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<b>235.68</b>	<b>226.18</b>	<b>9/19/2018</b>

**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

NRP CHOP/CHOW effective 9/19/2018

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



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**Medicaid Reimbursement Per Diem Rates**

NSPIRE HEALTHCARE TAMARAC

5901 NW 79TH AVENUE

TAMARAC, FL 33321

Provider Number:

1 002982-00

Date:

4/22/2019

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>255.50</u>	<u>255.50</u>	<u>10/1/2018</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/CHOW effective 9/19/2018

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

Home Office:

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**Medicaid Reimbursement Per Diem Rates**

NSPIRE HEALTHCARE PLANTATION  
6931 W SUNRISE BLVD  
PLANTATION, FL 33313

Provider Number: 1 002991-00  
Date: 5/3/2019  
Fiscal Year End: 9/17/2019  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
226.10	220.77	9/19/2018

**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  
 NRP CHOP/CHOW effective 9/19/2018

Zainab Day

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**Distribution:**

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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**

NSPIRE HEALTHCARE PLANTATION  
6931 W SUNRISE BLVD  
PLANTATION, FL 33313

Provider Number: 1 002991-00  
Date: 5/3/2019  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
232.49    232.49    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 9/19/2018

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Home Office:

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Medicaid Reimbursement Per Diem Rates

NSPIRE HEALTHCARE KENDALL

9400 SW 137TH AVENUE

KENDALL, FL 33186

Provider Number:

1 002999-00

Date:

4/29/2019

Fiscal Year End:

9/17/2019

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate

218.27

New Rate

209.92

Effective Date

9/19/2018

Rate Type:

X Interim

X

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

X Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

NRP CHOP/CHOW effective 9/19/2018

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office:

HCR ManorCare Services, LLC

333 North Summit Street

Toledo, OH 43604

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**Medicaid Reimbursement Per Diem Rates**

NSPIRE HEALTHCARE KENDALL

9400 SW 137TH AVENUE

KENDALL, FL 33186

Provider Number:

1 002999-00

Date:

4/29/2019

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>230.43</u>	<u>230.43</u>	<u>10/1/2018</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/CHOW effective 9/19/2018

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