




RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

MEMORANDUM

Date: October 31, 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.	Boynton Health Care Center	0 005814-00	IRR Supplement	4
2.	Largo Health and Rehabilitation Center	0 043876-00	FA & RFA	5
3.	Magnolia Health and Rehabilitation Center	0 043877-00	FA & RFA	6
4.	Health Central Park	0 048441-00	FA	4
5.	Gardens of Port St. Lucie	0 059404-00	FA	2
6.	Rosewood Health and Rehabilitation Center	0 059869-00	FA & RFA	4
7.	Evans Health Care	0 059873-00	FA & RFA	6
8.	Sea Breeze Health Care	0 059874-00	FA & RFA	4
9.	San Jose Health and Rehabilitation Center	0 061102-00	FA & RFA	6
10.	Joseph L Morse Geriatric Center Inc.	0 207381-00	FRVS Correction	1
11.	Harborchase of Venice	0 213322-00	FA	3
12.	Cathedral Gerontology Center Inc.	0 226068-00	Fire Sprinkler Settlement	7
13.	Apollo Health and Rehabilitation Center	0 227633-00	FA & RFA	8
14.	Wrights Healthcare and Rehabilitation Center	0 254762-00	FA	2
15.	The Allegro at College Harbor	0 309800-00	FA	2
16.	Hampton Court Nursing Center	0 324027-00	FA & RFA	2
17.	Royal Care of Avon Park	0 324213-00	Fire Sprinkler Settlement and Asset Correction	8
18.	Viera Del Mar Health and Rehabilitation Center	1 032910-00	New Facility	3
			<u>TOTAL:</u>	77

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



		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
000581400	20150701	263.80	0.00	263.80	263.80	86979-19	
000581400	20150901	262.22	0.00	262.22	262.22	86979-19	
000581400	20160901	263.27	0.00	263.27	263.27	86979-19	
000581400	20170901	262.59	0.00	262.59	262.59	86979-19	
004387600	20130101	206.87	357.68	206.87	206.87	86979-19	NH13-214C
004387600	20130701	212.73	0.00	212.73	212.73	86979-19	NH13-214C
004387600	20140101	214.90	0.00	214.90	214.90	86979-19	NH13-214C
004387600	20140701	224.40	0.00	224.40	224.40	86979-19	NH13-214C
004387600	20160901	195.39	0.00	195.39	195.39	86979-19	NH16-099C
004387700	20130101	205.97	356.78	205.97	205.97	86979-19	NH13-215C
004387700	20130701	210.88	0.00	210.88	210.88	86979-19	NH13-215C
004387700	20140101	212.50	0.00	212.50	212.50	86979-19	NH13-215C
004387700	20140701	221.81	0.00	221.81	221.81	86979-19	NH13-215C
004387700	20160901	207.67	0.00	207.67	207.67	86979-19	NH16-144C
004387700	20170901	212.31	0.00	212.31	212.31	86979-19	NH16-144C
004844100	20150101	243.63	0.00	243.63	243.63	86979-19	NH14-058C
004844100	20150901	222.68	0.00	222.68	222.68	86979-19	NH14-058C
004844100	20160901	230.13	0.00	230.13	230.13	86979-19	NH14-058C
004844100	20170901	237.13	0.00	237.13	237.13	86979-19	NH14-058C
005940400	20160901	260.94	0.00	260.94	260.94	86979-19	NH16-061W
005940400	20170901	267.25	0.00	267.25	267.25	86979-19	NH16-061W
005986900	20130101	209.18	359.99	209.18	209.18	86979-19	NH13-224C
005986900	20130701	214.33	0.00	214.33	214.33	86979-19	NH13-224C
005986900	20140101	216.59	0.00	216.59	216.59	86979-19	NH13-224C
005986900	20140701	225.97	0.00	225.97	225.97	86979-19	NH13-224C
005987300	20120701	204.39	353.60	204.39	204.39	86979-19	NH13-225C
005987300	20120801	205.52	354.73	205.52	205.52	86979-19	NH13-225C
005987300	20130101	208.24	359.05	208.24	208.24	86979-19	NH13-225C
005987300	20130701	213.65	0.00	213.65	213.65	86979-19	NH13-225C
005987300	20140101	215.27	0.00	215.27	215.27	86979-19	NH13-225C
005987300	20140701	225.33	0.00	225.33	225.33	86979-19	NH13-225C
005987400	20130101	185.54	336.35	185.54	185.54	86979-19	NH13-226C
005987400	20130701	189.96	0.00	189.96	189.96	86979-19	NH13-226C
005987400	20140101	192.73	0.00	192.73	192.73	86979-19	NH13-226C
005987400	20140701	200.51	0.00	200.51	200.51	86979-19	NH13-226C
006110200	20120801	201.11	350.32	201.11	201.11	86979-19	NH13-231C
006110200	20130101	203.60	354.41	203.60	203.60	86979-19	NH13-231C
006110200	20130701	208.43	0.00	208.43	208.43	86979-19	NH13-231C
006110200	20140101	210.76	0.00	210.76	210.76	86979-19	NH13-231C
006110200	20140701	220.09	0.00	220.09	220.09	86979-19	NH13-231C
006110200	20150101	202.82	0.00	202.82	202.82	86979-19	NH13-231C
020738100	20191001	253.29	0.00	253.29	253.29	86979-19	
021332200	20150901	206.30	0.00	206.30	206.30	86979-19	NH15-014G
021332200	20160901	226.18	0.00	226.18	226.18	86979-19	NH15-014G
021332200	20170901	252.98	0.00	252.98	252.98	86979-19	NH15-014G
022606800	20130101	219.40	370.21	219.40	219.40	86979-19	
022606800	20130701	227.88	0.00	227.88	227.88	86979-19	
022606800	20140101	230.76	0.00	230.76	230.76	86979-19	
022606800	20140701	242.16	0.00	242.16	242.16	86979-19	
022606800	20150101	245.35	0.00	245.35	245.35	86979-19	
022606800	20150701	243.10	0.00	243.10	243.10	86979-19	
022606800	20150901	243.11	0.00	243.11	243.11	86979-19	
022763300	20130101	209.78	360.59	209.78	209.78	86979-19	NH13-098C
022763300	20130701	216.25	0.00	216.25	216.25	86979-19	NH13-098C
022763300	20140101	217.00	0.00	217.00	217.00	86979-19	NH13-098C
022763300	20140701	224.57	0.00	224.57	224.57	86979-19	NH13-098C
022763300	20150101	227.90	0.00	227.90	227.90	86979-19	NH13-098C
022763300	20150901	224.61	0.00	224.61	224.61	86979-19	NH13-098C
022763300	20160901	228.51	0.00	228.51	228.51	86979-19	NH13-098C
022763300	20170901	237.88	0.00	237.88	237.88	86979-19	NH13-098C
025476200	20140101	207.43	0.00	207.43	207.43	86979-19	NH13-253C
025476200	20140701	216.62	0.00	216.62	216.62	86979-19	NH13-253C
030980000	20140701	258.61	0.00	258.61	258.61	86979-19	NH14-135C
030980000	20150101	263.80	0.00	263.80	263.80	86979-19	NH14-135C
032402700	20140701	243.90	0.00	243.90	243.90	86979-19	NH14-098C
032402700	20150101	246.58	0.00	246.58	246.58	86979-19	NH14-098C
032421300	20130101	193.80	344.61	193.80	193.80	86979-19	
032421300	20130701	198.30	0.00	198.30	198.30	86979-19	

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
032421300	20140101	194.28	0.00	194.28	194.28	86979-19	
032421300	20140701	207.18	0.00	207.18	207.18	86979-19	
032421300	20150101	209.21	0.00	209.21	209.21	86979-19	
032421300	20150701	204.53	0.00	204.53	204.53	86979-19	
032421300	20150901	202.41	0.00	202.41	202.41	86979-19	
032421300	20160901	201.83	0.00	201.83	201.83	86979-19	
103291000	20190409	265.25	0.00	265.25	265.25	86979-19	
103291000	20190701	251.31	0.00	251.31	251.31	86979-19	
103291000	20191001	252.32	0.00	252.32	252.32	86979-19	



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

BOYNTON HEALTH CARE CENTER
7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00
Date: 10/19/2017
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level Current Rate: 265.35 New Rate: 263.80 Effective Date: 7/1/2015

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 Settlement FYE 12/31/2015	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Gulf Coast Healthcare, LLC
40 South Palafox Place
Suite 400
Pensacola, FL 32502

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

BOYNTON HEALTH CARE CENTER
7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00
Date: 10/19/2017
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>263.75</u>	<u>262.22</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

IRR Settlement FYE 12/31/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Gulf Coast Healthcare, LLC
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Pensacola, FL 32502

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BOYNTON HEALTH CARE CENTER
7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00
Date: 10/19/2017
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 264.77, 263.27, 9/1/2016

Rate Type:

Interim

X Prospective

Total Interim

Total Prospective

Interim Component

X

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 IRR Settlement FYE 12/31/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BOYNTON HEALTH CARE CENTER
7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00
Date: 10/19/2017
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
263.70	262.59	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

IRR Settlement FYE 12/31/2015

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Gulf Coast Healthcare, LLC
40 South Palafox Place
Suite 400
Pensacola, FL 32502



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

LARGO HEALTH AND REHABILITATION CENTER
9035 BRYAN DAIRY RD
LARGO, FL 33777-1104

Provider Number: 0 043876-00
Date: 9/30/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Table with 3 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level and Level H: Aids.

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, FA & RFA #NH13-214C FYE 7/31/2012.

Distribution:

Form with checkboxes for Contract Management / Fiscal Agent, Permanent File, For Information Only, No Change in Rate.

Home Office: CMCII
800 Concourse Parkway South
Maitland, FL 32751

Zainab Day (signature)

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

LARGO HEALTH AND REHABILITATION CENTER
9035 BRYAN DAIRY RD
LARGO, FL 33777-1104

Provider Number: 0 043876-00
Date: 9/30/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
213.17	212.73	7/1/2013

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH13-214C FYE 7/31/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

CMCII
800 Concourse Parkway South
Maitland, FL 32751



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

LARGO HEALTH AND REHABILITATION CENTER
9035 BRYAN DAIRY RD
LARGO, FL 33777-1104

Provider Number: 0 043876-00
Date: 9/30/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>215.35</u>	<u>214.90</u>	<u>1/1/2014</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

FA & RFA #NH13-214C FYE 7/31/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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800 Concourse Parkway South

Maitland, FL 32751



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

LARGO HEALTH AND REHABILITATION CENTER
9035 BRYAN DAIRY RD
LARGO, FL 33777-1104

Provider Number: 0 043876-00
Date: 9/30/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
224.86	224.40	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

FA & RFA #NH13-214C FYE 7/31/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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800 Concourse Parkway South

Maitland, FL 32751



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

LARGO HEALTH AND REHABILITATION CENTER
9035 BRYAN DAIRY RD
LARGO, FL 33777-1104

Provider Number: 0 043876-00
Date: 9/30/2019
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>195.87</u>	<u>195.39</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 #NH16-099C FYE 12/31/2014

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

CMCII

800 Concourse Parkway South

Maitland, FL 32751



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

MAGNOLIA HEALTH AND REHABILITATION CENTER
1507 S TUTTLE AVE
SARASOTA, FL 34239-2608

Provider Number: 0 043877-00
Date: 9/30/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Table with 3 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level and Level H: Aids.

Rate Type:

Form with checkboxes for Interim, Prospective, Total Interim, Total Prospective, Interim Component, Total Prospective with Interim Component, Settlement based on cost, and Prior Provider Prospective data.

Basis:

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

Changes:

Form with checkboxes for Rate Semester Change and FA & RFA #NH13-215C FYE 7/31/2012.

Distribution:

Form with checkboxes for Contract Management / Fiscal Agent, Permanent File, For Information Only, and No Change in Rate.

Home Office: CMCII
800 Concourse Parkway South
Maitland, FL 32751

Zainab Day (Signature)

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

MAGNOLIA HEALTH AND REHABILITATION CENTER
1507 S TUTTLE AVE
SARASOTA, FL 34239-2608

Provider Number: 0 043877-00
Date: 9/30/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: 211.39
New Rate: 210.88
Effective Date: 7/1/2013

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH13-215C FYE 7/31/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

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Maitland, FL 32751



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MAGNOLIA HEALTH AND REHABILITATION CENTER
1507 S TUTTLE AVE
SARASOTA, FL 34239-2608

Provider Number: 0 043877-00
Date: 9/30/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
213.01 **212.50** **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

FA & RFA #NH13-215C FYE 7/31/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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Home Office:

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Maitland, FL 32751



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MAGNOLIA HEALTH AND REHABILITATION CENTER
1507 S TUTTLE AVE
SARASOTA, FL 34239-2608

Provider Number: 0 043877-00
Date: 9/30/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>222.33</u>	<u>221.81</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

FA & RFA #NH13-215C FYE 7/31/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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No Change in Rate

Home Office:

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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

MAGNOLIA HEALTH AND REHABILITATION CENTER
1507 S TUTTLE AVE
SARASOTA, FL 34239-2608

Provider Number: 0 043877-00
Date: 9/30/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
208.05 207.67 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 #NH16-144C FYE 12/31/2015 with effects of FA & RFA #NH13-215C FYE 7/31/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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Home Office:

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Medicaid Reimbursement Per Diem Rates

MAGNOLIA HEALTH AND REHABILITATION CENTER
1507 S TUTTLE AVE
SARASOTA, FL 34239-2608

Provider Number: 0 043877-00
Date: 9/30/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 212.69, 212.31, 9/1/2017

Rate Type:

Interim

X Prospective

Total Interim

X Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Field Audit #NH16-144C FYE 12/31/2015 with effects of FA & RFA #NH13-215C FYE 7/31/2012

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Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HEALTH CENTRAL PARK
411 N DILLARD ST
WINTER GARDEN, FL 34787-2816

Provider Number: 0 048441-00
Date: 5/30/2019
Fiscal Year End: 9/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>245.18</u>	<u>243.63</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:	
<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 #NH14-058C FYE 9/30/2014	

Zainab Day

Distribution:

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No Change in Rate

Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

HEALTH CENTRAL PARK
411 N DILLARD ST
WINTER GARDEN, FL 34787-2816

Provider Number: 0 048441-00
Date: 5/30/2019
Fiscal Year End: 9/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>224.24</u>	<u>222.68</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:

_____ Budget

_____ Unaudited costs

Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Field Audit #NH14-058C FYE 9/30/2014

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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Medicaid Reimbursement Per Diem Rates

<u>HEALTH CENTRAL PARK</u>	Provider Number:	<u>0 048441-00</u>
<u>411 N DILLARD ST</u>	Date:	<u>5/30/2019</u>
<u>WINTER GARDEN, FL 34787-2816</u>	Fiscal Year End:	<u>9/30/2015</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>
Nursing Home	Single Level	<u>230.09</u>	<u>230.13</u>	<u>9/1/2016</u>

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

Basis:	
<input type="checkbox"/> Budget	
<input 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 #NH14-058C FYE 9/30/2014

Distribution:

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No Change in Rate

Home Office: No Home Office

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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

<u>HEALTH CENTRAL PARK</u>	Provider Number:	<u>0 048441-00</u>
<u>411 N DILLARD ST</u>	Date:	<u>5/30/2019</u>
<u>WINTER GARDEN, FL 34787-2816</u>	Fiscal Year End:	<u>9/30/2016</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>237.08</u>	<u>237.13</u>	<u>9/1/2017</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit #NH14-058C FYE 9/30/2014

Distribution:

Contract Management / Fiscal Agent

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Home Office: No Home Office

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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

GARDENS OF PORT ST. LUCIE
1699 SE LYNNGATE DRIVE
PORT SAINT LUCIE, FL 34952

Provider Number: 0 059404-00
Date: 10/9/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
266.00 **260.94** **9/1/2016**

Rate Type:

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
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH16-061W FYE 12/31/2015

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office: No Home Office

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Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GARDENS OF PORT ST. LUCIE	Provider Number:	0 059404-00
1699 SE LYNNGATE DRIVE	Date:	10/9/2019
PORT SAINT LUCIE, FL 34952	Fiscal Year End:	12/31/2015
	Audit Status:	Field Audited

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>272.58</u>	<u>267.25</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
_____ 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 #NH16-061W FYE 12/31/2015

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

ROSEWOOD HEALTH AND REHABILITATION CENTER
3920 ROSEWOOD WAY
ORLANDO, FL 32808

Provider Number: 0 059869-00
Date: 5/20/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>210.12</u>	<u>209.18</u>	<u>1/1/2013</u>
	Level H: Aids	<u>360.93</u>	<u>359.99</u>	<u>1/1/2013</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

FA & RFA #NH13-224C FYE 07/31/2012

Zainab Day

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Medicaid Reimbursement Per Diem Rates

ROSEWOOD HEALTH AND REHABILITATION CENTER
3920 ROSEWOOD WAY
ORLANDO, FL 32808

Provider Number: 0 059869-00
Date: 5/20/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
215.30	214.33	7/1/2013

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"/>	FA & RFA #NH13-224C FYE 07/31/2012

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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

ROSEWOOD HEALTH AND REHABILITATION CENTER
3920 ROSEWOOD WAY
ORLANDO, FL 32808

Provider Number: 0 059869-00
Date: 5/20/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>217.41</u>	<u>216.59</u>	<u>1/1/2014</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

FA & RFA #NH13-224C FYE 07/31/2012

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Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

ROSEWOOD HEALTH AND REHABILITATION CENTER
3920 ROSEWOOD WAY
ORLANDO, FL 32808

Provider Number: 0 059869-00
Date: 5/20/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>226.82</u>	<u>225.97</u>	<u>7/1/2014</u>

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"/> FA & RFA #NH13-224C FYE 07/31/2012

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Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

EVANS HEALTH CARE
3735 EVANS AVE
FORT MYERS, FL 33901-9302

Provider Number: 0 059873-00
Date: 5/22/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.40</u>	<u>204.39</u>	<u>7/1/2012</u>
	Level H: Aids	<u>353.61</u>	<u>353.60</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"/>	FA & RFA #NH13-225C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent
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Medicaid Cost Reimbursement Planning and Finance

Home Office: CMCII
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

EVANS HEALTH CARE
3735 EVANS AVE
FORT MYERS, FL 33901-9302

Provider Number: 0 059873-00
Date: 5/22/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Table with 3 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level and Level H: Aids.

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, FA & RFA #NH13-225C FYE 7/31/2012.

Distribution:

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Home Office: CMCII
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Zainab Day
Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

EVANS HEALTH CARE
3735 EVANS AVE
FORT MYERS, FL 33901-9302

Provider Number: 0 059873-00
Date: 5/22/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>208.26</u>	<u>208.24</u>	<u>1/1/2013</u>
	Level H: Aids	<u>359.07</u>	<u>359.05</u>	<u>1/1/2013</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

FA & RFA #NH13-225C FYE 7/31/2012

Distribution:

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Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

EVANS HEALTH CARE
3735 EVANS AVE
FORT MYERS, FL 33901-9302

Provider Number: 0 059873-00
Date: 5/22/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>213.67</u>	<u>213.65</u>	<u>7/1/2013</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

FA & RFA #NH13-225C FYE 7/31/2012

Zainab Day



Medicaid Cost Reimbursement Planning and Finance

Distribution:

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Medicaid Reimbursement Per Diem Rates

EVANS HEALTH CARE
3735 EVANS AVE
FORT MYERS, FL 33901-9302

Provider Number: 0 059873-00
Date: 5/22/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: 215.54
New Rate: 215.27
Effective Date: 1/1/2014

Rate Type:

Interim

X Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

X

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

FA & RFA #NH13-225C FYE 7/31/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

EVANS HEALTH CARE
3735 EVANS AVE
FORT MYERS, FL 33901-9302

Provider Number: 0 059873-00
Date: 5/22/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: 225.83
New Rate: 225.33
Effective Date: 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

FA & RFA #NH13-225C FYE 7/31/2012

Zainab Day

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Medicaid Reimbursement Per Diem Rates

SEA BREEZE HEALTH CARE

1937 JENKS AVE

PANAMA CITY, FL 32405-4510

Provider Number:

0 059874-00

Date:

10/4/2019

Fiscal Year End:

7/31/2012

Audit Status:

Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	185.88	185.54	1/1/2013
	Level H: Aids	336.69	336.35	1/1/2013

Rate Type:

Interim

X Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

X Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X FA & RFA #NH13-226C FYE 7/31/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

SEA BREEZE HEALTH CARE
1937 JENKS AVE
PANAMA CITY, FL 32405-4510

Provider Number: 0 059874-00
Date: 10/4/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
190.30	189.96	7/1/2013

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

FA & RFA #NH13-226C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

SEA BREEZE HEALTH CARE
1937 JENKS AVE
PANAMA CITY, FL 32405-4510

Provider Number: 0 059874-00
Date: 10/4/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
193.08	192.73	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

FA & RFA #NH13-226C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

CMCII

800 Concourse Parkway South

Maitland, FL 32751

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

SEA BREEZE HEALTH CARE
1937 JENKS AVE
PANAMA CITY, FL 32405-4510

Provider Number: 0 059874-00
Date: 10/4/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
200.87	200.51	7/1/2014

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"/> FA & RFA #NH13-226C FYE 7/31/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: CMCII
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Maitland, FL 32751



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SAN JOSE HEALTH AND REHABILITATION CENTER
9355 SAN JOSE BLVD
JACKSONVILLE, FL 32257

Provider Number: 0 061102-00
Date: 4/12/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.13	201.11	8/1/2012
	Level H: Aids	350.34	350.32	8/1/2012

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

FA & RFA #NH13-231C FYE 7/31/2012

Distribution:

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

Home Office: CMCII
800 Concourse Parkway South
Maitland, FL 32751

Zainab Day
Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SAN JOSE HEALTH AND REHABILITATION CENTER
9355 SAN JOSE BLVD
JACKSONVILLE, FL 32257

Provider Number: 0 061102-00
Date: 4/12/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.08	203.60	1/1/2013
	Level H: Aids	354.89	354.41	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

FA & RFA #NH13-231C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

SAN JOSE HEALTH AND REHABILITATION CENTER
9355 SAN JOSE BLVD
JACKSONVILLE, FL 32257

Provider Number: 0 061102-00
Date: 4/12/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
208.92	208.43	7/1/2013

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"/> FA & RFA #NH13-231C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent
Permanent File
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 No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: CMCII
800 Concourse Parkway South
Maitland, FL 32751



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

SAN JOSE HEALTH AND REHABILITATION CENTER
9355 SAN JOSE BLVD
JACKSONVILLE, FL 32257

Provider Number: 0 061102-00
Date: 4/12/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
211.25	210.76	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

FA & RFA #NH13-231C FYE 7/31/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

CMCII

800 Concourse Parkway South

Maitland, FL 32751



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

SAN JOSE HEALTH AND REHABILITATION CENTER
9355 SAN JOSE BLVD
JACKSONVILLE, FL 32257

Provider Number: 0 061102-00
Date: 4/12/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
220.61	220.09	7/1/2014

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"/> FA & RFA #NH13-231C FYE 7/31/2012

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Home Office: CMCII
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Maitland, FL 32751



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SAN JOSE HEALTH AND REHABILITATION CENTER
9355 SAN JOSE BLVD
JACKSONVILLE, FL 32257

Provider Number: 0 061102-00
Date: 4/12/2019
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
202.83	202.82	1/1/2015

Rate Type:

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

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH13-231C FYE 7/31/2012

Distribution:

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No Change in Rate

Home Office: CMCII
800 Concourse Parkway South
Maitland, FL 32751

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

JOSEPH L MORSE GERIATRIC CENTER INC
4847 DAVID MACK DR
WEST PALM BCH, FL 33417

Provider Number: 0 207381-00
 Date: 10/10/2019
 Fiscal Year End: 5/31/2018
 Audit Status: Unaudited

Provider Type:


		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>248.60</u>	<u>253.29</u>	<u>10/1/2019</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> FRVS correction effective 10/1/2019</p>

Distribution:

Contract Management / Fiscal Agent
 Permanent File
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 No Change in Rate

Zainab Day 
 Medicaid Cost Reimbursement Planning and Finance

24 K 13

Home Office: MorseLife D/B/A Palm Beach Senior Care Health Management
 4847 Fred Gladstone Drive
 West Palm Beach, FL 33417



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBORCHASE OF VENICE
950 PINEBROOK ROAD
VENICE, FL 34285-7147

Provider Number: 0 213322-00
Date: 10/3/2019
Fiscal Year End: 12/31/2014
Audit Status: Field Audited


Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>220.03</u>	<u>206.30</u>	<u>9/1/2015</u>

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Field Audit #NH15-014G FYE 12/31/2014
Zainab Day 	

Distribution:

Contract Management / Fiscal Agent
Permanent File
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 No Change in Rate

Home Office: No Home Office

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBORCHASE OF VENICE
950 PINEBROOK ROAD
VENICE, FL 34285-7147

Provider Number: 0 213322-00
Date: 10/3/2019
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
225.66	226.18	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 #NH15-014G FYE 12/31/2014

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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No Change in Rate

Home Office:

No Home Office



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Medicaid Reimbursement Per Diem Rates

HARBORCHASE OF VENICE
950 PINEBROOK ROAD
VENICE, FL 34285-7147

Provider Number: 0 213322-00
Date: 10/3/2019
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
252.47	252.98	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 #NH15-014G FYE 12/31/2014

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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

CATHEDRAL GERONTOLOGY CENTER INC
333 E ASHLEY ST
JACKSONVILLE, FL 32202

Provider Number: 0 226068-00
Date: 8/1/2016
Fiscal Year End: 9/30/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>219.29</u>	<u>219.40</u>	<u>1/1/2013</u>
	Level H: Aids	<u>370.10</u>	<u>370.21</u>	<u>1/1/2013</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
 Fire Sprinkler Settlement date 6/30/2015

Distribution:

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

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

CATHEDRAL GERONTOLOGY CENTER INC

333 E ASHLEY ST

JACKSONVILLE, FL 32202

Provider Number:

0 226068-00

Date:

8/1/2016

Fiscal Year End:

9/30/2012

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

227.77

227.88

7/1/2013

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

Fire Sprinkler Settlement date 6/30/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Cathedral Foundation, Inc.
4250 Lakeside Drive
Suite 204
Jacksonville, FL 32210

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

CATHEDRAL GERONTOLOGY CENTER INC

333 E ASHLEY ST

JACKSONVILLE, FL 32202

Provider Number:

0 226068-00

Date:

8/1/2016

Fiscal Year End:

9/30/2012

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

230.65

New
Rate

230.76

Effective
Date

1/1/2014

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

Fire Sprinkler Settlement date 6/30/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Cathedral Foundation, Inc.
4250 Lakeside Drive
Suite 204
Jacksonville, FL 32210

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

<u>CATHEDRAL GERONTOLOGY CENTER INC</u>	Provider Number:	<u>0 226068-00</u>
<u>333 E ASHLEY ST</u>	Date:	<u>8/1/2016</u>
<u>JACKSONVILLE, FL 32202</u>	Fiscal Year End:	<u>9/30/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>242.04</u>	<u>242.16</u>	<u>7/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:


<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Fire Sprinkler Settlement date 6/30/2015

Distribution:

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


Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: Cathedral Foundation, Inc.
 4250 Lakeside Drive
 Suite 204
 Jacksonville, FL 32210



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

CATHEDRAL GERONTOLOGY CENTER INC
333 E ASHLEY ST
JACKSONVILLE, FL 32202

Provider Number: 0 226068-00
Date: 8/1/2016
Fiscal Year End: 9/30/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
245.24	245.35	1/1/2015

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

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Fire Sprinkler Settlement date 6/30/2015

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

CATHEDRAL GERONTOLOGY CENTER INC

333 E ASHLEY ST

JACKSONVILLE, FL 32202

Provider Number:

0 226068-00

Date:

8/1/2016

Fiscal Year End:

9/30/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

245.24

243.10

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

Fire Sprinkler Settlement date 6/30/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: Cathedral Foundation, Inc.
4250 Lakeside Drive
Suite 204
Jacksonville, FL 32210



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

CATHEDRAL GERONTOLOGY CENTER INC
333 E ASHLEY ST
JACKSONVILLE, FL 32202
Provider Number: 0 226068-00
Date: 8/1/2016
Fiscal Year End: 9/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate 245.22
New Rate 243.11
Effective Date 9/1/2015

Rate Type:

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

Basis:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Fire Sprinkler Settlement date 6/30/2015

Distribution:

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

Lisa Smith (signature)

Medicaid Cost Reimbursement Planning and Finance

Home Office: Cathedral Foundation, Inc.
4250 Lakeside Drive
Suite 204
Jacksonville, FL 32210



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

APOLLO HEALTH AND REHABILITATION CENTER

1000 24TH ST N

SAINT PETERSBURG, FL 33713

Provider Number:

0 227633-00

Date:

7/19/2018

Fiscal Year End:

12/31/2011

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate

214.88

New Rate

209.78

Effective Date

1/1/2013

365.69

360.59

1/1/2013

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 #NH13-098C FYE 12/31/2009

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Greystone Healthcare Management

4042 Park Oaks Blvd, Suite 300

Tampa, FL 33610



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

APOLLO HEALTH AND REHABILITATION CENTER
1000 24TH ST N.
SAINT PETERSBURG, FL 33713

Provider Number: 0 227633-00
Date: 7/19/2018
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
221.72	216.25	7/1/2013

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 #NH13-098C FYE 12/31/2009

Distribution:

Contract Management / Fiscal Agent
Permanent File
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 No Change in Rate

Lisa Smith



Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

APOLLO HEALTH AND REHABILITATION CENTER
1000 24TH ST N
SAINT PETERSBURG, FL 33713

Provider Number: 0 227633-00
Date: 7/19/2018
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>222.49</u>	<u>217.00</u>	<u>1/1/2014</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

Effects of FA & RFA #NH13-098C FYE 12/31/2009

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Greystone Healthcare Management
4042 Park Oaks Blvd, 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

APOLLO HEALTH AND REHABILITATION CENTER
1000 24TH ST N
SAINT PETERSBURG, FL 33713

Provider Number: 0 227633-00
Date: 7/19/2018
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>230.23</u>	<u>224.57</u>	<u>7/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ X _____ 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 #NH13-098C FYE 12/31/2009

Distribution:

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_____ No Change in Rate

Home Office: Greystone Healthcare Management
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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

APOLLO HEALTH AND REHABILITATION CENTER
1000 24TH ST N
SAINT PETERSBURG, FL 33713

Provider Number: 0 227633-00
Date: 7/19/2018
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 233.79, 227.90, 1/1/2015

Rate Type:

Interim Total Interim
X Prospective 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 #NH13-098C FYE 12/31/2009

Distribution:

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No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

APOLLO HEALTH AND REHABILITATION CENTER
1000 24TH ST N
SAINT PETERSBURG, FL 33713

Provider Number: 0 227633-00
Date: 7/19/2018
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
230.42	224.61	9/1/2015

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH13-098C FYE 12/31/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

APOLLO HEALTH AND REHABILITATION CENTER
1000 24TH ST N
SAINT PETERSBURG, FL 33713

Provider Number: 0 227633-00
Date: 7/19/2018
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
234.98 **228.51** **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 #NH13-098C FYE 12/31/2009



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No Change in Rate

Home Office:

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



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Medicaid Reimbursement Per Diem Rates

APOLLO HEALTH AND REHABILITATION CENTER
1000 24TH ST N
SAINT PETERSBURG, FL 33713

Provider Number: 0 227633-00
Date: 7/19/2018
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>244.38</u>	<u>237.88</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 #NH13-098C FYE 12/31/2009

Distribution:

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For Information Only

No Change in Rate

Home Office:

Greystone Healthcare Management
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Tampa, FL 33610

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

WRIGHTS HEALTHCARE AND REHABILITATION CENTER
11300 110TH AVE N
SEMINOLE, FL 33778-3711

Provider Number: 0 254762-00
Date: 9/18/2017
Fiscal Year End: 12/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
207.96	207.43	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 #NH13-253C FYE 12/31/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: KR Management, LLC
20001 Gulf Boulevard
Suite 10
Indian Shores, FL 33785

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

WRIGHTS HEALTHCARE AND REHABILITATION CENTER
11300 110TH AVE N
SEMINOLE, FL 33778-3711

Provider Number: 0 254762-00
Date: 9/18/2017
Fiscal Year End: 12/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>217.16</u>	<u>216.62</u>	<u>7/1/2014</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
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Field Audit #NH13-253C FYE 12/31/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: KR Management, LLC
 20001 Gulf Boulevard
 Suite 10
 Indian Shores, FL 33785

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

THE ALLEGRO AT COLLEGE HARBOR
4600 54TH AVE S
SAINT PETERSBURG, FL 33711

Provider Number: 0 309800-00
Date: 10/7/2019
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: 258.69
New Rate: 258.61
Effective Date: 7/1/2014

Rate Type:

Interim

X Prospective

Total Interim

X Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X FA #NH14-135C FYE 12/31/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Allegro Senior Living, LLC
212 S. Central Avenue
Suite 301
St. Louis, MO 63105



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE ALLEGRO AT COLLEGE HARBOR
4600 54TH AVE S
SAINT PETERSBURG, FL 33711

Provider Number: 0 309800-00
Date: 10/7/2019
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
263.87 263.80 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 #NH14-135C FYE 12/31/2013	

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office: Allegro Senior Living, LLC
212 S. Central Avenue
Suite 301
St. Louis, MO 63105

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAMPTON COURT NURSING CENTER
16100 NW 2ND AVENUE
NORTH MIAMI BEACH, FL 33169

Provider Number: 0 324027-00
Date: 12/20/2018
Fiscal Year End: 9/30/2013
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>244.78</u>	<u>243.90</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

FA & RFA #NH14-098C FYE 9/30/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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No Change in Rate

Home Office:

No Home Office



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Medicaid Reimbursement Per Diem Rates

HAMPTON COURT NURSING CENTER
16100 NW 2ND AVENUE
NORTH MIAMI BEACH, FL 33169

Provider Number: 0 324027-00
Date: 12/20/2018
Fiscal Year End: 9/30/2013
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
247.46	246.58	1/1/2015

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

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH14-098C FYE 9/30/2013

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office: No Home Office

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ROYAL CARE OF AVON PARK	Provider Number:	0 324213-00
1213 W STRATFORD RD	Date:	7/29/2016
AVON PARK, FL 33825	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>193.62</u>	<u>193.80</u>	<u>1/1/2013</u>
	Level H: Aids	<u>344.43</u>	<u>344.61</u>	<u>1/1/2013</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Fire Sprinkler Settlement date 6/30/2015

Distribution:

Contract Management / Fiscal Agent
 Permanent File
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 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

ROYAL CARE OF AVON PARK	Provider Number:	0 324213-00
1213 W STRATFORD RD	Date:	7/29/2016
AVON PARK, FL 33825	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	198.12	198.30	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"/> Fire Sprinkler Settlement date 6/30/2015

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

ROYAL CARE OF AVON PARK
1213 W STRATFORD RD
AVON PARK, FL 33825

Provider Number: 0 324213-00
Date: 7/29/2016
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 194.10
New Rate: 194.28
Effective Date: 1/1/2014

Rate Type:

Interim Total Interim
X Prospective 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 Fire Sprinkler Settlement date 6/30/2015

Distribution:

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

Home Office: No Home Office

Lisa Smith (Signature)

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

ROYAL CARE OF AVON PARK
1213 W STRATFORD RD
AVON PARK, FL 33825

Provider Number: 0 324213-00
Date: 7/29/2016
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate 207.00
New Rate 207.18
Effective Date 7/1/2014

Rate Type:

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

Basis:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Fire Sprinkler Settlement date 6/30/2015

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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Medicaid Reimbursement Per Diem Rates

ROYAL CARE OF AVON PARK
 1213 W STRATFORD RD
 AVON PARK, FL 33825

Provider Number: 0 324213-00
 Date: 7/29/2016
 Fiscal Year End: 12/31/2013
 Audit Status: Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	209.02	209.21	1/1/2015

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
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Fire Sprinkler Settlement date 6/30/2015

Distribution:

Contract Management / Fiscal Agent
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 _____ 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

<u>ROYAL CARE OF AVON PARK</u>	Provider Number:	<u>0 324213-00</u>
<u>1213 W STRATFORD RD</u>	Date:	<u>7/29/2016</u>
<u>AVON PARK, FL 33825</u>	Fiscal Year End:	<u>12/31/2013</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>
Nursing Home	Single Level	<u>209.02</u>	<u>204.53</u>	<u>7/1/2015</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Fire Sprinkler Settlement date 6/30/2015

Distribution:

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 No Change in Rate

Home Office: No Home Office

Lisa Smith 

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ROYAL CARE OF AVON PARK

1213 W STRATFORD RD

AVON PARK, FL 33825

Provider Number:

0 324213-00

Date:

7/29/2016

Fiscal Year End:

12/31/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

206.82

New
Rate

202.41

Effective
Date

9/1/2015

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

Fire Sprinkler Settlement date 6/30/2015

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

ROYAL CARE OF AVON PARK	Provider Number:	0 324213-00
1213 W STRATFORD RD	Date:	9/15/2016
AVON PARK, FL 33825	Fiscal Year End:	12/31/2014
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>198.58</u>	<u>201.83</u>	<u>9/1/2016</u>

Rate Type:

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

Basis:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Asset Correction for 9/1/2016 Rate Semester
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

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

Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Carestrong
 10800 Biscayne Boulevard
 Suite 650
 Miami, FL 33161



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

VIERA DEL MAR HEALTH AND REHABILITATION CENTER
2355 VIDINA DRIVE
VIERA, FL 32940

Provider Number: 1 032910-00
Date: 10/2/2019
Fiscal Year End: N/A
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
0.00	265.25	04/09/2019

Rate Type:

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
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 New facility effective 04/09/2019

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VIERA DEL MAR HEALTH AND REHABILITATION CENTER
2355 VIDINA DRIVE
VIERA, FL 32940

Provider Number: 1 032910-00
 Date: 10/2/2019
 Fiscal Year End: N/A
 Audit Status: Unaudited

Provider Type:

		Current	New	Effective
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>0.00</u>	<u>251.31</u>	<u>7/1/2019</u>

Rate Type:	
	<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component

Changes:	
	<input checked="" type="checkbox"/> New facility effective 04/09/2019

Distribution:

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

Zainab Day
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

No Home Office



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VIERA DEL MAR HEALTH AND REHABILITATION CENTER
2355 VIDINA DRIVE
VIERA, FL 32940

Provider Number: 1 032910-00
 Date: 10/2/2019
 Fiscal Year End: N/A
 Audit Status: Unaudited

Provider Type:

		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single Level	<u>0.00</u>	<u>252.32</u>	<u>10/1/2019</u>

Rate Type:	
	<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component

Changes:	
	<input checked="" type="checkbox"/> New facility effective 04/09/2019

Distribution:

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

 Zainab Day
 Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office