



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

MEMORANDUM

Date: August 7, 2020
To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking
From: *ZD* 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.	Countryside Healthcare Center	0 043872-00	COVID-19 Rate Adjustment	1
2.	Hillcrest Health and Rehabilitation Center	0 047795-00	COVID-19 Rate Adjustment	1
3.	Consulate Health Care of West Palm Beach	0 080432-00	COVID-19 Rate Adjustment	1
4.	Carrington Place of St. Pete	0 101959-00	COVID-19 Rate Adjustment	1
5.	Gulf Coast Medical Center Skilled Nursing Unit	0 111341-01	COVID-19 Rate Adjustment	1
6.	Avante of Boca Raton	0 210676-00	COVID-19 Rate Adjustment	1
7.	Tamarac Rehabilitation & Health Center	0 213098-00	COVID-19 Rate Adjustment	1
8.	Avante at Orlando	0 223808-00	COVID-19 Rate Adjustment	1
9.	Lake View Care Center at Delray	0 229610-00	COVID-19 Rate Adjustment	1
10.	Stuart Rehabilitation and Healthcare	0 251673-00	COVID-19 Rate Adjustment	1
11.	Avante at Melbourne	0 252018-00	COVID-19 Rate Adjustment	1
12.	Conway Lakes Health & Rehabilitation Center	0 264512-00	COVID-19 Rate Adjustment	1
13.	Oasis Health and Rehabilitation Center	0 266124-00	COVID-19 Rate Adjustment	1
14.	Port Charlotte Rehabilitation Center	0 319325-00	COVID-19 Rate Adjustment	1
15.	Nspire Healthcare Lauderhill	1 002969-00	COVID-19 Rate Adjustment	1



16.	Nspire Healthcare Miami Lakes	1 002974-00	COVID-19 Rate Adjustment	1
17.	Viera Del Mar Health and Rehabilitation Center	1 032910-00	COVID-19 Rate Adjustment	1
18.	Ybor City Healthcare and Rehabilitation Center	1 052186-00	COVID-19 Rate Adjustment	1
19.	De Luna Health and Rehabilitation Center	1 059598-00	COVID-19 Rate Adjustment	1
20.	Dolphin Pointe Health Care Center	1 059993-00	COVID-19 Rate Adjustment	1
21.	Oakbridge Healthcare Center	1 062639-00	COVID-19 Rate Adjustment	1
22.	Pruitthealth Southwood	1 064829-00	COVID-19 Rate Adjustment	1
23.	Miami Care Center Inc	1 067426-00	COVID-19 Rate Adjustment	1
			<u>TOTAL:</u>	19

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

		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
004387200	20200715	203.52	0.00	203.52	203.52	88141-20	
004779500	20200722	200.20	0.00	200.20	200.20	88141-20	
008043200	20200729	223.18	0.00	223.18	223.18	88141-20	
010195900	20200701	218.17	0.00	218.17	218.17	88141-20	
011134101	20200701	228.19	0.00	228.19	228.19	88141-20	
021067600	20200701	269.66	0.00	269.66	269.66	88141-20	
021309800	20200720	248.30	0.00	248.30	248.30	88141-20	
022380800	20200716	251.53	0.00	251.53	251.53	88141-20	
022961000	20200713	245.69	0.00	245.69	245.69	88141-20	
025167300	20200713	247.42	0.00	247.42	247.42	88141-20	
025201800	20200709	253.38	0.00	253.38	253.38	88141-20	
026451200	20200722	240.74	0.00	240.74	240.74	88141-20	
026612400	20200701	251.43	0.00	251.43	251.43	88141-20	
031932500	20200701	245.18	0.00	245.18	245.18	88141-20	
100296900	20200701	199.81	0.00	199.81	199.81	88141-20	
100297400	20200717	229.13	0.00	229.13	229.13	88141-20	
103291000	20200701	255.75	0.00	255.75	255.75	88141-20	
105218600	20200727	231.33	0.00	231.33	231.33	88141-20	
105959800	20200701	260.37	0.00	260.37	260.37	88141-20	
105999300	20200701	261.37	0.00	261.37	261.37	88141-20	
106263900	20200701	209.18	0.00	209.18	209.18	88141-20	
106482900	20200701	266.96	0.00	266.96	266.96	88141-20	
106742600	20200701	256.82	0.00	256.82	256.82	88141-20	



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COUNTRYSIDE HEALTHCARE CENTER
 3825 COUNTRYSIDE BOULEVARD N
 PALM HARBOR FL, 34684

Provider Number 0 043872-00
 Date: 8/7/2020
 Fiscal Year End: 12/31/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level - Bed Hold	<u>200.79</u>	<u>203.52</u>	<u>7/15/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>200.79</u>	<u>203.52</u>	<u>7/15/2020</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
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Changes:
_____ x _____ COVID-19 Rate Adjustment effective 7/15/2020

Distribution:

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Zainab Day
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

CMCII
 800 Concourse Parkway South
 Maitland, FL 32751



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2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

HILLCREST HEALTH CARE AND REHABILITATION CENTER	Provider Number:	0 047795-00
4200 WASHINGTON ST	Date:	8/7/2020
HOLLYWOOD, FL 33021	Fiscal Year End:	12/31/2017
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level - Bed Hold	<u>200.20</u>	<u>200.20</u>	<u>7/22/2020</u>
Intermediate I - Standard Medicaid Rate	<u>0.00</u>	<u>200.20</u>	<u>7/22/2020</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"/> COVID-19 Rate Adjustment effective 7/22/2020	

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800 Concourse Parkway South
Maitland, FL 32751

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF WEST PALM BEACH
1626 DAVIS RD
WEST PALM BCH, FL 33406

Provider Number: 0 080432-00
Date: 7/30/2020
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level - Bed Hold	<u>223.18</u>	<u>223.18</u>	<u>7/30/2020</u>
Intermediate I - Standard Medicaid Rate	<u>0.00</u>	<u>223.18</u>	<u>7/30/2020</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"/> COVID-19 Rate Adjustment effective 7/30/2020	

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Home Office:

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Medicaid Reimbursement Per Diem Rates

CARRINGTON PLACE OF ST. PETE
 10501 ROOSEVELT BLVD. N.
 St. PETERSBURG FL, 33716

Provider Number 0 101959-00
 Date: 8/7/2020
 Fiscal Year End: 12/31/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level - Bed Hold	<u>215.25</u>	<u>218.17</u>	<u>7/1/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>215.25</u>	<u>218.17</u>	<u>7/1/2020</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
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Changes:	<p style="text-align: center;">_____ x _____ COVID-19 Rate Adjustment effective 7/1/2020</p>
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Zainab Day
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Traditions Senior Management
 24641 US Highway 19 North
 Clearwater, FL 33763



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GULF COAST MEDICAL CENTER SKILLED NURSING UNIT
13960 PLANTATION ROAD
FT. MYERS, FL 33912

Provider Number: 0 111341-01
Date: 8/7/2020
Fiscal Year End: N/A
Audit Status: Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level - Bed Hold	<u>228.19</u>	<u>228.19</u>	<u>7/1/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>228.19</u>	<u>228.19</u>	<u>7/1/2020</u>

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	COVID Rate Adjustment effective 7/1/2020

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Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

AVANTE AT BOCA RATON
 1130 NW 15th STREET
 BOCA RATON FL, 33486

Provider Number 0 210676-00
 Date: 8/7/2020
 Fiscal Year End: 12/31/2017
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level - Bed Hold	<u>266.05</u>	<u>269.66</u>	<u>7/1/2020</u>
Intermediate I - Standard Medicaid Rate	<u>266.05</u>	<u>269.66</u>	<u>7/1/2020</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
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Changes:
_____ x _____ COVID-19 Rate Adjustment effective 7/1/2020

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Zainab Day
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

Avante Group, Inc.
 4601 Sheridan Street
 Hollywood, FL 33021-6744



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Medicaid Reimbursement Per Diem Rates

TAMARAC REHABILITATION & HEALTH CENTER
 7901 N.W. 88TH AVENUE
 TAMARAC FL, 33321

Provider Number 0 213098-00
 Date: 8/7/2020
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level - Bed Hold	<u>244.97</u>	<u>248.30</u>	<u>7/20/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>244.97</u>	<u>248.30</u>	<u>7/20/2020</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
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Changes:	_____ x _____ COVID-19 Rate Adjustment effective 7/20/2020
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Zainab Day
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Millenium Health Systems
 5310 NW 33rd Avenue
 Ft. Lauderdale, FL 33309



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Medicaid Reimbursement Per Diem Rates

AVANTE AT ORLANDO
 2000 N. SEMORAN BOULEVARD
 ORLANDO FL, 32807

Provider Number 0 223808-00
 Date: 8/7/2020
 Fiscal Year End: 12/31/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level - Bed Hold	<u>248.16</u>	<u>251.53</u>	<u>7/16/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>248.16</u>	<u>251.53</u>	<u>7/16/2020</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
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Changes:
<input type="checkbox"/> <u> </u> COVID-19 Rate Adjustment effective 7/16/2020

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Zainab Day
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Avante Group, Inc.
 4601 Sheridan Street
 Hollywood, FL 33021-6744



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKE VIEW CARE CENTER AT DELARY
 5430 LINTON BOULEVARD
 DELRAY BEACH FL, 33484

Provider Number 0 229610-00
 Date: 8/7/2020
 Fiscal Year End: 12/31/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level - Bed Hold	<u>242.40</u>	<u>245.69</u>	<u>7/13/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>242.40</u>	<u>245.69</u>	<u>7/13/2020</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
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Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> COVID-19 Rate Adjustment effective 7/13/2020 </p>
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Zainab Day
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

BrightSNFCare,LLC d/b/a/ Carestrong
 10800 Biscayne Boulevard
 Miami, FL 33161



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Medicaid Reimbursement Per Diem Rates

STUART REHABILITATION AND HEALTHCARE
 1500 PALM BEACH ROAD
 STUART FL, 34994

Provider Number 0 251673-00
 Date: 8/7/2020
 Fiscal Year End: 6/30/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level - Bed Hold	<u>244.10</u>	<u>247.42</u>	<u>7/13/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>244.10</u>	<u>247.42</u>	<u>7/13/2020</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
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Changes:
<input type="checkbox"/> <u> </u> COVID-19 Rate Adjustment effective 7/1/2020

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Zainab Day
 Medicaid Cost Reimbursement Planning and Finance

Home Office: BrightSNFCare,LLC d/b/a/ Carestrong
 10800 Biscayne Boulevard
 Miami, FL 33161



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE AT MELBOURNE
 1420 SOUTH OAK STREET
 MELBOURNE FL, 32901

Provider Number 0 252018-00
 Date: 8/7/2020
 Fiscal Year End: 12/31/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level - Bed Hold	<u>249.98</u>	<u>253.38</u>	<u>7/9/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>249.98</u>	<u>253.38</u>	<u>7/9/2020</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
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Changes:	<p style="text-align: center;">_____ x _____ COVID-19 Rate Adjustment effective 7/9/2020</p>
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Zainab Day
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Avante Group, Inc.
 4601 Sheridan Street
 Hollywood, FL 33021-6744



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CONWAY LAKES HEALTH & REHABILITATION CENTER	Provider Number:	0 264512-00
5201 CURRY FORD ROAD	Date:	7/29/2020
ORLANDO, FL 32812	Fiscal Year End:	12/31/2018
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level - Bed Hold	<u>240.74</u>	<u>240.74</u>	<u>7/22/2020</u>
Intermediate I - Standard Medicaid Rate	<u>0.00</u>	<u>240.74</u>	<u>7/22/2020</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"/> COVID-19 Rate Adjustment effective 7/22/2020	

Distribution:

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Home Office:

Clear Choice Health Care LLC 709 S. Harbor City Blvd. Suite 240 Melbourne, FL 32901

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

OASIS HEALTH AND REHABILITATION CENTER
 1201 12TH AVENUE, SOUTH
 LAKE WORTH FL, 33460

Provider Number 0 266124-00
 Date: 8/7/2020
 Fiscal Year End: 12/31/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level - Bed Hold	<u>248.06</u>	<u>251.43</u>	<u>7/1/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>248.06</u>	<u>251.43</u>	<u>7/1/2020</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
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Changes:
<input type="checkbox"/> <u> </u> COVID-19 Rate Adjustment effective 7/1/2020

Distribution:

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Zainab Day
 Medicaid Cost Reimbursement Planning and Finance

Home Office: BrightSNFCare,LLC d/b/a/ Carestrong
 10800 Biscayne Boulevard
 Miami, FL 33161



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PORT CHARLOTTE REHABILITATION CENTER
 25325 RAMPART BOULEVARD
 PORT CHARLOTTE FL, 33983

Provider Number 0 319325-00
 Date: 8/7/2020
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level - Bed Hold	<u>241.89</u>	<u>245.18</u>	<u>7/1/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>241.89</u>	<u>245.18</u>	<u>7/1/2020</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
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Changes:
<input type="checkbox"/> <u> </u> COVID-19 Rate Adjustment effective 7/1/2020

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Zainab Day
 Medicaid Cost Reimbursement Planning and Finance

Home Office:
 Clear Choice Health Care, LLC
 709 S. Harbor City Blvd. Suite 240
 Melbourne, FL 32901



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NSPIRE HEALTHCARE LAUDERHILL
 2599 N.W. 55TH AVENUE
 LAUDERHILL FL, 33313

Provider Number 1 002969-00
 Date: 8/7/2020
 Fiscal Year End: 9/17/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level - Bed Hold	<u>197.13</u>	<u>199.81</u>	<u>7/1/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>197.13</u>	<u>199.81</u>	<u>7/1/2020</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>
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Changes:
<input checked="" type="checkbox"/> COVID-19 Rate Adjustment effective 7/1/2020

Distribution:

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Zainab Day
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Home Office: No 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: 8/7/2020
 Fiscal Year End: 12/31/2017
 Audit Status: Unaudited

Provider Type:

Nursing Home

Single Level - Bed Hold

Intermediate I - Standard Medicaid Rate

Current Rate	New Rate	Effective Date
<u>229.13</u>	<u>229.13</u>	<u>7/17/2020</u>
<u>0.00</u>	<u>229.13</u>	<u>7/17/2020</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"/> COVID-19 Rate Adjustment effective 7/17/2020	

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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

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

Provider Number 1 032910-00
 Date: 8/7/2020
 Fiscal Year End: 4/8/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level - Bed Hold	<u>252.32</u>	<u>255.75</u>	<u>7/1/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>252.32</u>	<u>255.75</u>	<u>7/1/2020</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
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Changes:
<input checked="" type="checkbox"/> <u> </u> COVID-19 Rate Adjustment effective 7/1/2020

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Medicaid Reimbursement Per Diem Rates

YBOR CITY HEALTHCARE AND REHABILITATION CENTER
1709 TALIAFERRO AVE
TAMPA, FL 33602

Provider Number: 1 052186-00
Date: 7/28/2020
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level - Bed Hold	<u>231.33</u>	<u>231.33</u>	<u>7/27/2020</u>
Intermediate I - Standard Medicaid Rate	<u>0.00</u>	<u>231.33</u>	<u>7/27/2020</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"/> COVID-19 Rate Adjustment effective 7/27/2020	

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Home Office: Summit Care II Inc
2123 Centre Pointe Blvd.
Tallahassee, FL 32308



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DE LUNA HEALTH AND REHABILITATION CENTER
 9310 FOWLER AVE
 PENSOCALA, FL 32514

Provider Number 1 059598-00
 Date: 8/7/2020
 Fiscal Year End: 2/20/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level - Bed Hold	<u>256.88</u>	<u>260.37</u>	<u>7/1/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>256.88</u>	<u>260.37</u>	<u>7/1/2020</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>
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Changes:
<input checked="" type="checkbox"/> COVID-19 Rate Adjustment effective 7/1/2020

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Medicaid Reimbursement Per Diem Rates

DOLPHIN POINTE HEALTH CARE CENTER
 5355 DOLPHIN POINT BLVD
 JACKSONVILLE, FL 32211

Provider Number 1 059993-00
 Date: 8/7/2020
 Fiscal Year End: 4/2/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level - Bed Hold	<u>257.87</u>	<u>261.37</u>	<u>7/1/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>257.87</u>	<u>261.37</u>	<u>7/1/2020</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
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Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> COVID-19 Rate Adjustment effective 7/1/2020 </p>
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Medicaid Reimbursement Per Diem Rates

OAKBRIDGE HEALTHCARE CENTER
 3110 OALBRIDGE BLVD. E.
 LAKELAND FL, 33803

Provider Number 1 062639-00
 Date: 8/7/2020
 Fiscal Year End: 12/31/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level - Bed Hold	<u>206.37</u>	<u>209.18</u>	<u>7/1/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>206.37</u>	<u>209.18</u>	<u>7/1/2020</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
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Changes:	<p style="text-align: center;">_____ x _____ COVID-19 Rate Adjustment effective 7/1/2020</p>
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Home Office:

CMCII
 800 Concourse Parkway South
 Maitland, FL 32751



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PRUITTHEALTH SOUTHWOOD
 24641 US HIGHWAY 19 NORTH
 CLEARWATER, FL 33763

Provider Number 1 064829-00
 Date: 8/7/2020
 Fiscal Year End: 5/31/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level - Bed Hold	<u>263.38</u>	<u>266.96</u>	<u>7/1/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>263.38</u>	<u>266.96</u>	<u>7/1/2020</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>
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Changes:
<input checked="" type="checkbox"/> COVID-19 Rate Adjustment effective 7/1/2020

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Medicaid Reimbursement Per Diem Rates

MIAMI CARE CENTER INC
5959 NORTHWEST 7TH STREET
MIAMI, FL 33126

Provider Number: 1 067426-00
Date: 8/7/2020
Fiscal Year End: N/A
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level - Bed Hold
Intermediate I - Standard Medicaid Rate

Current Rate	New Rate	Effective Date
<u>256.82</u>	<u>256.82</u>	<u>7/1/2020</u>
<u>256.82</u>	<u>256.82</u>	<u>7/1/2020</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"/>	COVID Rate Adjustment effective 7/1/2020

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Home Office:

Avante Group, Inc.
4601 Sheridan Street Suite 500
Hollywood, FL 33021

Zainab Day

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