



MEMORANDUM

Date: October 31, 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.	Okeechobee Healthcare Facility	0 023067-00	FA & RFA	2
2.	Plantation Bay Rehabilitation Center	0 043853-00	FA & RFA	4
3.	Grand Oaks Health & Rehabilitation Center	0 043864-00	FA & RFA	6
4.	Lakeside Oaks Care Center	0 061140-00	FA	2
5.	Consulate Healthcare of Kissimmee	0 080387-00	FA	1
6.	Palm Garden of Ocala	0 098584-00	FA & RFA	7
7.	Bartow Center	0 140648-00	Effects of FA & RFA	8
8.	Lourdes- Noreen Mckeen Residence	0 205923-00	Effects of FA	3
9.	Suwanee Valley Nursing Center	0 206300-00	FA	5
10.	Sabal Palms Health Care Center Pediatric	0 210951-00	FA & RFA	1
11.	Florida Presbyterian Homes Inc.	0 212971-00	FA	1
12.	Buffalo Crossing Health and Rehabilitation	0 215017-00	CS	4
13.	Harbour's Edge	0 216399-00	FA	2
14.	Ocala Health and Rehabilitation Center	0 217395-00	FA	3
15.	Heather Hill Healthcare Center	0 228591-00	FA & RFA	1
16.	Haven of Our Lady of Peace	0 258831-00	FA	2
17.	Sarasota Memorial Nursing and Rehabilitation Center	0 260355-00	FA	1
18.	Coquina Center	0 260649-00	FA	2
19.	Riverwood Center	0 260673-00	FA	2
20.	Arbor Trail Nursing and Rehabilitation	0 263478-00	FA	2
21.	Macclenny Nursing and Rehab Center	0 263516-00	FA	2



22.	Boca Raton Rehabilitation Center	0 263842-00	FA & RFA	3
23.	Rehab and Healthcare Center of Cape Coral	0 263869-00	FA & RFA	6
24.	Coral Gables Nursing and Rehabilitation	0 323772-00	FA	3
25.	Washington Rehabilitation and Nursing Center	0 324353-00	FA	2
26.	Peninsula Care and Rehabilitation Center	0 324507-00	FA & RFA	2
			<u>TOTAL:</u>	77

If you have any questions regarding the above contact Zainab Day at
Zainab.Day@ahca.myflorida.com.
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
002306700	20140706	251.76	0.00	251.76	251.76	88994-21	NH13-153C
002306700	20150101	256.34	0.00	256.34	256.34	88994-21	NH13-153C
004385300	20130701	216.22	0.00	216.22	216.22	88994-21	NH13-199C
004385300	20140101	217.57	0.00	217.57	217.57	88994-21	NH13-199C
004385300	20140701	226.83	0.00	226.83	226.83	88994-21	NH13-199C
004385300	20160901	203.50	0.00	203.50	203.50	88994-21	NH16-093C
004386400	20130701	199.24	0.00	199.24	199.24	88994-21	NH13-206C
004386400	20140101	201.14	0.00	201.14	201.14	88994-21	NH13-206C
004386400	20140706	211.52	0.00	211.52	211.52	88994-21	NH13-206C
004386400	20160901	207.36	0.00	207.36	207.36	88994-21	NH16-141C
004386400	20170901	211.72	0.00	211.72	211.72	88994-21	NH16-141C
004386400	20170907	214.11	0.00	214.11	214.11	88994-21	NH16-141C
006114000	20160901	200.87	0.00	200.87	200.87	88994-21	NH16-158C
006114000	20170901	204.05	0.00	204.05	204.05	88994-21	NH16-158C
008038700	20160901	199.27	0.00	199.27	199.27	88994-21	NH16-102C
009858400	20131101	217.63	0.00	217.63	217.63	88994-21	NH15-034W
009858400	20140101	217.44	0.00	217.44	217.44	88994-21	NH15-034W
009858400	20140501	219.85	0.00	219.85	219.85	88994-21	NH15-034W
009858400	20140701	230.93	0.00	230.93	230.93	88994-21	NH15-034W
009858400	20150101	230.14	0.00	230.14	230.14	88994-21	NH15-034W
009858400	20150901	228.40	0.00	228.40	228.40	88994-21	NH15-034W
009858400	20160901	224.30	0.00	224.30	224.30	88994-21	NH15-034W
014064800	20130701	191.05	0.00	191.05	191.05	88994-21	NH12-014L
014064800	20140101	193.09	0.00	193.09	193.09	88994-21	NH12-014L
014064800	20140701	199.49	0.00	199.49	199.49	88994-21	NH12-014L
014064800	20150101	201.68	0.00	201.68	201.68	88994-21	NH12-014L
014064800	20150901	197.91	0.00	197.91	197.91	88994-21	NH12-014L
014064800	20160901	200.46	0.00	200.46	200.46	88994-21	NH12-014L
014064800	20170901	210.46	0.00	210.46	210.46	88994-21	NH12-014L
014064800	20170914	212.90	0.00	212.90	212.90	88994-21	NH12-014L
020592300	20150901	272.03	0.00	272.03	272.03	88994-21	NH15-143C
020592300	20160901	272.52	0.00	272.52	272.52	88994-21	NH15-143C
020592300	20170901	276.15	0.00	276.15	276.15	88994-21	NH15-143C
020630000	20140701	250.12	0.00	250.12	250.12	88994-21	NH14-100C
020630000	20150101	254.68	0.00	254.68	254.68	88994-21	NH14-100C
020630000	20150901	256.49	0.00	256.49	256.49	88994-21	NH14-100C
020630000	20160901	251.87	0.00	251.87	251.87	88994-21	NH14-100C
020630000	20170901	263.52	0.00	263.52	263.52	88994-21	NH14-100C
021095100	20150101	204.32	0.00	204.32	204.32	88994-21	NH14-049C
021297100	20150901	244.29	0.00	244.29	244.29	88994-21	NH15-147C
021501700	20170626	230.93	0.00	230.93	230.93	88994-21	
021501700	20170901	236.43	0.00	236.43	236.43	88994-21	
021501700	20180101	236.43	0.00	236.43	236.43	88994-21	
021501700	20180626	234.62	0.00	234.62	234.62	88994-21	
021639900	20150101	266.03	0.00	266.03	266.03	88994-21	NH14-043C
021639900	20160901	267.47	0.00	267.47	267.47	88994-21	NH14-043C
021739500	20150901	202.68	0.00	202.68	202.68	88994-21	NH15-088C
021739500	20160901	202.56	0.00	202.56	202.56	88994-21	NH15-088C
021739500	20170901	206.63	0.00	206.63	206.63	88994-21	NH15-088C
022859100	20140701	199.38	0.00	199.38	199.38	88994-21	NH14-085C
025883100	20140701	229.23	0.00	229.23	229.23	88994-21	NH14-137C
025883100	20150101	234.48	0.00	234.48	234.48	88994-21	NH14-137C
026035500	20160901	225.41	0.00	225.41	225.41	88994-21	NH16-066W
026064900	20150901	237.98	0.00	237.98	237.98	88994-21	NH15-089C
026064900	20160901	239.96	0.00	239.96	239.96	88994-21	NH15-089C
026067300	20160901	205.44	0.00	205.44	205.44	88994-21	NH16-183C
026067300	20170901	210.48	0.00	210.48	210.48	88994-21	NH16-183C
026347800	20160901	195.44	0.00	195.44	195.44	88994-21	NH15-121C
026347800	20170901	200.35	0.00	200.35	200.35	88994-21	NH15-121C
026351600	20160901	195.72	0.00	195.72	195.72	88994-21	NH15-111C
026351600	20170901	201.93	0.00	201.93	201.93	88994-21	NH15-111C
026384200	20140701	213.76	0.00	213.76	213.76	88994-21	NH14-091C
026384200	20150101	216.29	0.00	216.29	216.29	88994-21	NH14-091C
026384200	20150901	213.59	0.00	213.59	213.59	88994-21	NH14-091C
026386900	20140701	215.74	0.00	215.74	215.74	88994-21	NH14-092C
026386900	20150101	220.11	0.00	220.11	220.11	88994-21	NH14-092C
026386900	20150901	219.21	0.00	219.21	219.21	88994-21	NH14-092C
026386900	20160901	216.12	0.00	216.12	216.12	88994-21	NH14-092C
026386900	20170901	220.82	0.00	220.82	220.82	88994-21	NH14-092C
026386900	20170909	224.63	0.00	224.63	224.63	88994-21	NH14-092C
032377200	20150901	230.79	0.00	230.79	230.79	88994-21	NH15-052C
032377200	20160901	232.58	0.00	232.58	232.58	88994-21	NH15-052C
032377200	20170901	227.55	0.00	227.55	227.55	88994-21	NH15-052C
032435300	20160901	197.46	0.00	197.46	197.46	88994-21	NH17-094C
032435300	20170901	200.64	0.00	200.64	200.64	88994-21	NH17-094C
032450700	20150901	204.74	0.00	204.74	204.74	88994-21	NH15-077C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
032450700	20160901	195.93	0.00	195.93	195.93	88994-21	NH15-077C



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

OKEECHOBEE HEALTHCARE FACILITY

1646 US HIGHWAY 441 N

OKEECHOBEE, FL 34972

Provider Number:

0 023067-00

Date:

2/14/2020

Fiscal Year End:

9/30/2013

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>254.17</u>	<u>251.76</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 #NH14-153C FYE 9/30/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office



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

OKEECHOBEE HEALTHCARE FACILITY
1646 US HIGHWAY 441 N
OKEECHOBEE, FL 34972

Provider Number: 0 023067-00
Date: 2/14/2020
Fiscal Year End: 9/30/2013
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 258.78, 256.34, 1/1/2015

Rate Type:

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

Basis:

Budget
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X FA & RFA #NH14-153C FYE 9/30/2013

Distribution:

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

Home Office: No Home Office

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PLANTATION BAY REHABILITATION CENTER
4641 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769

Provider Number: 0 043853-00
Date: 1/16/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
216.54	216.22	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 #NH13-199C FYE 07/31/2012	

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

PLANTATION BAY REHABILITATION CENTER

4641 OLD CANOE CREEK ROAD

SAINT CLOUD, FL 34769

Provider Number:

0 043853-00

Date:

1/16/2020

Fiscal Year End:

7/31/2012

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

217.90

217.57

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 #NH13-199C FYE 07/31/2012

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

PLANTATION BAY REHABILITATION CENTER
4641 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769

Provider Number: 0 043853-00
Date: 1/16/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
227.16 226.83 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 #NH13-199C FYE 07/31/2012	

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

PLANTATION BAY REHABILITATION CENTER
4641 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769

Provider Number: 0 043853-00
Date: 1/16/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
203.96	203.50	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

FA #NH16-093C FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

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

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

Provider Number: 0 043864-00
Date: 11/25/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: 199.26
New Rate: 199.24
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 #NH13-206C 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

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

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

Provider Number: 0 043864-00
Date: 11/25/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Table with 3 columns: Current Rate, New Rate, Effective Date. Row 1: Nursing Home Single Level, 201.16, 201.14, 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 #NH13-206C 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

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

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

Provider Number: 0 043864-00
Date: 11/25/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>211.54</u>	<u>211.52</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 #NH13-206C 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

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

Provider Number: 0 043864-00
Date: 11/25/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>207.78</u>	<u>207.36</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 #NH16-141C FYE 12/31/2015 with Effects of FA & RFA #NH13-206C 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

GRAND OAKS HEALTH AND REHABILITATION CENTER	Provider Number:	0 043864-00
3001 PALM COAST PARKWAY SE	Date:	11/25/2019
PALM COAST, FL 32137	Fiscal Year End:	12/31/2015
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>212.15</u>	<u>211.72</u>	<u>9/1/2017</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 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 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 #NH16-141C FYE 12/31/2015 with Effects of FA & RFA #NH13-206C 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

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

GRAND OAKS HEALTH AND REHABILITATION CENTER	Provider Number:	0 043864-00
3001 PALM COAST PARKWAY SE	Date:	11/25/2019
PALM COAST, FL 32137	Fiscal Year End:	12/31/2015
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>214.54</u>	<u>214.11</u>	<u>9/7/2017</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 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 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 #NH16-141C FYE 12/31/2015 with Effects of FA & RFA #NH13-206C 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

LAKESIDE OAKS CARE CENTER
1061 VIRGINIA ST
DUNEDIN, FL 34698

Provider Number: 0 061140-00
Date: 1/29/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>201.41</u>	<u>200.87</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 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 #NH16-158C FYE 12/31/2015

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

LAKESIDE OAKS CARE CENTER
1061 VIRGINIA ST
DUNEDIN, FL 34698

Provider Number: 0 061140-00
Date: 1/29/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>204.60</u>	<u>204.05</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 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 #NH16-158C FYE 12/31/2015	

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

CONSULATE HEALTH CARE OF KISSIMMEE
2511 JOHN YOUNG PARKWAY NORTH
KISSIMMEE, FL 34741

Provider Number: 0 080387-00
Date: 12/5/2019
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Table with 3 columns: Provider Type, Current Rate, New Rate, Effective Date. Row: Nursing Home Single Level, 199.54, 199.27, 9/1/2016

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

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

Changes: Rate Semester Change, Field Audit #NH16-102C FYE 12/31/2014

Distribution:

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

Zainab Day
Medicaid Cost Reimbursement Planning and Finance

Home Office: Consulate Management Company
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

PALM GARDEN OF OCALA
 2700 SW 34TH ST
 OCALA, FL 34474

Provider Number: 0 098584-00
 Date: 2/17/2020
 Fiscal Year End: 4/30/2014
 Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
218.92	217.63	11/1/2013

Rate Type:

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

Basis:


_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH15-034W FYE 4/30/2014

Distribution:

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

Zainab Day 
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Palm Garden Healthcare Holdings, LLC
 2033 Main Street
 Suite 300
 Sarasota, FL 34237



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

PALM GARDEN OF OCALA

2700 SW 34TH ST

OCALA, FL 34474

Provider Number:

0 098584-00

Date:

2/17/2020

Fiscal Year End:

4/30/2014

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

218.74

217.44

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 #NH15-034W FYE 4/30/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Palm Garden Healthcare Holdings, LLC
2033 Main Street
Suite 300
Sarasota, FL 34237



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

PALM GARDEN OF OCALA

2700 SW 34TH ST

OCALA, FL 34474

Provider Number:

0 098584-00

Date:

2/17/2020

Fiscal Year End:

4/30/2014

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

221.16

New
Rate

219.85

Effective
Date

5/1/2014

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

FA & RFA #NH15-034W FYE 4/30/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Palm Garden Healthcare Holdings, LLC
2033 Main Street
Suite 300
Sarasota, FL 34237



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

PALM GARDEN OF OCALA

2700 SW 34TH ST

OCALA, FL 34474

Provider Number:

0 098584-00

Date:

2/17/2020

Fiscal Year End:

4/30/2014

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

232.28

230.93

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 #NH15-034W FYE 4/30/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Palm Garden Healthcare Holdings, LLC
2033 Main Street
Suite 300
Sarasota, FL 34237



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

PALM GARDEN OF OCALA

2700 SW 34TH ST

OCALA, FL 34474

Provider Number:

0 098584-00

Date:

2/17/2020

Fiscal Year End:

4/30/2014

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

231.72

New
Rate

230.14

Effective
Date

1/1/2015

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

FA & RFA #NH15-034W FYE 4/30/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Palm Garden Healthcare Holdings, LLC
2033 Main Street
Suite 300
Sarasota, FL 34237



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

PALM GARDEN OF OCALA
2700 SW 34TH ST
OCALA, FL 34474

Provider Number: 0 098584-00
Date: 2/17/2020
Fiscal Year End: 4/30/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>231.10</u>	<u>228.40</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
<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 #NH15-034W FYE 4/30/2014

Distribution:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Palm Garden Healthcare Holdings, LLC
 2033 Main Street
 Suite 300
 Sarasota, FL 34237



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

PALM GARDEN OF OCALA

2700 SW 34TH ST

OCALA, FL 34474

Provider Number:

0 098584-00

Date:

2/17/2020

Fiscal Year End:

9/30/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

225.82

New
Rate

224.30

Effective
Date

9/1/2016

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH15-034W FYE
4/30/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

BARTOW CENTER
2055 E GEORGIA ST
BARTOW, FL 33830

Provider Number: 0 140648-00
Date: 10/31/2019
Fiscal Year End: 8/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>190.67</u>	<u>191.05</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

Effects of FA & RFA #NH12-014L FYE 08/31/2011

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

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BARTOW CENTER	Provider Number:	0 140648-00
2055 E GEORGIA ST	Date:	10/31/2019
BARTOW, FL 33830	Fiscal Year End:	8/31/2012
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.71	193.09	1/1/2014


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

Basis:	
<input type="checkbox"/> Budget	
<input 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 #NH12-014L FYE 08/31/2011	

Distribution:

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


Zainab Day
 Medicaid Cost Reimbursement Planning and Finance

Home Office:	<input type="checkbox"/> No Home Office
--------------	---



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

BARTOW CENTER	Provider Number:	0 140648-00
2055 E GEORGIA ST	Date:	10/31/2019
BARTOW, FL 33830	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:


	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>199.10</u>	<u>199.49</u>	<u>7/1/2014</u>

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

Basis:	
<input type="checkbox"/> Budget	
<input 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 #NH12-014L FYE 08/31/2011	

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



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

BARTOW CENTER	Provider Number:	0 140648-00
2055 E GEORGIA ST	Date:	10/31/2019
BARTOW, FL 33830	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>201.29</u>	<u>201.68</u>	<u>1/1/2015</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 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 #NH12-014L FYE 08/31/2011	

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

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BARTOW CENTER
2055 E GEORGIA ST
BARTOW, FL 33830

Provider Number: 0 140648-00
Date: 10/31/2019
Fiscal Year End: 2/28/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
197.52 **197.91** **9/1/2015**

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

_____ Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Effects of FA & RFA #NH12-014L FYE
08/31/2011

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

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BARTOW CENTER
2055 E GEORGIA ST
BARTOW, FL 33830

Provider Number: 0 140648-00
Date: 10/31/2019
Fiscal Year End: 2/29/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
200.08 200.46 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 #NH12-014L FYE 08/31/2011

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

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BARTOW CENTER
2055 E GEORGIA ST
BARTOW, FL 33830

Provider Number: 0 140648-00
Date: 10/31/2019
Fiscal Year End: 2/28/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 210.09
New Rate: 210.46
Effective Date: 9/1/2017

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH12-014L FYE 08/31/2011


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

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BARTOW CENTER	Provider Number:	0 140648-00
2055 E GEORGIA ST	Date:	10/31/2019
BARTOW, FL 33830	Fiscal Year End:	2/28/2017
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>212.52</u>	<u>212.90</u>	<u>9/14/2017</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	<u> X </u> 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 #NH12-014L FYE 08/31/2011

Distribution:

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

Home Office: No Home Office

Zainab Day 
 Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LOURDES-NOREEN MCKEEN RESIDENCE
315 S FLAGLER DR
WEST PALM BEACH, FL 33401

Provider Number: 0 205923-00
Date: 11/26/2019
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
273.89 272.03 9/1/2015

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

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

Changes:
<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH15-143C FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: No Home Office

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LOURDES-NOREEN MCKEEN RESIDENCE	Provider Number:	0 205923-00
315 S FLAGLER DR	Date:	11/26/2019
WEST PALM BEACH, FL 33401	Fiscal Year End:	12/31/2014
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	274.36	272.52	9/1/2016

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 #NH15-143C FYE 12/31/2014

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
--------------	----------------



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

<u>LOURDES-NOREEN MCKEEN RESIDENCE</u>	Provider Number:	<u>0 205923-00</u>
<u>315 S FLAGLER DR</u>	Date:	<u>11/26/2019</u>
<u>WEST PALM BEACH, FL 33401</u>	Fiscal Year End:	<u>12/31/2015</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		276.50	276.15	9/1/2017

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 #NH15-143C FYE 12/31/2014	

Distribution:

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

Home Office: No Home Office

Zainab Day
 Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUWANNEE VALLEY NURSING CENTER
427 15TH AVENUE NORTHWEST
JASPER, FL 32052-5874

Provider Number: 0 206300-00
Date: 2/3/2020
Fiscal Year End: 8/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
250.13	250.12	7/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH14-100C FYE 8/31/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office



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

SUWANNEE VALLEY NURSING CENTER
427 15TH AVENUE NORTHWEST
JASPER, FL 32052-5874

Provider Number: 0 206300-00
Date: 2/3/2020
Fiscal Year End: 8/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home - Single Level

Current Rate	New Rate	Effective Date
254.70	254.68	1/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH14-100C FYE 8/31/2013

Zainab Day



Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office



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

SUWANNEE VALLEY NURSING CENTER	Provider Number:	0 206300-00
427 15TH AVENUE NORTHWEST	Date:	2/3/2020
JASPER, FL 32052-5874	Fiscal Year End:	8/31/2014
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>256.47</u>	<u>256.49</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 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 #NH14-100C FYE 8/31/2013	

Zainab Day

Distribution:

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

Home Office: No Home Office

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

SUWANNEE VALLEY NURSING CENTER
427 15TH AVENUE NORTHWEST
JASPER, FL 32052-5874

Provider Number: 0 206300-00
Date: 2/3/2020
Fiscal Year End: 8/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 251.85, 251.87, 9/1/2016

Rate Type:

Interim

X Prospective

Total Interim

X Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Effects of Field Audit #NH14-100C FYE 8/31/2013

Zainab Day



Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office



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

SUWANNEE VALLEY NURSING CENTER
427 15TH AVENUE NORTHWEST
JASPER, FL 32052-5874

Provider Number: 0 206300-00
Date: 2/3/2020
Fiscal Year End: 8/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 263.50
New Rate: 263.52
Effective Date: 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

X Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Effects of Field Audit #NH14-100C FYE 8/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SABAL PALMS HEALTH CARE CENTER PEDIATRIC
 499 ALTERNATE KEENE RD NE
 LARGO, FL 33771

Provider Number: 0 210951-00
 Date: 1/2/2020
 Fiscal Year End: 6/30/2014
 Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>205.22</u>	<u>204.32</u>	<u>1/1/2015</u>

Level U: Fragile Under 21

<u>490.72</u>	<u>489.82</u>	<u>1/1/2015</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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH14-049C FYE 6/30/2014

Distribution:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: The Goodman Group, LLC
 1107 Hazeltine Blvd
 Chaska, MN 55318



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

FLORIDA PRESBYTERIAN HOMES INC
909 LAKESIDE AVE
LAKELAND, FL 33803

Provider Number: 0 212971-00
Date: 11/26/2019
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
250.51 244.29 9/1/2015

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH15-147C FYE 12/31/2014	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: No Home Office

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BUFFALO CROSSING HEALTH AND REHABILITATION CENTER	Provider Number:	0 215017-00
3875 WEDGEWOOD LANE	Date:	5/28/2020
THE VILLAGES, FL 32162	Fiscal Year End:	12/31/2017
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>205.34</u>	<u>230.93</u>	<u>6/26/2017</u>

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> Cost Settlement FYE 12/31/2017	

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

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

BUFFALO CROSSING HEALTH AND REHABILITATION CENTER	Provider Number:	0 215017-00
3875 WEDGEWOOD LANE	Date:	5/28/2020
THE VILLAGES, FL 32162	Fiscal Year End:	12/31/2017
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>208.99</u>	<u>236.43</u>	<u>9/1/2017</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 checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Cost Settlement FYE 12/31/2017

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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



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

BUFFALO CROSSING HEALTH AND REHABILITATION CENTER	Provider Number:	0 215017-00
3875 WEDGEWOOD LANE	Date:	5/28/2020
THE VILLAGES, FL 32162	Fiscal Year End:	12/31/2017
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>208.99</u>	<u>236.43</u>	<u>1/1/2018</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Cost Settlement FYE 12/31/2017	

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

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

BUFFALO CROSSING HEALTH AND REHABILITATION CENTER	Provider Number:	0 215017-00
3875 WEDGEWOOD LANE	Date:	5/28/2020
THE VILLAGES, FL 32162	Fiscal Year End:	12/31/2017
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>208.99</u>	<u>234.62</u>	<u>6/26/2018</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Cost Settlement FYE 12/31/2017	

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

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

HARBOUR'S EDGE
401 E LINTON BLVD
DELRAY BEACH, FL 33483

Provider Number: 0 216399-00
Date: 11/14/2019
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: 267.29
New Rate: 266.03
Effective Date: 1/1/2015

Rate Type:

Interim

X Prospective

Total Interim

X

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Field Audit #NH14-043C 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:

LifeSpace Communities, Inc.
4201 Corporate Drive
West Des Moines, IA 50266



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

HARBOUR'S EDGE
401 E LINTON BLVD
DELRAY BEACH, FL 33483

Provider Number: 0 216399-00
Date: 11/14/2019
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
268.74 267.47 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:	
<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 #NH14-043C FYE 12/31/2013	

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: LifeSpace Communities, Inc.
4201 Corporate Drive
West Des Moines, IA 50266

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

OCALA HEALTH & REHABILITATION CENTER	Provider Number:	0 217395-00
1201 SE 24TH RD	Date:	5/14/2019
OCALA, FL 34471	Fiscal Year End:	6/30/2014
	Audit Status:	Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>204.24</u>	<u>202.68</u>	<u>9/1/2015</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:

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH15-088C FYE 06/30/2014

Distribution:

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

Home Office: NHS Management
 931 Fairfax Park
 Tuscaloosa, AL 35406

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

OCALA HEALTH & REHABILITATION CENTER

1201 SE 24TH RD

OCALA, FL 34471,

Provider Number:

0 217395-00

Date:

5/14/2019

Fiscal Year End:

6/30/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

203.48

New
Rate

202.56

Effective
Date

9/1/2016

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH15-088C FYE
06/30/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: NHS Management

931 Fairfax Park

Tuscaloosa, AL 35406

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

OCALA HEALTH & REHABILITATION CENTER
1201 SE 24TH RD
OCALA, FL 34471

Provider Number: 0 217395-00
Date: 5/14/2019
Fiscal Year End: 6/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>207.54</u>	<u>206.63</u>	<u>9/1/2017</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH15-088C FYE 06/30/2014

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: NHS Management
931 Fairfax Park
Tuscaloosa, AL 35406



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

HEATHER HILL HEALTHCARE CENTER
6630 KENTUCKY AVE
NEW PORT RICHEY, FL 34653

Provider Number: 0 228591-00
Date: 2/4/2020
Fiscal Year End: 7/31/2013
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
202.31 199.38 7/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH14-085C FYE 7/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Health Services Management
206 Fortress Blvd.
Murfreesboro, TN 37128

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

HAVEN OF OUR LADY OF PEACE

1900 SUMMIT BOULEVARD

PENSACOLA, FL 32503

Provider Number:

0 258831-00

Date:

1/22/2020

Fiscal Year End:

6/30/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
229.24	229.23	7/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH14-137C FYE 6/30/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Sacred Heart MSO

5130 Bayou Blvd

Pensacola, FL 32504



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

HAVEN OF OUR LADY OF PEACE
1900 SUMMIT BOULEVARD
PENSACOLA, FL 32503

Provider Number: 0 258831-00
Date: 1/22/2020
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
234.49	234.48	1/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH14-137C FYE 6/30/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Sacred Heart MSO
5130 Bayou Blvd
Pensacola, FL 32504



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

SARASOTA MEMORIAL NURSING AND REHABILITATION CENTER
5640 RAND BLVD
SARASOTA, FL 34238

Provider Number: 0 260355-00
Date: 2/3/2020
Fiscal Year End: 9/30/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 227.30, 225.41, 9/1/2016

Rate Type:

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

Basis:

Budget
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Field Audit #NH16-066W FYE 9/30/2015

Zainab Day

Distribution:

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

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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

COQUINA CENTER
170 N CENTER STREET
ORMOND BEACH, FL 32174

Provider Number: 0 260649-00
Date: 1/15/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>238.48</u>	<u>237.98</u>	<u>9/1/2015</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH15-089C 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:

OPIS Management Resources, LLC

10150 Highland Manor Drive

Suite 300

Tampa, FL 33610



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COQUINA CENTER
170 N CENTER STREET
ORMOND BEACH, FL 32174

Provider Number: 0 260649-00
Date: 1/15/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
240.46	239.96	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 #NH15-089C FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

RIVERWOOD CENTER

2802 PARENTAL HOME ROAD

JACKSONVILLE, FL 32216

Provider Number:

0 260673-00

Date:

2/19/2020

Fiscal Year End:

12/31/2015

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

206.65

205.44

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 #NH16-183C FYE 12/31/2015

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

OPIS Management Resources, LLC

10150 Highland Manor Drive

Suite 300

Tampa, FL 33610



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

RIVERWOOD CENTER
2802 PARENTAL HOME ROAD
JACKSONVILLE, FL 32216

Provider Number: 0 260673-00
Date: 2/19/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
211.69	210.48	9/1/2017

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

_____ Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

_____ Unaudited costs

Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Field Audit #NH16-183C FYE 12/31/2015

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

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



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

ARBOR TRAIL NURSING AND REHABILITATION	Provider Number:	0 263478-00
611 TURNER CAMP RD	Date:	1/21/2020
INVERNESS, FL 34453	Fiscal Year End:	12/31/2015
	Audit Status:	Field Audited

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>195.63</u>	<u>195.44</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 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 #NH15-121C FYE 12/31/2015	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Southern HealthCare Management, LLC

5887 Glenridge Drive

Suite 150

Atlanta, GA 30328

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

ARBOR TRAIL NURSING AND REHABILITATION
611 TURNER CAMP RD
INVERNESS, FL 34453

Provider Number: 0 263478-00
Date: 1/21/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
200.54 200.35 9/1/2017

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 #NH15-121C FYE 12/31/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Southern HealthCare Management, LLC
5887 Glenridge Drive
Suite 150
Atlanta, GA 30328



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

MACCLENNY NURSING AND REHAB CENTER	Provider Number:	0 263516-00
755 S 5TH ST	Date:	11/12/2019
MACCLENNY, FL 32063	Fiscal Year End:	12/31/2015
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>197.35</u>	<u>195.72</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 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 NH15-111C FYE 12/31/2015	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Southern HealthCare Management, LLC
600 Embassy Row
Suite 500
Atlanta, GA 30328

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

MACCLENNY NURSING AND REHAB CENTER	Provider Number:	0 263516-00
755 S 5TH ST	Date:	11/12/2019
MACCLENNY, FL 32063	Fiscal Year End:	12/31/2015
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>203.60</u>	<u>201.93</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 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 NH15-111C FYE 12/31/2015	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Southern HealthCare Management, LLC
600 Embassy Row
Suite 500
Atlanta, GA 30328



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

BOCA RATON REHABILITATION CENTER
755 MEADOWS ROAD
BOCA RATON, FL 33486

Provider Number: 0 263842-00
Date: 12/12/2019
Fiscal Year End: 12/31/2013
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.40	213.76	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 #NH14-091C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: No Home Office

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BOCA RATON REHABILITATION CENTER	Provider Number:	0 263842-00
755 MEADOWS ROAD	Date:	12/12/2019
BOCA RATON, FL 33486	Fiscal Year End:	12/31/2013
	Audit Status:	Revised Field Audit

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>216.94</u>	<u>216.29</u>	<u>1/1/2015</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"/> FA & RFA #NH14-091C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BOCA RATON REHABILITATION CENTER
755 MEADOWS ROAD
BOCA RATON, FL 33486

Provider Number: 0 263842-00
Date: 12/12/2019
Fiscal Year End: 12/31/2013
Audit Status: Revised Field Audit

Provider Type:

Table with 3 columns: Provider Type, Current Rate, New Rate, Effective Date. Row: Nursing Home Single Level, 214.24, 213.59, 9/1/2015

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

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

Changes: Rate Semester Change, FA & RFA #NH14-091C FYE 12/31/2013

Distribution:

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

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

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

Provider Number: 0 263869-00
Date: 2/17/2020
Fiscal Year End: 12/31/2013
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 216.32, 215.74, 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 & RFA #NH14-092C 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:

No Home Office



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

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

Provider Number: 0 263869-00
Date: 2/17/2020
Fiscal Year End: 12/31/2013
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 220.70, 220.11, 1/1/2015

Rate Type:

Interim

X Prospective

Total Interim

X

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

FA & RFA #NH14-092C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

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

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

Provider Number: 0 263869-00
Date: 2/17/2020
Fiscal Year End: 12/31/2013
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 219.82, 219.21, 9/1/2015

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
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X FA & RFA #NH14-092C FYE 12/31/2013

Distribution:

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

Home Office: No Home Office

Zainab Day
Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 263869-00
Date: 2/17/2020
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 216.08, 216.12, 9/1/2016

Rate Type:

Interim

X Prospective

Total Interim

X

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

Effects of FA & RFA #NH14-092C FYE 12/31/2013

Zainab Day

[Signature]

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

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 263869-00
Date: 2/17/2020
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
220.78	220.82	9/1/2017

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH14-092C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Zainab Day



Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 263869-00
Date: 2/17/2020
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 224.59, 224.63, 9/9/2017

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

Effects of FA & RFA #NH14-092C FYE 12/31/2013

Zainab Day

[Signature]

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

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CORAL GABLES NURSING AND REHABILITATION
7060 SW 8TH STREET
MIAMI, FL 33144

Provider Number: 0 323772-00
Date: 1/31/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>231.39</u>	<u>230.79</u>	<u>9/1/2015</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH15-052C 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:

BrightSNFCare,LLC d/b/a/ 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

CORAL GABLES NURSING AND REHABILITATION
7060 SW 8TH STREET
MIAMI, FL 33144

Provider Number: 0 323772-00
Date: 1/31/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
233.18	232.58	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 #NH15-052C 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:

BrightSNFCare,LLC d/b/a/ 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

CORAL GABLES NURSING AND REHABILITATION
7060 SW 8TH STREET
MIAMI, FL 33144

Provider Number: 0 323772-00
Date: 1/31/2020
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
227.46	227.55	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 #NH15-052C 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:

BrightSNFCare,LLC d/b/a/ 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

WASHINGTON REHABILITATION & NURSING CENTER
879 USERY ROAD
CHIPLEY, FL 32428

Provider Number: 0 324353-00
Date: 1/28/2020
Fiscal Year End: 7/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>197.93</u>	<u>197.46</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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH17-094C FYE 7/31/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Signature Healthcare, LLC
12201 Bluegrass Parkway
Louisville, KY 40299

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

WASHINGTON REHABILITATION & NURSING CENTER
879 USERY ROAD
CHIPLEY, FL 32428

Provider Number: 0 324353-00
Date: 1/28/2020
Fiscal Year End: 7/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
201.10	200.64	9/1/2017

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH17-094C FYE 7/31/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Signature Healthcare, LLC
12201 Bluegrass Parkway
Louisville, KY 40299

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

PENINSULA CARE AND REHABILITATION CENTER
900 BECKETT WAY
TARPON SPRINGS, FL 34689

Provider Number: 0 324507-00
Date: 12/11/2019
Fiscal Year End: 7/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 204.94, 204.74, 9/1/2015

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

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

Changes: Rate Semester Change, FA & RFA #NH15-077C FYE 7/31/2014

Distribution:

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

Zainab Day
Medicaid Cost Reimbursement Planning and Finance

Home Office: Signature Healthcare, LLC
12201 Bluegrass Parkway
Louisville, KY 40299



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

PENINSULA CARE AND REHABILITATION CENTER
900 BECKETT WAY
TARPON SPRINGS, FL 34689

Provider Number: 0 324507-00
Date: 12/11/2019
Fiscal Year End: 7/31/2015
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 197.77, 195.93, 9/1/2016

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
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X FA & RFA #NH15-078C FYE 7/31/2015

Zainab Day



Medicaid Cost Reimbursement Planning and Finance

Distribution:

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

Home Office:

Signature Healthcare, LLC
12201 Bluegrass Parkway
Louisville, KY 40299