



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

## MEMORANDUM

**Date:** March 9, 2021  
**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.  | Debary Health and Rehabilitation Center          | 0 005372-00            | FA                    | 4                                    |
| 2.  | Brynwood Health and Rehabilitation Center        | 0 005381-00            | FA                    | 4                                    |
| 3.  | Chipola Health and Rehab                         | 0 005383-00            | FA                    | 1                                    |
| 4.  | Seaside Health and Rehabilitation Center         | 0 005543-00            | FA & RFA              | 1                                    |
| 5.  | Lake Placid Health and Rehabilitation Center     | 0 006339-00            | FA & RFA              | 1                                    |
| 6.  | Oakbrook Health and Rehabilitation Center        | 0 006767-00            | FA                    | 4                                    |
| 7.  | Coastal Health and Rehabilitation Center         | 0 021261-00            | FA & RFA              | 1                                    |
| 8.  | Nuvista Living at Hillsborough Lakes             | 0 041324-00            | Late Test             | 1                                    |
| 9.  | The Terrace of Kissimmee                         | 0 223644-00            | CHOW                  | 5                                    |
| 10. | The Terrace of St. Cloud                         | 0 223653-00            | CHOW                  | 5                                    |
| 11. | Cross Care Center                                | 1 012333-00            | CHOW                  | 5                                    |
| 12. | Addington Place at Wellington Green              | 1 034242-00            | CHOW                  | 5                                    |
| 13. | Winter Garden Rehabilitation and Nursing Center  | 1 036404-00            | CHOW                  | 4                                    |
| 14. | TimberRidge Nursing and Rehabilitation Center    | 1 037353-00            | CHOW                  | 4                                    |
| 15. | Century Center Rehabilitation Center             | 1 052140-00            | CHOW                  | 3                                    |
| 16. | Sandy Ridge Center for Rehab and Healing         | 1 052155-00            | CHOW                  | 3                                    |
| 17. | Santa Rosa Center for Rehabilitation and Healing | 1 052167-00            | CHOW                  | 3                                    |



|     |  |             |                      |    |
|-----|--|-------------|----------------------|----|
| 18. | Northbrook Center for Rehabilitation and Healing | 1 052176-00 | CHOW                 | 3  |
| 19. | Harborage of Venice                              | 1 070993-00 | CHOW                 | 3  |
| 20. | Fountain Rehabilitation at Mill Cove             | 1 075659-00 | CHOW                 | 2  |
| 21. | Apopka Health and Rehabilitation Center          | 1 085549-00 | New Facility         | 1  |
|     |  |             | <b><u>TOTAL:</u></b> | 63 |

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 |
| 000537200       | 20150101                       | 232.31               | 0.00               | 232.31                | 232.31        | 89150-21    | NH17-102C    |
| 000537200       | 20150901                       | 231.55               | 0.00               | 231.55                | 231.55        | 89150-21    | NH17-102C    |
| 000537200       | 20160901                       | 233.33               | 0.00               | 233.33                | 233.33        | 89150-21    | NH17-102C    |
| 000537200       | 20170901                       | 220.36               | 0.00               | 220.36                | 220.36        | 89150-21    | NH17-102C    |
| 000538100       | 20150101                       | 245.59               | 0.00               | 245.59                | 245.59        | 89150-21    | NH17-040C    |
| 000538100       | 20150901                       | 244.54               | 0.00               | 244.54                | 244.54        | 89150-21    | NH17-040C    |
| 000538100       | 20160901                       | 247.01               | 0.00               | 247.01                | 247.01        | 89150-21    | NH17-040C    |
| 000538100       | 20170101                       | 249.77               | 0.00               | 249.77                | 249.77        | 89150-21    | NH17-040C    |
| 000538300       | 20170901                       | 232.05               | 0.00               | 232.05                | 232.05        | 89150-21    | NH17-041C    |
| 000554300       | 20170901                       | 226.28               | 0.00               | 226.28                | 226.28        | 89150-21    | NH17-045C    |
| 000633900       | 20170901                       | 227.43               | 0.00               | 227.43                | 227.43        | 89150-21    | NH17-049C    |
| 000676700       | 20150101                       | 252.28               | 0.00               | 252.28                | 252.28        | 89150-21    | NH17-052C    |
| 000676700       | 20150901                       | 250.70               | 0.00               | 250.70                | 250.70        | 89150-21    | NH17-052C    |
| 000676700       | 20160601                       | 261.38               | 0.00               | 261.38                | 261.38        | 89150-21    | NH17-052C    |
| 000676700       | 20160901                       | 263.04               | 0.00               | 263.04                | 263.04        | 89150-21    | NH17-052C    |
| 002126100       | 20170901                       | 203.96               | 0.00               | 203.96                | 203.96        | 89150-21    | NH17-059C    |
| 004132400       | 20170901                       | 249.65               | 0.00               | 249.65                | 249.65        | 89150-21    |              |
| 022364400       | 20190101                       | 206.74               | 0.00               | 206.74                | 206.74        | 89150-21    |              |
| 022364400       | 20190701                       | 205.90               | 0.00               | 205.90                | 205.90        | 89150-21    |              |
| 022364400       | 20191001                       | 209.79               | 0.00               | 209.79                | 209.79        | 89150-21    |              |
| 022364400       | 20200701                       | 212.64               | 0.00               | 212.64                | 212.64        | 89150-21    |              |
| 022364400       | 20201001                       | 216.24               | 0.00               | 216.24                | 216.24        | 89150-21    |              |
| 022365300       | 20190101                       | 205.84               | 0.00               | 205.84                | 205.84        | 89150-21    |              |
| 022365300       | 20190701                       | 203.68               | 0.00               | 203.68                | 203.68        | 89150-21    |              |
| 022365300       | 20191001                       | 207.52               | 0.00               | 207.52                | 207.52        | 89150-21    |              |
| 022365300       | 20200701                       | 210.34               | 0.00               | 210.34                | 210.34        | 89150-21    |              |
| 022365300       | 20201001                       | 206.50               | 0.00               | 206.50                | 206.50        | 89150-21    |              |
| 101233300       | 20181231                       | 248.11               | 0.00               | 248.11                | 248.11        | 89150-21    |              |
| 101233300       | 20190701                       | 243.98               | 0.00               | 243.98                | 243.98        | 89150-21    |              |
| 101233300       | 20191001                       | 243.98               | 0.00               | 243.98                | 243.98        | 89150-21    |              |
| 101233300       | 20200701                       | 247.29               | 0.00               | 247.29                | 247.29        | 89150-21    |              |
| 101233300       | 20201001                       | 247.29               | 0.00               | 247.29                | 247.29        | 89150-21    |              |
| 103424200       | 20190401                       | 240.83               | 0.00               | 240.83                | 240.83        | 89150-21    |              |
| 103424200       | 20190701                       | 234.76               | 0.00               | 234.76                | 234.76        | 89150-21    |              |
| 103424200       | 20191001                       | 260.17               | 0.00               | 260.17                | 260.17        | 89150-21    |              |
| 103424200       | 20200701                       | 263.70               | 0.00               | 263.70                | 263.70        | 89150-21    |              |
| 103424200       | 20201001                       | 271.36               | 0.00               | 271.36                | 271.36        | 89150-21    |              |
| 130640400       | 20190801                       | 247.80               | 0.00               | 247.80                | 247.80        | 89150-21    |              |
| 130640400       | 20191001                       | 247.80               | 0.00               | 247.80                | 247.80        | 89150-21    |              |
| 130640400       | 20200701                       | 251.17               | 0.00               | 251.17                | 251.17        | 89150-21    |              |
| 130640400       | 20201001                       | 251.17               | 0.00               | 251.17                | 251.17        | 89150-21    |              |
| 103735300       | 20190911                       | 239.78               | 0.00               | 239.78                | 239.78        | 89150-21    |              |
| 103735300       | 20191001                       | 240.30               | 0.00               | 240.30                | 240.30        | 89150-21    |              |
| 103735300       | 20200701                       | 243.56               | 0.00               | 243.56                | 243.56        | 89150-21    |              |
| 103735300       | 20201001                       | 243.56               | 0.00               | 243.56                | 243.56        | 89150-21    |              |
| 105214000       | 20200309                       | 233.01               | 0.00               | 233.01                | 233.01        | 89150-21    |              |
| 105214000       | 20200701                       | 236.17               | 0.00               | 236.17                | 236.17        | 89150-21    |              |
| 105214000       | 20201001                       | 240.84               | 0.00               | 240.84                | 240.84        | 89150-21    |              |
| 105215500       | 20200309                       | 236.37               | 0.00               | 236.37                | 236.37        | 89150-21    |              |
| 105215500       | 20200701                       | 239.58               | 0.00               | 239.58                | 239.58        | 89150-21    |              |
| 105215500       | 20201001                       | 238.65               | 0.00               | 238.65                | 238.65        | 89150-21    |              |
| 105216700       | 20200309                       | 226.78               | 0.00               | 226.78                | 226.78        | 89150-21    |              |
| 105216700       | 20200701                       | 229.86               | 0.00               | 229.86                | 229.86        | 89150-21    |              |
| 105216700       | 20201001                       | 233.76               | 0.00               | 233.76                | 233.76        | 89150-21    |              |
| 105217600       | 20200309                       | 235.02               | 0.00               | 235.02                | 235.02        | 89150-21    |              |
| 105217600       | 20200701                       | 238.22               | 0.00               | 238.22                | 238.22        | 89150-21    |              |
| 105217600       | 20201001                       | 242.11               | 0.00               | 242.11                | 242.11        | 89150-21    |              |
| 107099300       | 20200629                       | 225.66               | 0.00               | 225.66                | 225.66        | 89150-21    |              |
| 107099300       | 20200701                       | 228.73               | 0.00               | 228.73                | 228.73        | 89150-21    |              |
| 107099300       | 20201001                       | 229.25               | 0.00               | 229.25                | 229.25        | 89150-21    |              |
| 107565900       | 20200901                       | 225.77               | 0.00               | 225.77                | 225.77        | 89150-21    |              |
| 107565900       | 20201001                       | 225.77               | 0.00               | 225.77                | 225.77        | 89150-21    |              |
| 108554900       | 20201029                       | 256.10               | 0.00               | 256.10                | 256.10        | 89150-21    |              |



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**

DEBARY HEALTH AND REHABILITATION CENTER  
60 N HWY 17/92  
DEBARY, FL 32713

Provider Number: 0 005372-00  
Date: 12/1/2020  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **234.55**    New Rate: **232.31**    Effective Date: **1/1/2015**

|  |   |
|--|---|
| <b>Rate Type:</b>  |   |
| <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 |   |

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

|   |  |
|---|--|
| <b>Changes:</b>   |  |
| <input type="checkbox"/> Rate Semester Change                             |  |
| <input checked="" type="checkbox"/> Field Audit #NH17-102C FYE 06/30/2014 |  |

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No Change in Rate

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Pensacola Administrative Services, LLC  
40 South Palafox Place  
Suite 400  
Pensacola, FL 32502



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

DEBARY HEALTH AND REHABILITATION CENTER  
60 N HWY 17/92  
DEBARY, FL 32713

Provider Number: 0 005372-00  
Date: 12/1/2020  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **233.76**    New Rate: **231.55**    Effective Date: **9/1/2015**

|  |   |
|--|---|
| <b>Rate Type:</b>  |   |
| <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 |   |

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

|   |  |
|---|--|
| <b>Changes:</b>   |  |
| <input type="checkbox"/> Rate Semester Change                             |  |
| <input checked="" type="checkbox"/> Field Audit #NH17-102C FYE 06/30/2014 |  |

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No Change in Rate

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Pensacola, FL 32502



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

DEBARY HEALTH AND REHABILITATION CENTER  
60 N HWY 17/92  
DEBARY, FL 32713

Provider Number: 0 005372-00  
Date: 12/1/2020  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **235.53**    New Rate: **233.33**    Effective Date: **9/1/2016**

|  |   |
|--|---|
| <b>Rate Type:</b>  |   |
| <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 |   |

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

|   |  |
|---|--|
| <b>Changes:</b>   |  |
| <input type="checkbox"/> Rate Semester Change                             |  |
| <input checked="" type="checkbox"/> Field Audit #NH17-102C FYE 06/30/2014 |  |

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No Change in Rate

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

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Suite 400  
Pensacola, FL 32502



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**Medicaid Reimbursement Per Diem Rates**

DEBARY HEALTH AND REHABILITATION CENTER  
60 N HWY 17/92  
DEBARY, FL 32713

Provider Number: 0 005372-00  
Date: 12/1/2020  
Fiscal Year End: 12/31/2015  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **222.55**    New Rate: **220.36**    Effective Date: **9/1/2017**

|  |   |
|--|---|
| <b>Rate Type:</b>  |   |
| <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 |   |

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

|  |  |
|--|--|
| <b>Changes:</b>  |  |
| <input type="checkbox"/> Rate Semester Change  |  |
| <input checked="" type="checkbox"/> Effects of Field Audit #NH17-102C FYE 06/30/2014 |  |

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**Medicaid Reimbursement Per Diem Rates**

BRYNWOOD HEALTH AND REHABILITATION CENTER  
1656 SOUTH JEFFERSON STREET  
MONTICELLO, FL 32344

Provider Number: 0 005381-00  
Date: 11/13/2020  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**245.59**    **245.59**    **1/1/2015**

|  |  |
|--|--|
| <b>Rate Type:</b>  |  |
| <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 |  |

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

|  |  |
|--|--|
| <b>Changes:</b>  |  |
| <input type="checkbox"/> Rate Semester Change                            |  |
| <input checked="" type="checkbox"/> Field Audit #NH17-040C FYE 6/30/2014 |  |

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No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

BRYNWOOD HEALTH AND REHABILITATION CENTER  
1656 SOUTH JEFFERSON STREET  
MONTICELLO, FL 32344

Provider Number: 0 005381-00  
Date: 11/13/2020  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current      New      Effective  
Rate      Rate      Date  
**244.54**      **244.54**      **9/1/2015**

|  |  |
|--|--|
| <b>Rate Type:</b>  |  |
| <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 |  |

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

|  |  |
|--|--|
| <b>Changes:</b>  |  |
| <input type="checkbox"/> Rate Semester Change                            |  |
| <input checked="" type="checkbox"/> Field Audit #NH17-040C FYE 6/30/2014 |  |

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**Medicaid Reimbursement Per Diem Rates**

BRYNWOOD HEALTH AND REHABILITATION CENTER  
1656 SOUTH JEFFERSON STREET  
MONTICELLO, FL 32344

Provider Number: 0 005381-00  
Date: 11/13/2020  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**247.57**      **247.01**      **9/1/2016**

|  |  |
|--|--|
| <b>Rate Type:</b>  |  |
| <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 |  |

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

|  |  |
|--|--|
| <b>Changes:</b>  |  |
| <input type="checkbox"/> Rate Semester Change                            |  |
| <input checked="" type="checkbox"/> Field Audit #NH17-040C FYE 6/30/2014 |  |

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No Change in Rate

Home Office:

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Suite 400  
Pensacola, FL 32502

**Zainab Day**

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**Medicaid Reimbursement Per Diem Rates**

BRYNWOOD HEALTH AND REHABILITATION CENTER  
1656 SOUTH JEFFERSON STREET  
MONTICELLO, FL 32344

Provider Number: 0 005381-00  
Date: 11/13/2020  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current      New      Effective  
Rate      Rate      Date  
**250.33**      **249.77**      **1/1/2017**

|  |  |
|--|--|
| <b>Rate Type:</b>  |  |
| <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 |  |

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

|  |  |
|--|--|
| <b>Changes:</b>  |  |
| <input type="checkbox"/> Rate Semester Change                            |  |
| <input checked="" type="checkbox"/> Field Audit #NH17-040C FYE 6/30/2014 |  |

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CHIPOLA HEALTH AND REHABILITATION CENTER  
4294 3RD AVENUE  
MARIANNA, FL 32446

Provider Number: 0 005383-00  
Date: 10/28/2020  
Fiscal Year End: 12/31/2016  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **232.22**      New Rate: **232.05**      Effective Date: **9/1/2017**

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

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

|   |  |
|---|--|
| <b>Changes:</b>   |  |
| <input type="checkbox"/> Rate Semester Change                             |  |
| <input checked="" type="checkbox"/> Field Audit #NH17-041C FYE 12/31/2016 |  |

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**Medicaid Reimbursement Per Diem Rates**

SEASIDE HEALTH AND REHABILITATION CENTER  
324 WILDER BLVD  
DAYTONA BEACH, FL 32114

Provider Number: 0 005543-00  
Date: 11/19/2020  
Fiscal Year End: 12/31/2015  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**226.77**      **226.28**      **9/1/2017**

|  |  |
|--|--|
| <b>Rate Type:</b>  |  |
| <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 |  |

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

|  |  |
|--|--|
| <b>Changes:</b>  |  |
| <input type="checkbox"/> Rate Semester Change                          |  |
| <input checked="" type="checkbox"/> FA & RFA #NH17-045C FYE 12/31/2015 |  |

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**Medicaid Reimbursement Per Diem Rates**

LAKE PLACID HEALTH AND REHABILITATION CENTER  
125 TOMOKA BLVD S  
LAKE PLACID, FL 33852-8123

Provider Number: 0 006339-00  
Date: 3/2/2021  
Fiscal Year End: 12/31/2015  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**231.06**      **227.43**      **9/1/2017**

|  |  |
|--|--|
| <b>Rate Type:</b>  |  |
| <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 |  |

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

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|--|--|
| <b>Changes:</b>  |  |
| <input type="checkbox"/> Rate Semester Change  |  |
| <input checked="" type="checkbox"/> Field Audit & Revised Field Audit #NH17-049C<br>FYE 12/31/2015 |  |

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**Medicaid Reimbursement Per Diem Rates**

OAKBROOK HEALTH AND REHABILITATION CENTER  
250 BROWARD AVE  
LABELLE, FL 33935

Provider Number: 0 006767-00  
Date: 11/20/2020  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **252.83**    New Rate: **252.28**    Effective Date: **1/1/2015**

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

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

|  |  |
|--|--|
| <b>Changes:</b>  |  |
| <input type="checkbox"/> Rate Semester Change                            |  |
| <input checked="" type="checkbox"/> Field Audit #NH17-052C FYE 6/30/2014 |  |

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**Medicaid Reimbursement Per Diem Rates**

OAKBROOK HEALTH AND REHABILITATION CENTER  
250 BROWARD AVE  
LABELLE, FL 33935

Provider Number: 0 006767-00  
Date: 11/20/2020  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **251.25**    New Rate: **250.70**    Effective Date: **9/1/2015**

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

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

|  |  |
|--|--|
| <b>Changes:</b>  |  |
| <input type="checkbox"/> Rate Semester Change                            |  |
| <input checked="" type="checkbox"/> Field Audit #NH17-052C FYE 6/30/2014 |  |

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**Medicaid Reimbursement Per Diem Rates**

OAKBROOK HEALTH AND REHABILITATION CENTER  
250 BROWARD AVE  
LABELLE, FL 33935

Provider Number: 0 006767-00  
Date: 11/20/2020  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **261.93**      New Rate: **261.38**      Effective Date: **6/1/2016**

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

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

|  |  |
|--|--|
| <b>Changes:</b>  |  |
| <input type="checkbox"/> Rate Semester Change                            |  |
| <input checked="" type="checkbox"/> Field Audit #NH17-052C FYE 6/30/2014 |  |

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**Medicaid Reimbursement Per Diem Rates**

OAKBROOK HEALTH AND REHABILITATION CENTER  
250 BROWARD AVE  
LABELLE, FL 33935

Provider Number: 0 006767-00  
Date: 11/20/2020  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **263.60**      New Rate: **263.04**      Effective Date: **9/1/2016**

|  |  |
|--|--|
| <b>Rate Type:</b>  |  |
| <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 |  |

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

|  |  |
|--|--|
| <b>Changes:</b>  |  |
| <input type="checkbox"/> Rate Semester Change                            |  |
| <input checked="" type="checkbox"/> Field Audit #NH17-052C FYE 6/30/2014 |  |

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Pensacola, FL 32502



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**Medicaid Reimbursement Per Diem Rates**

COASTAL HEALTH AND REHABILITATION CENTER  
820 N CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 32117

Provider Number: 0 021261-00  
Date: 11/20/2020  
Fiscal Year End: 12/31/2016  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **205.23**    New Rate: **203.96**    Effective Date: **9/1/2017**

|  |   |
|--|---|
| <b>Rate Type:</b>  |   |
| <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 |   |

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

|  |  |
|--|--|
| <b>Changes:</b>  |  |
| <input type="checkbox"/> Rate Semester Change                          |  |
| <input checked="" type="checkbox"/> FA & RFA #NH17-059C FYE 12/31/2016 |  |

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Pensacola, FL 32502



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**Medicaid Reimbursement Per Diem Rates**

NUVISTA LIVING AT HILLSBOROUGH LAKES  
19091 N DALE MABRY HWY  
LUTZ, FL 33548

Provider Number: 0 041324-00  
Date: 1/25/2021  
Fiscal Year End: 12/31/2015  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

| <u>Current Rate</u>  | <u>New Rate</u>      | <u>Effective Date</u>  |
|----------------------|----------------------|------------------------|
| <b><u>251.87</u></b> | <b><u>249.65</u></b> | <b><u>9/1/2017</u></b> |

| <b>Rate Type:</b>  |   |
|--|---|
| <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 |   |

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

| <b>Changes:</b>  |  |
|--|--|
| <input type="checkbox"/> Rate Semester Change                |  |
| <input checked="" type="checkbox"/> Late Test FYE 12/31/2015 |  |

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2979 PGA Boulevard  
Suite 201  
Palm Beach Gardens, FL 33410



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**Medicaid Reimbursement Per Diem Rates**

THE TERRACE OF KISSIMMEE  
221 PARK PLACE BLVD  
KISSIMMEE, FL 34741

Provider Number: 0 223644-00  
Date: 1/28/2021  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**188.73**    **206.74**    **1/1/2019**

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

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

|   |
|---|
| <b>Changes:</b>   |
| <input type="checkbox"/> Rate Semester Change                 |
| <input checked="" type="checkbox"/> CHOW effective 01/01/2019 |

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Home Office:

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**Medicaid Reimbursement Per Diem Rates**

THE TERRACE OF KISSIMMEE  
221 PARK PLACE BLVD  
KISSIMMEE, FL 34741

Provider Number: 0 223644-00  
Date: 1/28/2021  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**206.74**    **205.90**    **7/1/2019**

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

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

|   |
|---|
| <b>Changes:</b>   |
| <input type="checkbox"/> Rate Semester Change                 |
| <input checked="" type="checkbox"/> CHOW effective 01/01/2019 |

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**Medicaid Reimbursement Per Diem Rates**

THE TERRACE OF KISSIMMEE  
221 PARK PLACE BLVD  
KISSIMMEE, FL 34741

Provider Number: 0 223644-00  
Date: 1/28/2021  
Fiscal Year End: 12/31/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**205.90**    **209.79**    **10/1/2019**

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

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

|   |
|---|
| <b>Changes:</b>   |
| <input type="checkbox"/> Rate Semester Change                 |
| <input checked="" type="checkbox"/> CHOW effective 01/01/2019 |

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**Medicaid Reimbursement Per Diem Rates**

THE TERRACE OF KISSIMMEE  
221 PARK PLACE BLVD  
KISSIMMEE, FL 34741

Provider Number: 0 223644-00  
Date: 1/28/2021  
Fiscal Year End: 12/31/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**209.79    212.64    7/1/2020**

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

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

|   |
|---|
| <b>Changes:</b>   |
| <input type="checkbox"/> Rate Semester Change                 |
| <input checked="" type="checkbox"/> CHOW effective 01/01/2019 |

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**Medicaid Reimbursement Per Diem Rates**

THE TERRACE OF KISSIMMEE  
221 PARK PLACE BLVD  
KISSIMMEE, FL 34741

Provider Number: 0 223644-00  
Date: 1/28/2021  
Fiscal Year End: 12/31/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**212.64**      **216.24**      **10/1/2020**

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

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

|   |
|---|
| <b>Changes:</b>   |
| <input type="checkbox"/> Rate Semester Change                 |
| <input checked="" type="checkbox"/> CHOW effective 01/01/2019 |

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Home Office:

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**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

*Zainab Day*



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

THE TERRACE OF ST CLOUD  
3855 OLD CANOE CREEK ROAD  
SAINT CLOUD, FL 34769

Provider Number: 0 223653-00  
Date: 11/06/2020  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**191.41**      **205.84**      **1/1/2019**

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

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

|   |
|---|
| <b>Changes:</b>   |
| <input type="checkbox"/> Rate Semester Change                 |
| <input checked="" type="checkbox"/> CHOW effective 01/01/2019 |

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**Medicaid Reimbursement Per Diem Rates**

THE TERRACE OF ST CLOUD  
3855 OLD CANOE CREEK ROAD  
SAINT CLOUD, FL 34769

Provider Number: 0 223653-00  
Date: 11/06/2020  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**205.84**      **203.68**      **7/1/2019**

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

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

|   |
|---|
| <b>Changes:</b>   |
| <input type="checkbox"/> Rate Semester Change                 |
| <input checked="" type="checkbox"/> CHOW effective 01/01/2019 |

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**Medicaid Reimbursement Per Diem Rates**

THE TERRACE OF ST CLOUD  
3855 OLD CANOE CREEK ROAD  
SAINT CLOUD, FL 34769

Provider Number: 0 223653-00  
Date: 11/06/2020  
Fiscal Year End: 12/31/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**203.68**      **207.52**      **10/1/2019**

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

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

| Changes:                            |                           |
|-------------------------------------|---------------------------|
| <input type="checkbox"/>            | Rate Semester Change      |
| <input checked="" type="checkbox"/> | CHOW effective 01/01/2019 |

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**Medicaid Reimbursement Per Diem Rates**

THE TERRACE OF ST CLOUD  
3855 OLD CANOE CREEK ROAD  
SAINT CLOUD, FL 34769

Provider Number: 0 223653-00  
Date: 11/06/2020  
Fiscal Year End: 12/31/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**207.52    210.34    7/1/2020**

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

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

|   |
|---|
| <b>Changes:</b>   |
| <input type="checkbox"/> Rate Semester Change                 |
| <input checked="" type="checkbox"/> CHOW effective 01/01/2019 |

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**Medicaid Reimbursement Per Diem Rates**

THE TERRACE OF ST CLOUD  
3855 OLD CANOE CREEK ROAD  
SAINT CLOUD, FL 34769

Provider Number: 0 223653-00  
Date: 11/06/2020  
Fiscal Year End: 12/31/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**210.34**      **206.50**      **10/1/2020**

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

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

|   |
|---|
| <b>Changes:</b>   |
| <input type="checkbox"/> Rate Semester Change                 |
| <input checked="" type="checkbox"/> CHOW effective 01/01/2019 |

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**Medicaid Reimbursement Per Diem Rates**

CROSS CARE CENTER  
5888 BLANDING BLVD  
JACKSONVILLE, FL 32244

Provider Number: 1 012333-00  
Date: 12/1/2020  
Fiscal Year End: 6/30/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **248.11**    New Rate: **248.11**    Effective Date: **12/31/2018**

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

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

| Changes:  |
|---|
| <input type="checkbox"/> Rate Semester Change                 |
| <input checked="" type="checkbox"/> CHOW effective 12/31/2018 |

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Home Office:

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**Medicaid Reimbursement Per Diem Rates**

CROSS CARE CENTER  
5888 BLANDING BLVD  
JACKSONVILLE, FL 32244

Provider Number: 1 012333-00  
Date: 12/1/2020  
Fiscal Year End: 6/30/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **243.98**    New Rate: **243.98**    Effective Date: **7/1/2019**

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

|                           |
|---------------------------|
| <b>Basis:</b>             |
| _____ Budget              |
| _____ Unaudited costs     |
| _____ Field audited costs |
| _____ Desk audited costs  |

|   |
|---|
| <b>Changes:</b>   |
| _____ Rate Semester Change                                    |
| <input checked="" type="checkbox"/> CHOW effective 12/31/2018 |

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**Medicaid Reimbursement Per Diem Rates**

CROSS CARE CENTER  
5888 BLANDING BLVD  
JACKSONVILLE, FL 32244

Provider Number: 1 012333-00  
Date: 12/1/2020  
Fiscal Year End: 6/30/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **243.98**      New Rate: **243.98**      Effective Date: **10/1/2019**

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

|                           |
|---------------------------|
| <b>Basis:</b>             |
| _____ Budget              |
| _____ Unaudited costs     |
| _____ Field audited costs |
| _____ Desk audited costs  |

|   |
|---|
| <b>Changes:</b>   |
| _____ Rate Semester Change                                    |
| <input checked="" type="checkbox"/> CHOW effective 12/31/2018 |

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**Medicaid Reimbursement Per Diem Rates**

CROSS CARE CENTER  
5888 BLANDING BLVD  
JACKSONVILLE, FL 32244

Provider Number: 1 012333-00  
Date: 12/1/2020  
Fiscal Year End: 6/30/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **247.29**      New Rate: **247.29**      Effective Date: **7/1/2020**

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

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

|   |
|---|
| <b>Changes:</b>   |
| <input type="checkbox"/> Rate Semester Change                 |
| <input checked="" type="checkbox"/> CHOW effective 12/31/2018 |

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Home Office:

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**Medicaid Reimbursement Per Diem Rates**

CROSS CARE CENTER  
5888 BLANDING BLVD  
JACKSONVILLE, FL 32244

Provider Number: 1 012333-00  
Date: 12/1/2020  
Fiscal Year End: 6/30/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **247.29**    New Rate: **247.29**    Effective Date: **10/1/2020**

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

|                           |
|---------------------------|
| <b>Basis:</b>             |
| _____ Budget              |
| _____ Unaudited costs     |
| _____ Field audited costs |
| _____ Desk audited costs  |

|   |
|---|
| <b>Changes:</b>   |
| _____ Rate Semester Change                                    |
| <input checked="" type="checkbox"/> CHOW effective 12/31/2018 |

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Home Office:

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**Medicaid Reimbursement Per Diem Rates**

ADDINGTON PLACE AT WELLINGTON GREEN

10330 NuVISTA AVENUE

WELLINGTON, FL 33414

Provider Number:

1 034242-00

Date:

1/28/2021

Fiscal Year End:

6/30/2012

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

| <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|-----------------|-----------------------|
| <b>240.83</b>       | <b>240.83</b>   | <b>4/1/2019</b>       |

**Rate Type:**

Interim

Prospective

\_\_\_\_\_ Total Interim

\_\_\_\_\_ Total Prospective

\_\_\_\_\_ Interim Component

\_\_\_\_\_ Total Prospective with Interim Component

\_\_\_\_\_ Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

\_\_\_\_\_ Unaudited costs

\_\_\_\_\_ Field audited costs

\_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change

CHOW effective 4/01/2019

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**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Palm Health Partners  
2979 PGA Boulevard Suite 201  
Palm Beach Gardens, FL 33410



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ADDINGTON PLACE AT WELLINGTON GREEN  
10330 NuVISTA AVENUE  
WELLINGTON, FL 33414

Provider Number: 1 034242-00  
Date: 1/28/2021  
Fiscal Year End: 6/30/2012  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**234.76**      **234.76**      **7/1/2019**

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

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

| Changes:                            |                          |
|-------------------------------------|--------------------------|
| <input type="checkbox"/>            | Rate Semester Change     |
| <input checked="" type="checkbox"/> | CHOW effective 4/01/2019 |

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**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

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**Medicaid Reimbursement Per Diem Rates**

ADDINGTON PLACE AT WELLINGTON GREEN

10330 NuVISTA AVENUE

WELLINGTON, FL 33414

Provider Number:

1 034242-00

Date:

1/28/2021

Fiscal Year End:

4/30/2012

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

| <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|-----------------|-----------------------|
| <b>260.17</b>       | <b>260.17</b>   | <b>10/1/2019</b>      |

**Rate Type:**

Interim

Prospective

\_\_\_\_\_ Total Interim

\_\_\_\_\_ Total Prospective

\_\_\_\_\_ Interim Component

\_\_\_\_\_ Total Prospective with Interim Component

\_\_\_\_\_ Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

\_\_\_\_\_ Unaudited costs

\_\_\_\_\_ Field audited costs

\_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change

CHOW effective 4/01/2019

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ADDINGTON PLACE AT WELLINGTON GREEN

10330 NuVISTA AVENUE

WELLINGTON, FL 33414

Provider Number:

1 034242-00

Date:

1/28/2021

Fiscal Year End:

4/30/2012

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

| <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|-----------------|-----------------------|
| <b>263.70</b>       | <b>263.70</b>   | <b>7/1/2020</b>       |

**Rate Type:**

Interim

Prospective

\_\_\_\_\_ Total Interim

\_\_\_\_\_ Total Prospective

\_\_\_\_\_ Interim Component

\_\_\_\_\_ Total Prospective with Interim Component

\_\_\_\_\_ Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

\_\_\_\_\_ Unaudited costs

\_\_\_\_\_ Field audited costs

\_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change

CHOW effective 4/01/2019

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**Medicaid Reimbursement Per Diem Rates**

ADDINGTON PLACE AT WELLINGTON GREEN  
10330 NuVISTA AVENUE  
WELLINGTON, FL 33414

Provider Number: 1 034242-00  
Date: 1/28/2021  
Fiscal Year End: 4/30/2012  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**271.36**      **271.36**      **10/1/2020**

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

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

|  |
|--|
| <b>Changes:</b>  |
| _____ Rate Semester Change                                   |
| <input checked="" type="checkbox"/> CHOW effective 4/01/2019 |

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Home Office:

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**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

*Zainab Day*





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**Medicaid Reimbursement Per Diem Rates**

WINTER GARDEN REHABILITATION AND NURSING CENTER  
12751 W COLONIAL DRIVE  
WINTER GARDEN, FL 34787

Provider Number: 1 036404-00  
Date: 02/09/2021  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**247.80      247.80      8/1/2019**

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

| Basis:                    |
|---------------------------|
| _____ Budget              |
| _____ Unaudited costs     |
| _____ Field audited costs |
| _____ Desk audited costs  |

| Changes:  |
|---|
| _____ Rate Semester Change                                  |
| <input checked="" type="checkbox"/> CHOW effective 8/1/2019 |

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

Home Office:

M-K Management LLC  
1181 Vickery Lane, Suite 200  
Cordova, TN 38016

**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**

WINTER GARDEN REHABILITATION AND NURSING CENTER  
12751 W COLONIAL DRIVE  
WINTER GARDEN, FL 34787

Provider Number: 1 036404-00  
Date: 02/09/2021  
Fiscal Year End: 12/31/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**247.80**      **247.80**      **10/1/2019**

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

| Basis:                    |
|---------------------------|
| _____ Budget              |
| _____ Unaudited costs     |
| _____ Field audited costs |
| _____ Desk audited costs  |

| Changes:  |
|---|
| _____ Rate Semester Change                                  |
| <input checked="" type="checkbox"/> CHOW effective 8/1/2019 |

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**Medicaid Reimbursement Per Diem Rates**

WINTER GARDEN REHABILITATION AND NURSING CENTER  
12751 W COLONIAL DRIVE  
WINTER GARDEN, FL 34787

Provider Number: 1 036404-00  
Date: 02/09/2021  
Fiscal Year End: 12/31/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **251.17**    New Rate: **251.17**    Effective Date: **7/1/2020**

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

|                           |
|---------------------------|
| <b>Basis:</b>             |
| _____ Budget              |
| _____ Unaudited costs     |
| _____ Field audited costs |
| _____ Desk audited costs  |

|   |
|---|
| <b>Changes:</b>   |
| _____ Rate Semester Change                                  |
| <input checked="" type="checkbox"/> CHOW effective 8/1/2019 |

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**Medicaid Reimbursement Per Diem Rates**

WINTER GARDEN REHABILITATION AND NURSING CENTER  
12751 W COLONIAL DRIVE  
WINTER GARDEN, FL 34787

Provider Number: 1 036404-00  
Date: 02/09/2021  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**251.17**      **251.17**      **10/1/2020**

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

| Basis:                    |
|---------------------------|
| _____ Budget              |
| _____ Unaudited costs     |
| _____ Field audited costs |
| _____ Desk audited costs  |

| Changes:  |
|---|
| _____ Rate Semester Change                                  |
| <input checked="" type="checkbox"/> CHOW effective 8/1/2019 |

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**Medicaid Reimbursement Per Diem Rates**

TIMBERRIDGE NURSING & REHABILITATION CENTER  
9848 SW 110TH ST  
OCALA, FL 34481

Provider Number: 1 037353-00  
Date: 1/14/2021  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**239.78**      **239.78**      **9/11/2019**

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

| Basis:                    |
|---------------------------|
| _____ Budget              |
| _____ Unaudited costs     |
| _____ Field audited costs |
| _____ Desk audited costs  |

| Changes:   |
|--|
| _____ Rate Semester Change                                   |
| <input checked="" type="checkbox"/> CHOW effective 9/11/2019 |

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Home Office:

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**Medicaid Reimbursement Per Diem Rates**

TIMBERRIDGE NURSING & REHABILITATION CENTER  
9848 SW 110TH ST  
OCALA, FL 34481

Provider Number: 1 037353-00  
Date: 1/14/2021  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**240.30**      **240.30**      **10/1/2019**

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

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

| Changes:   |
|--|
| <input type="checkbox"/> Rate Semester Change                |
| <input checked="" type="checkbox"/> CHOW effective 9/11/2019 |

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**Medicaid Reimbursement Per Diem Rates**

TIMBERRIDGE NURSING & REHABILITATION CENTER  
9848 SW 110TH ST  
OCALA, FL 34481

Provider Number: 1 037353-00  
Date: 1/14/2021  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**243.56**      **243.56**      **7/1/2020**

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

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

|  |
|--|
| <b>Changes:</b>  |
| <input type="checkbox"/> Rate Semester Change                |
| <input checked="" type="checkbox"/> CHOW effective 9/11/2019 |

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**Medicaid Reimbursement Per Diem Rates**

TIMBERRIDGE NURSING & REHABILITATION CENTER  
9848 SW 110TH ST  
OCALA, FL 34481

Provider Number: 1 037353-00  
Date: 1/14/2021  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**243.56**      **243.56**      **10/1/2020**

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

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

|  |
|--|
| <b>Changes:</b>  |
| <input type="checkbox"/> Rate Semester Change                |
| <input checked="" type="checkbox"/> CHOW effective 9/11/2019 |

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**Medicaid Reimbursement Per Diem Rates**

CENTURY CENTER FOR REHABILITATION AND HEALING  
6020 INDUSTRIAL BLVD  
CENTURY, FL 32535

Provider Number: 1 052140-00  
Date: 02/11/2021  
Fiscal Year End: 12/31/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **233.01**    New Rate: **233.01**    Effective Date: **3/09/2020**

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

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

| Changes:   |  |
|--|--|
| <input type="checkbox"/> Rate Semester Change                |  |
| <input checked="" type="checkbox"/> CHOW effective 3/09/2020 |  |

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

Home Office:

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

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CENTURY CENTER FOR REHABILITATION AND HEALING  
6020 INDUSTRIAL BLVD  
CENTURY, FL 32535

Provider Number: 1 052140-00  
Date: 02/11/2021  
Fiscal Year End: 12/31/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**236.17**      **236.17**      **7/01/2020**

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

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

| Changes:                            |                          |
|-------------------------------------|--------------------------|
| <input type="checkbox"/>            | Rate Semester Change     |
| <input checked="" type="checkbox"/> | CHOW effective 3/09/2020 |

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No Change in Rate

Home Office:

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2123 Centre Pointe Blvd.  
Tallahassee, FL 32308

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**Medicaid Reimbursement Per Diem Rates**

CENTURY CENTER FOR REHABILITATION AND HEALING  
6020 INDUSTRIAL BLVD  
CENTURY, FL 32535

Provider Number: 1 052140-00  
Date: 02/11/2021  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**240.84**      **240.84**      **10/01/2020**

**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  
 CHOW effective 3/09/2020

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**Medicaid Reimbursement Per Diem Rates**

SANDY RIDGE CENTER FOR REHAB AND HEALING  
5360 GLOVER LANE  
MILTON, FL 32570

Provider Number: 1 052155-00  
Date: 1/29/2021  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **236.37**      New Rate: **236.37**      Effective Date: **03/09/2020**

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

|                           |
|---------------------------|
| <b>Basis:</b>             |
| _____ Budget              |
| _____ Unaudited costs     |
| _____ Field audited costs |
| _____ Desk audited costs  |

|   |
|---|
| <b>Changes:</b>   |
| _____ Rate Semester Change                                    |
| <input checked="" type="checkbox"/> CHOW effective 03/09/2020 |

**Distribution:**

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Home Office:

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**Medicaid Reimbursement Per Diem Rates**

SANDY RIDGE CENTER FOR REHAB AND HEALING  
5360 GLOVER LANE  
MILTON, FL 32570

Provider Number: 1 052155-00  
Date: 1/29/2021  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **239.58**      New Rate: **239.58**      Effective Date: **07/01/2020**

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

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

|   |
|---|
| <b>Changes:</b>   |
| <input type="checkbox"/> Rate Semester Change                 |
| <input checked="" type="checkbox"/> CHOW effective 03/09/2020 |

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Home Office:

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**Medicaid Reimbursement Per Diem Rates**

SANDY RIDGE CENTER FOR REHAB AND HEALING  
5360 GLOVER LANE  
MILTON, FL 32570

Provider Number: 1 052155-00  
Date: 1/29/2021  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**238.65**      **238.65**      **10/1/2020**

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

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

|   |
|---|
| <b>Changes:</b>   |
| <input type="checkbox"/> Rate Semester Change                 |
| <input checked="" type="checkbox"/> CHOW effective 03/09/2020 |

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**Medicaid Reimbursement Per Diem Rates**

SANTA ROSA CENTER FOR REHABILITATION AND HEALING  
5386 BROAD ST  
MILTON, FL 32570

Provider Number: 1 052167-00  
Date: 02/04/2021  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**226.78**      **226.78**      **3/9/2020**

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

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

|   |
|---|
| <b>Changes:</b>   |
| <input type="checkbox"/> Rate Semester Change               |
| <input checked="" type="checkbox"/> CHOW effective 3/9/2020 |

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**Medicaid Reimbursement Per Diem Rates**

SANTA ROSA CENTER FOR REHABILITATION AND HEALING  
5386 BROAD ST  
MILTON, FL 32570

Provider Number: 1 052167-00  
Date: 02/04/2021  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**229.86**      **229.86**      **7/1/2020**

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

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

|   |
|---|
| <b>Changes:</b>   |
| <input type="checkbox"/> Rate Semester Change               |
| <input checked="" type="checkbox"/> CHOW effective 3/9/2020 |

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*Zainab Day*





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**

SANTA ROSA CENTER FOR REHABILITATION AND HEALING  
5386 BROAD ST  
MILTON, FL 32570

Provider Number: 1 052167-00  
Date: 02/04/2021  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**233.76**      **233.76**      **10/1/2020**

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

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

|   |
|---|
| <b>Changes:</b>   |
| <input type="checkbox"/> Rate Semester Change               |
| <input checked="" type="checkbox"/> CHOW effective 3/9/2020 |

**Distribution:**

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 No Change in Rate

**Zainab Day**  
Medicaid Cost Reimbursement Planning and Finance

*Zainab Day*

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



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**

NORTHBROOK CENTER FOR REHABILITATION AND HEALING  
575 LAMAR AVE  
BROOKSVILLE, FL 34601

Provider Number: 1 052176-00  
Date: 12/01/2019  
Fiscal Year End: 4/30/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **235.02**    New Rate: **235.02**    Effective Date: **03/09/2020**

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

|                           |
|---------------------------|
| <b>Basis:</b>             |
| _____ Budget              |
| _____ Unaudited costs     |
| _____ Field audited costs |
| _____ Desk audited costs  |

|   |
|---|
| <b>Changes:</b>   |
| _____ Rate Semester Change                                    |
| <input checked="" type="checkbox"/> CHOW effective 03/09/2020 |

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Home Office:

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

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

NORTHBROOK CENTER FOR REHABILITATION AND HEALING  
575 LAMAR AVE  
BROOKSVILLE, FL 34601

Provider Number: 1 052176-00  
Date: 12/01/2019  
Fiscal Year End: 4/30/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**238.22**    **238.22**    **07/01/2020**

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

|                           |
|---------------------------|
| <b>Basis:</b>             |
| _____ Budget              |
| _____ Unaudited costs     |
| _____ Field audited costs |
| _____ Desk audited costs  |

|   |
|---|
| <b>Changes:</b>   |
| _____ Rate Semester Change                                    |
| <input checked="" type="checkbox"/> CHOW effective 03/09/2020 |

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Home Office:

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

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

NORTHBROOK CENTER FOR REHABILITATION AND HEALING  
575 LAMAR AVE  
BROOKSVILLE, FL 34601

Provider Number: 1 052176-00  
Date: 12/01/2019  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**242.11**      **242.11**      **10/1/2020**

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

|                           |
|---------------------------|
| <b>Basis:</b>             |
| _____ Budget              |
| _____ Unaudited costs     |
| _____ Field audited costs |
| _____ Desk audited costs  |

|   |
|---|
| <b>Changes:</b>   |
| _____ Rate Semester Change                                    |
| <input checked="" type="checkbox"/> CHOW effective 03/09/2020 |

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Home Office:

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

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

HARBORCHASE OF VENICE  
950 PINEBROOK ROAD  
VENICE, FL 34285

Provider Number: 1 070993-00  
Date: 02/12/2021  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **225.66**    New Rate: **225.66**    Effective Date: **6/29/2020**

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

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

|  |
|--|
| <b>Changes:</b>  |
| <input type="checkbox"/> Rate Semester Change                |
| <input checked="" type="checkbox"/> CHOW effective 6/29/2020 |

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No Change in Rate

Home Office:

No Home Office

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

*Zainab Day*



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**

HARBORCHASE OF VENICE  
950 PINEBROOK ROAD  
VENICE, FL 34285

Provider Number: 1 070993-00  
Date: 02/12/2021  
Fiscal Year End: 12/31/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**228.73**    **228.73**    **7/1/2020**

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

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

|  |
|--|
| <b>Changes:</b>  |
| <input type="checkbox"/> Rate Semester Change                |
| <input checked="" type="checkbox"/> CHOW effective 6/29/2020 |

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No Change in Rate

Home Office:

No Home Office

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

*Zainab Day*



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**

HARBORCHASE OF VENICE  
950 PINEBROOK ROAD  
VENICE, FL 34285

Provider Number: 1 070993-00  
Date: 02/12/2021  
Fiscal Year End: 12/31/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**229.25**    **229.25**    **10/1/2020**

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

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

|  |
|--|
| <b>Changes:</b>  |
| <input type="checkbox"/> Rate Semester Change                |
| <input checked="" type="checkbox"/> CHOW effective 6/29/2020 |

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No Change in Rate

Home Office:

No Home Office

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

FOUNTAINS REHABILITATION AT MILL COVE

9960 REGENCY SQUARE BLVD

JACKSONVILLE FL, 32225

Provider Number:

1 075659-00

Date:

1/28/2021

Fiscal Year End:

12/31/2017

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|--------------|----------|----------------|
| 225.77       | 225.77   | 9/1/2020       |

Rate Type:

X Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

X Prior Provider Prospective data

Basis:

X Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X CHOW effective 9/01/2020

Distribution:

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No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day

Home Office:

Westminster Services

80 West Lucerne Circle

Orlando, FL 32801





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**

FOUNTAINS REHABILITATION AT MILL COVE  
9960 REGENCY SQUARE BLVD  
JACKSONVILLE FL, 32225

Provider Number: 1 075659-00  
Date: 1/28/2021  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: 225.77      New Rate: 225.77      Effective Date: 10/1/2020

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

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

| Changes:   |  |
|--|--|
| _____ Rate Semester Change                                   |  |
| <input checked="" type="checkbox"/> CHOW effective 9/01/2020 |  |

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

Home Office:

Westminster Services  
80 West Lucerne Circle  
Orlando, FL 32801

**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**

APOPKA HEALTH AND REHABILITATION CENTER  
2001 ALSTON BAY BLVD  
APOPKA, FL 32703

Provider Number: 1 085549-00  
Date: 01/03/2021  
Fiscal Year End: 10/28/2021  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**0.00**      **256.10**      **10/29/2020**

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

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

| Changes:  |
|---|
| <input type="checkbox"/> Rate Semester Change                         |
| <input checked="" type="checkbox"/> New Facility effective 10/29/2020 |

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No Change in Rate

Home Office:

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

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

*Zainab Day*