



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

MEMORANDUM

Date: May 21, 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.	Palm Garden of Gainesville	0 098581-00	FA & RFA	1
2.	Palm Garden of Jacksonville	0 098582-00	FA & RFA	2
3.	Palm Garden of Tampa	0 098590-00	FA & RFA	7
4.	Crosswinds Health and Rehabilitation Center	0 222270-00	Cost Settlement	1
5.	Cross Landings Health and Rehabilitation Center	0 222271-00	Cost Settlement	1
6.	Lakewood Nursing Center	0 312142-00	FA	1
7.	North Port Rehabilitation and Nursing Center	1 036398-00	CHOW	4
8.	Ybor City Center for Rehabilitation and Healing	1 052186-00	CHOW	3
9.	Signature Healthcare Center of Middleburg Rehabilitation	1 082738-00	New Facility	1
			<u>TOTAL:</u>	21

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
009858100	20150901	231.00	0.00	231.00	231.00	89629-21	NH15-030W
009858200	20150101	244.96	0.00	244.96	244.96	89629-21	NH15-032W
009858200	20150901	244.27	0.00	244.27	244.27	89629-21	NH15-032W
009859000	20131101	225.95	0.00	225.95	225.95	89629-21	NH15-037W
009859000	20140101	227.44	0.00	227.44	227.44	89629-21	NH15-037W
009859000	20140701	241.84	0.00	241.84	241.84	89629-21	NH15-037W
009859000	20150101	245.44	0.00	245.44	245.44	89629-21	NH15-037W
009859000	20150901	244.21	0.00	244.21	244.21	89629-21	NH15-037W
009859000	20160901	241.39	0.00	241.39	241.39	89629-21	NH15-037W
009859000	20170901	245.04	0.00	245.04	245.04	89629-21	NH15-037W
022227000	20180301	271.25	0.00	271.25	271.25	89629-21	
022227100	20180301	272.49	0.00	272.49	272.49	89629-21	
031214200	20160901	202.28	0.00	202.28	202.28	89629-21	NH16-182C
103639800	20190801	250.12	0.00	250.12	250.12	89629-21	
103639800	20191001	250.12	0.00	250.12	250.12	89629-21	
103639800	20200701	253.52	0.00	253.52	253.52	89629-21	
103639800	20201001	253.52	0.00	253.52	253.52	89629-21	
105218600	20200309	228.23	0.00	228.23	228.23	89629-21	
105218600	20200701	231.33	0.00	231.33	231.33	89629-21	
105218600	20201001	235.25	0.00	235.25	235.25	89629-21	
108273800	20201006	250.31	0.00	250.31	250.31	89629-21	



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF GAINESVILLE
227 SW 62ND BLVD
GAINESVILLE, FL 32607

Provider Number: 0 098581-00
Date: 2/14/2020
Fiscal Year End: 4/30/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
231.17 **231.00** **9/1/2015**

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH15-030W FYE 4/30/2014

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No Change in Rate

Home Office:

Palm Garden Healthcare Holdings, LLC
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Suite 300
Sarasota, FL 34237



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PALM GARDEN OF JACKSONVILLE
5725 SPRING PARK ROAD
JACKSONVILLE, FL 32216

Provider Number: 0 098582-00
Date: 2/18/2020
Fiscal Year End: 4/30/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
245.21 **244.96** **1/1/2015**

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH15-032W FYE 4/30/2014

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF JACKSONVILLE
5725 SPRING PARK ROAD
JACKSONVILLE, FL 32216

Provider Number: 0 098582-00
Date: 2/18/2020
Fiscal Year End: 4/30/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: 245.10
New Rate: 244.27
Effective Date: 9/1/2015

Rate Type:

Interim

X Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

X Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X FA & RFA #NH15-032W FYE 4/30/2014

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF TAMPA
3612 E 138TH AVE
TAMPA, FL 33613

Provider Number: 0 098590-00
Date: 2/10/2020
Fiscal Year End: 6/30/2014
Audit Status: Revised Field Audit

Provider Type:

Table with 3 columns: Provider Type, Current Rate, New Rate, Effective Date. Row: Nursing Home Single Level, 226.57, 225.95, 11/1/2013

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

Basis: Budget, Unaudited costs, Field audited costs (checked), Desk audited costs

Changes: Rate Semester Change, FA & RFA #NH15-037W FYE 06/30/2014 (checked)

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF TAMPA
3612 E 138TH AVE
TAMPA, FL 33613

Provider Number: 0 098590-00
Date: 2/10/2020
Fiscal Year End: 6/30/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
228.86	227.44	1/1/2014

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	FA & RFA #NH15-037W FYE 06/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF TAMPA

3612 E 138TH AVE

TAMPA, FL 33613

Provider Number:

0 098590-00

Date:

2/10/2020

Fiscal Year End:

6/30/2014

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

243.31

241.84

7/1/2014

Rate Type:

 Interim

 X Prospective

 Total Interim

 Total Prospective

 Interim Component

 Total Prospective with Interim Component

 X Settlement based on cost

 Prior Provider Prospective data

Basis:

 Budget

 Unaudited costs

 X Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X FA & RFA #NH15-037W FYE 06/30/2014

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF TAMPA

3612 E 138TH AVE

TAMPA, FL 33613

Provider Number:

0 098590-00

Date:

2/10/2020

Fiscal Year End:

6/30/2014

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
246.94	245.44	1/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH15-037W FYE 06/30/2014

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF TAMPA

3612 E 138TH AVE

TAMPA, FL 33613

Provider Number:

0 098590-00

Date:

2/10/2020

Fiscal Year End:

6/30/2014

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>245.72</u>	<u>244.21</u>	<u>9/1/2015</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH15-037W FYE 06/30/2014

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No Change in Rate

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PALM GARDEN OF TAMPA

3612 E 138TH AVE

TAMPA, FL 33613

Provider Number:

0 098590-00

Date:

3/12/2020

Fiscal Year End:

9/30/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

243.03

241.39

9/1/2016

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH15-037W FYE
06/30/2014

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PALM GARDEN OF TAMPA

3612 E 138TH AVE

TAMPA, FL 33613

Provider Number:

0 098590-00

Date:

3/12/2020

Fiscal Year End:

9/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

245.04

245.04

9/1/2017

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH15-037W FYE
06/30/2014

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Medicaid Reimbursement Per Diem Rates

CROSSWINDS HEALTH AND REHABILITATION CENTER
13455 W US HWY 90
GREENVILLE, FL 32331

Provider Number: 0 222270-00
Date: 5/28/2020
Fiscal Year End: 2/28/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **263.87** New Rate: **271.25** Effective Date: **3/1/2018**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Cost Settlement FYE 2/28/2018	

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_____ For Information Only

_____ No Change in Rate

Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

CROSS LANDINGS HEALTH AND REHABILITATION CENTER	Provider Number:	0 222271-00
1780 N JEFFERSON HWY	Date:	5/22/2020
MONTICELLO, FL 32344-5536	Fiscal Year End:	2/28/2018
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>265.65</u>	<u>272.49</u>	<u>3/1/2018</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Cost Settlement FYE 2/28/2018	

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_____ No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

LAKWOOD NURSING CENTER

100 N LAKE ST

CRESCENT CITY, FL 32112

Provider Number:

0 312142-00

Date:

12/22/2020

Fiscal Year End:

12/31/2014

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

204.54

New
Rate

202.28

Effective
Date

9/1/2016

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

_____ Settlement based on cost

_____ Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH16-182C FYE 12/31/2014

Distribution:

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Home Office:

Cardinal Resources, LLC

995 Canton St.

Suite 100

Roswell, GA 30075



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Medicaid Reimbursement Per Diem Rates

NORTH PORT REHABILITATION AND NURSING CENTER
6940 OUTREACH WAY
NORTH PORT, FL 34287

Provider Number: 1 036398-00
Date: 3/26/2021
Fiscal Year End: 2/28/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
250.12 **250.12** **8/01/2019**

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	
_____ Unaudited costs	
_____ Field audited costs	
_____ Desk audited costs	

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 8/01/2019	

Distribution:

Contract Management / Fiscal Agent

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Home Office:

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1000 Gates Avenue, Suite 5
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Medicaid Reimbursement Per Diem Rates

NORTH PORT REHABILITATION AND NURSING CENTER
6940 OUTREACH WAY
NORTH PORT, FL 34287

Provider Number: 1 036398-00
Date: 3/26/2021
Fiscal Year End: 2/28/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
250.12 **250.12** **10/01/2019**

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	
_____ Unaudited costs	
_____ Field audited costs	
_____ Desk audited costs	

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 8/01/2019	

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Medicaid Reimbursement Per Diem Rates

NORTH PORT REHABILITATION AND NURSING CENTER
6940 OUTREACH WAY
NORTH PORT, FL 34287

Provider Number: 1 036398-00
Date: 3/26/2021
Fiscal Year End: 2/28/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
253.52 **253.52** **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	
_____ Unaudited costs	
_____ Field audited costs	
_____ Desk audited costs	

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 8/01/2019	

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Medicaid Reimbursement Per Diem Rates

NORTH PORT REHABILITATION AND NURSING CENTER
6940 OUTREACH WAY
NORTH PORT, FL 34287

Provider Number: 1 036398-00
Date: 3/26/2021
Fiscal Year End: 2/28/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
253.52	253.52	10/01/2020

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	
_____ Unaudited costs	
_____ Field audited costs	
_____ Desk audited costs	

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 8/01/2019	

Distribution:

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

YBOR CITY CENTER FOR REHABILITATION & HEALING
1709 TALIAFERRO AVENUE
TAMPA FL, 33602

Provider Number: 1 052186-00
Date: 3/31/2020
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **228.23** New Rate: **228.23** 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:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 3/09/2020	

Distribution:

Contract Management / Fiscal Agent
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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

YBOR CITY CENTER FOR REHABILITATION & HEALING
1709 TALIAFERRO AVENUE
TAMPA FL, 33602

Provider Number: 1 052186-00
Date: 3/31/2020
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **228.23** New Rate: **231.33** Effective Date: **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	
_____ Unaudited costs	
_____ Field audited costs	
_____ Desk audited costs	

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

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2123 Centre Pointe Blvd,
Tallahassee, FL 32308



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

YBOR CITY CENTER FOR REHABILITATION & HEALING
1709 TALIAFERRO AVENUE
TAMPA FL, 33602

Provider Number: 1 052186-00
Date: 3/31/2020
Fiscal Year End: 12/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
231.33 **235.25** **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 3/09/2020	

Distribution:

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_____ No Change in Rate

Home Office:

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

Zainab Day

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF MIDDLEBURG REHAB & WELLNESS CENTER

1280 HENLEY RD.
MIDDLEBURG, FL 32068

Provider Number: 1 082738-00

Date: 03/10/2021

Fiscal Year End: 08/31/2019

Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
0.00	250.31	10/06/2020

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input checked="" 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 10/06/2020

Distribution:

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No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day

Home Office:

Signature Healthcare, LLC
12201 Bluegrass Parkway
Louisville, KY 40299