



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

MEMORANDUM

Date: June 22, 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.	Hawthorne Health & Rehab Sarasota	0 094353-00	FA	10
2.	Plaza Health and Rehab	0 249847-00	CHOW	6
3.	Hawthorne Health and Rehab of Brandon	0 261670-00	FA	2
4.	Lanier Terrace	1 015069-00	CHOW	5
5.	Laurellwood Care Center	1 019603-00	CHOW	5
6.	Harbourwood Care Center	1 019618-00	CHOW	5
7.	Haines City Rehabilitation and Nursing Center	1 036390-00	CHOW	4
8.	Brighton Gardens of Tampa	1 046701-00	CHOW	5
9.	The Court at Palm Aire	1 049264-00	CHOW	3
10.	Harborage of Naples	1 070981-00	CHOW	3
11.	Lakes of Clermont Health and Rehabilitation	1 078570-00	CHOW	2
12.	Sunrise City Post-Acute and Rehab Center	1 081367-00	CHOW	1
13.	Seaside Health and Rehab Center	1 085659-00	CHOW	1
			<u>TOTAL:</u>	52

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
009435300	20130115	227.89	378.70	227.89	227.89	89826-21	NH15-145C
009435300	20130701	233.61	0.00	233.61	233.61	89826-21	NH15-145C
009435300	20140101	234.63	0.00	234.63	234.63	89826-21	NH15-145C
009435300	20140115	234.36	0.00	234.36	234.36	89826-21	NH15-145C
009435300	20140701	242.92	0.00	242.92	242.92	89826-21	NH15-145C
009435300	20140715	242.92	0.00	242.92	242.92	89826-21	NH15-145C
009435300	20150101	252.25	0.00	252.25	252.25	89826-21	NH15-145C
009435300	20150901	255.04	0.00	255.04	255.04	89826-21	NH15-145C
009435300	20160901	257.70	0.00	257.70	257.70	89826-21	NH15-145C
009435300	20170901	248.74	0.00	248.74	248.74	89826-21	NH15-145C
024984700	20180601	251.84	0.00	251.84	251.84	89826-21	
024984700	20181001	252.79	0.00	252.79	252.79	89826-21	
024984700	20190701	249.17	0.00	249.17	249.17	89826-21	
024984700	20191001	249.17	0.00	249.17	249.17	89826-21	
024984700	20200701	252.56	0.00	252.56	252.56	89826-21	
024984700	20201001	252.56	0.00	252.56	252.56	89826-21	
026167000	20160901	216.80	0.00	216.80	216.80	89826-21	NH16-055W
026167000	20170901	229.13	0.00	229.13	229.13	89826-21	NH16-055W
101506900	20181115	212.34	0.00	212.34	212.34	89826-21	
101506900	20190701	212.34	0.00	212.34	212.34	89826-21	
101506900	20191001	212.34	0.00	212.34	212.34	89826-21	
101506900	20200701	215.22	0.00	215.22	215.22	89826-21	
101506900	20201001	222.95	0.00	222.95	222.95	89826-21	
101960300	20181101	213.43	0.00	213.43	213.43	89826-21	
101960300	20190701	209.05	0.00	209.05	209.05	89826-21	
101960300	20191001	208.97	0.00	208.97	208.97	89826-21	
101960300	20200701	211.80	0.00	211.80	211.80	89826-21	
101960300	20201001	217.37	0.00	217.37	217.37	89826-21	
101961800	20181101	230.84	0.00	230.84	230.84	89826-21	
101961800	20190701	210.76	0.00	210.76	210.76	89826-21	
101961800	20191001	210.20	0.00	210.20	210.20	89826-21	
101961800	20200701	213.05	0.00	213.05	213.05	89826-21	
101961800	20201001	217.86	0.00	217.86	217.86	89826-21	
103639000	20190801	244.38	0.00	244.38	244.38	89826-21	
103639000	20191001	244.38	0.00	244.38	244.38	89826-21	
103639000	20200701	247.70	0.00	247.70	247.70	89826-21	
103639000	20201001	247.70	0.00	247.70	247.70	89826-21	
104670100	20190401	247.16	0.00	247.16	247.16	89826-21	
104670100	20190701	247.16	0.00	247.16	247.16	89826-21	
104670100	20191001	247.16	0.00	247.16	247.16	89826-21	
104670100	20200701	250.52	0.00	250.52	250.52	89826-21	
104670100	20201001	249.98	0.00	249.98	249.98	89826-21	
104926400	20200101	253.67	0.00	253.67	253.67	89826-21	
104926400	20200701	257.11	0.00	257.11	257.11	89826-21	
104926400	20201001	262.74	0.00	262.74	262.74	89826-21	
107098100	20200629	272.05	0.00	272.05	272.05	89826-21	
107098100	20200701	275.75	0.00	275.75	275.75	89826-21	
107098100	20201001	275.75	0.00	275.75	275.75	89826-21	
107857000	20200901	243.19	0.00	243.19	243.19	89826-21	
107857000	20201001	245.31	0.00	245.31	245.31	89826-21	
108136700	20201001	255.18	0.00	255.18	255.18	89826-21	
108565900	20201103	244.83	0.00	244.83	244.83	89826-21	



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

HAWTHORNE HEALTH AND REHAB OF SARASOTA
5381 DESOTO ROAD
SARASOTA, FL 34235

Provider Number: 0 094353-00
Date: 6/16/2021
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>239.07</u>	<u>227.89</u>	<u>1/15/2013</u>
	Level H: Aids	<u>389.88</u>	<u>378.70</u>	<u>1/15/2013</u>

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH15-145C FYE 06/30/2014	

Distribution:

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Home Office:

No Home Office

Zainab Day

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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA
5381 DESOTO ROAD
SARASOTA, FL 34235

Provider Number: 0 094353-00
Date: 6/16/2021
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
244.98 **233.61** **7/1/2013**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH15-145C FYE 06/30/2014	

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Home Office:

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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA
5381 DESOTO ROAD
SARASOTA, FL 34235

Provider Number: 0 094353-00
Date: 6/16/2021
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
245.70 **234.63** **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"/> Prior Provider Prospective data	

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

Changes:
<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH15-145C FYE 06/30/2014

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Home Office:

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HAWTHORNE HEALTH AND REHAB OF SARASOTA
5381 DESOTO ROAD
SARASOTA, FL 34235

Provider Number: 0 094353-00
Date: 6/16/2021
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
243.74 **234.36** **1/15/2014**

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"/> Prior Provider Prospective data	

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

Changes:
<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH15-145C FYE 06/30/2014

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Home Office:

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HAWTHORNE HEALTH AND REHAB OF SARASOTA
5381 DESOTO ROAD
SARASOTA, FL 34235

Provider Number: 0 094353-00
Date: 6/16/2021
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **252.54** New Rate: **242.92** Effective Date: **7/1/2014**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH15-145C FYE 06/30/2014	

Distribution:

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Home Office:

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HAWTHORNE HEALTH AND REHAB OF SARASOTA
5381 DESOTO ROAD
SARASOTA, FL 34235

Provider Number: 0 094353-00
Date: 6/16/2021
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
252.54 **242.92** **7/15/2014**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH15-145C FYE 06/30/2014	

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Home Office:

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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA
5381 DESOTO ROAD
SARASOTA, FL 34235

Provider Number: 0 094353-00
Date: 6/16/2021
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
261.88 **252.25** **1/1/2015**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH15-145C FYE 06/30/2014	

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Home Office:

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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA
5381 DESOTO ROAD
SARASOTA, FL 34235

Provider Number: 0 094353-00
Date: 6/16/2021
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
264.50 **255.04** **9/1/2015**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH15-145C FYE 06/30/2014	

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Home Office:

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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA
5381 DESOTO ROAD
SARASOTA, FL 34235

Provider Number: 0 094353-00
Date: 6/16/2021
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **267.05** New Rate: **257.70** Effective Date: **9/1/2016**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH15-145C FYE 06/30/2014	

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Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA
5381 DESOTO ROAD
SARASOTA, FL 34235

Provider Number: 0 094353-00
Date: 6/16/2021
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
257.03 **248.74** **9/1/2017**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Effects of Field Audit #NH15-145C FYE 06/30/2014	

Distribution:

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Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

PLAZA HEALTH AND REHAB
4842 SW ARCHER ROAD
GAINESVILLE, FL 32607

Provider Number: 0 249847-00
Date: 5/18/2021
Fiscal Year End: 4/30/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **256.68** New Rate: **251.84** Effective Date: **6/1/2018**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 6/1/2018	

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office:

Health Care Managers, Inc
2380 Sadler Road Suite 201
Fernandina Beach, FL 32034

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Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PLAZA HEALTH AND REHAB
4842 SW ARCHER ROAD
GAINESVILLE, FL 32607

Provider Number: 0 249847-00
Date: 5/18/2021
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
256.68 **252.79** **10/1/2018**

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 6/01/2018	

Distribution:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Health Care Managers, Inc.
2380 Sadler Road Suite 201
Fernandina Beach, FL 32034



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PLAZA HEALTH AND REHAB
4842 SW ARCHER ROAD
GAINESVILLE, FL 32607

Provider Number: 0 249847-00
Date: 5/18/2021
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
252.79 **249.17** **7/1/2019**

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 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 6/01/2018

Distribution:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Health Care Managers, Inc.
2380 Sadler Road Suite 201
Fernandina Beach, FL 32034



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PLAZA HEALTH AND REHAB
4842 SW ARCHER ROAD
GAINESVILLE, FL 32607

Provider Number: 0 249847-00
Date: 5/18/2021
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
249.17 **249.17** **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 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 6/01/2018

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Health Care Managers, Inc.
2380 Sadler Road Suite 201
Fernandina Beach, FL 32034

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PLAZA HEALTH AND REHAB
4842 SW ARCHER ROAD
GAINESVILLE, FL 32607

Provider Number: 0 249847-00
Date: 5/18/2021
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
249.17 **252.56** **7/1/2019**

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 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 6/01/2018

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

PLAZA HEALTH AND REHAB
4842 SW ARCHER ROAD
GAINESVILLE, FL 32607

Provider Number: 0 249847-00
Date: 5/18/2021
Fiscal Year End: 12/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
252.56 252.56 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 6/01/2018	

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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF BRANDON
851 WEST LUMSDEN RD
BRANDON, FL 33511

Provider Number: 0 261670-00
Date: 12/2/2020
Fiscal Year End: 6/30/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
219.60 **216.80** **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-055W FYE 6/30/2015	

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Home Office:

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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF BRANDON
851 WEST LUMSDEN RD
BRANDON, FL 33511

Provider Number: 0 261670-00
Date: 12/2/2020
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **229.07** New Rate: **229.13** Effective Date: **9/1/2017**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Effects of Field Audit #NH 16-055W FYE 6/30/2015	

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Home Office:

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Medicaid Reimbursement Per Diem Rates

LANIER TERRACE	Provider Number:	1 015069-00
12740 LANIER ROAD	Date:	5/19/2021
JACKSONVILLE, FL 32226	Fiscal Year End:	9/30/2017
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<u>201.96</u>	<u>212.34</u>	<u>11/15/2018</u>

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
Total Interim	Total Prospective
Interim Component	Total Prospective with Interim Component
<input type="checkbox"/> 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 11/15/2018	

Distribution:

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Medicaid Reimbursement Per Diem Rates

LANIER TERRACE	Provider Number:	1 015069-00
12740 LANIER ROAD	Date:	5/19/2021
JACKSONVILLE, FL 32226	Fiscal Year End:	9/30/2017
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		212.34	212.34	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	
_____ Unaudited costs	
_____ Field audited costs	
_____ Desk audited costs	

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/15/2018	

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

LANIER TERRACE	Provider Number:	1 015069-00
12740 LANIER ROAD	Date:	5/19/2021
JACKSONVILLE, FL 32226	Fiscal Year End:	9/30/2017
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		212.34	212.34	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:	
<input checked="" type="checkbox"/> Budget	
_____ Unaudited costs	
_____ Field audited costs	
_____ Desk audited costs	

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/15/2018	

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Medicaid Reimbursement Per Diem Rates

LANIER TERRACE	Provider Number:	1 015069-00
12740 LANIER ROAD	Date:	5/19/2021
JACKSONVILLE, FL 32226	Fiscal Year End:	9/30/2017
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		212.34	215.22	7/1/2020

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 11/15/2018	

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Medicaid Reimbursement Per Diem Rates

LANIER TERRACE	Provider Number:	1 015069-00
12740 LANIER ROAD	Date:	5/19/2021
JACKSONVILLE, FL 32226	Fiscal Year End:	9/30/2017
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>215.22</u>	<u>222.95</u>	<u>10/1/2020</u>

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 11/15/2018

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Medicaid Reimbursement Per Diem Rates

LAURELLWOOD CARE CENTER
3127 57TH AVE N
SAINT PETERSBURG, FL 33714

Provider Number: 1 019603-00
Date: 3/26/2021
Fiscal Year End: 5/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **213.43** New Rate: **213.43** Effective Date: **11/1/2018**

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 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 11/1/2018

Distribution:

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Home Office: Senior Care Group, Inc.
1240 Marbella Plaza Drive
Tampa, FL 33619



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAURELLWOOD CARE CENTER
3127 57TH AVE N
SAINT PETERSBURG, FL 33714

Provider Number: 1 019603-00
Date: 3/26/2021
Fiscal Year End: 5/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
213.43 **209.05** **07/1/2019**

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 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 11/1/2018

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

LAURELLWOOD CARE CENTER
3127 57TH AVE N
SAINT PETERSBURG, FL 33714

Provider Number: 1 019603-00
Date: 3/26/2021
Fiscal Year End: 5/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **209.05** New Rate: **208.97** Effective Date: **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 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 11/1/2018

Distribution:

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Medicaid Reimbursement Per Diem Rates

LAURELLWOOD CARE CENTER
3127 57TH AVE N
SAINT PETERSBURG, FL 33714

Provider Number: 1 019603-00
Date: 3/26/2021
Fiscal Year End: 5/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
208.97 **211.80** **07/1/2020**

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 11/1/2018	

Distribution:

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Medicaid Reimbursement Per Diem Rates

LAURELLWOOD CARE CENTER
3127 57TH AVE N
SAINT PETERSBURG, FL 33714

Provider Number: 1 019603-00
Date: 3/26/2021
Fiscal Year End: 5/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
211.80 **217.37** **10/1/2020**

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 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 11/1/2018

Distribution:

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Medicaid Reimbursement Per Diem Rates

HARBOURWOOD CARE CENTER
549 SKY HARBOR DR. BLDG 31
CLEARWATER, FL 33759

Provider Number: 1 019618-00
Date: 5/11/2021
Fiscal Year End: 5/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
215.79 **230.84** **11/01/2018**

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/01/2018	

Distribution:

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Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBOURWOOD CARE CENTER
549 SKY HARBOR DR. BLDG 31
CLEARWATER, FL 33759

Provider Number: 1 019618-00
Date: 5/11/2021
Fiscal Year End: 5/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
230.84 **210.76** **7/1/2019**

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 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 11/01/2018

Distribution:

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Medicaid Reimbursement Per Diem Rates

HARBOURWOOD CARE CENTER
549 SKY HARBOR DR. BLDG 31
CLEARWATER, FL 33759

Provider Number: 1 019618-00
Date: 5/11/2021
Fiscal Year End: 5/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>210.76</u>	<u>210.20</u>	<u>10/1/2019</u>

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 11/01/2018	

Distribution:

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Zainab Day

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Medicaid Reimbursement Per Diem Rates

HARBOURWOOD CARE CENTER
549 SKY HARBOR DR. BLDG 31
CLEARWATER, FL 33759

Provider Number: 1 019618-00
Date: 5/11/2021
Fiscal Year End: 5/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
210.20 **213.05** **7/1/2020**

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 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 11/01/2018

Distribution:

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

Zainab Day

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Medicaid Reimbursement Per Diem Rates

HARBOURWOOD CARE CENTER
549 SKY HARBOR DR. BLDG 31
CLEARWATER, FL 33759

Provider Number: 1 019618-00
Date: 5/11/2021
Fiscal Year End: 5/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
213.05 **217.86** **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 11/01/2018	

Distribution:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day

Home Office:

Senior Care Group Inc.
1240 Marbella Plaza Drive
Tampa, FL 33619



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

HAINES CITY REHABILITATION AND NURSING CENTER
409 S 10TH ST
HAINES CITY, FL 33844

Provider Number: 1 036390-00
Date: 3/26/2020
Fiscal Year End: 11/30/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **244.38** New Rate: **244.38** Effective Date: **8/01/2019**

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 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 8/01/2019

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Home Office:

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

Zainab Day

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Zainab Day



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAINES CITY REHABILITATION AND NURSING CENTER
409 S 10TH ST
HAINES CITY, FL 33844

Provider Number: 1 036390-00
Date: 3/26/2020
Fiscal Year End: 11/30/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
244.38 **244.38** **10/01/2019**

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 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 8/01/2019

Distribution:

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No Change in Rate

Home Office:

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Cordova, TN 38016

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Medicaid Reimbursement Per Diem Rates

HAINES CITY REHABILITATION AND NURSING CENTER
409 S 10TH ST
HAINES CITY, FL 33844

Provider Number: 1 036390-00
Date: 3/26/2020
Fiscal Year End: 11/30/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
244.38 **247.70** **7/01/2020**

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 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 8/01/2019

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No Change in Rate

Home Office:

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAINES CITY REHABILITATION AND NURSING CENTER
409 S 10TH ST
HAINES CITY, FL 33844

Provider Number: 1 036390-00
Date: 3/26/2020
Fiscal Year End: 11/30/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
247.70 **247.70** **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	

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Home Office: M-K Management LLC
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BRIGHTON GARDENS OF TAMPA
16702 NORTH DALE MABRY HWY
TAMPA, FL 33618-1055

Provider Number: 1 046701-00
Date: 3/11/2021
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
248.70 247.16 4/1/2019

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	
_____ Unaudited costs	
_____ Field audited costs	
_____ Desk audited costs	

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

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_____ No Change in Rate

Home Office:

Sunrise Senior Living Services, Inc
7900 Westpark Drive, STE T900
McLean, VA 22102

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Medicaid Reimbursement Per Diem Rates

BRIGHTON GARDENS OF TAMPA
16702 NORTH DALE MABRY HWY
TAMPA, FL 33618

Provider Number: 1 046701-00
Date: 3/11/2021
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
247.16 **247.16** **7/1/2019**

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

Distribution:

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Home Office: Sunrise Senior Living Services, Inc
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Medicaid Reimbursement Per Diem Rates

BRIGHTON GARDENS OF TAMPA
16702 NORTH DALE MABRY HWY
TAMPA, FL 33618

Provider Number: 1 046701-00
Date: 3/11/2021
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
247.16 247.16 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:
<input checked="" type="checkbox"/> Budget
_____ Unaudited costs
_____ Field audited costs
_____ Desk audited costs

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

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Home Office:

Sunrise Senior Living Services, Inc
7900 Westpark Drive, STE T900
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Medicaid Reimbursement Per Diem Rates

BRIGHTON GARDENS OF TAMPA
16702 NORTH DALE MABRY HWY
TAMPA, FL 33618

Provider Number: 1 046701-00
Date: 3/11/2021
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
247.16 250.52 7/1/2020

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 4/01/2019

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7900 Westpark Drive, STE T900
McLean, VA 22102



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Medicaid Reimbursement Per Diem Rates

BRIGHTON GARDENS OF TAMPA
16702 NORTH DALE MABRY HWY
TAMPA, FL 33618

Provider Number: 1 046701-00
Date: 3/11/2021
Fiscal Year End: 12/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
250.52 **249.98** **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 4/01/2019	

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_____ No Change in Rate

Home Office:

Sunrise Senior Living Services, Inc
7900 Westpark Drive, STE T900
McLean, VA 22102

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Medicaid Reimbursement Per Diem Rates

THE COURT AT PALM AIRE
2701 N COURSE DR
POMPANO BEACH, FL 33069

Provider Number: 1 049264-00
Date: 5/24/2021
Fiscal Year End: 12/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **251.25** New Rate: **253.67** Effective Date: **1/1/2020**

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 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 1/01/2020

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Five Star Quality Care, Inc.
400 Centre Street
Newton, MA 02458

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 COURT AT PALM AIRE
2701 N COURSE DR
POMPANO BEACH, FL 33069

Provider Number: 1 049264-00
Date: 5/24/2021
Fiscal Year End: 12/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
253.67 **257.11** **7/1/2020**

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 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 1/01/2020

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Five Star Quality Care, Inc.
400 Centre Street
Newton, MA 02458

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE COURT AT PALM AIRE
2701 N COURSE DR
POMPANO BEACH, FL 33069

Provider Number: 1 049264-00
Date: 5/24/2021
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
257.11 **262.74** **10/1/2020**

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 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 1/01/2020

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Five Star Quality Care, Inc.
400 Centre Street
Newton, MA 02458

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBORCHASE OF NAPLES
7801 AIRPORT PULLING ROAD N
NAPLES, FL 34109

Provider Number: 1 070981-00
Date: 03/04/2021
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
272.05 272.05 6/29/2020

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 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 6/29/2020

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office:

No Home Office

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBORCHASE OF NAPLES
7801 AIRPORT PULLING ROAD N
NAPLES, FL 34109

Provider Number: 1 070981-00
Date: 03/04/2021
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
272.05 **275.75** **7/01/2020**

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 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 6/29/2020

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

No Home Office

Zainab Day

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Medicaid Reimbursement Per Diem Rates

HARBORCHASE OF NAPLES
7801 AIRPORT PULLING ROAD N
NAPLES, FL 34109

Provider Number: 1 070981-00
Date: 03/04/2021
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **275.75** New Rate: **275.75** Effective Date: **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 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 6/29/2020

Distribution:

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_____ No Change in Rate

Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

LAKES OF CLERMONT HEALTH AND REHAB CENTER
1775 HOOKS ST
CLERMONT, FL 34711

Provider Number: 1 078570-00
Date: 4/09/2020
Fiscal Year End: 3/12/2021
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
239.93 **243.19** **9/1/2020**

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 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 9/01/2020

Distribution:

Contract Management / Fiscal Agent
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Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day

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



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKES OF CLERMONT HEALTH AND REHAB CENTER
1775 HOOKS ST
CLERMONT, FL 34711

Provider Number: 1 078570-00
Date: 4/09/2020
Fiscal Year End: 3/12/2021
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
243.19 **245.31** **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:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 9/01/2020	

Distribution:

Contract Management / Fiscal Agent
Permanent File
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Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUNRISE CITY POST-ACUTE AND REHAB CENTER
700 SOUTH 29TH STREET
FORT PIERCE FL, 34947

Provider Number: 1 081367-00
Date: 5/25/2021
Fiscal Year End: 5/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **255.18** New Rate: **255.18** 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 10/01/2020	

Distribution:

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Home Office:

Zainab Day

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Medicaid Reimbursement Per Diem Rates

SEASIDE HEALTH AND REHABILITATION CENTER

324 WILDER BOULEVARD

DAYTONA BEACH FL, 32114

Provider Number:

1 085659-00

Date:

5/27/2021

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

244.83

New
Rate

244.83

Effective
Date

11/3/2020

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 10/01/2020

Distribution:

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_____ For Information Only

_____ No Change in Rate

Home Office:

Senior Care Group Inc.
1240 Marbella Plaza Drive
Tampa, FL 33619

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