

MEMORANDUM

Date: June 22, 2021

To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking

From: *From: From: From: From: Comparison Comparison*

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.

	Provider Name	Provider Number	Type of Action	Number of Rate Change Notices
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.	Harborchase 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		
	Effective Date						
Provider	Format YYYYMMDD	Intermediate I	Skilled AIDS	Intermediate II		MFAO	Audit
Number 009435300	20130115	(IN1) 227.89	(SKA) 378.70	(IN2) 227.89	Skilled (SKD) 227.89	number 89826-21	Number NH15-145C
009435300	20130701	233.61	0.00	233.61	233.61	89826-21	NH15-145C NH15-145C
009435300	20130701	234.63	0.00	233.61	233.61	89826-21	NH15-145C
009435300	20140101	234.03	0.00	234.05	234.05	89826-21	NH15-145C
009435300	20140113	234.30	0.00	234.30	234.30	89826-21	NH15-145C
009435300	20140701	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	11110-1400
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	



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEAL	TH AND REHAB OF SARASOTA	Provider Number:		0 094353-00		
5381 DESOTO ROAD		Date:	6/16/2021			
SARASOTA, FL 3423	35	Fiscal Year End:		6/30/2014		
		Audit Status:		Field Au	dited	
Provider Type:						
			Current <u>Rate</u>	New <u>Rate</u>	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:	:					
X Interin	n	Prospective				
	Total Interim	Tot	al Prospective	;		
	Interim Component	Tot	al Prospective	with Interim	Component	
	X Settlement based on cost					
	Prior Provider Prospective	e data				
Basis:		Changes:				
Dusis.			ster Change			
Bud	get		it #NH15-145	C FYE 06/30	/2014	
Una	udited costs					
X Field	d audited costs					
Desl	k audited costs					
Distribution:			Zainab Day			
Contract Management	/ Fiscal Agent	Medicaid Cost Rein		-	Finance	
Permanent File		7	ainab I	Day		
For Informatic	on Only	0		0		
No Change in I	Rate					
Home Offi	ce: No Home Office					
ZKZPV Rep	ort Calculated: 6/16/2021 9:38:00 AM	Report Printed :6/16/2021 ID: 09	9435306302014	401152013122	92014121958	



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA	Provider Number:		0 094353-00		
5381 DESOTO ROAD	Date:	6/16/2021			
SARASOTA, FL 34235	Fiscal Year End:		6/30/2014		
	Audit Status:	Field Audited		lited	
Provider Type:					
Nursing Home Single Level		Current <u>Rate</u> 244.98	New <u>Rate</u> 233.61	Effective <u>Date</u> <u>7/1/2013</u>	

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

Basis:		Changes:	
	D. I. d		Rate Semester Change
	Budget	<u> </u>	Field Audit #NH15-145C FYE 06/30/2014
	Unaudited costs		
Х	Field audited costs		
	Desk audited costs		

Distribution:			Zainab Day
Contract Management / Fiscal	Agent	Medicaid C	ost Reimbursement Planning and Finance
Permanent File			Zainab Day
For Information Only			
No Change in Rate			
Home Office:	No Home Office		
7V7DV Deport Color	lated: 6/16/2021 0.28:00 AM	Depart Drinted (6/16/2021	ID: 004252062020140115201212202014121058
ZKZPV Report Calcu	llated: 6/16/2021 9:38:00 AM	Report Printed :6/16/2021	ID: 094353063020140115201312292014121958



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA	Provider Number:		0 094353-00		
5381 DESOTO ROAD	Date:		6/16/2021		
SARASOTA, FL 34235	Fiscal Year End:		6/30/2014		
	Audit Status:	Field Audited		lited	
Provider Type:					
Nursing Home Single Level		Current <u>Rate</u> 245.70	New <u>Rate</u> 234.63	Effective <u>Date</u> <u>1/1/2014</u>	

Rate	Type:				
X	Interim		P	rospective	
	-	Total Interim			Total Prospective
		Interim Component			Total Prospective with Interim Component
	Х	Settlement based on cost			
		Prior Provider Prospective data			

Basis:		Changes:]
			Rate Semester Change
	Budget	X	Field Audit #NH15-145C FYE 06/30/2014
	Unaudited costs		
Х	Field audited costs		
	Desk audited costs		

Distribution:			Zainab Day				
Contract Management / Fiscal	Agent	Medicaid C	ost Reimbursement Planning and Finance				
Permanent File			ost Reimbursement Planning and Finance Zainab Day				
For Information Only							
No Change in Rate							
Home Office:	No Home Office						
ZKZPV Report Calcu	lated: 6/16/2021 9:38:00 AM	Report Printed :6/16/2021	ID: 094353063020140115201312292014121958				



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA	Provider Number:		0 094353-00		
5381 DESOTO ROAD	Date:		6/16/2021		
SARASOTA, FL 34235	Fiscal Year End:		6/30/2014		
	Audit Status:		Field Auc	lited	
Provider Type:					
Nursing Home Single Level		Current <u>Rate</u> 243.74	New <u>Rate</u> 234.36	Effective <u>Date</u> 1/15/2014	

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

Basis:		Changes:]
			Rate Semester Change
	Budget	X	Field Audit #NH15-145C FYE 06/30/2014
	Unaudited costs		
Х	Field audited costs		
	Desk audited costs		

Distribution:			Zainab Day				
Contract Management / Fiscal	Agent	Medicaid Co	ost Reimbursement Planning and Finance				
Permanent FileFor Information Only		Medicaid Cost Reimbursement Planning and Finance					
No Change in Rate							
Home Office:	No Home Office						
ZKZPV Report Calcu	ulated: 6/16/2021 9:38:00 AM	Report Printed :6/16/2021	ID: 094353063020140115201312292014121958				



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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA	Provider Number:		0 094353-00		
5381 DESOTO ROAD	TO ROAD Date: 6/16/20		6/16/202	21	
SARASOTA, FL 34235	Fiscal Year End:	6/30/2014		14	
	Audit Status:	Field Audited			
Provider Type:					
Nursing Homo Single Lovel		Current <u>Rate</u>	New <u>Rate</u> 242.92	Effective <u>Date</u> 7/1/2014	
Nursing Home Single Level		<u>252.54</u>	<u> 242.92</u>	<u>//1/2014</u>	

Rate Typ	pe:				
Inte	erim		Х	Prospective	
		Total Interim			Total Prospective
		Interim Component			Total Prospective with Interim Component
	Х	Settlement based on cost			-
		Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH15-145C FYE 06/30/2014
	Unaudited costs		
Х	Field audited costs		
	Desk audited costs		
	-		

Distribution:			Zainab Day				
Contract Management / Fiscal	Agent	Medicaid C	ost Reimbursement Planning and Finance				
Permanent File			Zainab Day				
For Information Only							
No Change in Rate							
Home Office:	No Home Office						
ZKZPV Report Calcu	lated: 6/16/2021 9:38:00 AM	Report Printed :6/16/2021	ID: 094353063020140115201312292014121958				



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA	Provider Number:		0 094353-00		
5381 DESOTO ROAD	Date:		6/16/202	21	
SARASOTA, FL 34235	Fiscal Year End:		6/30/2014		
	Audit Status:		Field Auc	lited	
Provider Type:					
Nursing Home Single Level		Current <u>Rate</u> 252.54	New <u>Rate</u> 242.92	Effective <u>Date</u> 7/15/2014	

Rate 7	Гуре:				
I	Interim		Х	Prospective	
		Total Interim			Total Prospective
		Interim Component			Total Prospective with Interim Component
_	Х	Settlement based on cost			-
_		Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH15-145C FYE 06/30/2014
	Unaudited costs		
Х	Field audited costs		
	Desk audited costs		
	-		

Distribution:			Zainab Day				
Contract Management / Fiscal	Agent	Medicaid Co	ost Reimbursement Planning and Finance				
Permanent File			ost Reimbursement Planning and Finance Zainab Day				
For Information Only							
No Change in Rate							
Home Office:	No Home Office						
ZKZPV Report Calcu	lated: 6/16/2021 9:38:00 AM	Report Printed :6/16/2021	ID: 094353063020140115201312292014121958				



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA	Provider Number:		0 094353-00		
5381 DESOTO ROAD	Date:		6/16/202	21	
SARASOTA, FL 34235	Fiscal Year End:	6/30/2014		14	
	Audit Status:		Field Audited		
Provider Type:					
Nursing Home Single Level		Current <u>Rate</u> 261.88	New <u>Rate</u> 252.25	Effective <u>Date</u> <u>1/1/2015</u>	

Rate T	ype:				
Ir	nterim		Х	Prospective	
		Total Interim			Total Prospective
		Interim Component			Total Prospective with Interim Component
	Х	Settlement based on cost			-
		Prior Provider Prospective data			

Basis:		Changes:	
		Rate Semester Change	
	Budget	X Field Audit #NH15-145C FYE 06/30/2014	
	Unaudited costs		
X	Field audited costs		
	Desk audited costs		

Distribution:			Zainab Day
Contract Management / Fiscal	Agent	Medicaid Co	ost Reimbursement Planning and Finance
Permanent File			Zainab Day
For Information Only			
No Change in Rate			
Home Office:	No Home Office		
ZKZPV Report Calcu	lated: 6/16/2021 9:38:00 AM	Report Printed :6/16/2021	ID: 094353063020140115201312292014121958



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA	Provider Number:		0 094353-00		
5381 DESOTO ROAD	Date:	6/16/2021			
SARASOTA, FL 34235	Fiscal Year End:		6/30/2014		
	Audit Status: Field Aud		dited		
Provider Type:					
Nursing Home Single Level		Current <u>Rate</u> 264.50	New <u>Rate</u> 255.04	Effective <u>Date</u> 9/1/2015	

Rate T	ype:				
Ir	nterim		Х	Prospective	
		Total Interim			Total Prospective
		Interim Component			Total Prospective with Interim Component
	Х	Settlement based on cost			-
		Prior Provider Prospective data			

Basis:		Changes:	
		Rate Semester Change	
	Budget	X Field Audit #NH15-145C FYE 06/30/2014	
	Unaudited costs		
X	Field audited costs		
	Desk audited costs		

Distribution:			Zainab Day			
Contract Management / Fi	scal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent FileFor Information Only		Zainab Day				
No Change in Rate						
Home Office:	No Home Office					
ZKZPV Report C	Calculated: 6/16/2021 9:38:00 AM	Report Printed :6/16/2021	ID: 094353063020140115201312292014121958			



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Provider Number:		0 094353	-00	
Date:	Date: 6/16/2021		21	
Fiscal Year End:		6/30/2014		
Audit Status:		Field Audited		
	Current <u>Rate</u> 267.05	New <u>Rate</u> 257.70	Effective <u>Date</u> 9/1/2016	
	Date: Fiscal Year End:	Date: Fiscal Year End: Audit Status: Current	Date: 6/16/202 Fiscal Year End: 6/30/20 Audit Status: Field Aud Current New Rate Rate	

Rate 7	Гуре:				
]	Interim		Х	Prospective	
		Total Interim			Total Prospective
		Interim Component			Total Prospective with Interim Component
	Х	Settlement based on cost			-
		Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH15-145C FYE 06/30/2014
	Unaudited costs		
Х	Field audited costs		
	Desk audited costs		

Distribution:			Zainab Day
Contract Management / Fiscal	Agent	Medicaid C	
Permanent FileFor Information Only			ost Reimbursement Planning and Finance Zainab Day
No Change in Rate			
Home Office:	No Home Office		
ZKZPV Report Calcu	llated: 6/16/2021 9:38:00 AM	Report Printed :6/16/2021	ID: 094353063020140115201312292014121958



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA	Provider Number:		0 094353	-00	
5381 DESOTO ROAD	Date:	Pate: 6/16/2021		21	
SARASOTA, FL 34235	Fiscal Year End:	12/31/2016)16	
	Audit Status:		Unaudited		
Provider Type:					
Nursing Home Single Level		Current <u>Rate</u> 257.03	New <u>Rate</u> 248.74	Effective <u>Date</u> 9/1/2017	

Rate Type:				
Interim		Х	Prospective	
	Total Interim		X	Total Prospective
	Interim Component			Total Prospective with Interim Component
	Settlement based on cost			-
	Prior Provider Prospective data			

Basis:]	Changes:	
X	Budget Unaudited costs Field audited costs Desk audited costs	X	Rate Semester Change Effects of Field Audit #NH15-145C FYE 06/30/2014

Distribution: Contract Management / Fiscal Agent Permanent File For Information Only			Zainab Day
		Medicaid C	ost Reimbursement Planning and Finance
			ost Reimbursement Planning and Finance Zainab Day
No Change in Rate			
Home Office:	No Home Office		
ZKZPV Report Calcu	llated: 6/16/2021 9:38:00 AM	Report Printed :6/16/2021	ID: 094353123120160101201604172017083605



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PLAZA HEALTH AND REHAB	Provider Number:		0 249847-	-00
4842 SW ARCHER ROAD	Date:	te: 5/18/2021		
GAINESVILLE, FL 32607	Fiscal Year End:	4/30/2019		19
	Audit Status: Unaudited		ed	
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 256.68	New <u>Rate</u> 251.84	Effective <u>Date</u> <u>6/1/2018</u>

Rate	Type:				
Х	Interim		F	Prospective	
	X	Total Interim			Total Prospective
		Interim Component			Total Prospective with Interim Component
		Settlement based on cost	_		
		Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
Х	Budget	X	CHOW effective 6/1/2018
	Unaudited costs		
	Field audited costs		
	Desk audited costs		
	_		

Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office:		Zainab Day					
		Medicaid Co	·				
			st Reimbursement Planning and Finance				
			0				
	2380 Sadler Road Suite 201						
	Fernandina Beach, FL 32034						
EX7KB Report Calc	ulated: 5/18/2021 3:58:02 PM	Report Printed :5/18/2021	ID:				



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PLAZA HEALTH AND REHAB	Provider Number:		0 249847	-00
4842 SW ARCHER ROAD	Date:	5/18/2021		
GAINESVILLE, FL 32607	Fiscal Year End:	12/31/2016		16
	Audit Status:	Unaudited		
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		256.68	<u>252.79</u>	1 <u>0/1/2018</u>

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

Basis:		Changes:	
			Rate Semester Change
Х	Budget	X	CHOW effective 6/01/2018
	Unaudited costs		
	Field audited costs		
	Desk audited costs		
	_		

Distribution:	Zainab Day
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	Medicaid Cost Reimbursement Planning and Finance Zainab Day
For Information Only	
No Change in Rate	
Home Office: Health Ca	re Managers, Inc.
2380 Sad	ler Road Suite 201
Fernandir	a Beach, FL 32034
XXX708 Report Calculated: 5/18/202	21 3:58:02 PM Report Printed :5/18/2021 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PLAZA HEALTH AND REHAB	Provider Number:		0 249847	-00
4842 SW ARCHER ROAD	Date: 5/18/2021			21
GAINESVILLE, FL 32607	Fiscal Year End:	12/31/2016		16
	Audit Status:		Unaudited	
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>252.79</u>	<u>249.17</u>	7/1/2019

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

Basis:		Changes:	
X	Budget Unaudited costs	X	Rate Semester Change CHOW effective 6/01/2018
	Field audited costs Desk audited costs		

Distribution:		Zainab Day				
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Planning and Finance Zainab Day				
						For Information Only
No Change in Rate						
Home Office: Health Care Managers, Inc.						
2380 Sadler Road Suite 201						
	Fernandina Beach, FL 32034					
XXX708 Report Calcula	tted: 5/18/2021 3:58:02 PM Rep	ort Printed :5/18/2021	ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PLAZA HEALTH AND REHAB	Provider Number:		0 249847	-00
4842 SW ARCHER ROAD	Date:		5/18/202	21
GAINESVILLE, FL 32607	VILLE, FL 32607 Fiscal Year End: 12/31/2010		16	
	Audit Status:	Unaudited		
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		249.17	<u>249.17</u>	1 <u>0/1/2019</u>

Rate	Type:				
X	Interim	_		Prospective	
		Total Interim			Total Prospective
		Interim Component	_		Total Prospective with Interim Component
		Settlement based on cost	-		
	Х	Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
Х	Budget	X	CHOW effective 6/01/2018
	Unaudited costs		
	Field audited costs		
	Desk audited costs		
	_		

Distribution:	Zainab Day					
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File	Zainab Day					
For Information Only						
No Change in Rate						
Home Office: Health Care Managers, Inc.						
2380 Sadler Road Suite 201						
Fernandina Beach, FL 32034						
XXX708 Report Calculated: 5/18/2021 3:58:02 PM Report	ort Printed :5/18/2021 ID:					



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PLAZA HEALTH AND REHAB	Provider Number:		0 249847-	-00
4842 SW ARCHER ROAD	Date:	Date: 5/18		
GAINESVILLE, FL 32607	Fiscal Year End:	End: 12/31/2016		16
	Audit Status:	Unaudited		ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>249.17</u>	<u>252.56</u>	<u>7/1/2019</u>

Rate	Type:				
X	Interim			Prospective	
		Total Interim			Total Prospective
		Interim Component	-		Total Prospective with Interim Component
		Settlement based on cost	-		
	Х	Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
Х	Budget	X	CHOW effective 6/01/2018
	Unaudited costs		
	Field audited costs		
	Desk audited costs		

Distribution:	Zainab Day
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	Zainab Day
For Information Only	
No Change in Rate	
Home Office: Health Ca	re Managers, Inc.
2380 Sadl	er Road Suite 201
Fernandin	a Beach, FL 32034
XXX708 Report Calculated: 5/18/202	21 3:58:02 PM Report Printed :5/18/2021 ID:



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PLAZA HEALTH AND REHAB	Provider Number:		0 249847	-00
4842 SW ARCHER ROAD	Date:		5/18/202	21
GAINESVILLE, FL 32607	Fiscal Year End:	12/31/2018		.8
	Audit Status:	Unaudited		
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		252.56	<u>252.56</u>	<u>10/1/2020</u>

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

Basis:		Changes:	
			Rate Semester Change
Х	Budget	X	CHOW effective 6/01/2018
	Unaudited costs		
	Field audited costs		
	Desk audited costs		
	_		

Distribution:	Zainab Day
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	Medicaid Cost Reimbursement Planning and Finance Zainab Day
For Information Only	
No Change in Rate	
Home Office: Health Care M	anagers, Inc.
2380 Sadler Re	ad Suite 201
Fernandina Be	ach, FL 32034
XXX708 Report Calculated: 5/18/2021 3:5	8:02 PM Report Printed :5/18/2021 ID:



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF BRANDON	Provider Number:		0 261670	-00
851 WEST LUMSDEN RD	Date:		12/2/202	20
BRANDON, FL 33511	Fiscal Year End: 6/30/2015		15	
	Audit Status:		Field Auc	lited
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 219.60	New <u>Rate</u> 216.80	Effective <u>Date</u> 9/1/2016

Rate Type:				
Interim		Х	Prospective	
	Total Interim		X	Total Prospective
	Interim Component			Total Prospective with Interim Component
	Settlement based on cost			-
	Prior Provider Prospective data			

Basis:]	Changes:	
			Rate Semester Change
	Budget	X	Field Audit #NH16-055W FYE 6/30/2015
	Unaudited costs		
X	Field audited costs		
	Desk audited costs		
	-		

Distribution: Contract Management / Fiscal Agent Permanent File			Zainab Day				
		Medicaid Co	ost Reimbursement Planning and Finance				
			Zainab Day				
For Information Only							
No Change in Rate							
Home Office:	No Home Office						
88ZJ0 Report Calcu	alated: 12/2/2020 3:04:34 PM	Report Printed :12/2/2020	ID: 261670063020150701201411242015104224				



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF BRANDON	Provider Number:		0 261670	-00
851 WEST LUMSDEN RD	Date:		12/2/202	20
BRANDON, FL 33511	Fiscal Year End:		6/30/20	16
	Audit Status: Una			ed
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 229.07	New <u>Rate</u> 229.13	Effective <u>Date</u> 9/1/2017

Rate T	ype:				
Iı	nterim		Х	Prospective	
		Total Interim		X	Total Prospective
		Interim Component			Total Prospective with Interim Component
		Settlement based on cost			-
_		Prior Provider Prospective data			

Basis:]	Changes:	
X	Budget Unaudited costs Field audited costs Desk audited costs	X	Rate Semester Change Effects of Field Audit #NH 16-055W FYE 6/30/2015

Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate			Zainab Day
		Medicaid Co	ost Reimbursement Planning and Finance
			Zainab Day
Home Office:	No Home Office		
88ZJ0 Report Calc	ulated: 12/2/2020 3:04:34 PM	Report Printed :12/2/2020	ID: 261670063020160701201501122017091403



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LANIER TERRACE	Provider Number:		1 015069-	-00
12740 LANIER ROAD	Date:		5/19/202	21
JACKSONVILLE, FL 32226	Fiscal Year End:	End: 9/30/2017		17
	Audit Status:		Unaudit	ted
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>201.96</u>	<u>212.34</u>	<u>11/15/2018</u>

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

Basis:		Changes:	
			Rate Semester Change
Х	Budget	X	CHOW effective 11/15/2018
	Unaudited costs		
	Field audited costs		
	Desk audited costs		
	-		

Distribution:		Zainab Day				
Contract Management / Fisc	al Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File		Zainab Day				
For Information Onl	у					
No Change in Rate						
Home Office: Southern Healthcare Management 101 Sunnytown Rd Ste 201 Casselberry, FL 32707		ment				
XXX805 Report Cal	culated: 5/19/2021 2:00 PM	Report Printed :5/19/2021 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LANIER TERRACE	Provider Number:		1 015069-	00
12740 LANIER ROAD	Date:		5/19/202	1
JACKSONVILLE, FL 32226	Fiscal Year End:	9/30/2017		7
	Audit Status:		Unaudit	ed
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 212.34	New <u>Rate</u> 212.34	Effective <u>Date</u> 7/1/2019
Nursing nome Single Level		212.34	212.34	//1/2019

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

	Changes:	
Budget	x	Rate Semester Change CHOW effective 11/15/2018
Unaudited costs		
Field audited costs Desk audited costs		
l	Field audited costs	Unaudited costs Field audited costs

Distribution:		Zainab Day				
Contract Management / Fiscal Agen	nt	Medicaid Co	st Reimbursement Planning and Finance			
Permanent File			st Reimbursement Planning and Finance Zainab Day			
For Information Only			0			
No Change in Rate						
Home Office:Southern Healthcare Management101 Sunnytown Rd Ste 201Casselberry, FL 32707		nt				
XXX805 Report Calculated	: 5/19/2021 2:00 PM Rep	oort Printed :5/19/2021	ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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		7	
	Audit Status:		Unaudit	ed	
Provider Type:					
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level		212.34	<u>212.34</u>	<u>10/1/2019</u>	

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

Basis:		Changes:
Х	Pudgot	Rate Semester Change CHOW effective 11/15/2018
Λ	Budget Unaudited costs	<u>X</u> CHOW effective 11/15/2018
	Field audited costs	
	Desk audited costs	

Distribution:		Zainab Day
Contract Management / Fisc	al Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File		Zainab Day
For Information On	ly	
No Change in Rate		
Home Office:	Southern Healthcare Mar 101 Sunnytown Rd Ste 2 Casselberry, FL 32707	•
XXX805 Report Ca	lculated: 5/19/2021 2:00 PM	Report Printed :5/19/2021 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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		.7
	Audit Status:		Unaudit	ed
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u>	New <u>Rate</u> 215.22	Effective <u>Date</u> 7/1/2020
Nursing Home Single Level		212.34	215.22	//1/2020

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

Basis:		Changes:	
			Rate Semester Change
Х	Budget	X	CHOW effective 11/15/2018
	Unaudited costs		
	Field audited costs		
	Desk audited costs		
	-		

Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Zainab Day
		Medicaid Cost Reimbursement Planning and Finance
		Medicaid Cost Reimbursement Planning and Finance Zainab Day
Home Office:	Southern Healthcare Mar 101 Sunnytown Rd Ste 2 Casselberry, FL 32707	6
XXX805 Report C	alculated: 5/19/2021 2:00 PM	Report Printed :5/19/2021 ID:



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LANIER TERRACE	Provider Number:		1 015069-	00
12740 LANIER ROAD	Date:	5/19/2021		1
JACKSONVILLE, FL 32226	Fiscal Year End:		9/30/201	.7
	Audit Status:		Unaudit	ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		215.22	<u>222.95</u>	10/1/2020

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

Basis:		Changes:	
			Rate Semester Change
Х	Budget	X	CHOW effective 11/15/2018
	Unaudited costs		
	Field audited costs		
	Desk audited costs		
	-		

Distribution:		Zainab Day
Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Medicaid Cost Reimbursement Planning and Finance
		Zainab Day
Home Off	ice: Southern Healthcare M 101 Sunnytown Rd St Casselberry, FL 32707	e 201
XXX805 Rep	port Calculated: 5/19/2021 2:00 PM	Report Printed :5/19/2021 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAURELLWOOD CARE CENTER	Provider Number:		1 019603	8-00
3127 57TH AVE N	Date:		3/26/20	021
SAINT PETERSBURG, FL 33714	Fiscal Year End: 5/31/2017		017	
	Audit Status:		Unaudi	ted
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		213.43	<u>213.43</u>	<u>11/1/2018</u>

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

Basis:		Changes:	
			Rate Semester Change
Х	Budget	X	CHOW effective 11/1/2018
	Unaudited costs		
	Field audited costs		
	Desk audited costs		
	-		

Distribution:			Zainab Day
Contract Management / Fiscal	Agent	Medicaid Co	ost Reimbursement Planning and Finance
Permanent File			Zainab Day
For Information Only			0
No Change in Rate			
Home Office: Senior Care Group, Inc.			
	1240 Marbella Plaza Drive		
	Tampa, FL 33619		
XXX704 Report Calcu	lated: 3/26/2021 1:00 PM	Report Printed :3/26/2021	ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAURELLWOOD CARE CENTER	Provider Number:		1 019603	3-00
3127 57TH AVE N	Date:		3/26/20	021
SAINT PETERSBURG, FL 33714	SBURG, FL 33714 Fiscal Year End: 5/31/2017		017	
	Audit Status:		Unaudi	ted
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>213.43</u>	<u>209.05</u>	07/1/2019

Rate	e Type:				
X	Interim			Prospective	
		Total Interim			Total Prospective
		Interim Component	-		Total Prospective with Interim Component
		Settlement based on cost	-		
	Х	Prior Provider Prospective data			

Basis:		Changes:
		Rate Semester Change
Х	Budget	X CHOW effective 11/1/2018
	Unaudited costs	
	Field audited costs	
	Desk audited costs	

Distribution:			Zainab Day
Contract Management / Fisca	l Agent	Medicaid Co	ost Reimbursement Planning and Finance
Permanent File			ost Reimbursement Planning and Finance Zainab Day
For Information Only	7		
No Change in Rate			
Home Office: Senior Care Group, Inc.			
	1240 Marbella Plaza Drive		
	Tampa, FL 33619		
XXX704 Report Calo	culated: 3/26/2021 1:00 PM	Report Printed :3/26/2021	ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAURELLWOOD CARE CENTER	Provider Number:		1 019603	-00
3127 57TH AVE N	Date:		3/26/20	21
SAINT PETERSBURG, FL 33714	Fiscal Year End: 5/31/2018		18	
	Audit Status:		Unaudi	ted
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>209.05</u>	<u>208.97</u>	<u>10/1/2019</u>

Rate	e Type:				
X	Interim			Prospective	
		Total Interim			Total Prospective
		Interim Component	-		Total Prospective with Interim Component
		Settlement based on cost	-		
	Х	Prior Provider Prospective data			

Basis:		Changes:	
X	Budget	x	Rate Semester Change CHOW effective 11/1/2018
	Unaudited costs Field audited costs Desk audited costs		

Distribution:			Zainab Day
Contract Management / Fiscal Agent Permanent File		Medicaid Co	
			ost Reimbursement Planning and Finance Zainab Day
For Information Only			0
No Change in Rate			
Home Office: Senior Care Group, Inc.			
	1240 Marbella Plaza Drive		
	Tampa, FL 33619		
XXX704 Report Calcu	llated: 3/26/2021 1:00 PM	Report Printed :3/26/2021	ID:



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAURELLWOOD CARE CENTER	Provider Number:		1 019603	-00
3127 57TH AVE N	Date:		3/26/20	21
SAINT PETERSBURG, FL 33714	Fiscal Year End:	r End: 5/31/2018		18
	Audit Status:		Unaudi	ted
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>208.97</u>	<u>211.80</u>	07/1/2020

Rate	e Type:				
X	Interim			Prospective	
		Total Interim			Total Prospective
		Interim Component	-		Total Prospective with Interim Component
		Settlement based on cost	-		
	Х	Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
Х	Budget	X	CHOW effective 11/1/2018
	Unaudited costs		
	Field audited costs		
	Desk audited costs		
	_		

Distribution:			Zainab Day				
Contract Management / Fiscal Agent Permanent File		Medicaid Co	ost Reimbursement Planning and Finance				
			Zainab Day				
For Information Only							
No Change in Rate							
Home Office:Senior Care Group, Inc.1240 Marbella Plaza Drive							
	Tampa, FL 33619						
XXX704 Report Calcula	ted: 3/26/2021 1:00 PM	Report Printed :3/26/2021	ID:				



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAURELLWOOD CARE CENTER	Provider Number:		1 019603	-00
3127 57TH AVE N	Date:		3/26/20	21
SAINT PETERSBURG, FL 33714	Fiscal Year End: 5/31/2019		19	
	Audit Status:		Unaudi	ted
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		211.80	217.37	<u>10/1/2020</u>

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

Basis:]	Changes:	
			Rate Semester Change
Х	Budget	X	CHOW effective 11/1/2018
	Unaudited costs		
	Field audited costs		
	Desk audited costs		
	-		

Distribution:			Zainab Day
Contract Management / Fiscal A	Agent	Medicaid Co	•
Permanent File			sst Reimbursement Planning and Finance Zainab Day
For Information Only			0
No Change in Rate			
Home Office: Senior Care Group, Inc. 1240 Marbella Plaza Drive			
	Tampa, FL 33619		
XXX704 Report Calcul	ated: 3/26/2021 1:00 PM	Report Printed :3/26/2021	ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBOURWOOD CARE CENTER	Provider Number:		1 019618	-00
549 SKY HARBOR DR. BLDG 31	Date:		5/11/202	21
CLEARWATER, FL 33759	Fiscal Year End: 5/31/2017			17
	Audit Status:		Unaudi	ted
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>215.79</u>	230.84	11/01/2018

Rate	Type:				
Х	Interim		Р	rospective	
		Total Interim			Total Prospective
		Interim Component			Total Prospective with Interim Component
		Settlement based on cost			
	Х	Prior Provider Prospective data			

Basis:		Changes:
X	Budget Unaudited costs Field audited costs Desk audited costs	Rate Semester Change X CHOW effective 11/01/2018

Distribution:			Zainab Day		
Contract Manag	Contract Management / Fiscal Agent		Medicaid Co	ost Reimbursement Planning and Finance	
Permanent File			Medicaid Cost Reimbursement Planning and Finance Zainab Day		
For Information Only					
No Change in Rate					
Home Office: Senior Care Group Inc. 1240 Marbella Plaza Drive Tampa, FL 33619					
XXX801	Report Calc	rulated: 5/11/2021 4:00 PM	Report Printed :5/11/2021	ID:	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBOURWOOD CARE CENTER	Provider Number:		1 019618-	-00
549 SKY HARBOR DR. BLDG 31	Date:		5/11/202	1
CLEARWATER, FL 33759	Fiscal Year End: 5/31/2017			7
	Audit Status:	us: Unaudited		ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective Date
Nursing Home Single Level		230.84	<u>210.76</u>	7/1/2019

Rate	e Type:			
Х	Interim		Prospective	
		Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		-
	Х	Prior Provider Prospective data		

Basis:		Changes:	
X	Budget	Rate Semester Change X CHOW effective 11/01/2018	
	Unaudited costs Field audited costs Desk audited costs		

Distribution: Contract Management / Fiscal Agent Permanent File			Zainab Day	
		Medicaid Co	ost Reimbursement Planning and Finance	
			Zainab Day	
For Information Only				0
No Change in Rate				
Home Office: Senior Care Group Inc. 1240 Marbella Plaza Drive Tampa, FL 33619				
XXX801 F	Report Calculated	: 5/11/2021 4:00 PM	Report Printed :5/11/2021	ID:



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBOURWOOD CARE CENTER	Provider Number:		1 019618-	-00
549 SKY HARBOR DR. BLDG 31	Date:		5/11/202	1
CLEARWATER, FL 33759	Fiscal Year End: 5/31/2018			8
	Audit Status:		Unaudit	ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>210.76</u>	<u>210.20</u>	<u>10/1/2019</u>

Rate Type:				
X	Interim		Prospective	
	-	Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		
	Х	Prior Provider Prospective data		

Basis:		Changes:
x	Budget	Rate Semester Change X CHOW effective 11/01/2018
	Unaudited costs Field audited costs Desk audited costs	

Distribution:		Zainab Day				
Contract Management /	Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File		Zainab Day				
For Information	Only					
No Change in R	ate					
Home Office	e: Senior Care Group Inc. 1240 Marbella Plaza Drive Tampa, FL 33619					
XXX801 Repo	rt Calculated: 5/11/2021 4:00 PM	Report Printed :5/11/2021 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBOURWOOD CARE CENTER	Provider Number:		1 019618-	-00
549 SKY HARBOR DR. BLDG 31	Date:		5/11/202	1
CLEARWATER, FL 33759	Fiscal Year End:		5/31/201	8
	Audit Status:	Unaudited		ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		210.20	<u>213.05</u>	7/1/2020

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

Basis:		Changes:
X	Budget Unaudited costs Field audited costs Desk audited costs	Rate Semester Change X CHOW effective 11/01/2018

Distribution: Contract Management / Fiscal Agent Permanent File				Zainab Day				
			Medicaid C	ost Reimbursement Planning and Finance				
				ost Reimbursement Planning and Finance Zainab Day				
For Inform	For Information Only							
No Change in Rate								
Home	Office:	Senior Care Group Inc. 1240 Marbella Plaza Drive Tampa, FL 33619						
XXX801	Report Calc	ulated: 5/11/2021 4:00 PM	Report Printed :5/11/2021	ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBOURWOOD CARE CENTER	Provider Number:		1 019618-	-00	
549 SKY HARBOR DR. BLDG 31	Date:		5/11/202	1	
CLEARWATER, FL 33759	Fiscal Year End:	5/31/2019		9	
	Audit Status:		Unaudited		
Provider Type:					
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level		<u>213.05</u>	<u>217.86</u>	<u>10/1/2020</u>	

Rate Type:					
Х	Interim		Р	rospective	
		Total Interim			Total Prospective
		Interim Component			Total Prospective with Interim Component
		Settlement based on cost			
	Х	Prior Provider Prospective data			

Basis:		Changes:	
X	Budget		te Semester Change HOW effective 11/01/2018
	Unaudited costs Field audited costs Desk audited costs		

Distribution:		Zainab Day
Contract Manageme	nt / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File		Zainab Day
For Informa	tion Only	
No Change in Rate		
Home Office: Senior Care Group Inc. 1240 Marbella Plaza Drive Tampa, FL 33619		ve
XXX801 R	eport Calculated: 5/11/2021 4:00 PM	Report Printed :5/11/2021 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAINES CITY REHABILITATION AND NURSING CENTER	Provider Number:		1 036390	-00
409 S 10TH ST	Date:		3/26/20	20
HAINES CITY, FL 33844	Fiscal Year End:	11/30/2017		017
	Audit Status:	Unaudited		ted
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>244.38</u>	<u>244.38</u>	<u>8/01/2019</u>

Rate Type:					
X	Interim	_		Prospective	
		Total Interim			Total Prospective
		Interim Component	-		Total Prospective with Interim Component
		Settlement based on cost			
	Х	Prior Provider Prospective data			

Basis:		Changes:
X	Budget Unaudited costs Field audited costs Desk audited costs	Rate Semester Change X CHOW effective 8/01/2019

Distribution:	Zainab Day
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	Zainab Day
For Information Only	
No Change in Rate	
Home Office: M-K M	ment LLC
1181 V	V Lane, Suite 200
Cordov	38016
XXX707 Report Calculated: 3/26/	:55 PM Report Printed :3/26/2021 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAINES CITY REHABILITATION AND NURSING CENTER	Provider Number:		1 036390-00		
409 S 10TH ST	Date:		3/26/20	20	
HAINES CITY, FL 33844	Fiscal Year End:		11/30/20	18	
	Audit Status:		Unaudit	ted	
Provider Type:					
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level		<u>244.38</u>	<u>244.38</u>	<u>10/01/2019</u>	

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

Basis:		Changes:	
			Rate Semester Change
X	Budget	X	CHOW effective 8/01/2019
	Unaudited costs		
	Field audited costs		
	Desk audited costs		

Distribution:		Zainab Day		
Contract Management / Fiscal Agent Permanent File				
		Medicaid Cost Reimbursement Planning and Finance Zainab Day		
For Information Only				
No Change in Rate				
Home Office:	M-K Management LLC			
	1181 Vickery Lane, Suite 200			
	Cordova, TN 38016			
XXX707 Report Calcu	lated: 3/26/2021 3:55 PM Re	eport Printed :3/26/2021 ID:		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAINES CITY REHABILITATION AND NURSING CENTER	Provider Number:		1 036390	-00
409 S 10TH ST	Date:		3/26/20	20
HAINES CITY, FL 33844	Fiscal Year End:		11/30/20	018
	Audit Status:		Unaudi	ted
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>244.38</u>	<u>247.70</u>	7/01/2020

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

Basis:		Changes:	
X	Budget	Rate Semester Change X CHOW effective 8/01/2019	
	Unaudited costs Field audited costs Desk audited costs		

Distribution:	Zainab Day
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	Medicaid Cost Reimbursement Planning and Finance Zainab Day
For Information Only	
No Change in Rate	
Home Office: M-K Management LLC	
1181 Vickery Lane, Suite 20	0
Cordova, TN 38016	
XXX707 Report Calculated: 3/26/2021 3:55 PM	Report Printed :3/26/2021 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAINES CITY REHABILITATION AND NURSING CENTER	Provider Number:		1 036390-00		
409 S 10TH ST	Date:		3/26/20	20	
HAINES CITY, FL 33844	Fiscal Year End:		11/30/20	18	
	Audit Status:		Unaudit	ted	
Provider Type:					
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level		247.70	<u>247.70</u>	<u>10/01/2020</u>	

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

J	Changes:	
		Rate Semester Change
Budget	X	CHOW effective 8/01/2019
Unaudited costs		
Field audited costs		
Desk audited costs		
	Unaudited costs Field audited costs	Unaudited costs Field audited costs

Distribution:	Zainab Day
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	Medicaid Cost Reimbursement Planning and Finance Zainab Day
For Information Only	
No Change in Rate	
Home Office: M-K Management LL	C
1181 Vickery Lane, Su	uite 200
Cordova, TN 38016	
XXX707 Report Calculated: 3/26/2021 3:55 PM	Report Printed :3/26/2021 ID:



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BRIGHTON GARDENS OF TAMPAProvider Number:1 0467			1 046701-0	0
16702 NORTH DALE MABRY HWY	Date:	3/11/2021		
TAMPA, FL 33618-1055	Fiscal Year End:	: 12/31/2016		
	Audit Status:		Unaudited	
Provider Type:				
	-	Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level	<u>2</u>	248.70	<u>247.16</u>	<u>4/1/2019</u>

Rat	e Type:			
X	_Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	Prosp	Total Prospective Total Prospective with Interim Component
Basis:	Budget Unaudited Field audite Desk audite	ed costs	Changes: X	Rate Semester Change CHOW effective 4/01/2019
Permanent Fi For Iı No Cł	agement / Fisca	-		Zainab Day aid Cost Reimbursement Planning and Finance Zainab Day

		7900 Westpark Drive, STE	E T900		
		McLean, VA 22102			
XXX701	Report Calcula	nted: 03/11/2021 10:00 AM	Report Printed :03/11/2021	ID:	



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BRIGHTON GARDENS OF TAMPA	Provider Number:		1 046701-0	00
16702 NORTH DALE MABRY HWY Date:			3/11/202	1
TAMPA, FL 33618	Fiscal Year End: 12/31/2016			.6
	Audit Status:		Unaudite	ed
Provider Type:				
	(Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>247.16</u>	<u>247.16</u>	<u>7/1/2019</u>

Rat	e Type:		
X	Interim	- Total Interim	Prospective Total Prospective
		Interim Component Settlement based on cost	Total Prospective with Interim Component
	X	Prior Provider Prospective data	
Basis:			Changes: Rate Semester Change
X	Budget		X CHOW effective 4/01/2019
	Unaudited of Field audited		
	Desk audite		
<u>Distributio</u>			Zainab Day
	agement / Fiscal	l Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent Fi	le nformation Only		Zainab Day
	nange in Rate		
Н	ome Office:	Sunrise Senior Living Services, Inc 7900 Westpark Drive, STE T900 McLean,VA 22102	;

XXX701 Report Calculated: 03/11/2021 10:00 AM Report Printed :03/11/2021 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BRIGHTON GARDENS OF TAMPA	Provider Number:		1 046701-	00
16702 NORTH DALE MABRY HWY	Date:		3/11/202	21
TAMPA, FL 33618	Fiscal Year End: 12/31/2017			17
Audit Status:			Unaudited	
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>247.16</u>	247.16	<u>10/1/2019</u>

Rat	e Type:		
X Interim		Total Interim	Prospective Total Prospective
	X	Interim Component Settlement based on cost Prior Provider Prospective data	Total Prospective with Interim Compone
Basis:			Changes: Rate Semester Change
	Budget Unaudited of Field audite Desk audite	ed costs	X CHOW effective 4/01/2019
	agement / Fiscal	l Agent	Zainab Day Medicaid Cost Reimbursement Planning and Finance
	le nformation Only nange in Rate		Zainab Day
He XXX701	ome Office:	Sunrise Senior Living Services, In 7900 Westpark Drive, STE T900 McLean,VA 22102 ulated: 03/11/2021 10:00 AM Repo	rt Printed :03/11/2021 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BRIGHTON GARDENS OF TAMPA	Provider Number:		1 046701-0	00	
16702 NORTH DALE MABRY HWY Date:			3/11/2021		
TAMPA, FL 33618Fiscal Year End:12/31/			12/31/201	7	
	Audit Status:		Unaudite	ed	
Provider Type:					
	(Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level	<u>2</u>	247.16	<u>250.52</u>	7/1/2020	

Rat	e Type:			
Х	Interim		Pro	ospective
	_	Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		
	X	Prior Provider Prospective data		
Basis:			Changes	:
				Rate Semester Change
Х	Budget		X	CHOW effective 4/01/2019
	Unaudited c	osts		
	Field audited	d costs		
	Desk audited	d costs		

Distribution:		Zainab Day		
Contract Management / Fiscal Agent Permanent FileFor Information Only		Medicaid Cost Reimbursement Planning and Finance		
		Zainab Day		
No Change in Rate				
Home Office:	Sunrise Senior Living Services,	inc		
	7900 Westpark Drive, STE T900			
	McLean,VA 22102			
XXX701 Report C	alculated: 03/11/2021 10:00 AM Re	port Printed :03/11/2021 ID:		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BRIGHTON GARDENS OF TAMPA	Provider Number:		1 046701	-00
16702 NORTH DALE MABRY HWY	Date:		3/11/202	21
TAMPA, FL 33618 Fiscal Year End: 12/31/20			18	
	Audit Status:		Unaudi	ted
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>250.52</u>	<u>249.98</u>	<u>10/1/2020</u>

Rat	e Type:			
X	_Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	Prospo	ective Total Prospective Total Prospective with Interim Component
Basis:	Budget Unaudited of Field audite Desk audite	d costs	Changes: X	Rate Semester Change CHOW effective 4/01/2019
Distributio	on: Dagement / Fiscal	Agent		Zainab Day

Permanent File			Medicaid	Zainab Day	
For Inform	nation Only				
No Change	e in Rate				
Home	Office:	Sunrise Senior Living Serv	ices, Inc		
		7900 Westpark Drive, STE	T900		
		McLean, VA 22102			
XXX701	Report Calcu	lated: 03/11/2021 10:00 AM	Report Printed :03/11/2021	ID:	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE COURT AT PALM AIRE	Provider Number:		1 049264-	-00
2701 N COURSE DR	Date:		5/24/202	1
POMPANO BEACH, FL 33069	Fiscal Year End:		12/31/20	18
	Audit Status:		Unaudit	ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>251.25</u>	<u>253.67</u>	<u>1/1/2020</u>

Rate	Type:				
X	Interim			Prospective	
		Total Interim			Total Prospective
		Interim Component	-		Total Prospective with Interim Component
		Settlement based on cost	-		
	Х	Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
Х	Budget	X	CHOW effective 1/01/2020
	Unaudited costs		
	Field audited costs		
	Desk audited costs		
	-		

Distribution:				Zainab Day
Contract Managen	nent / Fisca	Agent	Medicaid Co	ost Reimbursement Planning and Finance
Permanent File				Zainab Day
For Inform	nation Only			
No Change	e in Rate			
Home	Office:	Five Star Quality Care, Inc. 400 Centre Street Newton, MA 02458		
XXX801	Report Calc	ulated: 5/11/2021 4:00 PM	Report Printed :5/11/2021	ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE COURT AT PALM AIRE	Provider Number:		1 049264-	-00
2701 N COURSE DR	Date:		5/24/202	1
POMPANO BEACH, FL 33069	Fiscal Year End:		12/31/20	18
	Audit Status:		Unaudit	ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		253.67	<u>257.11</u>	7/1/2020

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

Basis:		Changes:	
			Rate Semester Change
Х	Budget	X	CHOW effective 1/01/2020
	Unaudited costs		
	Field audited costs		
	Desk audited costs		

Medicaid Cost Reimbursement Planning and Finance
Zainab Day
t Printed :5/11/2021 ID:
1



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE COURT AT PALM AIRE	Provider Number:		1 049264-	-00
2701 N COURSE DR	Date:		5/24/202	1
POMPANO BEACH, FL 33069	Fiscal Year End:		12/31/20	19
	Audit Status:		Unaudit	ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective Date
Nursing Home Single Level		257.11	262.74	<u>10/1/2020</u>

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

Basis:		Changes:	
			Rate Semester Change
Х	Budget	X	CHOW effective 1/01/2020
	Unaudited costs		
	Field audited costs		
	Desk audited costs		

Distribution:			Zainab Day		
Contract Management / Fiscal Agent Permanent File For Information Only		Medicaid Cost	Medicaid Cost Reimbursement Planning and Finance		
			Zainab Day		
			0		
No Change in Rate					
Home Office:	Five Star Quality Care, Inc. 400 Centre Street Newton, MA 02458				
XXX801 Report Cal	culated: 5/11/2021 4:00 PM	Report Printed :5/11/2021	ID:		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBORCHASE OF NAPLES	Provider Number:	1 070981-00
7801 AIRPORT PULLING ROAD N	Date:	03/04/2021
NAPLES, FL 34109	Fiscal Year End:	12/31/2017
	Audit Status:	Unaudited
Provider Type:		
	Curre <u>Rate</u>	<u>e Rate Date</u>
Nursing Home Single Level	272.05	<u>5 272.05 6/29/2020</u>

Rat	te Type:			
Х	Interim		Prospective	
		Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		-
	X	Prior Provider Prospective data		

Basis:		Changes:	
			Rate Semester Change
	Budget	X	CHOW effective 6/29/2020
	Unaudited costs		
	Field audited costs		
	Desk audited costs		
	-		

Distribution:	Zainab Day		
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance		
Permanent File	Zainab Day		
For Information Only			
No Change in Rate			
Home Office: No Home Office			
XXX700 Report Calculated: 3/04/2021 3:19 PM	Report Printed : 3/04/2021 ID:		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBORCHASE OF NAPLES	Provider Number:	1 070981-00
7801 AIRPORT PULLING ROAD N	Date:	03/04/2021
NAPLES, FL 34109	Fiscal Year End:	12/31/2017
	Audit Status:	Unaudited
Provider Type:		
	Curre <u>Rate</u>	<u>Rate</u> <u>Date</u>
Nursing Home Single Level	272.05	<u>275.75</u> <u>7/01/2020</u>

Rat	te Type:			
Х	Interim		Prospective	
		Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		-
	X	Prior Provider Prospective data		

Basis:		Changes:	
			Rate Semester Change
	Budget	X	CHOW effective 6/29/2020
	Unaudited costs		
	Field audited costs		
	Desk audited costs		
	-		

Distribution:	Zainab Day		
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance		
Permanent File	Zainab Day		
For Information Only			
No Change in Rate			
Home Office: No Home Office			
XXX700 Report Calculated: 3/04/2021 3:19 PM	Report Printed : 3/04/2021 ID:		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBORCHASE OF NAPLES	Provider Number:	1 070981-00
7801 AIRPORT PULLING ROAD N	Date:	03/04/2021
NAPLES, FL 34109	Fiscal Year End:	12/31/2019
	Audit Status:	Unaudited
Provider Type:		
	Current <u>Rate</u>	t New Effective <u>Rate Date</u>
Nursing Home Single Level	<u>275.75</u>	<u>275.75</u> <u>10/01/2020</u>

Rate	e Type:			
Х	Interim		Prospective	
		Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		-
	X	Prior Provider Prospective data		

Basis:		Changes:	
			Rate Semester Change
	Budget	X	CHOW effective 6/29/2020
	Unaudited costs		
	Field audited costs		
	Desk audited costs		
	-		

Distribution:		Zainab Day
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance
Permanent File		Zainab Day
For Informatio	n Only	
No Change in I	Rate	
Home Office	ce: No Home Office	
XXX700 Rep	ort Calculated: 3/04/2021 3:19	M Report Printed : 3/04/2021 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKES OF CLERMONT HEALTH AND REHAB CENTER	Provider Number:		1 078570	-00
1775 HOOKS ST Date:			4/09/2020	
CLERMONT, FL 34711	1 Fiscal Year End: 3/12/2021			21
	Audit Status:		Unaudite	ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>239.93</u>	<u>243.19</u>	9/1/2020

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

Basis:		Changes:	
X	Budget	x	Rate Semester Change CHOW effective 9/01/2020
	Unaudited costs Field audited costs		
	Desk audited costs		

Distribution:		Zainab Day		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Planning and Finance		
		Zainab Day		
For Information Only				
No Change in Rate				
Home Office:	Greystone Healthcare Management	t		
2	4042 Park Oaks Blvd, Suite 300			
-	Гатра, FL 33610			
XXX710 Report Calculate	d: 4/09/2021 3:00 PM Report	t Printed :4/09/2021 ID:		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKES OF CLERMONT HEALTH AND REHAB CENTER	Provider Number:		1 078570	-00
1775 HOOKS ST	Date:		4/09/202	20
CLERMONT, FL 34711 Fiscal Year End:			3/12/202	21
	Audit Status:		Unaudit	ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>243.19</u>	245.31	<u>10/1/2020</u>

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

Basis:		Changes:
		Rate Semester Change
Х	Budget	X CHOW effective 9/01/2020
	Unaudited costs	
	Field audited costs	
	Desk audited costs	

Distribution:	Zainab Day		
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance		
Permanent File	Zainab Day		
For Information Only			
No Change in Rate			
Home Office: Greystone Healthcare Management	nt		
4042 Park Oaks Blvd, Suite 300			
Tampa, FL 33610			
XXX710 Report Calculated: 4/09/2021 3:00 PM Repo	rt Printed :4/09/2021 ID:		



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUNRISE CITY POST-ACUTE AND REHAB CENTER	Provider Number:		1 081367-	-00
700 SOUTH 29TH STREET	Date:		5/25/202	1
FORT PIERCE FL, 34947	Fiscal Year End:		5/31/201	9
	Audit Status:		Unaudit	ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		255.18	<u>255.18</u>	<u>10/1/2020</u>

Rate	Туре:			
X	Interim		Prospective	
		Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		
	Х	Prior Provider Prospective data		

Basis:		Changes:	
			Rate Semester Change
Х	Budget	X	CHOW effective 10/01/2020
	Unaudited costs		
	Field audited costs		
	Desk audited costs		
	-		

Distribution:	Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance			
Permanent File	Zainab Day			
For Information Only				
No Change in Rate				
Home Office:				
XXX803 Report Calculated: 5/25/2021 3:00 PM	Report Printed :5/25/2021 ID:			



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SEASIDE HEALTH AND REHABILITATION CENTER	Provider Number:		1 085659-	-00
324 WILDER BOULEVARD	Date:		5/27/202	1
DAYTONA BEACH FL, 32114	Fiscal Year End:	12/31/2019		
	Audit Status:		Unaudit	ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective Date
Nursing Home Single Level		244.83	244.83	<u>11/3/2020</u>

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

Basis:		Changes:	
			Rate Semester Change
Х	Budget	X	CHOW effective 10/01/2020
	Unaudited costs		
	Field audited costs		
	Desk audited costs		

Distribution: Contract Management / Fiscal Agent Permanent File				Zainab Day		
			Medicaid Co	ost Reimbursement Planning and Finance		
				Medicaid Cost Reimbursement Planning and Finance Zainab Day		
For In	nformation Only					
No Ch	nange in Rate					
Но	ome Office:	Senior Care Group Inc. 1240 Marbella Plaza Drive Tampa, FL 33619				
XXX804	K804 Report Calculated: 5/27/2021 2:30 PM		Report Printed :5/27/2021	ID:		