



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

## MEMORANDUM

**Date:** February 04, 2022

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

*RF* **From:** Rebekah Falk, 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.	Grace Rehabilitation Center of Vero Beach	0 011998-00	Field Audit	2
2.	Bayside Health and Rehabilitation Center	0 017221-00	Field Audit	1
3.	Benderson Family Skilled Nursing & Rehab Center	0 033717-00	Field Audit	1
4.	KR at Hillsborough Lakes	0 242386-00	CHOW	9
5.	Susanna Wesley Health Center	0 268062-00	Field Audit	1
6.	The Luxe at Lutz Rehabilitation Center	1 085192-00	CHOW	4
			<b>TOTAL:</b>	18

If you have any questions regarding the above contact, Rebekah Falk 412-4113.

RF/mb



		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
001199800	20160901	241.85	0.00	241.85	241.85	90859-22	NH16-028L
001199800	20170901	250.68	0.00	250.68	250.68	90859-22	NH16-028L
001722100	20170901	229.56	0.00	229.56	229.56	90859-22	NH17-053C
003371700	20160901	237.41	0.00	237.41	237.41	90859-22	NH16-008L
024238600	20180101	242.97	0.00	242.97	242.97	90859-22	
024238600	20181001	248.36	0.00	248.36	248.36	90859-22	
024238600	20190701	248.36	0.00	248.36	248.36	90859-22	
024238600	20191001	248.36	0.00	248.36	248.36	90859-22	
024238600	20200701	251.73	0.00	251.73	251.73	90859-22	
024238600	20201001	251.73	0.00	251.73	251.73	90859-22	
024238600	20210701	248.36	0.00	248.36	248.36	90859-22	
024238600	20211001	249.30	0.00	249.30	249.30	90859-22	
024238600	20220101	235.94	0.00	235.94	235.94	90859-22	
026806200	20160901	262.60	0.00	262.60	262.60	90859-22	NH16-062W
108519200	20201215	251.73	0.00	251.73	251.73	90859-22	
108519200	20210701	248.36	0.00	248.36	248.36	90859-22	
108519200	20211001	249.30	0.00	249.30	249.30	90859-22	
108519200	20220101	235.94	0.00	235.94	235.94	90859-22	



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**

GRACE REHABILITATION CENTER OF VERO BEACH  
2180 10TH AVENUE  
VERO BEACH, FL 32960

Provider Number: 0 011998-00  
Date: 1/20/2021  
Fiscal Year End: 12/31/2015  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**242.00**    **241.85**    **9/1/2016**

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

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-028L FYE 12/31/2015	

**Distribution:**

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

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Grace Healthcare, LLC  
801 Broad Street  
Suite 300  
Chattanooga, TN 37402



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**

GRACE REHABILITATION CENTER OF VERO BEACH  
2180 10TH AVENUE  
VERO BEACH, FL 32960

Provider Number: 0 011998-00  
Date: 1/20/2021  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **250.76**      New Rate: **250.68**      Effective Date: **9/1/2017**

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

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Effects of Field Audit #NH16-028L FYE 12/31/2015	

**Distribution:**

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

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Chattanooga, TN 37402



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

BAYSIDE HEALTH AND REHABILITATION CENTER  
4343 LANGLEY AVENUE  
PENSACOLA, FL 32504

Provider Number: 0 017221-00  
Date: 10/29/2020  
Fiscal Year End: 12/31/2016  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **230.94**    New Rate: **229.56**    Effective Date: **9/1/2017**

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

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH17-053C FYE 12/31/2016	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

BENDERSON FAMILY SKILLED NURSING & REHAB CENTER  
1959 N HONORE AVE  
SARASOTA, FL 34235

Provider Number: 0 033717-00  
Date: 10/6/2020  
Fiscal Year End: 6/30/2015  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **242.46**    New Rate: **237.41**    Effective Date: **9/1/2016**

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

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-008L FYE 6/30/2015	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

No Home Office



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

KR AT HILLSBOROUGH LAKES

19091 N DALE MABRY HWY

LUTZ, FL 33548

Provider Number:

0 242386-00

Date:

1/7/2022

Fiscal Year End:

12/31/2018

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**249.65**

New  
Rate

**242.97**

Effective  
Date

**1/1/2018**

**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 1/1/2018

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

KR AT HILLSBOROUGH LAKES

19091 N DALE MABRY HWY

LUTZ, FL 33548

Provider Number:

0 242386-00

Date:

1/7/2022

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

New  
Rate

Effective  
Date

**248.36**

**248.36**

**10/1/2018**

**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 1/1/2018

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

**Rebekah Falk**

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**Medicaid Reimbursement Per Diem Rates**

KR AT HILLSBOROUGH LAKES

19091 N DALE MABRY HWY

LUTZ, FL 33548

Provider Number:

0 242386-00

Date:

1/7/2022

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**248.36**

New  
Rate

**248.36**

Effective  
Date

**7/1/2019**

**Rate Type:**

Interim

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

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

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

Prior Provider Prospective data

Prospective

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

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

CHOW effective 1/1/2018

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

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**Medicaid Reimbursement Per Diem Rates**

KR AT HILLSBOROUGH LAKES

19091 N DALE MABRY HWY

LUTZ, FL 33548

Provider Number:

0 242386-00

Date:

1/7/2022

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**248.36**

New  
Rate

**248.36**

Effective  
Date

**10/1/2019**

**Rate Type:**

Interim

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

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

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

Prior Provider Prospective data

Prospective

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

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

CHOW effective 1/1/2018

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

Home Office:

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KR AT HILLSBOROUGH LAKES

19091 N DALE MABRY HWY

LUTZ, FL 33548

Provider Number:

0 242386-00

Date:

1/7/2022

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**251.73**

New  
Rate

**251.73**

Effective  
Date

**7/1/2020**

**Rate Type:**

           Interim

  X   Prospective

           Total Interim

           Total Prospective

           Interim Component

           Total Prospective with Interim Component

           Settlement based on cost

  X   Prior Provider Prospective data

**Basis:**

           Budget

  X   Unaudited costs

           Field audited costs

           Desk audited costs

**Changes:**

           Rate Semester Change

  X   CHOW effective 1/1/2018

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

           For Information Only

           No Change in Rate

Home Office:

No Home Office

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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**Medicaid Reimbursement Per Diem Rates**

KR AT HILLSBOROUGH LAKES

19091 N DALE MABRY HWY

LUTZ, FL 33548

Provider Number:

0 242386-00

Date:

1/7/2022

Fiscal Year End:

6/30/2018

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current  
Rate

**251.73**

New  
Rate

**251.73**

Effective  
Date

**10/1/2020**

**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 1/1/2018

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

KR AT HILLSBOROUGH LAKES

19091 N DALE MABRY HWY

LUTZ, FL 33548

Provider Number:

0 242386-00

Date:

1/7/2022

Fiscal Year End:

6/30/2018

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**248.36**

New  
Rate

**248.36**

Effective  
Date

**7/1/2021**

**Rate Type:**

Interim

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

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

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

Prior Provider Prospective data

Prospective

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

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

CHOW effective 1/1/2018

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

KR AT HILLSBOROUGH LAKES

19091 N DALE MABRY HWY

LUTZ, FL 33548

Provider Number:

0 242386-00

Date:

1/7/2022

Fiscal Year End:

6/30/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

New  
Rate

Effective  
Date

**249.30**

**249.30**

**10/1/2021**

**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 1/1/2018

**Distribution:**

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Permanent File

\_\_\_\_\_ For Information Only

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

Home Office:

No Home Office

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

KR AT HILLSBOROUGH LAKES

19091 N DALE MABRY HWY

LUTZ, FL 33548

Provider Number:

0 242386-00

Date:

1/7/2022

Fiscal Year End:

6/30/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

New  
Rate

Effective  
Date

**235.94**

**235.94**

**1/1/2022**

**Rate Type:**

           Interim

  X   Prospective

           Total Interim

           Total Prospective

           Interim Component

           Total Prospective with Interim Component

           Settlement based on cost

  X   Prior Provider Prospective data

**Basis:**

           Budget

  X   Unaudited costs

           Field audited costs

           Desk audited costs

**Changes:**

           Rate Semester Change

  X   CHOW effective 1/1/2018

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

           For Information Only

           No Change in Rate

Home Office:

No Home Office

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SUSANNA WESLEY HEALTH CENTER  
5345 W 18 AVENUE  
HIALEAH, FL 33012

Provider Number: 0 268062-00  
Date: 3/13/2020  
Fiscal Year End: 12/31/2014  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **265.58**    New Rate: **262.60**    Effective Date: **9/1/2016**

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

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-062W FYE 12/31/2014	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

Home Office: DOS Health Care  
300 71 Street  
Suite #400  
Miami Beach, Fl 33141





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 LUXE AT LUTZ REHABILITATION CENTER  
19091 N DALE MABRY HWY  
LUTZ, FL 33548

Provider Number: 1 085192-00  
Date: 1/11/2022  
Fiscal Year End: 6/30/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **251.73**      New Rate: **251.73**      Effective Date: **12/15/2020**

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

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

<b>Changes:</b>
_____ Rate Semester Change
<input checked="" type="checkbox"/> CHOW effective 12/15/2020

**Distribution:**

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

Home Office:

No Home Office

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

THE LUXE AT LUTZ REHABILITATION CENTER  
19091 N DALE MABRY HWY  
LUTZ, FL 33548

Provider Number: 1 085192-00  
Date: 1/11/2022  
Fiscal Year End: 6/30/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**248.36**      **248.36**      **7/1/2021**

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

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 12/15/2020	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

THE LUXE AT LUTZ REHABILITATION CENTER  
19091 N DALE MABRY HWY  
LUTZ, FL 33548

Provider Number: 1 085192-00  
Date: 1/11/2022  
Fiscal Year End: 6/30/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**249.30**      **249.30**      **10/1/2021**

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

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 12/15/2020	

**Distribution:**

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Permanent File

\_\_\_\_\_ For Information Only

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

Home Office:

No Home Office

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

THE LUXE AT LUTZ REHABILITATION CENTER  
19091 N DALE MABRY HWY  
LUTZ, FL 33548

Provider Number: 1 085192-00  
Date: 1/11/2022  
Fiscal Year End: 6/30/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**235.94**    **235.94**    **1/1/2022**

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

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 12/15/2020	

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