

MEMORANDUM

Date: February 04, 2022

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

 $\mathcal{P}\mathcal{T}$ 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>	Provider Number	Type of Action	Number of Rate Change Notices
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	1 085192-00	CHOW	4
	Center			
			TOTAL:	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		
	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MFAO	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	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	



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Tallahassee, Florida 32308

GRACE REHABILITATION CENTER OF VERO BEACH		Provider Number:		0 011998	-00			
2180 10TH AV	ENUE			Date:		1/20/2021		
VERO BEACH	, FL 32960			Fiscal Year End:		12/31/20	15	
				Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Single Level					Current <u>Rate</u> 242.00	New <u>Rate</u> 241.85	Effective	
Rate	Type:							
	Interim		X	Prospective				
		Total Interim			al Prospective			
		Interim Component			-	with Interim	Component	
		Settlement based on cost			•		•	
		Prior Provider Prospective data						
Basis:			Cha	nges:	ster Change			
	Budget				_	L FYE 12/31/	2015	
	Unaudited							
X	Field audit							
	Desk audit	ted costs						
Distribution	•							
Contract Manag		al Agent		M. F. d C. d D. d	Zainab Day	1		
Permanent File				Medicaid Cost Rein	nbursement P	lanning and F	inance	
	ormation Only	V		1	o Gunna <mark>r</mark> an alama	1		
	nge in Rate	•		L	AK1	3		
Hor	me Office:	Grace Healthcare, LLC 801 Broad Street Suite 300 Chattanooga, TN 37402						
111711	Report Cal	culated: 1/20/2021 10:37:58 AM Rend	ort Printer	1.2/1/2022 ID: 01	199812312015	5010120150426	52016151432	



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Tallahassee, Florida 32308

GRACE REHABILITATION CENTER OF VERO BEACH			Provider Number:		0 011998	-00	
2180 10TH AV	ENUE			Date:		1/20/202	21
VERO BEACH	I, FL 32960			Fiscal Year End:		12/31/20	16
				Audit Status:		Unaudit	ed
Provider Type: Nursing Home Single Level Rate Type:				Current <u>Rate</u> 250.76	New <u>Rate</u> 250.68	Effective	
Rate	Type:						
	Interim		X	Prospective			
	-	Total Interim		_	tal Prospective		
		Interim Component			tal Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective d	lata				
Basis:			Cha	nges:	ester Change		
	Budget			Effects of	Field Audit #I	NH16-028L F	YE
X	Unaudited	costs		12/31/201	.5		
	Field audit						
	Desk audit	ted costs					
Distribution	·•						
Contract Mana		al Agent			Zainab Day		
Permanent File	-			Medicaid Cost Rei	mbursement P	lanning and F	inance
	formation Onl	У		,	, ,	1	
	ange in Rate			£	cf KI	3	
П	me Office:	Canaga Handtharma III C				o ₹ 00	
по	me Office.	Grace Healthcare, LLC 801 Broad Street					
		Suite 300					
		Chattanooga, TN 37402					
4U7II	Report Cal	culated: 1/20/2021 10:37:58 AM	Report Printed	:2/1/2022 ID: 0	01199812312016	6010120160607	2017164945



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Tallahassee, Florida 32308

BAYSIDE HEALTH AND REHABILITATION CENTER		Provider N	Provider Number:			0 017221-00			
4343 LANGLEY AVENUE	3	Date:	Date:		10/29/2020				
PENSACOLA, FL 32504		Fiscal Yea	r End:		12/31/20)16			
		Audit Stati	ıs:		Field Aud	lited			
Provider Type: Nursing Home Sir	••					Current <u>Rate</u> 230.94	New <u>Rate</u> 229.56	Effective <u>Date</u> 9/1/2017	
Rate Type:									
Interim		X Prospecti	ve						
	Total Interim			Prospective					
	Interim Component	X	Total	Prospective	with Interim	Component			
	Settlement based on cost								
	Prior Provider Prospective	data							
Basis:		Changes:	ta Samasi	ter Change					
Budget				_	C FYE 12/31.	/2016			
Unaudite	ed costs								
X Field aud	lited costs								
Desk aud	lited costs								
Distribution:			Zainab Day						
Contract Management / Fis	cal Agent	Medicaid C	Cost Reim	bursement P	lanning and F	inance			
Permanent File	al				1023				
For Information On	шу		1	A 11 1	2.				
No Change in Rate			L	AKI	8				
Home Office:	Pensacola Administrative S	ervices, LLC							
	40 South Palafox Place								
	Suite 400								
	Pensacola, FL 32502								
1NREX Report C	alculated: 10/29/2020 2:27:23 PM	Report Printed: 2/1/2022	ID: 017	722112312016	5010120160425	52017121128			



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BENDERSON FAMILY SKILLED NURSING & REHAB CENTER		Provider Number:		0 033717-	-00		
1959 N HONORE AVE			Date:		10/6/2020		
SARASOTA, FL 3423	5		Fiscal Year End: 6/30/20			15	
			Audit Status:		Field Aud	lited	
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home	Single Level			<u>242.46</u>	<u>237.41</u>	<u>9/1/2016</u>	
Rate Type:							
Interim		V	Dun ou o otiono				
Interim	Total Interim	X	Prospective X Tota	al Prospective			
	Interim Component			_	with Interim	Component	
	Settlement based on cost						
	Prior Provider Prospective	data					
Basis:		Cha	nges:				
			Rate Semes	ter Change			
Budg	get			_	L FYE 6/30/2	015	
Unau	idited costs						
X Field	audited costs						
Desk	audited costs						
Distribution:				Zainab Day			
Contract Management	Fiscal Agent		Medicaid Cost Rein		lanning and F	inance	
Permanent File					8 2		
For Information	n Only		1	Sangaran	1		
No Change in R	ate		£	AKI	8		
Home Offic	re: No Home Office						
B9FO1 Repo	ort Calculated: 10/6/2020 2:33:36 PM	Report Printed	:2/1/2022 ID: 03	371706302015	5070120140601	2016153735	



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Tallahassee, Florida 32308

KR AT HILLSBOROUGH LAKES		KES	Provider Number:	0 242386-	86-00		
19091 N DALI	E MABRY HWY	7	Date:		1/7/2022		
LUTZ, FL 335	548		Fiscal Year End:		12/31/20	18	
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 249.65	New <u>Rate</u> 242.97	Effective <u>Date</u> 1/1/2018	
Rate	е Туре:						
X	Interim		Prospective				
	X	Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data					
Basis:	Budget		Changes: Rate Semes X CHOW eff	ter Change	18		
	Unaudited co	osts	<u>A</u> CHOW CH	cetive 1/1/20	10		
	Field audited						
	Desk audited	Losts					
Distribution	n:						
	=== agement / Fiscal .	Agent -		ebekah Falk		inence	
Permanent File	_	-	Medicaid Cost Reim		•	mance	
For In	formation Only		Kel	ekah;	falk		
	ange in Rate			· ,			
Но	ome Office:	No Home Office					
1R3QM	Report Calcu	lated: 1/7/2022 2:33:08 PM Report P	rinted:1/7/2022 ID:				



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Tallahassee, Florida 32308

KR AT HILLS	KR AT HILLSBOROUGH LAKES		Provider Number:			0 242386	0 242386-00	
19091 N DAL	E MABRY HWY	Y .		Date:		1/7/2022		
LUTZ, FL 33	548			Fiscal Year End:		12/31/20	16	
				Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level					Current <u>Rate</u> 248.36	New <u>Rate</u> 248.36	Effective <u>Date</u> 10/1/2018	
	S							
Rat	e Type:							
	Interim	Total Interim Interim Component	X		l Prospective l Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data						
Basis:			Char	nges: Rate Semes	ter Change			
	Budget			CHOW eff	ective 1/1/20	18		
X	Unaudited co							
	Field audited Desk audited							
<u>Distributio</u>	on:			Re	bekah Falk			
Contract Man	agement / Fiscal	Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent Fil	le			Pa	bekah	Colle		
For Ir	nformation Only			/ Cl	rekan	fall		
No Ch	nange in Rate							
Н	ome Office:	No Home Office						
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Tallahassee, Florida 32308

KR AT HILLS	CR AT HILLSBOROUGH LAKES		Provider Number: 0 24238			5-00	
19091 N DAL	E MABRY HWY	?	Date:		1/7/2022		
LUTZ, FL 33	548		Fiscal Year End:		12/31/20	16	
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 248.36	New <u>Rate</u> 248.36	Effective <u>Date</u> 7/1/2019	
	_						
Rate	e Type:						
	Interim		X Prospective	tal Prospective			
		Interim Component		tal Prospective		Component	
	•	Settlement based on cost		•		•	
	X	Prior Provider Prospective data					
Basis:			Changes:	ester Change			
	Budget			ffective 1/1/20	18		
X	Unaudited co	osts					
	Field audited						
	Desk audited	1 costs					
D: 4 11 41							
Distributio		A		ebekah Falk			
	agement / Fiscal	Agent	Medicaid Cost Rei		_	inance	
Permanent Fil			Reh	ekah fo	o O h		
	nformation Only		1009	you (fo			
No Ch	ange in Rate						
Н	ome Office:	No Home Office					
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Tallahassee, Florida 32308

KR AT HILL	KR AT HILLSBOROUGH LAKES		Provider Number:	5-00			
19091 N DAL	E MABRY HW	Y	Date: 1/7			7/2022	
LUTZ, FL 33	3548		Fiscal Year End:		12/31/20	16	
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 248.36	New <u>Rate</u> 248.36	Effective <u>Date</u> 10/1/2019	
Rat	te Type:						
	Interim		X Prospective				
		Total Interim	Tot	al Prospective	:		
		Interim Component	Tot	al Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
				ster Change			
	Budget		X CHOW ef	fective 1/1/20	18		
X	Unaudited o						
	Field audite						
	Desk audite	d costs					
<u>Distributio</u>			R	ebekah Falk			
	nagement / Fiscal	Agent	Medicaid Cost Rein		•	inance	
Permanent Fi			Pol	ekahf	000		
	nformation Only			examp			
No Cl	hange in Rate						
Н	Iome Office:	No Home Office					
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Tallahassee, Florida 32308

KR AT HILLS	R AT HILLSBOROUGH LAKES			Provider Number: 0 242386-00				
19091 N DAL	E MABRY HW	Y		Date: 1/7/202			2	
LUTZ, FL 33	548			Fiscal Year End:		12/31/20	16	
				Audit Status:		Unaudit	ed	
Provider T	ype:							
•					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	le Level			<u>251.73</u>	<u>251.73</u>	<u>7/1/2020</u>	
D. 4	T							
Kat	e Type:							
	Interim		X	Prospective				
	_	Total Interim		— Tota	l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost						
	X	Prior Provider Prospective data						
Basis:			Cho	nges:				
Dasis.			Clia	Rate Semes	tar Changa			
	Budget				ective 1/1/20	18		
X	Unaudited of	costs			000110 11110			
	—— Field audite	ed costs						
	Desk audite	ed costs						
Distributio	<u>on:</u>		Rebekah Falk					
Contract Man	agement / Fiscal	l Agent		Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent Fi	le			$\mathcal{D}_{\mathcal{A}}$	1 1 10 10	600		
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No Ch	nange in Rate				·			
Н	ome Office:	No Home Office						
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Tallahassee, Florida 32308

KR AT HILLS	R AT HILLSBOROUGH LAKES		Provider Number: 0 242386-00				-00	
19091 N DAL	E MABRY HW	Y		Date:			1/7/2022	
LUTZ, FL 33	548			Fiscal Year End:		6/30/201	8	
				Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level					Current <u>Rate</u> 251.73	New <u>Rate</u> 251.73	Effective <u>Date</u> 10/1/2020	
Rate	е Туре:							
	Interim	_	X	_Prospective				
		Total Interim			l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data						
Basis:			Chai	nges:	ter Change			
	Budget				ective 1/1/20	18		
X	Unaudited c							
	Field audited Desk audited							
<u>Distributio</u>	ın•							
	agement / Fiscal	Agent			bekah Falk	lanning and E	Zinonoo	
Permanent Fil	_	Č]	Medicaid Cost Reim		^	mance	
For In	nformation Only			Koh	ekah 1	lolk		
	nange in Rate			100	01 -000 ()			
Но	ome Office:	No Home Office						
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Tallahassee, Florida 32308

KR AT HILLSBOROUGH LAKES			Provider Number:		0 242386-00		
19091 N DAL	E MABRY HW	Y	Date:		1/7/2022		
LUTZ, FL 33	548		Fiscal Year End:		6/30/2018		
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 248.36	New <u>Rate</u> 248.36	Effective <u>Date</u> 7/1/2021	
Rat	е Туре:						
	Interim		X Prospective				
		Total Interim		al Prospective			
		Interim Component	Tot	al Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data					
Basis:			Changes:	ster Change			
	Budget			fective 1/1/20	18		
X	Unaudited c						
	Field audited Desk audited						
<u>Distributio</u>		Access		ebekah Falk			
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance				
Permanent Fil			Kak	bekah,	Loll		
	nformation Only		100	Jan C			
	nange in Rate						
Н	ome Office:	No Home Office					
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KR AT HILLSBOROUGH LAKES 19091 N DALE MABRY HWY				Provider Number:		0 242386-00		
			Date:			1/7/2022		
LUTZ, FL 33	3548		Fiscal Year End:		6/30/2)19	
				Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level					Current <u>Rate</u> 249.30	New <u>Rate</u> 249.30	Effective <u>Date</u> 10/1/2021	
Rat	е Туре:							
	Interim	_	X	_ Prospective				
		Total Interim			l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data						
Basis:			Cha	nges:	ter Change			
	Budget				ective 1/1/20	18		
X	Unaudited of							
	Field audite Desk audite							
Distributio	n.							
<u>Distribution:</u> Contract Management / Fiscal Agent		Agent	Rebekah Falk Medicaid Cost Reimbursement Planning and Finance					
Permanent File		<i>6</i> -				_	inance	
	nformation Only			Kebe	kah fa	elk		
	hange in Rate			, 5-0-0	, i cje	- -		
	ome Office:	No Home Office						
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Tallahassee, Florida 32308

KR AT HILLSBOROUGH LAKES			Provider Number:			0 242386-00		
19091 N DALE	E MABRY HWY	7	Date: Fiscal Year End:			1/7/2022		
LUTZ, FL 335	548				6/30/2019			
				Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level					Current <u>Rate</u> 235.94	New <u>Rate</u> 235.94	Effective <u>Date</u> 1/1/2022	
Rate	Type:							
	_Interim	<u> </u>	X	_Prospective				
		Total Interim			l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data						
Basis:			Char	nges:	ter Change			
	Budget				ective 1/1/20	18		
X	Unaudited co	osts						
	Field audited	l costs						
	Desk audited	1 costs						
Distribution	n•							
<u>Distribution:</u> Contract Management / Fiscal Agent		Agent	Rebekah Falk Medicaid Cost Reimbursement Planning and Finance					
Permanent File]	_		_	ınance	
	formation Only			Kah	ekah t	lolk		
	ange in Rate			100	C/SW C7			
Но	me Office:	No Home Office						
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SUSANNA WESLEY I	HEALTH CENTER	Provider Number:	Provider Number:				
5345 W 18 AVENUE		Date:		3/13/2020			
HIALEAH, FL 33012		Fiscal Year End:		12/31/20)14		
		Audit Status:		Field Audited			
Provider Type:							
			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home	Single Level		<u>265.58</u>	<u>262.60</u>	9/1/2016		
Rate Type:							
Interim	l	X Prospective					
	Total Interim	X Tota	al Prospective	:			
	Interim Component	Tota	al Prospective	with Interim	Component		
	Settlement based on cost						
	Prior Provider Prospective	data					
Basis: Budg Unau	get adited costs	Changes: Rate Semes X Field Audit	_	W FYE 12/31	1/2014		
X Field	audited costs						
Desk	audited costs						
Distribution:			Zainab Day				
Contract Management /	Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File							
For Information	n Only	1		1			
No Change in R	date	£	AK1	2			
Home Offic	DOS Health Care 300 71 Street Suite #400 Miami Beach, Fl 33141	Report Printed -2/1/2022 ID: 26		1010120140713			



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THE LUXE AT LUTZ REHABILITATION CENTER 19091 N DALE MABRY HWY			Provider Number:		1 085192-00 1/11/2022		
			Date:				
LUTZ, FL 3	33548		Fiscal Year End:		6/30/201	8	
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 251.73	New <u>Rate</u> 251.73	Effective <u>Date</u> 12/15/2020	
Ra	ate Type:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	:		Changes: Rate Semes	tar Changa			
	Budget			ective 12/15/	2020		
X	Unaudited	costs					
	Field audite	ed costs					
	Desk audite	ed costs					
Distributi	ion·						
		l Agent -	Rebekah Falk Medicaid Cost Reimbursement Planning and Finance				
Contract Management / Fiscal Agent Permanent File			Medicaid Cost Rein	bursement P	lanning and F	inance	
	Information Only		Kebe	kah fa	elk		
	Change in Rate			,			
]	Home Office:	No Home Office					
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AAAAII	Kenori Cale	uiaieu. 1/11/2022 2:55'UN PIVI — KEDOTT P	rinted: 1/11/2022 ID:				



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Tallahassee, Florida 32308

THE LUXE AT LUTZ REHABILITATION CENTER 19091 N DALE MABRY HWY			Provider Number:		1 085192-00 1/11/2022		
			Date:				
LUTZ, FL 33	3548		Fiscal Year End:	6/30/2018			
			Audit Status:		Unaudited		
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 248.36	New <u>Rate</u> 248.36	Effective	
Rat	te Type:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	Budget Unaudited c Field audite Desk audite	d costs	Changes: Rate Semes X CHOW eff	ter Change ective 12/15/	2020		
Distribution			Re	bekah Falk			
	nagement / Fiscal	Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent Fi			\mathcal{D}_{I}	1.1.1.1			
	nformation Only		Mell	Kah fo	ell		
No Cl	hange in Rate			,			
Н	Iome Office:	No Home Office					
XXX811	Report Calcu	alated: 1/11/2022 2:33:08 PM Report I	Printed:1/11/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE LUXE AT LUTZ RE	EHABILITATION CENTER	Provider Number:		1 085192-00		
19091 N DALE MABRY	Date:		1/11/2022			
LUTZ, FL 33548		Fiscal Year End:		6/30/2019		
		Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Si	ingle Level		Current <u>Rate</u> 249.30	New <u>Rate</u> 249.30	Effective <u>Date</u> 10/1/2021	
Rate Type:						
Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	Tot	al Prospective al Prospective		Component	
Field a	ited costs udited costs udited costs		ster Change fective 12/15/	2020		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Medicaid Cost Rein	ebekah Falk nbursement P	•	inance	
Home Office:		Penort Printed :1/11/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE LUXE AT LUTZ REHABILITATION CENTER				Provider Number:		1 085192-00		
19091 N DALE	E MABRY HW	Y	Date: Fiscal Year End:		1/11/2022 6/30/2019			
LUTZ, FL 335	48							
				Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level					Current <u>Rate</u> 235.94	New <u>Rate</u> 235.94	Effective	
Rate	Type:							
	_Interim	_	X	Prospective				
		Total Interim			l Prospective		a	
		Interim ComponentSettlement based on cost		1 ota	1 Prospective	with Interim	Component	
	X	Prior Provider Prospective data						
Basis:			Chai	nges:	ter Change			
	Budget				ective 12/15/	2020		
X	Unaudited c	osts						
	Field audited							
	Desk audited	d costs						
Distribution								
Distribution	gement / Fiscal	Agant	Rebekah Falk					
Permanent File		Agent		Medicaid Cost Reim			inance	
	formation Only			Kel	ekah f	alk		
	ange in Rate			, 0-0				
Но	me Office:	No Home Office						
XXX811	Report Calcu	alated: 1/11/2022 2:33:08 PM Report	Printed	:1/11/2022 ID:				