



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

MEMORANDUM

Date: April 8, 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.	The Terrace at Hobe Sound	0 148040-00	Field Audit	5
2.	Lake View Care Center at Delray	0 229610-00	Field Audit	1
3.	Solaris Healthcare Lake Bennet	0 248829-00	Cost Settlement	1
4.	Hardee Manor Healthcare Center	1 090451-00	CHOW	4
5.	Anchor Care and Rehabilitation Center	1 109202-00	CHOW	6
6.	St Andrew Post-Acute and Rehabilitation Center	1 113688-00	CHOW	4
7.	St. Camillus Post-Acute and Rehabilitation Center	1 121326-00	CHOW	3
			TOTAL:	24

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
014804000	20150701	232.25	0.00	232.25	232.25	91192-22	NH17-065C
014804000	20150901	226.59	0.00	226.59	226.59	91192-22	NH17-065C
014804000	20160101	230.86	0.00	230.86	230.86	91192-22	NH17-065C
014804000	20160901	232.51	0.00	232.51	232.51	91192-22	NH17-065C
014804000	20170901	236.14	0.00	236.14	236.14	91192-22	NH17-065C
022961000	20160901	236.33	0.00	236.33	236.33	91192-22	NH16-011L
024882900	20180701	240.33	0.00	240.33	240.33	91192-22	
109045100	20201201	208.34	0.00	208.34	208.34	91192-22	
109045100	20210701	210.48	0.00	210.48	210.48	91192-22	
109045100	20211001	246.70	0.00	246.70	246.70	91192-22	
109045100	20220101	219.31	0.00	219.31	219.31	91192-22	
110920200	20200401	199.44	0.00	199.44	199.44	91192-22	
110920200	20200701	202.15	0.00	202.15	202.15	91192-22	
110920200	20201001	205.58	0.00	205.58	205.58	91192-22	
110920200	20210701	207.69	0.00	207.69	207.69	91192-22	
110920200	20211001	251.95	0.00	251.95	251.95	91192-22	
110920200	20220101	216.40	0.00	216.40	216.40	91192-22	
111368800	20210601	249.98	0.00	249.98	249.98	91192-22	
111368800	20210701	246.62	0.00	246.62	246.62	91192-22	
111368800	20211001	244.00	0.00	244.00	244.00	91192-22	
111368800	20220101	234.29	0.00	234.29	234.29	91192-22	
112132600	20210801	211.00	0.00	211.00	211.00	91192-22	
112132600	20211001	237.42	0.00	237.42	237.42	91192-22	
112132600	20220101	214.67	0.00	214.67	214.67	91192-22	



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

THE TERRACE AT HOBE SOUND

9555 SE FEDERAL HWY

HOBE SOUND, FL 33455

Provider Number:

0 148040-00

Date:

4/1/2022

Fiscal Year End:

12/31/2015

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

232.06

New
Rate

232.25

Effective
Date

7/1/2015

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

_____ Unaudited costs

Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

FA & RFA #NH17-065C FYE 12/31/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

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_____ No Change in Rate

Home Office:

SMJ Enterprises, LLC

480 Fentress Blvd.

Suite H

Daytona Beach, FL 32114

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE TERRACE AT HOBE SOUND

9555 SE FEDERAL HWY

HOBE SOUND, FL 33455

Provider Number:

0 148040-00

Date:

4/1/2022

Fiscal Year End:

12/31/2015

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

226.41

New
Rate

226.59

Effective
Date

9/1/2015

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

_____ Unaudited costs

Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

FA & RFA #NH17-065C FYE 12/31/2015

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE TERRACE AT HOBE SOUND

9555 SE FEDERAL HWY

HOBE SOUND, FL 33455

Provider Number:

0 148040-00

Date:

4/1/2022

Fiscal Year End:

12/31/2015

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

230.67

New
Rate

230.86

Effective
Date

1/1/2016

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH17-065C FYE 12/31/2015

Distribution:

Contract Management / Fiscal Agent

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Home Office:

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Medicaid Reimbursement Per Diem Rates

THE TERRACE AT HOBE SOUND

9555 SE FEDERAL HWY

HOBE SOUND, FL 33455

Provider Number:

0 148040-00

Date:

4/1/2022

Fiscal Year End:

12/31/2015

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

232.33

New
Rate

232.51

Effective
Date

9/1/2016

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH17-065C FYE 12/31/2015

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Medicaid Reimbursement Per Diem Rates

THE TERRACE AT HOBE SOUND

9555 SE FEDERAL HWY

HOBE SOUND, FL 33455

Provider Number:

0 148040-00

Date:

4/1/2022

Fiscal Year End:

12/31/2015

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

235.96

New
Rate

236.14

Effective
Date

9/1/2017

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH17-065C FYE 12/31/2015

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Medicaid Reimbursement Per Diem Rates

LAKE VIEW CARE CENTER AT DELRAY
5430 LINTON BLVD
DELRAY BEACH, FL 33484

Provider Number: 0 229610-00
Date: 2/15/2022
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **237.91** New Rate: **236.33** Effective Date: **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-011L FYE 12/31/2015	

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No Change in Rate

Home Office:

BrightSNFCare,LLC d/b/a/ Carestrong
10800 Biscayne Boulevard
Suite 650
Miami, FL 33161

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE LAKE BENNET

1091 KELTON AVE

OCOEE, FL 34761

Provider Number:

0 248829-00

Date:

2/17/2022

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

261.67

New
Rate

240.33

Effective
Date

7/1/2018

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

Cost Settlement FYE 12/31/2019

Distribution:

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No Change in Rate

Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

HARDEE MANOR HEALTHCARE CENTER
401 ORANGE PLACE
WAUCHULA, FL 33873

Provider Number: 1 090451-00
Date: 3/3/2022
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>204.87</u>	<u>208.34</u>	<u>12/1/2020</u>

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 12/1/2020	

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_____ No Change in Rate

Home Office:

Plainview Group TN LLC
2071 Flatbush Ave Suite 12
Brooklyn, NY 11234

Rebekah Falk

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARDEE MANOR HEALTHCARE CENTER
401 ORANGE PLACE
WAUCHULA, FL 33873

Provider Number: 1 090451-00
Date: 3/3/2022
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>208.34</u>	<u>210.48</u>	<u>7/1/2021</u>

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 12/1/2020

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office:

Plainview Group TN LLC
2071 Flatbush Ave Suite 12
Brooklyn, NY 11234

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARDEE MANOR HEATHCARE CENTER
401 ORANGE PLACE
WAUCHULA, FL 33873

Provider Number: 1 090451-00
Date: 3/3/2022
Fiscal Year End: 12/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **210.48** New Rate: **246.70** Effective Date: **10/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 12/1/2020	

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_____ No Change in Rate

Home Office:

Plainview Group TN LLC
2071 Flatbush Ave Suite 12
Brooklyn, NY 11234

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARDEE MANOR HEALTHCARE CENTER
401 ORANGE PLACE
WAUCHULA, FL 33873

Provider Number: 1 090451-00
Date: 3/3/2022
Fiscal Year End: 12/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>246.70</u>	<u>219.31</u>	<u>1/1/2022</u>

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 12/1/2020	

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_____ No Change in Rate

Home Office:

Plainview Group TN LLC
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Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ANCHOR CARE AND REHABILITATION CENTER
1515 PORT MALABAR BLVD, NE
PALM BAY, FL 32905

Provider Number: 1 109202-00
Date: 2/22/2022
Fiscal Year End: 12/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
196.58 **199.44** **4/1/2020**

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

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

Changes:
_____ Rate Semester Change
<input checked="" type="checkbox"/> CHOW effective 4/1/2020

Distribution:

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

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Home Office: Orchid Cove Health Group LLC
2770 Indian River Blvd #402
Vero Beach, FL 32960



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

ANCHOR CARE AND REHABILITATION CENTER
1515 PORT MALABAR BLVD, NE
PALM BAY, FL 32905

Provider Number: 1 109202-00
Date: 2/22/2022
Fiscal Year End: 12/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
199.44 **202.15** **7/1/2020**

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 4/1/2020

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Orchid Cove Health Group LLC
2770 Indian River Blvd #402
Vero Beach, FL 32960

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ANCHOR CARE AND REHABILITATION CENTER
1515 PORT MALABAR BLVD, NE
PALM BAY, FL 32905

Provider Number: 1 109202-00
Date: 2/22/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **202.15** New Rate: **205.58** Effective Date: **10/1/2020**

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 4/1/2020

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Orchid Cove Health Group LLC
2770 Indian River Blvd #402
Vero Beach, FL 32960

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ANCHOR CARE AND REHABILITATION CENTER
1515 PORT MALABAR BLVD, NE
PALM BAY, FL 32905

Provider Number: 1 109202-00
Date: 2/22/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
205.58 **207.69** **7/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 4/1/2020	

Distribution:

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Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

Orchid Cove Health Group LLC
2770 Indian River Blvd #402
Vero Beach, FL 32960

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ANCHOR CARE AND REHABILITATION CENTER
1515 PORT MALABAR BLVD, NE
PALM BAY, FL 32905

Provider Number: 1 109202-00
Date: 2/22/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **207.69** New Rate: **251.95** Effective Date: **10/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 4/1/2020	

Distribution:

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_____ For Information Only

_____ No Change in Rate

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ANCHOR CARE AND REHABILITATION CENTER
1515 PORT MALABAR BLVD, NE
PALM BAY, FL 32905

Provider Number: 1 109202-00
Date: 2/22/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
251.95 **216.40** **1/1/2022**

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 4/1/2020

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No Change in Rate

Home Office:

Orchid Cove Health Group LLC
2770 Indian River Blvd #402
Vero Beach, FL 32960

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

ST ANDREW POST-ACUTE AND REHABILITATION CENTER
16702 NORTH DALE MABRY HWY
TAMPA, FL 33618

Provider Number: 1 113688-00
Date: 3/1/2022
Fiscal Year End: 12/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
250.52 249.98 6/1/2021

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 06/01/2021

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Rebekah Falk

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Home Office: No Home Office



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST ANDREW POST-ACUTE AND REHABILITATION CENTER
16702 NORTH DALE MABRY HWY
TAMPA, FL 33618

Provider Number: 1 113688-00
Date: 3/1/2022
Fiscal Year End: 12/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
249.98 246.62 7/1/2021

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 06/01/2021

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Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

ST ANDREW POST-ACUTE AND REHABILITATION CENTER
16702 NORTH DALE MABRY HWY
TAMPA, FL 33618

Provider Number: 1 113688-00
Date: 3/1/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
246.62 244.00 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 06/01/2021

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____ No Change in Rate

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

ST ANDREW POST-ACUTE AND REHABILITATION CENTER
16702 NORTH DALE MABRY HWY
TAMPA, FL 33618

Provider Number: 1 113688-00
Date: 3/1/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
244.00 234.29 1/1/2022

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 06/01/2021

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Home Office: No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST. CAMILLUS POST-ACUTE AND REHABILITATION CENTER
3011 KENILWORTH BOULEVARD
SEBRING, FL 33870

Provider Number: 1 121326-00
Date: 3/1/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
208.86 **211.00** **8/1/2021**

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

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

Changes:
_____ Rate Semester Change
<input checked="" type="checkbox"/> CHOW effective 8/1/2021

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Home Office:

Plainview Group TN LLC
2071 Flatbush Ave Suite 12
Brooklyn, NY 11234

Rebekah Falk

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Rebekah Falk



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST. CAMILLUS POST-ACUTE AND REHABILITATION CENTER
3011 KENILWORTH BOULEVARD
SEBRING, FL 33870

Provider Number: 1 121326-00
Date: 3/1/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
211.00 **237.42** **10/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 8/1/2021	

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Home Office:

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2071 Flatbush Ave Suite 12
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST. CAMILLUS POST-ACUTE AND REHABILITATION CENTER
3011 KENILWORTH BOULEVARD
SEBRING, FL 33870

Provider Number: 1 121326-00
Date: 3/1/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>237.42</u>	<u>214.67</u>	<u>1/1/2022</u>

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 8/1/2021

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No Change in Rate

Home Office:

Plainview Group TN LLC
2071 Flatbush Ave Suite 12
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