



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

**MEMORANDUM**

**Date:** April 22, 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.	Suwanee Health and Rehab Center	0 005387-00	Field Audit	2
2.	Indigo Manor	0 258750-00	Field Audit	1
3.	Health Care Center of Jacksonville	1 054508-00	CHOW	6
4.	Breeze Care Center	1 078899-00	CHOW	4
5.	Saints Care Center	1 080823-00	CHOW	4
6.	Windsor Care & Rehab, LLC	1 084762-00	CHOW	5
7.	Parkside Health and Rehabilitation Center	1 085667-00	CHOW	4
8.	Flagler Health and Rehabilitation Center	1 085669-00	CHOW	4
9.	Coastal Health and Rehab Center	1 085670-00	CHOW	4
10.	Orchid Cove at Lake Placid	1 085905-00	CHOW	4
11.	Orchid Cove at Longwood	1 085914-00	CHOW	4
12.	West Gables Health Care Center	1 087283-00	CHOW	4
13.	Orchid Cove at Clearwater	1 108709-00	CHOW	4
14.	Colonial Skilled Nursing Facility, LLC	1 123562-00	CHOW	3
			<b>TOTAL:</b>	<b>53</b>

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
000538700	20150101	246.82	0.00	246.82	246.82	91232-22	NH17-043C
000538700	20150901	243.43	0.00	243.43	243.43	91232-22	NH17-043C
025875000	20150901	233.85	0.00	233.85	233.85	91232-22	NH15-058C
105450800	20191201	198.27	0.00	198.27	198.27	91232-22	
105450800	20200701	200.97	0.00	200.97	200.97	91232-22	
105450800	20201001	203.96	0.00	203.96	203.96	91232-22	
105450800	20210701	206.04	0.00	206.04	206.04	91232-22	
105450800	20211001	226.96	0.00	226.96	226.96	91232-22	
105450800	20220101	207.03	0.00	207.03	207.03	91232-22	
107889900	20201122	261.13	0.00	261.13	261.13	91232-22	
107889900	20210701	257.63	0.00	257.63	257.63	91232-22	
107889900	20211001	255.89	0.00	255.89	255.89	91232-22	
107889900	20220101	244.75	0.00	244.75	244.75	91232-22	
108082300	20201227	247.29	0.00	247.29	247.29	91232-22	
108082300	20210701	243.98	0.00	243.98	243.98	91232-22	
108082300	20211001	237.52	0.00	237.52	237.52	91232-22	
108082300	20220101	231.78	0.00	231.78	231.78	91232-22	
108476200	20200701	204.97	0.00	204.97	204.97	91232-22	
108476200	20201001	208.45	0.00	208.45	208.45	91232-22	
108476200	20210701	210.58	0.00	210.58	210.58	91232-22	
108476200	20211001	247.47	0.00	247.47	247.47	91232-22	
108476200	20220101	219.42	0.00	219.42	219.42	91232-22	
108566700	20201103	235.15	0.00	235.15	235.15	91232-22	
108566700	20210701	232.00	0.00	232.00	232.00	91232-22	
108566700	20211001	253.67	0.00	253.67	253.67	91232-22	
108566700	20220101	229.71	0.00	229.71	229.71	91232-22	
108566900	20201103	239.06	0.00	239.06	239.06	91232-22	
108566900	20210701	235.86	0.00	235.86	235.86	91232-22	
108566900	20211001	257.09	0.00	257.09	257.09	91232-22	
108566900	20220101	232.26	0.00	232.26	232.26	91232-22	
108567000	20201103	230.21	0.00	230.21	230.21	91232-22	
108567000	20210701	232.57	0.00	232.57	232.57	91232-22	
108567000	20211001	259.92	0.00	259.92	259.92	91232-22	
108567000	20220101	235.48	0.00	235.48	235.48	91232-22	
108590500	20201103	247.91	0.00	247.91	247.91	91232-22	
108590500	20210701	244.59	0.00	244.59	244.59	91232-22	
108590500	20211001	247.09	0.00	247.09	247.09	91232-22	
108590500	20220101	232.36	0.00	232.36	232.36	91232-22	
108591400	20201103	241.45	0.00	241.45	241.45	91232-22	
108591400	20210701	238.21	0.00	238.21	238.21	91232-22	
108591400	20211001	243.18	0.00	243.18	243.18	91232-22	
108591400	20220101	227.73	0.00	227.73	227.73	91232-22	
108728300	20201201	252.50	0.00	252.50	252.50	91232-22	
108728300	20210701	254.62	0.00	254.62	254.62	91232-22	
108728300	20211001	272.31	0.00	272.31	272.31	91232-22	
108728300	20220101	245.68	0.00	245.68	245.68	91232-22	
110870900	20201119	205.68	0.00	205.68	205.68	91232-22	
110870900	20210701	205.76	0.00	205.76	205.76	91232-22	
110870900	20211001	245.78	0.00	245.78	245.78	91232-22	
110870900	20220101	219.40	0.00	219.40	219.40	91232-22	
112356200	20210930	231.25	0.00	231.25	231.25	91232-22	
112356200	20211001	250.62	0.00	250.62	250.62	91232-22	
112356200	20220101	224.36	0.00	224.36	224.36	91232-22	



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**

SUWANNEE HEALTH AND REHABILITATION CENTER  
1620 HELVENSTON ST SE  
LIVE OAK, FL 32064-3474

Provider Number: 0 005387-00  
Date: 12/1/2020  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **247.16**    New Rate: **246.82**    Effective Date: **1/1/2015**

<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 #NH17-043C FYE 6/30/2014	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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

**Zainab Day**

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**

SUWANNEE HEALTH AND REHABILITATION CENTER  
1620 HELVENSTON ST SE  
LIVE OAK, FL 32064-3474

Provider Number: 0 005387-00  
Date: 12/1/2020  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **243.78**      New Rate: **243.43**      Effective Date: **9/1/2015**

<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 #NH17-043C FYE 6/30/2014	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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

**Zainab Day**

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**

INDIGO MANOR

595 N WILLIAMSON BLVD

DAYTONA BEACH, FL 32114

Provider Number:

0 258750-00

Date:

2/18/2021

Fiscal Year End:

6/30/2014

Audit Status:

Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**234.28**

New  
Rate

**233.85**

Effective  
Date

**9/1/2015**

**Rate Type:**

Interim

X Prospective

                     Total Interim

                     X

                     Total Prospective

                     Interim Component

                     Total Prospective with Interim Component

                     Settlement based on cost

                     Prior Provider Prospective data

**Basis:**

                     Budget

                     Unaudited costs

X                      Field audited costs

                     Desk audited costs

**Changes:**

                     Rate Semester Change

X                      Field Audit #NH15-058C FYE 6/30/2014

**Distribution:**

                     Contract Management / Fiscal Agent

                     Permanent File

                     For Information Only

                     No Change in Rate

**Zainab Day**

                     Medicaid Cost Reimbursement Planning and Finance

Home Office:

Fairfax Senior Living  
3989 Chain Bridge Road  
Fairfax, VA 22030



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**

HEALTHCARE CENTER OF JACKSONVILLE  
5377 MONCRIEF ROAD  
JACKSONVILLE, FL 32209

Provider Number: 1 054508-00  
Date: 03/02/2022  
Fiscal Year End: 12/31/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**195.43**      **198.27**      **12/1/2019**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 12/01/2019	

**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**

HEALTHCARE CENTER OF JACKSONVILLE  
5377 MONCRIEF ROAD  
JACKSONVILLE, FL 32209

Provider Number: 1 054508-00  
Date: 03/02/2022  
Fiscal Year End: 12/31/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**198.27    200.97    7/1/2020**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 12/01/2019	

**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**

HEALTHCARE CENTER OF JACKSONVILLE  
5377 MONCRIEF ROAD  
GAINESVILLE, FL 32607

Provider Number: 1 054508-00  
Date: 03/02/2022  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**200.97**    **203.96**    **10/1/2020**

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

Basis:	
<input 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 12/01/2019

**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**

HEALTHCARE CENTER OF JACKSONVILLE  
5377 MONCRIEF ROAD  
GAINESVILLE, FL 32607

Provider Number: 1 054508-00  
Date: 03/02/2022  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**203.96**      **206.04**      **7/01/2021**

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 12/01/2019

**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**

HEALTHCARE CENTER OF JACKSONVILLE  
5377 MONCRIEF ROAD  
GAINESVILLE, FL 32607

Provider Number: 1 054508-00  
Date: 03/02/2022  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**206.04      226.96      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 12/01/2019	

**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**

HEALTHCARE CENTER OF JACKSONVILLE  
5377 MONCRIEF ROAD  
JACKSONVILLE, FL 32209

Provider Number: 1 054508-00  
Date: 03/02/2022  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**226.96**    **207.03**    **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 12/01/2019

**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**

BREEZE CARE CENTER  
1755 18TH STREET  
SARASOTA FL 34234

Provider Number: 1 078899-00  
Date: 1/31/2022  
Fiscal Year End: 2/28/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **261.13**      New Rate: **261.13**      Effective Date: **11/22/2020**

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 11/22/2020	

**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

*Rebekah Falk*



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**

BREEZE CARE CENTER  
1755 18TH STREET  
SARASOTA FL 34234

Provider Number: 1 078899-00  
Date: 1/31/2022  
Fiscal Year End: 2/28/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **261.13**    New Rate: **257.63**    Effective Date: **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 11/22/2020	

**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

*Rebekah Falk*



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**

BREEZE CARE CENTER  
1755 18TH STREET  
SARASOTA FL 34234

Provider Number: 1 078899-00  
Date: 1/31/2022  
Fiscal Year End: 2/28/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **257.63**      New Rate: **255.89**      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 11/22/2020	

**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

*Rebekah Falk*



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**

BREEZE CARE CENTER  
1755 18TH STREET  
SARASOTA FL 34234

Provider Number: 1 078899-00  
Date: 1/31/2022  
Fiscal Year End: 2/28/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate	New Rate	Effective Date
<b><u>255.89</u></b>	<b><u>244.75</u></b>	<b><u>1/1/2022</u></b>

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 11/22/2020	

**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

*Rebekah Falk*



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**

SAINT CARE CENTER  
5888 BLANDING BLVD  
JACKSONVILLE, FL 32244

Provider Number: 1 080823-00  
Date: 3/8/2022  
Fiscal Year End: 6/30/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **247.29**    New Rate: **247.29**    Effective Date: **12/27/2020**

<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 12/27/2020	

**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





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**

SAINT CARE CENTER  
5888 BLANDING BLVD  
JACKSONVILLE, FL 32244

Provider Number: 1 080823-00  
Date: 3/8/2022  
Fiscal Year End: 6/30/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**247.29**    **243.98**    **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 12/27/2020	

**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



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**

SAINT CARE CENTER  
5888 BLANDING BLVD  
JACKSONVILLE, FL 32244

Provider Number: 1 080823-00  
Date: 3/8/2022  
Fiscal Year End: 6/30/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **243.98**      New Rate: **237.52**      Effective Date: **10/1/2021**

<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 12/27/2020	

**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



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**

SAINT CARE CENTER  
5888 BLANDING BLVD  
JACKSONVILLE, FL 32244

Provider Number: 1 080823-00  
Date: 3/8/2022  
Fiscal Year End: 6/30/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**237.52**      **231.78**      **1/1/2022**

<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 12/27/2020	

**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



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**

WINDSOR CARE & REHAB, LLC  
501 SOUTH PALM AVENUE  
PALATKA FL, 32177

Provider Number: 1 084762-00  
Date: 2/7/2022  
Fiscal Year End: 12/31/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**202.23**    **204.97**    **7/1/2020**

<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 7/1/2020

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

*Rebekah Falk*

Home Office: Windsor Care and Rehab, LLC  
210 Rolling Ridge Court  
Roswell, GA 30075



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**

WINDSOR CARE & REHAB, LLC  
501 SOUTH PALM AVENUE  
PALATKA FL, 32177

Provider Number: 1 084762-00  
Date: 2/7/2022  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**204.97**      **208.45**      **10/1/2020**

<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 7/1/2020

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

*Rebekah Falk*

Home Office: Windsor Care and Rehab, LLC  
210 Rolling Ridge Court  
Roswell, GA 30075



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**

WINDSOR CARE & REHAB, LLC  
501 SOUTH PALM AVENUE  
PALATKA FL, 32177

Provider Number: 1 084762-00  
Date: 2/7/2022  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate	New Rate	Effective Date
<b><u>208.45</u></b>	<b><u>210.58</u></b>	<b><u>7/1/2021</u></b>

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 7/1/2020	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

*Rebekah Falk*

Home Office: Windsor Care and Rehab, LLC  
210 Rolling Ridge Court  
Roswell, GA 30075



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**

WINDSOR CARE & REHAB, LLC  
501 SOUTH PALM AVENUE  
PALATKA FL, 32177

Provider Number: 1 084762-00  
Date: 2/7/2022  
Fiscal Year End: 12/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate	New Rate	Effective Date
<b><u>210.58</u></b>	<b><u>247.47</u></b>	<b><u>10/1/2021</u></b>

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 7/1/2020	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

*Rebekah Falk*

Home Office: Windsor Care and Rehab, LLC  
210 Rolling Ridge Court  
Roswell, GA 30075



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**

WINDSOR CARE & REHAB, LLC  
501 SOUTH PALM AVENUE  
PALATKA FL, 32177

Provider Number: 1 084762-00  
Date: 2/7/2022  
Fiscal Year End: 12/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>247.47</u></b>	<b><u>219.42</u></b>	<b><u>1/1/2022</u></b>

<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 7/1/2020	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

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

Home Office:

Windsor Care and Rehab, LLC  
210 Rolling Ridge Court  
Roswell, GA 30075

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

*Rebekah Falk*





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**

PARKSIDE HEALTH AND REHABILITATION CENTER  
451 S. AMELIA AVENUE  
DELAND FL, 32724

Provider Number: 1 085667-00  
Date: 03/15/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **235.15**    New Rate: **235.15**    Effective Date: **11/3/2020**

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 11/03/2020	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

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

Home Office:

Citadel Care Center  
1000 Gates Ave, 5th Floor  
Brooklyn, NY 11221

**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**

PARKSIDE HEALTH AND REHABILITATION CENTER  
451 S. AMELIA AVENUE  
DELAND FL, 32724

Provider Number: 1 085667-00  
Date: 03/15/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **235.15**    New Rate: **232.00**    Effective Date: **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 11/03/2020	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Citadel Care Center  
1000 Gates Ave, 5th Floor  
Brooklyn, NY 11221



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**

PARKSIDE HEALTH AND REHABILITATION CENTER  
451 S. AMELIA AVENUE  
DELAND FL, 32724

Provider Number: 1 085667-00  
Date: 03/15/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**232.00**      **253.67**      **10/1/2021**

<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>	
<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 11/03/2020	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Citadel Care Center  
1000 Gates Ave, 5th Floor  
Brooklyn, NY 11221



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**

PARKSIDE HEALTH AND REHABILITATION CENTER  
451 S. AMELIA AVENUE  
DELAND FL, 32724

Provider Number: 1 085667-00  
Date: 03/15/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate	New Rate	Effective Date
<u>253.67</u>	<u>229.71</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 11/03/2020	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

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

Home Office:

Citadel Care Center  
1000 Gates Ave, 5th Floor  
Brooklyn, NY 11221

**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**

FLAGLER HEALTH AND REHABILITATION CENTER  
300 S. LEMON STREET.  
BUNNELL, FL 32110

Provider Number: 1 085669-00  
Date: 03/09/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**\$239.06**    **\$239.06**    **11/3/2020**

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 11/03/2020	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

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

Home Office:

Citadel Care Center  
1000 Gates Ave, 5th Floor  
Brooklyn, NY 11221

**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**

FLAGLER HEALTH AND REHABILITATION CENTER  
300 S. LEMON STREET.  
BUNNELL, FL 32110

Provider Number: 1 085669-00  
Date: 03/09/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **\$239.06**  
New Rate: **\$235.86**  
Effective Date: **7/1/2021**

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 11/03/2020

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Citadel Care Center  
1000 Gates Ave, 5th Floor  
Brooklyn, NY 11221

**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**

FLAGLER HEALTH AND REHABILITATION CENTER  
300 S. LEMON STREET.  
BUNNELL, FL 32110

Provider Number: 1 085669-00  
Date: 03/09/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**235.86**    **257.09**    **10/1/2021**

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 11/03/2020

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Citadel Care Center  
1000 Gates Ave, 5th Floor  
Brooklyn, NY 11221

**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**

FLAGLER HEALTH AND REHABILITATION CENTER  
300 S. LEMON STREET.  
BUNNELL, FL 32110

Provider Number: 1 085669-00  
Date: 03/09/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**257.09**      **232.26**      **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 11/03/2020

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Citadel Care Center  
1000 Gates Ave, 5th Floor  
Brooklyn, NY 11221

**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**

COASTAL HEALTH AND REHABILITATION CENTER  
820 N. CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 32117

Provider Number: 1 085670-00  
Date: 3/16/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**226.37**      **230.21**      **11/3/2020**

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 11/03/2020	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Citadel Care Center  
1000 Gates Ave, 5th Floor  
Brooklyn, NY 11221



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**

COASTAL HEALTH AND REHABILITATION CENTER  
820 N. CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 32117

Provider Number: 1 085670-00  
Date: 3/16/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**230.21**      **232.57**      **07/1/2021**

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 11/03/2020

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Citadel Care Center  
1000 Gates Ave, 5th Floor  
Brooklyn, NY 11221

**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**

COASTAL HEALTH AND REHABILITATION CENTER  
820 N. CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 32117

Provider Number: 1 085670-00  
Date: 3/16/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **232.57**    New Rate: **259.92**    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 11/03/2020	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Citadel Care Center  
1000 Gates Ave, 5th Floor  
Brooklyn, NY 11221



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**

COASTAL HEALTH AND REHABILITATION CENTER  
820 N. CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 32117

Provider Number: 1 085670-00  
Date: 3/16/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**259.92**      **235.48**      **1/1/2022**

<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 11/03/2020

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

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

Home Office:

Citadel Care Center  
1000 Gates Ave, 5th Floor  
Brooklyn, NY 11221

**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**

ORCHID COVE AT LAKE PLACID  
125 TOMOKA BOULEVARD, S.  
LAKE PLACID FL, 33852

Provider Number: 1 085905-00  
Date: 3/29/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**247.91**      **247.91**      **11/3/2020**

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 11/3/2020	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Orchid Cove Health Group  
2770 Indian River Blvd Suite 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**

ORCHID COVE AT LAKE PLACID  
125 TOMOKA BOULEVARD, S.  
LAKE PLACID FL, 33852

Provider Number: 1 085905-00  
Date: 3/29/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**247.91**      **244.59**      **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 11/3/2020	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Orchid Cove Health Group  
2770 Indian River Blvd Suite 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**

ORCHID COVE AT LAKE PLACID  
125 TOMOKA BOULEVARD, S.  
LAKE PLACID FL, 33852

Provider Number: 1 085905-00  
Date: 3/29/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate	New Rate	Effective Date
<b><u>244.59</u></b>	<b><u>247.09</u></b>	<b><u>10/1/2021</u></b>

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 11/3/2020	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Orchid Cove Health Group  
2770 Indian River Blvd Suite 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**

ORCHID COVE AT LAKE PLACID  
125 TOMOKA BOULEVARD, S.  
LAKE PLACID FL, 33852

Provider Number: 1 085905-00  
Date: 3/29/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**247.09**      **232.36**      **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 11/3/2020

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Orchid Cove Health Group  
2770 Indian River Blvd Suite 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**

ORCHID COVE AT LONGWOOD

1520 S. GRANT ST.

LONGWOOD, FL 32750

Provider Number:

1 085914-00

Date:

2/25/2022

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**241.45**

New  
Rate

**241.45**

Effective  
Date

**11/3/2020**

**Rate Type:**

Interim

Prospective

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

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

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

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

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

Prior Provider Prospective data

**Basis:**

\_\_\_\_\_ Budget

Unaudited costs

\_\_\_\_\_ Field audited costs

\_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change

CHOW effective 11/03/2020

**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

*Rebekah Falk*



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**

ORCHID COVE AT LONGWOOD

1520 S. GRANT ST.

LONGWOOD, FL 32750

Provider Number:

1 085914-00

Date:

2/25/2022

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**241.45**

New  
Rate

**238.21**

Effective  
Date

**7/1/2021**

**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 11/03/2020

**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

*Rebekah Falk*



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**

ORCHID COVE AT LONGWOOD

1520 S. GRANT ST.

LONGWOOD, FL 32750

Provider Number:

1 085914-00

Date:

2/25/2022

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

New  
Rate

Effective  
Date

**238.21**

**243.18**

**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 11/03/2020

**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

*Rebekah Falk*



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**

ORCHID COVE AT LONGWOOD

1520 S. GRANT ST.

LONGWOOD, FL 32750

Provider Number:

1 085914-00

Date:

2/25/2022

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**243.18**

New  
Rate

**227.73**

Effective  
Date

**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 11/03/2020

**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

*Rebekah Falk*



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**

WEST GABLES HEALTH CARE CENTER  
2525 SW 75TH AVENUE  
MIAMI FL, 33155

Provider Number: 1 087283-00  
Date: 2/8/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**247.24**      **252.50**      **12/1/2020**

<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 12/1/2020

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

*Rebekah Falk*

Home Office:

Marquis Health Consulting Services  
1608 RT 88 Suite 301  
Brick, NJ 08724



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**

WEST GABLES HEALTH CARE CENTER  
2525 SW 75TH AVENUE  
MIAMI FL, 33155

Provider Number: 1 087283-00  
Date: 2/8/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**252.50**    **254.62**    **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 12/1/2020

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Marquis Health Consulting Services  
1608 RT 88 Suite 301  
Brick, NJ 08724

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

*Rebekah Falk*



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**

WEST GABLES HEALTH CARE CENTER  
2525 SW 75TH AVENUE  
MIAMI FL, 33155

Provider Number: 1 087283-00  
Date: 2/8/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**254.62**      **272.31**      **10/1/2021**

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

Permanent File

For Information Only

No Change in Rate

Home Office:

Marquis Health Consulting Services  
1608 RT 88 Suite 301  
Brick, NJ 08724

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

*Rebekah Falk*



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**

WEST GABLES HEALTH CARE CENTER  
2525 SW 75TH AVENUE  
MIAMI FL, 33155

Provider Number: 1 087283-00  
Date: 2/8/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**272.31**      **245.68**      **1/1/2022**

<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 12/1/2020

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

*Rebekah Falk*

Home Office:

Marquis Health Consulting Services  
1608 RT 88 Suite 301  
Brick, NJ 08724





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**

ORCHID COVE AT CLEARWATER  
1980 SUNSET POINT RD  
CLEARWATER, FL 33765

Provider Number: 1 108709-00  
Date: 4/8/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **201.88**    New Rate: **205.68**    Effective Date: **11/19/2020**

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 11/19/2020	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Orchid Cove Health Group  
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**

ORCHID COVE AT CLEARWATER

1980 SUNSET POINT RD

CLEARWATER, FL 33765

Provider Number:

1 108709-00

Date:

4/8/2022

Fiscal Year End:

1/31/2020

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**205.68**

New  
Rate

**205.76**

Effective  
Date

**7/1/2021**

**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 11/19/2020

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

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

Home Office:

Orchid Cove Health Group  
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**

ORCHID COVE AT CLEARWATER  
1980 SUNSET POINT RD  
CLEARWATER, FL 33765

Provider Number: 1 108709-00  
Date: 4/8/2022  
Fiscal Year End: 1/31/2020  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **205.76**    New Rate: **245.78**    Effective Date: **10/1/2021**

<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 11/19/2020

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Orchid Cove Health Group  
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**

ORCHID COVE AT CLEARWATER

1980 SUNSET POINT RD

CLEARWATER, FL 33765

Provider Number:

1 108709-00

Date:

4/8/2022

Fiscal Year End:

1/31/2020

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**245.78**

New  
Rate

**219.40**

Effective  
Date

**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 11/19/2020

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

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

Home Office:

Orchid Cove Health Group  
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**

COLONIAL SKILLED NURSING FACILITY, LLC  
2090 NORTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33401

Provider Number: 1 123562-00  
Date: 3/23/2022  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **234.39**      New Rate: **231.25**      Effective Date: **9/30/2021**

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

Basis:	
<input 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 09/30/2021	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Colonial Skilled Nursing Facility, LLC  
2090 N Congress Avenue  
West Palm Beach, FL 33401



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**

COLONIAL SKILLED NURSING FACILITY, LLC  
2090 NORTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33401

Provider Number: 1 123562-00  
Date: 3/23/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **231.25**      New Rate: **250.62**      Effective Date: **10/1/2021**

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

Basis:	
<input 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 09/30/2021	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Colonial Skilled Nursing Facility, LLC  
2090 N Congress Avenue  
West Palm Beach, FL 33401



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**

COLONIAL SKILLED NURSING FACILITY, LLC  
2090 NORTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33401

Provider Number: 1 123562-00  
Date: 3/23/2022  
Fiscal Year End: 12/31/2019  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**250.62**      **224.36**      **1/1/2022**

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

Basis:	
<input 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 09/30/2021	

**Distribution:**

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

**Rebekah Falk**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Colonial Skilled Nursing Facility, LLC  
2090 N Congress Avenue  
West Palm Beach, FL 33401