

MEMORANDUM

Date: May 20, 2022

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

From: PF Rebekah Falk, Regulatory Analyst Supervisor

Subject: Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

	<u>Provider Name</u>	Provider Number	Type of Action	Number of Rate Change Notices
1.	Bay Breeze Senior Living and Rehabilitation Center	0 017225-00	IRR Settlement	3
2.	Consulate Health Care of Bayonet Point	0 080374-00	Field Audit	2
3.	Consulate Health Care of Brandon	0 080377-00	Field Audit	1
4.	Consulate Health Care of Melbourne	0 080394-00	Field Audit	2
5.	Consulate Health Care of New Port Richey	0 080397-00	Field Audit	1
6.	Consulate Health Care of Sarasota	0 080413-00	Field Audit	1
7.	Solaris Healthcare Palatka	0 248888-00	Cost Settlement	1
8.	Oasis Health and Rehabilitation Center	0 266124-00	Field Audit	2
9.	Oak Hill Health and Rehabilitation	1 101965-00	New Facility	4
10.	Blue Heron Health and Rehabilitation	1 105166-00	New Facility	4
			TOTAL:	21

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
001722500	20160401	240.70	0.00	240.70	240.70	91415-22	
001722500	20160901	242.15	0.00	242.15	242.15	91415-22	
001722500	20170901	227.28	0.00	227.28	227.28	91415-22	
008037400	20160901	192.92	0.00	192.92	192.92	91415-22	NH16-163C
008037400	20170901	196.74	0.00	196.74	196.74	91415-22	NH16-163C
008037700	20160901	197.89	0.00	197.89	197.89	91415-22	NH16-110C
008039400	20160901	204.48	0.00	204.48	204.48	91415-22	NH16-103C
008039400	20170901	198.57	0.00	198.57	198.57	91415-22	NH16-103C
008039700	20160901	191.12	0.00	191.12	191.12	91415-22	NH16-115C
008041300	20160901	225.63	0.00	225.63	225.63	91415-22	NH16-107C
024888800	20180701	233.94	0.00	233.94	233.94	91415-22	
026612400	20160901	237.95	0.00	237.95	237.95	91415-22	NH17-096C
026612400	20170901	245.49	0.00	245.49	245.49	91415-22	NH17-096C
110196500	20210421	274.13	0.00	274.13	274.13	91415-22	
110196500	20210701	274.27	0.00	274.27	274.27	91415-22	
110196500	20211001	273.66	0.00	273.66	273.66	91415-22	
110196500	20220101	273.66	0.00	273.66	273.66	91415-22	
110516600	20210524	268.85	0.00	268.85	268.85	91415-22	
110516600	20210701	268.88	0.00	268.88	268.88	91415-22	
110516600	20211001	268.57	0.00	268.57	268.57	91415-22	
110516600	20220101	268.57	0.00	268.57	268.57	91415-22	



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Tallahassee, Florida 32308

BAY BREEZE SENIOR LI	Y BREEZE SENIOR LIVING AND REHABILITATION CENTER Provider Number: 0 017225-0		-00			
3387 GULF BREEZE PAR	Date:		2/11/2022			
GULF BREEZE, FL 32563	3	Fiscal Year End:		6/30/2014		
		Audit Status:		Unaudit	ed	
Provider Type:						
V 1			Current	New	Effective	
			Rate	<u>Rate</u>	<u>Date</u>	
Nursing Home Sin	igle Level		<u>243.18</u>	<u>240.70</u>	<u>4/1/2016</u>	
Rate Type:						
T	72					
Interim	X Tatal Interior	*	1 Dan an a ation			
	Total Interim Interim Component		l Prospective	with Interim	Component	
	Settlement based on cost	A 10ta	ii Frospective	with interim	Component	
						
	Prior Provider Prospective data					
Basis:		hangage				
Dasis.		hanges:	. (7)			
Budget		Rate Semes IRR Settler	iter Change ment FYE 12	/31/2015		
X Unaudite	and costs	A IKK Settler		31/2013		
	lited costs					
	lited costs					
Desk auc	inted costs					
Distribution:			Rebekah Fa	lk		
Contract Management / Fis	cal Agent —	Medicaid Cost Reimbursement Planning and Finance				
Permanent File				-		
For Information Or	nly					
No Change in Rate						
Home Office:	Pensacola Administrative Services, LLC	,				
	40 South Palafox Place					
	Suite 400					
	Pensacola, FL 32502					
4RX2II Report C		ted :2/11/2022 ID: 01	72250630201/	010120141013	22014142122	



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BAY BREEZE	AY BREEZE SENIOR LIVING AND REHABILITATION CENTER		Provider Number: 0 017225-00			
3387 GULF BREEZE PARKWAY GULF BREEZE, FL 32563		Date:		2/11/202	22	
		Fiscal Year End:		6/30/20	14	
			Audit Status:		Unaudit	ed
Provider Ty Nursing Ho	_	gle Level	Current Rate New Rate 245.24 242.15		Rate	Effective <u>Date</u> 9/1/2016
				<u>= 1012 1</u>		
Rate	Type:					
	Interim		X Prospective			
		Total Interim	Tota	al Prospective	;	
		Interim Component	X Tota	al Prospective	with Interim	Component
		Settlement based on cost				
		Prior Provider Prospective data				
Basis:			Changes:			
				ster Change		
	Budget		X IRR Settle	ment FYE 12	/31/2015	
X	Unaudited					
	Field audi					
	Desk audi	ted costs				
Distribution	<u>1:</u>			Rebekah Fa	.IIk	
Contract Mana	gement / Fisc	al Agent —	Medicaid Cost Reir			inance.
Permanent File	;		Medicard Cost Ren		Turring unu 1	mance
For Inf	ormation Onl	у				
No Cha	inge in Rate					
Но	me Office:	Pensacola Administrative Services, LL	.C			
		40 South Palafox Place				
		Suite 400				
		Pensacola, FL 32502				
4BX2U	Report Cal	culated: 2/11/2022 3:18:33 PM Report Pr	rinted:2/11/2022 ID: 01	172250630201	4010120141012	22014142122



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BAY BREEZE SENIO	R LIVING AND REHABILITATION CE	NTER Provider Number	r:	0 017225	-00
3387 GULF BREEZE I	PARKWAY	Date:		2/11/202	22
GULF BREEZE, FL 32	Fiscal Year End:		12/31/20)15	
		Audit Status:		Unaudit	ted
Provider Type: Nursing Home	Single Level		Current <u>Rate</u> 234.71	New <u>Rate</u> 227.28	Effective <u>Date</u> 9/1/2017
Rate Type:					
Interim		X Prospective			
	Total Interim		otal Prospective		_
	Interim Component	XT	otal Prospective	with Interim	Component
	Settlement based on cost Prior Provider Prospective data				
	riioi Fiovidei Fiospective data				
Basis:		Changes:			
Dusis .			nester Change		
Budg	get		lement FYE 12	/31/2015	
X Una	udited costs				
Field	l audited costs				
Desk	audited costs				
Distribution:			D.L.L.L.F.	11.	
Contract Management	/ Fiscal Agent	Medicaid Cost Re	Rebekah Fa		Ginance
Permanent File	· ·	Wiedicald Cost Re	emioursement r	iaiiiiiig aiid i	Tillance
For Informatio	n Only				
No Change in F	Rate				
Home Office	Pensacola Administrative Service:	ces, LLC			
	40 South Palafox Place				
	Suite 400				
	Pensacola, FL 32502				
4BX2U Repo	ort Calculated: 2/11/2022 3:18:33 PM Re	eport Printed :2/11/2022 ID:	0172251231201	5070120140502	22016131017



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Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF BAYONET POINT 8132 HUDSON AVENUE			Provider Number:		0 080374-00		
			Date:		10/8/202	20	
HUDSON, FL 34667-857	71		Fiscal Year End:		12/31/20)15	
			Audit Status:		Field Aud	lited	
Provider Type:							
				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Si	ingle Level			<u>193.33</u>	<u>192.92</u>	<u>9/1/2016</u>	
Rate Type:							
Interim		X	Prospective				
	Total Interim		X Tota	al Prospective			
	Interim Component		Tota	al Prospective	with Interim	Component	
	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Chai	nges:				
			Rate Semes	•			
Budget			Y Field Audi	t #NH16-163	C FYE 12/31	/2015	
	ited costs						
	udited costs						
Desk at	udited costs						
D: 4 11 41							
Distribution: Contract Management / F	üscəl Agent			Zainab Day			
Permanent File	iscai rigent]	Medicaid Cost Rein	nbursement P	anning and F	inance	
For Information (Only						
No Change in Rat	e						
Home Office:	Consulate Management Company 800 Concourse Parkway South Maitland, FL 32751						
3H2YD Report		ort Printed	:10/8/2020 ID: 08	3037412312015	010120150425	52016151239	



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Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF BAYONET POINT 8132 HUDSON AVENUE		Provider Number:		0 080374-00		
		Date:		10/8/202	20	
HUDSON, FL 34667-857	71	Fiscal Year End:		12/31/2015		
		Audit Status:		Field Aud	lited	
Provider Type:				N	Dec.	
			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home S	ingle Level	<u>197.14</u> <u>196.74</u>		<u>9/1/2017</u>		
Rate Type:						
Interim	_	X Prospective				
	Total Interim	X Tota	al Prospective			
	Interim Component	Tota	al Prospective	with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:				
		Rate Semes	_			
Budget		X Field Audi	t #NH16-163	C FYE 12/31.	/2015	
	ited costs					
	udited costs					
Desk a	udited costs					
D.						
Distribution: Contract Management / F	iscal Agent		Zainab Day			
Permanent File	iscai Agent	Medicaid Cost Rein	nbursement P	lanning and F	inance	
For Information (Only					
No Change in Rat	te					
Home Office:						
	800 Concourse Parkway South Maitland, FL 32751					
3H2YD Report	Calculated: 10/8/2020 5:05:36 PM Report	Printed: 10/8/2020 ID: 08	8037412312015	010120150425	52016151239	



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Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF BRANDON 701 VICTORIA ST BRANDON, FL 33510-4100 Provider Number: Date: Fiscal Year End: Audit Status:			Provider Number:			0 080377-00		
			10/9/2020					
			Fiscal Year End:			12/31/2014		
				Audit Status	s:		Field Aud	lited
Provider Ty	-	gle Level	Current New Rate Rate 198.11 197.89			Effective		
Rate	Type:							
	Interim		X	Prospectiv	re			
	-	Total Interim		- X		ıl Prospective		
		Interim Component			— Tota	al Prospective	with Interim	Component
		Settlement based on cost						
		Prior Provider Prospective data	a					
Basis:			Chai	nges:				
	_			Rate	e Semes	ter Change		
	Budget			K Fie	ld Audi	t #NH16-110	C FYE 12/31	/2014
	Unaudited	costs						
X	Field audit	ted costs						
	Desk audit	ted costs						
Distribution	<u>ı:</u>					Zainab Day		
Contract Manag	gement / Fisca	al Agent	-	Medicaid Co		nbursement P	lanning and F	inance
Permanent File	;						J	
For Inf	ormation Onl	y						
No Cha	inge in Rate							
	me Office:	Consulate Management Compa 800 Concourse Parkway South Maitland, FL 32751		10/0/2020	W- 00	00751221221	010100	1001/100100
VBGRZ	Report Cal	culated: 10/9/2020 4:22:59 PM	Report Printed	:10/9/2020	ID: 08	037712312014	01012014111	12015102108



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CONSULATE HEALTH CARE OF MELBOURNE 3033 SARNO RD		Provider Number:		0 080394-00			
			Date:		10/12/20	20	
MELBOURNE	, FL 32934		Fiscal Year End:		12/31/2014		
			Audit Status:		Field Aud	lited	
Provider Ty Nursing Hor	_	gle Level	Current New Rate Rate 208.66 204.48			Effective	
Doto	Turne						
Rate	Type:						
Basis:	Interim Budget Unaudited	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data costs	Changes: Rate Semes	al Prospective al Prospective ster Change at #NH16-103	with Interim		
X	Field audi						
Distribution	<u>1:</u>			Zainab Day			
Contract Mana	gement / Fisc	al Agent	Medicaid Cost Reir			Finance	
Permanent File	2				6	· -	
For Inf	formation Onl	y					
No Cha	ange in Rate						
Ног	me Office:	Consulate Management Company 800 Concourse Parkway South Maitland, FL 32751					
8DFBY	Report Cal	culated: 10/12/2020 12:01:40 PM Report	Printed: 10/12/2020 ID: 08	8039412312014	01012014111	12015102840	



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CONSULATE HEALTH CARE OF MELBOURNE	Provider Number:		0 080394-00		
3033 SARNO RD	Date:		10/12/20	20	
MELBOURNE, FL 32934	Fiscal Year End:		12/31/2015		
	Audit Status:		Unaudit	ed	
Provider Type:					
•		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>202.75</u>	<u>198.57</u>	<u>9/1/2017</u>	
Rate Type:					
Interim	X Prospective				
Total Interim		al Prospective		_	
Interim Component	Tot	al Prospective	with Interim	Component	
Settlement based on cost					
Prior Provider Prospective data					
n :					
Basis:	Changes:				
Dudget		ster Change	MI16 102C I		
Budget X Unaudited costs	Effects of 12/31/201	Field Audit #14	NH16-103C I	TE	
Field audited costs					
Desk audited costs					
Desk addited costs					
Distuibution					
<u>Distribution:</u> Contract Management / Fiscal Agent		Zainab Day			
	Medicaid Cost Rein	mbursement P	lanning and F	inance	
Permanent File					
For Information Only					
No Change in Rate					
Home Office: Consulate Management Company					
800 Concourse Parkway South					
Maitland, FL 32751					
	rt Printed :10/12/2020 ID: 0	8039412312015	010120150523	32016103826	



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CONSULATE HEALTH CARE OF NEW PORT RICHEY		Provider Number:		0 080397-00			
8417 OLD CO	UNTY RD 54		Date:		12/22/20	20	
NEW PORT R	ICHEY, FL 3	4653	Fiscal Year End:		12/31/20	14	
			Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Single Level				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Sing	de Level		<u>191.41</u>	<u>191.12</u>	<u>9/1/2016</u>	
Rate	e Type:						
	_Interim		X Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data					
Basis:			Changes:	. GI			
	Budget		Rate Semes X Field Audit	_	C FYE 12/31/	/2014	
	Unaudited						
X	Field audit						
	Desk audit	ted costs					
Distribution	n•						
Contract Mana		al Agent	Zainab Day				
Permanent File	-	··· •	Medicaid Cost Reim	ioursement P	ianning and F	ınance	
For In	formation Onl	y					
No Cha	ange in Rate						
Но	ome Office:	Consulate Management Company 800 Concourse Parkway South Maitland, FL 32751					
OSWIC	Report Cal	culated: 12/22/2020 12:35:09 PM Report F	Printed :12/22/2020 ID: 09	030712312017	010120141111	2015101340	



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Tallahassee, Florida 32308

CONSULATE HEALTH CA	NSULATE HEALTH CARE OF SARASOTA Provider Number: 0 080413-00		-00			
4783 FRUITVILLE ROAD		Date:		4/27/202	20	
SARASOTA, FL 34232		Fiscal Year End:		12/31/2014		
		Audit Status:		Field Aud	ited	
Provider Type: Nursing Home Sing	gle Level		Current <u>Rate</u> 226.02	New <u>Rate</u> 225.63	Effective	
Rate Type:						
Tute Type:						
Basis: Budget Unaudited X Field audi Desk audi	ited costs	X Prospective X Total Prospective Total Prospective with Interim Comp Changes: Rate Semester Change X Field Audit #NH16-107C FYE 12/31/2014				
Distribution: Contract Management / Fisc	cal Agent	Zainab Day Medicaid Cost Reimbursement Planning and Finance				
Permanent File	_					
For Information On	ly					
No Change in Rate						
Home Office:	Consulate Management Company 800 Concourse Parkway South Maitland, FL 32751					
42ZXC Report Ca	lculated: 4/27/2020 2:10:29 PM Report	Printed: 4/27/2020 ID: 08	041312312014	010120141111	2015111430	



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Tallahassee, Florida 32308

SOLARIS HEALTHCARE PALATKA		Provider Number	::	0 248888-00 5/19/2022		
110 KAY LARKIN DR			Date:			
PALATKA, FI	L 32177		Fiscal Year End:		12/31/20	19
			Audit Status:		Unaudited	
Provider Type: Nursing Home Single Level				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
				<u>253.78</u>	233.94	7/1/2018
Rate	e Type:					
X	_Interim		Prospective			
		Total Interim		otal Prospective		
		Interim Component	To	otal Prospective	with Interim	Component
	X	Settlement based on cost Prior Provider Prospective data				
Basis:			Changes:	nester Change		
	Budget		X Cost Set	tlement FYE 12	/31/2019	
X	Unaudited					
	Field audite					
	Desk audite	ed costs				
Distributio	n:			7		
·	=== agement / Fiscal	l Agent	Madigaid Cost Pa	Zainab Day	lanning and E	in an aa
Permanent Fil	_		Medicaid Cost Re	midursement P	ianning and r	mance
For In	formation Only					
No Ch	ange in Rate					
Но	ome Office:	Solaris Foundation, Inc. 9250 Bonita Beach Road SE Bonita Springs, FL 34135				
4FB9R	Report Calc	ulated: 5/19/2022 2:40:56 PM Rer	oort Printed :5/19/2022 ID:	24888812312019	0070120180824	2020091703



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OASIS HEALTH AND REHABILITATION CENTER 1201 12TH AVENUE SOUTH		Provider Number:		0 266124-00 5/11/2022		
		Date:				
LAKE WORTH,	FL 33460		Fiscal Year End:		12/31/2014	
			Audit Status:		Field Aud	ited
Provider Typ	e:					
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Hom	ne Sing	gle Level		<u>246.08</u>	<u>237.95</u>	<u>9/1/2016</u>
Rate '	Гуре:					
	Interim		X Prospective			
		Total Interim		al Prospective		
-		Interim Component		al Prospective		Component
-		Settlement based on cost				
-		Prior Provider Prospective data				
Basis:			Changes:			
			Rate Semes	_		
	Budget		X Field Audi	t #NH17-096	С	
	_ Unaudited					
X	Field audit					
	_ Desk audit	ted costs				
Distribution :						
		ol Agont		Rebekah Fa		
Contract Manag Permanent File	ement / Fisca	ar Agent	Medicaid Cost Rein	nbursement P	lanning and F	inance
For Info	rmation Onl	у				
No Chan	ge in Rate					
Hom	ne Office:	BrightSNFCare,LLC d/b/a/ Carestro	ng			
		10800 Biscayne Boulevard				
		Suite 650				
		Miami, FL 33161				
R3WIS	Report Cal	culated: 5/11/2022 8:16:50 AM Report	Printed: 5/11/2022 ID: 26	612412312014	010120140522	22015171641



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Tallahassee, Florida 32308

OASIS HEALTH AND REHABILITATION CENTER		Provider Number: 0 26612			24-00	
1201 12TH AVENUE SOUTH		Date:		5/11/2022		
LAKE WORTH, FL 33460		Fiscal Year End:		12/31/20)16	
		Audit Status:		Unaudit	ed	
Provider Type:						
			Current	New	Effective	
		Rate	<u>Rate</u>	<u>Date</u>		
Nursing Home Sing	gle Level		<u>245.55</u>	<u>45.55</u> <u>245.49</u> <u>9/1/20</u>		
Rate Type:						
Interim		X Prospective				
	Total Interim		al Prospective			
	Interim Component		-	with Interim	Component	
	Settlement based on cost		•		•	
	Prior Provider Prospective data					
Basis:		Changes:				
		Rate Semes	ster Change			
Budget		X Effects of I	Field Audit #	NH17-096C		
X Unaudited	costs					
Field audit	ted costs					
Desk audit	ted costs					
Distribution:			Rebekah Fa	lk		
Contract Management / Fisca	al Agent	Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent File						
For Information Only	y					
No Change in Rate						
Home Office:	BrightSNFCare,LLC d/b/a/ Carestro	ong				
	10800 Biscayne Boulevard					
	Suite 650					
	Miami, FL 33161					
R3WIS Report Cal	culated: 5/11/2022 8:16:50 AM Report	Printed :5/11/2022 ID: 26	61241231201	601012016040 4	52017102508	



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Tallahassee, Florida 32308

OAK HILL HEALTH AND REHABILITATION 7371 CORTEZ OAKS BLVD		Provider Number:		1 101965-00 01/27/2022				
		Date:						
BROOKSVIL	LE, FL 34613		Fiscal Year End:		09/30/20	21		
			Audit Status:		Unaudited			
Provider T	'ype:							
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing H	ome Sing	de Level	0.00 274.13					4/21/2021
C								
Rat	te Type:							
	T							
X	Interim	Territoria.	Prospective	1 D				
	X	Total Interim Interim Component		l Prospective		Commonant		
		Interim Component Settlement based on cost	10ta	i Prospective	with Interim	Component		
	-	Prior Provider Prospective data						
		Prior Provider Prospective data						
Basis:			Changes					
Dasis.			Changes:	Cl				
X	Budget	-	Rate Semes New Facili	ter Cnange ty effective 0	4/21/2021			
	Unaudited	costs	A New Facili	iy effective o	4/21/2021			
	Field audit							
	Desk audit							
	Desk addit	ted costs						
Distribution	nn:							
	nagement / Fisca	al Agent	Medicaid Cost Reim	ebekah Falk		Ginance		
Permanent Fi	_	_				mance		
For I	nformation Onl	у	Red	kah Fa	elk			
No C	hange in Rate							
Н	Iome Office:	Tender Loving Care Management Inc.						
		1800 North Wabash Ave						
		Marion, Indiana 46952						
XXX723	Renort Cal	culated: 01/27/2022 1:30 PM Report F	Printed: 01/27/2022 ID:					



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Tallahassee, Florida 32308

OAK HILL HEALTH AND REHABILITATION 7371 CORTEZ OAKS BLVD		Provider Number:		1 101965-00 01/27/2022		
		Date:				
BROOKSVILLE, FL 34613			Fiscal Year End:		09/30/202	21
			Audit Status:		Unaudited	
Provider T	ype:					
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho					274.27	
T (GI SING II)		20.01		<u> </u>	<u> </u>	
Det	е Туре:					
Nau	e Type.					
X	Interim		Prospective			
	— Х	Total Interim	Tota	l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
		Prior Provider Prospective data				
Basis:			Changes:			
Dasis.		-	Rate Semes	tor Changa		
X	Budget			ty effective 0	4/21/2021	
	Unaudited	costs	A Trew racin	ij elleelive o	.,21,2021	
	Field audit					
	Desk audit					
						
Distributio	on:		R	ebekah Falk		
Contract Man	agement / Fisca	al Agent	Medicaid Cost Rein	nbursement P	lanning and F	inance
Permanent Fil	le		Reh	kah Fa	:lk	
For Ir	nformation Onl	у	, 550	, , , , , , , , , , , , , , , , , , , ,		
No Ch	nange in Rate					
Н	ome Office:	Tender Loving Care Management Inc. 1800 North Wabash Ave				
		Marion, Indiana 46952				
XXX723	Report Cal	culated: 01/27/2022 1:30 PM Report F	Printed: 01/27/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OAK HILL HEALTH AND REHABILITATION 7371 CORTEZ OAKS BLVD		Provider Number:		1 101965-00			
		Date:		01/27/2022			
BROOKSVIL	LE, FL 34613		Fiscal Year End:		09/30/2021		
			Audit Status: Unaudited		ted		
Provider Ty		e Level		Current New Eff Rate Rate 1 0.00 273.66 10/1			
Rate	е Туре:						
X	Interim		Prospective				
	X	Total Interim		ıl Prospective			
		Interim Component	Tota	ıl Prospective	with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:	Budget Unaudited of Field audite Desk audite	d costs	Changes: Rate Semes New Facili	ster Change ty effective 0	4/21/2021		
<u>Distributio</u>	on:		R	Rebekah Falk	·		
Contract Man	nagement / Fiscal	Agent	Medicaid Cost Rein			Finance	
Permanent Fil	le			rkah Fa	· ·		
For Ir	nformation Only			igual I U			
No Ch	nange in Rate						
Н	ome Office:	Tender Loving Care Management Inc. 1800 North Wabash Ave Marion, Indiana 46952					
XXX723	Report Calci	alated: 01/27/2022 1:30 PM Report 1	Printed:01/27/2022 ID:				



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Tallahassee, Florida 32308

OAK HILL HEALTH AND REHABILITATION		Provider Number:		1 101965-00 01/27/2022		
7371 CORTEZ OAKS BLVD			Date:			
BROOKSVIL	LE, FL 34613		Fiscal Year End:		09/30/20	21
			Audit Status:		Unaudited	
Provider Type: Nursing Home Single Level				Current Rate	New <u>Rate</u>	Effective Date
Nursing Ho	ome Sing	le Level	0.00 273.66 $1/1/2$			
Rat	е Туре:					
X	Interim		Prospective			
	X	Total Interim		l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
		Prior Provider Prospective data				
Basis:	Budget Unaudited	costs	Changes: Rate Semes New Facili	ter Change ty effective 0	4/21/2021	
	Field audit					
	Desk audit	ed costs				
<u>Distributio</u>	<u>on:</u>		R	kebekah Falk		
Contract Man	agement / Fisca	al Agent	Medicaid Cost Rein	nbursement P	lanning and F	inance
Permanent Fi	le		Roki	rkah Fa	06.	
For I	nformation Only	y	,500	45040 1 C		
No Cl	nange in Rate					
H	ome Office:	Tender Loving Care Management Inc. 1800 North Wabash Ave Marion, Indiana 46952				
XXX723	Report Cal	culated: 01/27/2022 1:30 PM Report F	Printed: 01/27/2022 ID:			



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Tallahassee, Florida 32308

BLUE HERON HEALTH AND REHABILITATION		Provider Number:		1 105166-00				
5085 EAGLESTON BLVD.			Date: 02/28/20)22		
WESLEY CH	APEL, FL 3354	14	Fiscal Year End:		09/30/20	21		
			Audit Status:		Unaudit	ed		
Provider T	ype:							
• •				Current	New	Effective		
	~-		Rate Rate					<u>Date</u>
Nursing Ho	ome Sing	le Level		$\underline{0.00}$	0.00 268.85 $5/24/20$			
D-4	- T							
Kai	e Type:							
X	Interim		Prospective					
	_ X	Total Interim		l Prospective				
		Interim Component	Tota	l Prospective	with Interim	Component		
		Settlement based on cost						
		Prior Provider Prospective data						
			1					
Basis:			Changes:					
			Rate Semes	_				
X	Budget	-	X New Facili	ty effective 0	5/24/2021			
	Unaudited							
	Field audit							
	Desk audit	ed costs						
<u>Distributio</u>	nn:							
	nagement / Fisca	ıl Agent	Medicaid Cost Reim	ebekah Falk		linonaa		
Permanent Fi	_				_	mance		
For I	nformation Only	<i>!</i>	Rebe	kah Fa	lk			
No Cł	nange in Rate							
н	ome Office:	Tandan Lasina Ca. M. (1						
11	onic Office.	Tender Loving Care Management Inc. 1800 North Wabash Ave						
		Marion, Indiana 46952						
XXX746	Report Calc		Printed: 02/28/2022 ID:					



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Tallahassee, Florida 32308

BLUE HERON HEALTH AND REHABILITATION		Provider Number:		1 105166-00		
5085 EAGLESTON BLVD.			Date:			
WESLEY CH	IAPEL, FL 3354	14	Fiscal Year End:		09/30/202	21
			Audit Status:		Unaudited	
Provider T	'ype:					
				Current	New	Effective
			<u>Rate</u>	<u>Rate</u>	<u>Date</u>	
Nursing H	ome Sing	le Level		$\underline{0.00}$	<u>268.88</u>	7/1/2021
Rat	te Type:					
X	Interim		Prospective			
	X	Total Interim		l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
		Prior Provider Prospective data				
			1			
Basis:			Changes:			
			Rate Semes	_		
X	Budget	-	X New Facili	ty effective 0	5/24/2021	
	Unaudited					
	Field audit					
	Desk audit	ed costs				
Distribution	on:					
	nagement / Fisca	al Agent	Medicaid Cost Reim	ebekah Falk		inance
Permanent F	_				_	mance
For I	nformation Only	y	Red	kah Fa	LR.	
No C	hange in Rate					
Н	Iome Office:	Tender Loving Care Management Inc.				
		1800 North Wabash Ave				
		Marion, Indiana 46952				
XXX746	Report Calo	culated: 02/28/2022 3:00 PM Report F	Printed: 02/28/2022 ID:			



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Tallahassee, Florida 32308

BLUE HERON HEALTH AND REHABILITATION		Provider Number:		1 105166-00 02/28/2022		
5085 EAGLESTON BLVD.			Date:			
WESLEY CHA	APEL, FL 3354	44	Fiscal Year End:		09/30/20)21
			Audit Status:		Unaudited	
Provider Ty	pe:					
Nursing Home Single Level				Current	New	Effective
				Rate	<u>Rate</u>	<u>Date</u>
Nursing Hol	me Sing	gie Levei		<u>0.00</u>	<u>268.57</u>	10/1/2021
Rate	Type:					
X	Interim		Prospective			
	- X	Total Interim		l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
		Prior Provider Prospective data				
Basis:			Changes:			
	_		Rate Semes	ter Change		
X	Budget			ty effective 0	5/24/2021	
	Unaudited	costs				
	Field audit	ted costs				
	Desk audit	ted costs				
Distribution			R	ebekah Falk		
Contract Mana	igement / Fisca	al Agent	Medicaid Cost Reim	bursement P	lanning and l	Finance
Permanent File	2		Roko	kah Fa	16.	
For Inf	formation Onl	У	, 540	10010 / a	40	
No Cha	ange in Rate					
Но	me Office:	Tender Loving Care Management Inc. 1800 North Wabash Ave Marion, Indiana 46952				
XXX746	Report Cal		Printed: 02/28/2022 ID:			



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Tallahassee, Florida 32308

BLUE HERON HEALTH AND REHABILITATION			Provider Number: 1 105166-00				
5085 EAGLESTON BLVD.			Date:		02/28/2022		
WESLEY CHA	APEL, FL 33544	1	Fiscal Year End: Audit Status:		09/30/2021		
					Unaudited		
Provider Type: Nursing Home Single Level				Current Rate 0.00	New <u>Rate</u> 268.57	Effective <u>Date</u> 1/1/2022	
Rate	е Туре:						
X	Interim		Prospective				
	X	Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data					
Basis:	Budget		Changes: Rate Semes X New Facili	ter Change ty effective 0	5/24/2021		
	Unaudited c	eosts					
	Field audite Desk audite						
D : (!) (!							
Distribution		Ament	R	ebekah Falk			
Permanent Fil	agement / Fiscal	Agent	Medicaid Cost Reimbursement Planning and Finance				
			Reba	kah Fa	lk		
	formation Only						
No Ch	ange in Rate						
Но	ome Office:	Tender Loving Care Management Inc. 1800 North Wabash Ave Marion, Indiana 46952					
XXX746	Report Calcu	alated: 02/28/2022 3:00 PM Report	Printed: 02/28/2022 ID:				