



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

MEMORANDUM

Date: May 20, 2022
To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking
From: RF 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.	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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BAY BREEZE SENIOR LIVING AND REHABILITATION CENTER	Provider Number:	0 017225-00
3387 GULF BREEZE PARKWAY	Date:	2/11/2022
GULF BREEZE, FL 32563	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>243.18</u>	<u>240.70</u>	<u>4/1/2016</u>

Rate Type:	
<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	

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"/> IRR Settlement FYE 12/31/2015	

Distribution:

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No Change in Rate

Home Office:

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

Rebekah Falk

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BAY BREEZE SENIOR LIVING AND REHABILITATION CENTER	Provider Number:	0 017225-00
3387 GULF BREEZE PARKWAY	Date:	2/11/2022
GULF BREEZE, FL 32563	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>245.24</u>	<u>242.15</u>	<u>9/1/2016</u>

Rate Type:	
<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	

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"/> IRR Settlement FYE 12/31/2015	

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<u>BAY BREEZE SENIOR LIVING AND REHABILITATION CENTER</u>	Provider Number:	<u>0 017225-00</u>
<u>3387 GULF BREEZE PARKWAY</u>	Date:	<u>2/11/2022</u>
<u>GULF BREEZE, FL 32563</u>	Fiscal Year End:	<u>12/31/2015</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<u>234.71</u>	<u>227.28</u>	<u>9/1/2017</u>

Rate Type:	
<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	

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"/> IRR Settlement FYE 12/31/2015	

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CONSULATE HEALTH CARE OF BAYONET POINT
8132 HUDSON AVENUE
HUDSON, FL 34667-8571

Provider Number: 0 080374-00
Date: 10/8/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **193.33** New Rate: **192.92** Effective Date: **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-163C FYE 12/31/2015	

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No Change in Rate

Home Office:

Consulate Management Company
800 Concourse Parkway South
Maitland, FL 32751

Zainab Day

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF BAYONET POINT
8132 HUDSON AVENUE
HUDSON, FL 34667-8571

Provider Number: 0 080374-00
Date: 10/8/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
197.14 **196.74** **9/1/2017**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-163C FYE 12/31/2015	

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CONSULATE HEALTH CARE OF BRANDON
701 VICTORIA ST
BRANDON, FL 33510-4100

Provider Number: 0 080377-00
Date: 10/9/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
198.11 **197.89** **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-110C FYE 12/31/2014	

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CONSULATE HEALTH CARE OF MELBOURNE
3033 SARNO RD
MELBOURNE, FL 32934

Provider Number: 0 080394-00
Date: 10/12/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **208.66** New Rate: **204.48** Effective Date: **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-103C FYE 12/31/2014	

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CONSULATE HEALTH CARE OF MELBOURNE
3033 SARNO RD
MELBOURNE, FL 32934

Provider Number: 0 080394-00
Date: 10/12/2020
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
202.75 **198.57** **9/1/2017**

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

Basis:	
<input type="checkbox"/> Budget	
<input 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"/> Effects of Field Audit #NH16-103C FYE 12/31/2014	

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800 Concourse Parkway South
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CONSULATE HEALTH CARE OF NEW PORT RICHEY
8417 OLD COUNTY RD 54
NEW PORT RICHEY, FL 34653

Provider Number: 0 080397-00
Date: 12/22/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
191.41 **191.12** **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-115C FYE 12/31/2014	

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Home Office:

Consulate Management Company
800 Concourse Parkway South
Maitland, FL 32751

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CONSULATE HEALTH CARE OF SARASOTA
4783 FRUITVILLE ROAD
SARASOTA, FL 34232

Provider Number: 0 080413-00
Date: 4/27/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
226.02 **225.63** **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-107C FYE 12/31/2014	

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No Change in Rate

Home Office:

Consulate Management Company
800 Concourse Parkway South
Maitland, FL 32751

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SOLARIS HEALTHCARE PALATKA	Provider Number:	0 248888-00
110 KAY LARKIN DR	Date:	5/19/2022
PALATKA, FL 32177	Fiscal Year End:	12/31/2019
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>253.78</u>	<u>233.94</u>	<u>7/1/2018</u>

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ 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"/> Cost Settlement FYE 12/31/2019	

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_____ No Change in Rate

Home Office:

Solaris Foundation, Inc. 9250 Bonita Beach Road SE Bonita Springs, FL 34135

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OASIS HEALTH AND REHABILITATION CENTER
1201 12TH AVENUE SOUTH
LAKE WORTH, FL 33460

Provider Number: 0 266124-00
Date: 5/11/2022
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **246.08** New Rate: **237.95** Effective Date: **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH17-096C	

Distribution:

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Permanent File

For Information Only

No Change in Rate

Home Office:

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

Rebekah Falk

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OASIS HEALTH AND REHABILITATION CENTER
1201 12TH AVENUE SOUTH
LAKE WORTH, FL 33460

Provider Number: 0 266124-00
Date: 5/11/2022
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **245.55** New Rate: **245.49** Effective Date: **9/1/2017**

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

Basis:	
<input type="checkbox"/> Budget	
<input 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"/> Effects of Field Audit #NH17-096C	

Distribution:

Contract Management / Fiscal Agent

Permanent File

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Home Office:

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

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OAK HILL HEALTH AND REHABILITATION

7371 CORTEZ OAKS BLVD

BROOKSVILLE, FL 34613

Provider Number:

1 101965-00

Date:

01/27/2022

Fiscal Year End:

09/30/2021

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

0.00

274.13

4/21/2021

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

New Facility effective 04/21/2021

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Tender Loving Care Management Inc.
1800 North Wabash Ave
Marion, Indiana 46952

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk



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Medicaid Reimbursement Per Diem Rates

OAK HILL HEALTH AND REHABILITATION
7371 CORTEZ OAKS BLVD
BROOKSVILLE, FL 34613

Provider Number: 1 101965-00
Date: 01/27/2022
Fiscal Year End: 09/30/2021
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **0.00** New Rate: **274.27** Effective Date: **7/1/2021**

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 checked="" type="checkbox"/>	Budget
<input 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"/>	New Facility effective 04/21/2021

Distribution:

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No Change in Rate

Home Office:

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1800 North Wabash Ave
Marion, Indiana 46952

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OAK HILL HEALTH AND REHABILITATION

7371 CORTEZ OAKS BLVD

BROOKSVILLE, FL 34613

Provider Number:

1 101965-00

Date:

01/27/2022

Fiscal Year End:

09/30/2021

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

0.00

273.66

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

New Facility effective 04/21/2021

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Tender Loving Care Management Inc.
1800 North Wabash Ave
Marion, Indiana 46952

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

OAK HILL HEALTH AND REHABILITATION
7371 CORTEZ OAKS BLVD
BROOKSVILLE, FL 34613

Provider Number: 1 101965-00
Date: 01/27/2022
Fiscal Year End: 09/30/2021
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
0.00 **273.66** **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 type="checkbox"/> Prior Provider Prospective data	

Basis:	
<input checked="" type="checkbox"/> Budget	
<input 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"/> New Facility effective 04/21/2021	

Distribution:

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Medicaid Reimbursement Per Diem Rates

BLUE HERON HEALTH AND REHABILITATION
5085 EAGLESTON BLVD.
WESLEY CHAPEL, FL 33544

Provider Number: 1 105166-00
Date: 02/28/2022
Fiscal Year End: 09/30/2021
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
0.00 **268.85** **5/24/2021**

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 type="checkbox"/> Prior Provider Prospective data	

Basis:	
<input checked="" type="checkbox"/> Budget	
<input 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"/> New Facility effective 05/24/2021	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

BLUE HERON HEALTH AND REHABILITATION
5085 EAGLESTON BLVD.
WESLEY CHAPEL, FL 33544

Provider Number: 1 105166-00
Date: 02/28/2022
Fiscal Year End: 09/30/2021
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
0.00 **268.88** **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 type="checkbox"/> Prior Provider Prospective data	

Basis:	
<input checked="" type="checkbox"/> Budget	
<input 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"/> New Facility effective 05/24/2021	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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Marion, Indiana 46952

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Medicaid Reimbursement Per Diem Rates

BLUE HERON HEALTH AND REHABILITATION
5085 EAGLESTON BLVD.
WESLEY CHAPEL, FL 33544

Provider Number: 1 105166-00
Date: 02/28/2022
Fiscal Year End: 09/30/2021
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
0.00 **268.57** **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 type="checkbox"/> Prior Provider Prospective data	

Basis:	
<input checked="" type="checkbox"/> Budget	
<input 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"/> New Facility effective 05/24/2021	

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

BLUE HERON HEALTH AND REHABILITATION
5085 EAGLESTON BLVD.
WESLEY CHAPEL, FL 33544

Provider Number: 1 105166-00
Date: 02/28/2022
Fiscal Year End: 09/30/2021
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
0.00 **268.57** **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 type="checkbox"/> Prior Provider Prospective data	

Basis:	
<input checked="" type="checkbox"/> Budget	
<input 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"/> New Facility effective 05/24/2021	

Distribution:

Contract Management / Fiscal Agent
Permanent File
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 No Change in Rate

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