



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

MEMORANDUM

Date: May 27, 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.	Consulate Health Care of Lake Parker	0 080393-00	Field Audit	2
2.	Consulate Health Care of North Fort Myers	0 080400-00	Field Audit	1
3.	Consulate Health Care of Orange Park	0 080402-00	Field Audit	2
4.	Consulate Health Care of Safety Harbor	0 080406-00	Effects of FA & RFA	1
5.	Consulate Health Care of Safety Harbor	0 080406-00	Field Audit	2
6.	Consulate Health Care of St. Petersburg	0 080409-00	Field Audit	2
7.	Terraces of Lake Worth Care Center	0 162074-00	FA & RFA	4
8.	Orchid Cove at Venice	1 065145-00	CHOW	6
9.	Gardens Care Center	1 078766-00	CHOW	4
10.	Windsor Health and Rehabilitation Center	1 085910-00	CHOW	4
11.	Riverchase Health and Rehabilitation Center	1 085911-00	CHOW	4
12.	Ventura Health and Rehabilitation Center	1 085922-00	CHOW	4
13.	Advinia Care at Venice	1 096155-00	CHOW	4
14.	Advinia Care at Naples	1 096157-00	CHOW	4
15.	Orchid Cove at Vero Beach	1 096802-00	CHOW	4



16.	Winter Park Care and Rehabilitation	1 108305-00	CHOW	6
17.	Royal Palm Beach Health and Rehabilitation Center	1 108325-00	CHOW	4
18.	Orchid Cove at Palm Harbor	1 108440-00	CHOW	4
19.	Orchid Cove at Dade City	1 108468-00	CHOW	4
20.	Orchid Cove at New Port Richey	1 108699-00	CHOW	4
21.	Bridgewalk on Harden Health and Rehabilitation, LLC	1 128679-00	CHOW	3
			TOTAL:	73

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
008039300	20160901	195.14	0.00	195.14	195.14	91469-22	NH16-113C
008039300	20170901	196.23	0.00	196.23	196.23	91469-22	NH16-113C
008040000	20160901	195.09	0.00	195.09	195.09	91469-22	NH16-111C
008040200	20160901	194.92	0.00	194.92	194.92	91469-22	NH16-160C
008040200	20170901	198.99	0.00	198.99	198.99	91469-22	NH16-160C
008040600	20150901	203.97	0.00	203.97	203.97	91469-22	NH03-045R
008040600	20160901	195.75	0.00	195.75	195.75	91469-22	NH16-106C
008040600	20170901	206.33	0.00	206.33	206.33	91469-22	NH16-106C
008040900	20160901	202.08	0.00	202.08	202.08	91469-22	NH16-120C
008040900	20170901	212.60	0.00	212.60	212.60	91469-22	NH16-120C
016207400	20151201	289.29	0.00	289.29	289.29	91469-22	NH17-023C
016207400	20160601	295.80	0.00	295.80	295.80	91469-22	NH17-023C
016207400	20160901	303.63	0.00	303.63	303.63	91469-22	NH17-023C
016207400	20170901	309.01	0.00	309.01	309.01	91469-22	NH17-023C
106514500	20200420	232.22	0.00	232.22	232.22	91469-22	
106514500	20200701	235.38	0.00	235.38	235.38	91469-22	
106514500	20201001	239.37	0.00	239.37	239.37	91469-22	
106514500	20210701	241.82	0.00	241.82	241.82	91469-22	
106514500	20211001	265.00	0.00	265.00	265.00	91469-22	
106514500	20220101	240.23	0.00	240.23	240.23	91469-22	
107876600	20201122	272.23	0.00	272.23	272.23	91469-22	
107876600	20210701	268.58	0.00	268.58	268.58	91469-22	
107876600	20211001	255.15	0.00	255.15	255.15	91469-22	
107876600	20220101	255.15	0.00	255.15	255.15	91469-22	
108591000	20201103	239.01	0.00	239.01	239.01	91469-22	
108591000	20210701	235.81	0.00	235.81	235.81	91469-22	
108591000	20211001	247.52	0.00	247.52	247.52	91469-22	
108591000	20220101	224.02	0.00	224.02	224.02	91469-22	
108591100	20201103	240.56	0.00	240.56	240.56	91469-22	
108591100	20210701	240.35	0.00	240.35	240.35	91469-22	
108591100	20211001	255.96	0.00	255.96	255.96	91469-22	
108591100	20220101	232.28	0.00	232.28	232.28	91469-22	
108592200	20201103	267.35	0.00	267.35	267.35	91469-22	
108592200	20210701	267.31	0.00	267.31	267.31	91469-22	
108592200	20211001	288.13	0.00	288.13	288.13	91469-22	
108592200	20220101	259.81	0.00	259.81	259.81	91469-22	
109615500	20210423	229.25	0.00	229.25	229.25	91469-22	
109615500	20210701	226.18	0.00	226.18	226.18	91469-22	
109615500	20211001	247.58	0.00	247.58	247.58	91469-22	
109615500	20220101	222.29	0.00	222.29	222.29	91469-22	
109615700	20210423	275.75	0.00	275.75	275.75	91469-22	
109615700	20210701	272.05	0.00	272.05	272.05	91469-22	
109615700	20211001	258.45	0.00	258.45	258.45	91469-22	
109615700	20220101	258.45	0.00	258.45	258.45	91469-22	
109680200	20201216	245.29	0.00	245.29	245.29	91469-22	
109680200	20210701	242.00	0.00	242.00	242.00	91469-22	
109680200	20211001	258.78	0.00	258.78	258.78	91469-22	
109680200	20220101	233.64	0.00	233.64	233.64	91469-22	
110830500	20200401	207.72	0.00	207.72	207.72	91469-22	
110830500	20200701	210.54	0.00	210.54	210.54	91469-22	
110830500	20201001	214.11	0.00	214.11	214.11	91469-22	
110830500	20210701	216.30	0.00	216.30	216.30	91469-22	
110830500	20211001	252.31	0.00	252.31	252.31	91469-22	
110830500	20220101	225.38	0.00	225.38	225.38	91469-22	
110832500	20201103	258.04	0.00	258.04	258.04	91469-22	
110832500	20210701	260.70	0.00	260.70	260.70	91469-22	
110832500	20211001	282.33	0.00	282.33	282.33	91469-22	
110832500	20220101	255.45	0.00	255.45	255.45	91469-22	
110844000	20201119	210.30	0.00	210.30	210.30	91469-22	
110844000	20210701	212.45	0.00	212.45	212.45	91469-22	
110844000	20211001	259.53	0.00	259.53	259.53	91469-22	
110844000	20220101	221.36	0.00	221.36	221.36	91469-22	
110846800	20201103	241.44	0.00	241.44	241.44	91469-22	
110846800	20210701	238.20	0.00	238.20	238.20	91469-22	
110846800	20211001	245.95	0.00	245.95	245.95	91469-22	
110846800	20220101	226.29	0.00	226.29	226.29	91469-22	
110869900	20201119	205.46	0.00	205.46	205.46	91469-22	
110869900	20210701	207.56	0.00	207.56	207.56	91469-22	

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
110869900	20211001	253.69	0.00	253.69	253.69	91469-22	
110869900	20220101	216.27	0.00	216.27	216.27	91469-22	
112867900	20210910	214.58	0.00	214.58	214.58	91469-22	
112867900	20211001	252.18	0.00	252.18	252.18	91469-22	
112867900	20220101	223.59	0.00	223.59	223.59	91469-22	



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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF LAKE PARKER
2020 W LAKE PARKER DR
LAKELAND, FL 33805-5005

Provider Number: 0 080393-00
Date: 12/21/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
200.19 **195.14** **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 #NH16-113C FYE 12/31/2014	

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No Change in Rate

Home Office:

CMCII
800 Concourse Parkway South
Maitland, FL 32751

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF LAKE PARKER
2020 W LAKE PARKER DR
LAKELAND, FL 33805-5005

Provider Number: 0 080393-00
Date: 12/21/2020
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
200.84 **196.23** **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 #NH16-113C FYE 12/31/2014	

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For Information Only

No Change in Rate

Home Office:

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CONSULATE HEALTH CARE OF NORTH FT. MYERS
991 PONDELLA RD
NORTH FORT MYERS, FL 33903

Provider Number: 0 080400-00
Date: 12/21/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
195.89 **195.09** **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 #NH16-111C FYE 12/31/2014	

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No Change in Rate

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CONSULATE HEALTH CARE OF ORANGE PARK
1215 KINGSLEY AVE
ORANGE PARK, FL 32073

Provider Number: 0 080402-00
Date: 1/4/2021
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
196.53 **194.92** **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 #NH16-160C FYE 12/31/2015	

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No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF ORANGE PARK
1215 KINGSLEY AVE
ORANGE PARK, FL 32073

Provider Number: 0 080402-00
Date: 1/4/2021
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **200.61** New Rate: **198.99** 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 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 #NH16-160C FYE 12/31/2015	

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No Change in Rate

Home Office:

Consulate Management Company
800 Concourse Parkway South
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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF SAFETY HARBOR
1410 DR MARTIN LUTHER KING JR ST N
SAFETY HARBOR, FL 34695-3303

Provider Number: 0 080406-00
Date: 5/26/2022
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **204.02** New Rate: **203.97** Effective Date: **9/1/2015**

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 FA & RFA #NH03-045R FYE 8/31/2001 for prior provider #226599	

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No Change in Rate

Home Office:

Consulate Management Company
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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF SAFETY HARBOR
1410 DR MARTIN LUTHER KING JR ST N
SAFETY HARBOR, FL 34695-3303

Provider Number: 0 080406-00
Date: 5/27/2022
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
197.02 **195.75** **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 #NH16-106C FYE 12/31/2014	

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No Change in Rate

Home Office:

Consulate Management Company
800 Concourse Parkway South
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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF SAFETY HARBOR
1410 DR MARTIN LUTHER KING JR ST N
SAFETY HARBOR, FL 34695-3303

Provider Number: 0 080406-00
Date: 5/27/2022
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
207.01 **206.33** **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 #NH16-106C FYE 12/31/2014	

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No Change in Rate

Home Office:

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800 Concourse Parkway South
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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF ST. PETERSBURG
9393 PARK BLVD
SEMINOLE, FL 33777-4140

Provider Number: 0 080409-00
Date: 5/25/2022
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
202.97 **202.08** **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 #NH16-120C 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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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF ST. PETERSBURG
9393 PARK BLVD
SEMINOLE, FL 33777-4140

Provider Number: 0 080409-00
Date: 5/25/2022
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
213.23 **212.60** **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 #NH16-120C FYE 12/31/2014	

Distribution:

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No Change in Rate

Home Office:

Consulate Management Company
800 Concourse Parkway South
Maitland, FL 32751

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Medicaid Reimbursement Per Diem Rates

TERRACES OF LAKE WORTH CARE CENTER

1711 6TH AVENUE SOUTH

LAKE WORTH, FL 33460

Provider Number:

0 162074-00

Date:

5/20/2022

Fiscal Year End:

5/31/2016

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

289.26

New
Rate

289.29

Effective
Date

12/1/2015

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

_____ Unaudited costs

Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

FA & RFA #NH17-023C FYE 5/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Florida Care, Inc.
c/o Apex Healthcare
400 Rella Blvd, Suite 200
Montebello, NY 10901



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

TERRACES OF LAKE WORTH CARE CENTER

1711 6TH AVENUE SOUTH

LAKE WORTH, FL 33460

Provider Number:

0 162074-00

Date:

5/20/2022

Fiscal Year End:

5/31/2016

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

295.77

295.80

6/1/2016

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH17-023C FYE 5/31/2016

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No Change in Rate

Home Office:

Florida Care, Inc.
c/o Apex Healthcare
400 Rella Blvd, Suite 200
Montebello, NY 10901

Zainab Day

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TERRACES OF LAKE WORTH CARE CENTER

1711 6TH AVENUE SOUTH

LAKE WORTH, FL 33460

Provider Number:

0 162074-00

Date:

5/20/2022

Fiscal Year End:

5/31/2016

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

304.03

New
Rate

303.63

Effective
Date

9/1/2016

Rate Type:

 Interim

 X Prospective

 Total Interim

 Total Prospective

 Interim Component

 Total Prospective with Interim Component

 X Settlement based on cost

 Prior Provider Prospective data

Basis:

 Budget

 Unaudited costs

 X Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X FA & RFA #NH17-023C FYE 5/31/2016

Distribution:

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 No Change in Rate

Home Office:

Florida Care, Inc.
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TERRACES OF LAKE WORTH CARE CENTER

1711 6TH AVENUE SOUTH

LAKE WORTH, FL 33460

Provider Number:

0 162074-00

Date:

5/20/2022

Fiscal Year End:

5/31/2016

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

310.05

New
Rate

309.01

Effective
Date

9/1/2017

Rate Type:

 Interim

 X Prospective

 Total Interim

 Total Prospective

 Interim Component

 Total Prospective with Interim Component

 X Settlement based on cost

 Prior Provider Prospective data

Basis:

 Budget

 Unaudited costs

 X Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X FA & RFA #NH17-023C FYE 5/31/2016

Distribution:

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 No Change in Rate

Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ORCHID COVE AT VENICE
1240 PINEBROOK RD
VENICE, FL 34285

Provider Number: 1 065145-00
Date: 4/6/2022
Fiscal Year End: 1/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **227.92** New Rate: **232.22** Effective Date: **4/20/2020**

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 04/20/2020	

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Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

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



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Medicaid Reimbursement Per Diem Rates

ORCHID COVE AT VENICE
1240 PINEBROOK RD
VENICE, FL 34285

Provider Number: 1 065145-00
Date: 4/6/2022
Fiscal Year End: 1/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **232.22** New Rate: **235.38** Effective Date: **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 04/20/2020	

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Vero Beach, FL 32960

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Medicaid Reimbursement Per Diem Rates

ORCHID COVE AT VENICE
1240 PINEBROOK RD
VENICE, FL 34285

Provider Number: 1 065145-00
Date: 4/6/2022
Fiscal Year End: 1/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **235.38** New Rate: **239.37** Effective Date: **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:	
_____ Budget	
<input checked="" type="checkbox"/> Unaudited costs	
_____ Field audited costs	
_____ Desk audited costs	

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 04/20/2020	

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Medicaid Reimbursement Per Diem Rates

ORCHID COVE AT VENICE
1240 PINEBROOK RD
VENICE, FL 34285

Provider Number: 1 065145-00
Date: 4/6/2022
Fiscal Year End: 1/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
239.37 **241.82** **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 04/20/2020	

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_____ No Change in Rate

Home Office:

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Vero Beach, FL 32960

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Medicaid Reimbursement Per Diem Rates

ORCHID COVE AT VENICE
1240 PINEBROOK RD
VENICE, FL 34285

Provider Number: 1 065145-00
Date: 4/6/2022
Fiscal Year End: 1/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
241.82 **265.00** **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 04/20/2020

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Home Office:

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Vero Beach, FL 32960

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Medicaid Reimbursement Per Diem Rates

ORCHID COVE AT VENICE
1240 PINEBROOK RD
VENICE, FL 34285

Provider Number: 1 065145-00
Date: 4/6/2022
Fiscal Year End: 1/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
265.00 **240.23** **1/1/2022**

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 04/20/2020	

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Home Office:

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Vero Beach, FL 32960

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Medicaid Reimbursement Per Diem Rates

GARDENS CARE CENTER
190 NE 191ST STREET
MIAMI, FL 33179

Provider Number: 1 078766-00
Date: 2/7/2022
Fiscal Year End: 2/28/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **272.23** New Rate: **272.23** Effective Date: **11/22/2020**

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 11/22/2020

Distribution:

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No Change in Rate

Home Office:

No Home Office

Rebekah Falk

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GARDENS CARE CENTER
190 NE 191ST STREET
MIAMI, FL 33179

Provider Number: 1 078766-00
Date: 2/7/2022
Fiscal Year End: 2/28/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
272.23 **268.58** **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 11/22/2020

Distribution:

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Home Office:

No Home Office

Rebekah Falk

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GARDENS CARE CENTER
190 NE 191ST STREET
MIAMI, FL 33179

Provider Number: 1 078766-00
Date: 2/7/2022
Fiscal Year End: 2/28/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
268.58 **255.15** **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 11/22/2020

Distribution:

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No Change in Rate

Home Office:

No Home Office

Rebekah Falk

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GARDENS CARE CENTER
190 NE 191ST STREET
MIAMI, FL 33179

Provider Number: 1 078766-00
Date: 2/7/2022
Fiscal Year End: 2/28/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
255.15 **255.15** **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 11/22/2020

Distribution:

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Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WINDSOR HEALTH AND REHABILITATION CENTER
602 EAST LAURA STREET
STARKE, FL 32091

Provider Number: 1 085910-00
Date: 3/29/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **239.01** New Rate: **239.01** Effective Date: **11/3/2020**

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 11/03/2020

Distribution:

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 No Change in Rate

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Home Office: Lilac Health Group
140 Gladiola Rd NE
Palm Bay, FL 32907



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WINDSOR HEALTH AND REHABILITATION CENTER
602 EAST LAURA STREET
STARKE, FL 32091

Provider Number: 1 085910-00
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
239.01 **235.81** **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:

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Home Office:

Lilac Health Group
140 Gladiola Rd NE
Palm Bay, FL 32907

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WINDSOR HEALTH AND REHABILITATION CENTER
602 EAST LAURA STREET
STARKE, FL 32091

Provider Number: 1 085910-00
Date: 3/29/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>235.81</u>	<u>247.52</u>	<u>10/1/2021</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	

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_____ No Change in Rate

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Home Office: Lilac Health Group
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Palm Bay, FL 32907



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Medicaid Reimbursement Per Diem Rates

WINDSOR HEALTH AND REHABILITATION CENTER
602 EAST LAURA STREET
STARKE, FL 32091

Provider Number: 1 085910-00
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
247.52 **224.02** **1/1/2022**

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 11/03/2020	

Distribution:

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Permanent File
 For Information Only
 No Change in Rate

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Medicaid Cost Reimbursement Planning and Finance

Home Office: Lilac Health Group
140 Gladiola Rd NE
Palm Bay, FL 32907



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Medicaid Reimbursement Per Diem Rates

RIVERCHASE HEALTH AND REHABILITATION CENTER
1017 STRONG RD
QUINCY, FL 32351

Provider Number: 1 085911-00
Date: 3/25/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
238.49 **240.56** **11/03/2020**

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 11/03/2020

Distribution:

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No Change in Rate

Home Office:

Lilac Health Group
140 Gladiola Rd NE
Palm Bay, FL 32907

Rebekah Falk

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Medicaid Reimbursement Per Diem Rates

RIVERCHASE HEALTH AND REHABILITATION CENTER	Provider Number:	1 085911-00
1017 STRONG RD	Date:	3/25/2022
QUINCY, FL 32351	Fiscal Year End:	12/31/2019
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>240.56</u>	<u>240.35</u>	<u>7/1/2021</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:

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_____ No Change in Rate

Home Office:

Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907

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Medicaid Reimbursement Per Diem Rates

RIVERCHASE HEALTH AND REHABILITATION CENTER	Provider Number:	1 085911-00
1017 STRONG RD	Date:	3/25/2022
QUINCY, FL 32351	Fiscal Year End:	12/31/2019
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		240.35	255.96	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 11/03/2020	

Distribution:

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_____ No Change in Rate

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907



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

RIVERCHASE HEALTH AND REHABILITATION CENTER
1017 STRONG RD
QUINCY, FL 32351

Provider Number: 1 085911-00
Date: 3/25/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
255.96 **232.28** **1/1/2022**

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:

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Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Lilac Health Group
140 Gladiola Rd NE
Palm Bay, FL 32907



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

VENTURA HEALTH AND REHABILITATION CENTER
7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437

Provider Number: 1 085922-00
Date: 3/28/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
268.37 **267.35** **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:

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Home Office:

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

VENTURA HEALTH AND REHABILITATION CENTER
7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437

Provider Number: 1 085922-00
Date: 3/28/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>267.35</u>	<u>267.31</u>	<u>7/1/2021</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:

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Rebekah Falk

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Home Office:



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Medicaid Reimbursement Per Diem Rates

VENTURA HEALTH AND REHABILITATION CENTER
7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437

Provider Number: 1 085922-00
Date: 3/28/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
267.31 **288.13** **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:

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_____ No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

VENTURA HEALTH AND REHABILITATION CENTER
7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437

Provider Number: 1 085922-00
Date: 3/28/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
288.13 **259.81** **1/1/2022**

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

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Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Home Office:



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ADVINIA CARE AT VENICE
950 PINEBROOK RD
VENICE, FL 34285

Provider Number: 1 096155-00
Date: 4/20/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
228.73 **229.25** **4/23/2021**

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 4/23/2021	

Distribution:

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 No Change in Rate

Rebekah Falk

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

ADVINIA CARE AT VENICE
950 PINEBROOK RD
VENICE, FL 34285

Provider Number: 1 096155-00
Date: 4/20/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
229.25 **226.18** **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 4/23/2021	

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Home Office:

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Medicaid Reimbursement Per Diem Rates

ADVINIA CARE AT VENICE
950 PINEBROOK RD
VENICE, FL 34285

Provider Number: 1 096155-00
Date: 4/20/2022
Fiscal Year End: 12/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
226.18 **247.58** **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 4/23/2021	

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Medicaid Reimbursement Per Diem Rates

ADVINIA CARE AT VENICE
950 PINEBROOK RD
VENICE, FL 34285

Provider Number: 1 096155-00
Date: 4/20/2022
Fiscal Year End: 12/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
247.58 **222.29** **1/1/2022**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 4/23/2021	

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Home Office:

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Medicaid Reimbursement Per Diem Rates

ADVINIA CARE AT NAPLES
7801 AIRPORT PULLING RD N
NAPLES, FL 34109

Provider Number: 1 096157-00
Date: 4/18/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
275.75 275.75 4/23/2021

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 4/23/2021	

Distribution:

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 No Change in Rate

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ADVINIA CARE AT NAPLES
7801 AIRPORT PULLING RD N
NAPLES, FL 34109

Provider Number: 1 096157-00
Date: 4/18/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
275.75 272.05 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 4/23/2021	

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Home Office:

No Home Office

Rebekah Falk

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ADVINIA CARE AT NAPLES
7801 AIRPORT PULLING RD N
NAPLES, FL 34109

Provider Number: 1 096157-00
Date: 4/18/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
272.05 **258.45** **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 4/23/2021

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Home Office:

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Medicaid Reimbursement Per Diem Rates

ADVINIA CARE AT NAPLES
7801 AIRPORT PULLING RD N
NAPLES, FL 34109

Provider Number: 1 096157-00
Date: 4/18/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>258.45</u>	<u>258.45</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 4/23/2021	

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Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ORCHID COVE AT VERO BEACH

2180 10TH AVENUE

VERO BEACH, FL 32960

Provider Number:

1 096802-00

Date:

3/31/2022

Fiscal Year End:

12/31/2018

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

\$245.29

New
Rate

\$245.29

Effective
Date

12/16/2020

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 12/16/2020

Distribution:

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Home Office:

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

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ORCHID COVE AT VERO BEACH

2180 10TH AVENUE

VERO BEACH, FL 32960

Provider Number:

1 096802-00

Date:

3/31/2022

Fiscal Year End:

12/31/2018

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

\$245.29

New
Rate

\$242.00

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 12/16/2020

Distribution:

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Home Office:

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

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Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ORCHID COVE AT VERO BEACH

2180 10TH AVENUE

VERO BEACH, FL 32960

Provider Number:

1 096802-00

Date:

3/31/2022

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

\$242.00

New
Rate

\$258.78

Effective
Date

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 12/16/2020

Distribution:

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_____ 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

XXX740

Report Calculated: 3/31/2022 8:30 AM

Report Printed :3/31/2022

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Medicaid Reimbursement Per Diem Rates

ORCHID COVE AT VERO BEACH

2180 10TH AVENUE

VERO BEACH, FL 32960

Provider Number:

1 096802-00

Date:

3/31/2022

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

\$258.78

New
Rate

\$233.64

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 12/16/2020

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Home Office:

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Vero Beach, FL 32960

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Medicaid Reimbursement Per Diem Rates

WINTER PARK CARE AND REHABILITATION

2970 SCARLETT RD

WINTER PARK, FL 32792

Provider Number:

1 108305-00

Date:

5/13/2022

Fiscal Year End:

12/31/2017

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>203.87</u>	<u>207.72</u>	<u>4/1/2020</u>

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

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

Changes:	
_____	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 4/01/2020

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_____ No Change in Rate

Home Office:

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

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Medicaid Reimbursement Per Diem Rates

WINTER PARK CARE AND REHABILITATION

2970 SCARLETT RD

WINTER PARK, FL 32792

Provider Number:

1 108305-00

Date:

5/13/2022

Fiscal Year End:

12/31/2017

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>207.72</u>	<u>210.54</u>	<u>7/1/2020</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 4/01/2020	

Distribution:

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Home Office:

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

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Medicaid Reimbursement Per Diem Rates

WINTER PARK CARE AND REHABILITATION

2970 SCARLETT RD

WINTER PARK, FL 32792

Provider Number:

1 108305-00

Date:

5/13/2022

Fiscal Year End:

9/30/2018

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

205.11

New
Rate

208.58

Effective
Date

10/1/2020

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 4/01/2020

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_____ 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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WINTER PARK CARE AND REHABILITATION
2970 SCARLETT RD
WINTER PARK, FL 32792

Provider Number: 1 108305-00
Date: 5/13/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
214.11 **216.30** **7/1/2021**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 4/01/2020	

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Home Office: Orchid Cove Health Group
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Medicaid Reimbursement Per Diem Rates

WINTER PARK CARE AND REHABILITATION

2970 SCARLETT RD

WINTER PARK, FL 32792

Provider Number:

1 108305-00

Date:

5/13/2022

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

216.30

New
Rate

252.31

Effective
Date

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 4/01/2020

Distribution:

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_____ No Change in Rate

Home Office:

Orchid Cove Health Group
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WINTER PARK CARE AND REHABILITATION

2970 SCARLETT RD

WINTER PARK, FL 32792

Provider Number:

1 108305-00

Date:

5/13/2022

Fiscal Year End:

12/31/2019

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

252.31

New
Rate

225.38

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 4/01/2020

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

<u>ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>1 108325-00</u>
<u>600 BUSINESS PARKWAY</u>	Date:	<u>3/30/2022</u>
<u>ROYAL PALM BEACH, FL 33411</u>	Fiscal Year End:	<u>12/31/2019</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>252.02</u>	<u>258.04</u>	<u>11/3/2020</u>

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 11/03/2020

Distribution:

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For Information Only

No Change in Rate

Home Office:

Lilac Health Group
140 Gladiola Rd NE
Palm Bay, FL 32907

Rebekah Falk

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER	Provider Number:	1 108325-00
600 BUSINESS PARKWAY	Date:	3/30/2022
ROYAL PALM BEACH, FL 33411	Fiscal Year End:	12/31/2019
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>258.04</u>	<u>260.70</u>	<u>7/1/2021</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:

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_____ No Change in Rate

Home Office:

Lilac Health Group
140 Gladiola Rd NE
Palm Bay, FL 32907

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Medicaid Reimbursement Per Diem Rates

<u>ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>1 108325-00</u>
<u>600 BUSINESS PARKWAY</u>	Date:	<u>3/30/2022</u>
<u>ROYAL PALM BEACH, FL 33411</u>	Fiscal Year End:	<u>12/31/2019</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>260.70</u>	<u>282.33</u>	<u>10/1/2021</u>

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 11/03/2020

Distribution:

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For Information Only

No Change in Rate

Home Office:

Lilac Health Group
 140 Gladiola Rd NE
 Palm Bay, FL 32907

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER	Provider Number:	1 108325-00
600 BUSINESS PARKWAY	Date:	3/30/2022
ROYAL PALM BEACH, FL 33411	Fiscal Year End:	12/31/2019
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>282.33</u>	<u>255.45</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:	
<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:

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_____ No Change in Rate

Home Office:

Lilac Health Group
140 Gladiola Rd NE
Palm Bay, FL 32907

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>ORCHID COVE AT PALM HARBOR</u>	Provider Number:	<u>1 108440-00</u>
<u>2600 HIGHLANDS BLVD N</u>	Date:	<u>4/11/2022</u>
<u>PALM HARBOR, FL 34684</u>	Fiscal Year End:	<u>1/31/2020</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>206.79</u>	<u>210.30</u>	<u>11/19/2020</u>

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 11/19/2020

Distribution:

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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



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>ORCHID COVE AT PALM HARBOR</u>	Provider Number:	<u>1 108440-00</u>
<u>2600 HIGHLANDS BLVD N</u>	Date:	<u>4/11/2022</u>
<u>PALM HARBOR, FL 34684</u>	Fiscal Year End:	<u>1/31/2020</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>210.30</u>	<u>212.45</u>	<u>7/1/2021</u>

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 11/19/2020

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

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

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Medicaid Reimbursement Per Diem Rates

<u>ORCHID COVE AT PALM HARBOR</u>	Provider Number:	<u>1 108440-00</u>
<u>2600 HIGHLANDS BLVD N</u>	Date:	<u>4/11/2022</u>
<u>PALM HARBOR, FL 34684</u>	Fiscal Year End:	<u>1/31/2020</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>212.45</u>	<u>259.53</u>	<u>10/1/2021</u>

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	CHOW effective 11/19/2020

Distribution:

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No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

ORCHID COVE AT PALM HARBOR
2600 HIGHLANDS BLVD N
PALM HARBOR, FL 34684

Provider Number: 1 108440-00
Date: 4/11/2022
Fiscal Year End: 1/31/2022
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
259.53 **221.36** **1/1/2022**

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:

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Rebekah Falk

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Home Office:

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Medicaid Reimbursement Per Diem Rates

ORCHID COVE AT DADE CITY
37135 COLEMAN AVE
DADE CITY, FL 33525

Provider Number: 1 108468-00
Date: 3/18/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
241.44 **241.44** **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	

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Home Office:

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Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ORCHID COVE AT DADE CITY
37135 COLEMAN AVE
DADE CITY, FL 33525

Provider Number: 1 108468-00
Date: 3/18/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
241.44 **238.20** **7/1/2021**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> CHOW effective 11/03/2020	

Distribution:

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Permanent File
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 No Change in Rate

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Orchid Cove Health Group
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Vero Beach, FL 32960



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ORCHID COVE AT DADE CITY
37135 COLEMAN AVE
DADE CITY, FL 33525

Provider Number: 1 108468-00
Date: 3/18/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **238.20** New Rate: **245.95** Effective Date: **10/1/2021**

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

Basis:	
<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

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ORCHID COVE AT DADE CITY
37135 COLEMAN AVE
DADE CITY, FL 33525

Provider Number: 1 108468-00
Date: 3/18/2022
Fiscal Year End: 12/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
245.95 **226.29** **1/1/2022**

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 11/03/2020

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Orchid Cove Health Group
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Vero Beach, FL 32960



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ORCHID COVE AT NEW PORT RICHEY
4927 VOORHEES RD
NEW PORT RICHEY, FL 34653

Provider Number: 1 108699-00
Date: 3/18/2022
Fiscal Year End: 1/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **202.03** New Rate: **205.46** 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



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Medicaid Reimbursement Per Diem Rates

ORCHID COVE AT NEW PORT RICHEY
4927 VOORHEES RD
NEW PORT RICHEY, FL 34653

Provider Number: 1 108699-00
Date: 3/18/2022
Fiscal Year End: 1/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>205.46</u>	<u>207.56</u>	<u>7/1/2021</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 11/19/2020	

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

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Medicaid Reimbursement Per Diem Rates

ORCHID COVE AT NEW PORT RICHEY
4927 VOORHEES RD
NEW PORT RICHEY, FL 34653

Provider Number: 1 108699-00
Date: 3/18/2022
Fiscal Year End: 1/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>207.56</u>	<u>253.69</u>	<u>10/1/2021</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 11/19/2020	

Distribution:

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_____ 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 NEW PORT RICHEY
4927 VOORHEES RD
NEW PORT RICHEY, FL 34653

Provider Number: 1 108699-00
Date: 3/18/2022
Fiscal Year End: 1/31/2020
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>253.69</u>	<u>216.27</u>	<u>1/1/2022</u>

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

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 11/19/2020

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BRIDGEWALK ON HARDEN HEALTH AND REHABILITATION, LLC	Provider Number:	1 128679-00
3110 OAKBRIDGE BLVD E	Date:	4/28/2022
LAKELAND, FL 33803	Fiscal Year End:	12/31/2017
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>212.41</u>	<u>214.58</u>	<u>9/10/2021</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 9/10/2021	

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_____ No Change in Rate

Home Office:

Mainstay Senior Living 505 Ariana Ave Auburndale, FL 33823

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

BRIDGEWALK ON HARDEN HEALTH AND REHABILITATION, LLC	Provider Number:	1 128679-00
3110 OAKBRIDGE BLVD E	Date:	4/28/2022
LAKELAND, FL 33803	Fiscal Year End:	12/31/2017
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>214.58</u>	<u>252.18</u>	<u>10/1/2021</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 9/10/2021	

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Mainstay Senior Living 505 Ariana Ave Auburndale, FL 33823

Rebekah Falk

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BRIDGEWALK ON HARDEN HEALTH AND REHABILITATION, LLC	Provider Number:	1 128679-00
3110 OAKBRIDGE BLVD E	Date:	4/28/2022
LAKELAND, FL 33803	Fiscal Year End:	12/31/2017
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>252.18</u>	<u>223.59</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 9/10/2021	

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