



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

**MEMORANDUM**

**Date:** January 30, 2018  
**To:** Johnnie Mae Peters, Government Operations Consultant II  
**From:** Lisa Smith, 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.	Crosswinds Health and Rehab	0 042140-00	FA & RFA	7
2.	Plantation Key Nursing Center	0 044975-00	IRR	2
3.	Sylvan Health Center	0 122248-00	CS	5
4.	Atlantic Care and Rehabilitation Center	0 159592-00	CS	4
5.	Sandalwood Rehabilitation and Nursing Center	0 202035-00	NRP CHOP/CHOW	2
6.	Finnish-American Village	0 205460-00	QA Change	1
7.	The Palms of Sebring	0 252671-00	IRR	1
8.	Melbourne Terrace Rehabilitation Center	0 264547-00	IRR	1
9.	Aventura Plaza Rehabilitation and Nursing Center	0 284823-00	IRR	1
10.	Manor Care Nursing and Rehabilitation Center	0 325449-00	IRR	1
			<b>TOTAL:</b>	25

If you have any questions regarding the above contact Lisa Smith 412-4114.

LS/sj



Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MFAO number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
004214000	20110628	223.33	368.19	223.33	223.33	82694-18	NH13-031W
004214000	20110701	215.48	361.68	215.48	215.48	82694-18	NH13-031W
004214000	20120101	216.73	364.34	216.73	216.73	82694-18	NH13-031W
004214000	20120201	223.40	371.01	223.40	223.40	82694-18	NH13-031W
004214000	20120701	229.86	379.07	229.86	229.86	82694-18	NH13-031W
004214000	20130101	231.20	382.01	231.20	231.20	82694-18	NH13-031W
004214000	20130701	235.97	0.00	235.97	235.97	82694-18	NH13-031W
004497500	20170831	254.49	0.00	254.49	254.49	82694-18	
004497500	20170901	240.43	0.00	240.43	240.43	82694-18	
012224800	20140829	224.26	0.00	224.26	224.26	82694-18	
012224800	20150101	228.83	0.00	228.83	228.83	82694-18	
012224800	20150901	229.52	0.00	229.52	229.52	82694-18	
012224800	20160201	231.43	0.00	231.43	231.43	82694-18	
012224800	20160901	237.23	0.00	237.23	237.23	82694-18	
015959200	20151116	239.03	0.00	239.03	239.03	82694-18	
015959200	20160601	240.20	0.00	240.20	240.20	82694-18	
015959200	20160901	243.69	0.00	243.69	243.69	82694-18	
015959200	20170901	248.41	0.00	248.41	248.41	82694-18	
016194400	20151201	290.97	0.00	290.97	290.97	82484-17	
016194400	20160901	297.68	0.00	297.68	297.68	82484-17	
016207400	20151201	289.22	0.00	289.22	289.22	82484-17	
016207400	20160901	295.19	0.00	295.19	295.19	82484-17	
020203500	20170401	235.31	0.00	235.31	235.31	82694-18	
020203500	20170901	238.50	0.00	238.50	238.50	82694-18	
020546000	20180101	206.58	0.00	206.58	206.58	82694-18	
021386200	20160607	244.57	0.00	244.57	244.57	82476-17	
021386200	20160901	243.27	0.00	243.27	243.27	82476-17	
021386200	20170901	239.53	0.00	239.53	239.53	82476-17	
025267100	20170907	211.66	0.00	211.66	211.66	82694-18	
026454700	20170907	234.11	0.00	234.11	234.11	82694-18	
028482300	20170901	288.91	0.00	288.91	288.91	82694-18	
032544900	20170905	250.14	0.00	250.14	250.14	82694-18	



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**

CROSSWINDS HEALTH AND REHAB  
13455 W US HWY 90  
GREENVILLE, FL 32331

Provider Number: 0 042140-00  
Date: 10/31/2017  
Fiscal Year End: 1/31/2012  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>225.59</u>	<u>223.33</u>	<u>6/28/2011</u>
	Level H: Aids	<u>370.45</u>	<u>368.19</u>	<u>6/28/2011</u>

**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 #NH13-031W FYE 1/31/2012

**Distribution:**

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

**Lisa Smith**  
Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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CROSSWINDS HEALTH AND REHAB  
13455 W US HWY 90  
GREENVILLE, FL 32331

Provider Number: 0 042140-00  
Date: 10/31/2017  
Fiscal Year End: 1/31/2012  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>218.96</u>	<u>215.48</u>	<u>7/1/2011</u>
	Level H: Aids	<u>365.16</u>	<u>361.68</u>	<u>7/1/2011</u>

**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 #NH13-031W FYE 1/31/2012

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**Medicaid Reimbursement Per Diem Rates**

CROSSWINDS HEALTH AND REHAB  
13455 W US HWY 90  
GREENVILLE, FL 32331

Provider Number: 0 042140-00  
Date: 10/31/2017  
Fiscal Year End: 1/31/2012  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>222.45</u>	<u>216.73</u>	<u>1/1/2012</u>
	Level H: Aids	<u>370.06</u>	<u>364.34</u>	<u>1/1/2012</u>

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	FA & RFA #NH13-031W FYE 1/31/2012

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CROSSWINDS HEALTH AND REHAB  
13455 W US HWY 90  
GREENVILLE, FL 32331

Provider Number: 0 042140-00  
Date: 10/31/2017  
Fiscal Year End: 1/31/2012  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>228.24</u>	<u>223.40</u>	<u>2/1/2012</u>
	Level H: Aids	<u>375.85</u>	<u>371.01</u>	<u>2/1/2012</u>

**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 #NH13-031W FYE 1/31/2012

**Distribution:**

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CROSSWINDS HEALTH AND REHAB  
13455 W US HWY 90  
GREENVILLE, FL 32331

Provider Number: 0 042140-00

Date: 10/31/2017

Fiscal Year End: 1/31/2012

Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>236.07</b>	<b>229.86</b>	<b>7/1/2012</b>
	Level H: Aids	<b>385.28</b>	<b>379.07</b>	<b>7/1/2012</b>

**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 #NH13-031W FYE 1/31/2012

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13455 W US HWY 90  
GREENVILLE, FL 32331

Provider Number: 0 042140-00  
Date: 10/31/2017  
Fiscal Year End: 1/31/2012  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>238.14</u>	<u>231.20</u>	<u>1/1/2013</u>
	Level H: Aids	<u>388.95</u>	<u>382.01</u>	<u>1/1/2013</u>

**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 #NH13-031W FYE 1/31/2012

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

CROSSWINDS HEALTH AND REHAB  
 13455 W US HWY 90  
 GREENVILLE, FL 32331

Provider Number: 0 042140-00  
 Date: 10/31/2017  
 Fiscal Year End: 1/31/2012  
 Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home      Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>243.44</u></b>	<b><u>235.97</u></b>	<b><u>7/1/2013</u></b>

**Rate Type:**

<input type="checkbox"/> Interim	<input checked="" 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  
 \_\_\_\_\_ Unaudited costs  
 Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 FA & RFA #NH13-031W FYE 1/31/2012

**Distribution:**

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

Home Office:  Home Office       No Home Office

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**Medicaid Reimbursement Per Diem Rates**

PLANTATION KEY NURSING CENTER

48 HIGH POINT ROAD

TAVERNIER, FL 33070

Provider Number:

0 044975-00

Date:

1/22/2018

Fiscal Year End:

7/31/2014

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

New  
Rate

Effective  
Date

247.52

254.49

8/31/2017

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

IRR Granted Effective 08/31/2017

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Lyric Healthcare Holdings III, Inc  
1423 Clarkview Road  
Suite 500  
Baltimore, MD 21090

Lisa Smith

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**

PLANTATION KEY NURSING CENTER  
48 HIGH POINT ROAD  
TAVERNIER, FL 33070

Provider Number: 0 044975-00  
Date: 1/22/2018  
Fiscal Year End: 7/31/2015  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>233.59</b>	<b>240.43</b>	<b>9/1/2017</b>

**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

IRR Granted Effective 08/31/2017

**Distribution:**

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No Change in Rate

Home Office:

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**Medicaid Reimbursement Per Diem Rates**

SYLVAN HEALTH CENTER  
2770 REGENCY OAKS BLVD  
CLEARWATER, FL 33759

Provider Number: 0 122248-00  
Date: 8/2/2017  
Fiscal Year End: 1/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>239.28</u>	<u>224.26</u>	<u>8/29/2014</u>

**Rate Type:**

Interim

Prospective

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

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

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

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

Settlement based on cost

\_\_\_\_\_ Prior Provider Prospective data

**Basis:**

\_\_\_\_\_ Budget

Unaudited costs

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

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

**Changes:**

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

Cost Settlement FYE 1/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

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

Home Office: Brookdale Senior Living, Inc.  
111 Westwood Place  
Suite 400  
Brentwood, TN 37027

\_\_\_\_\_  
Lisa Smith  
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**

SYLVAN HEALTH CENTER  
2770 REGENCY OAKS BLVD  
CLEARWATER, FL 33759

Provider Number: 0 122248-00  
Date: 8/2/2017  
Fiscal Year End: 1/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>244.71</u>	<u>228.83</u>	<u>1/1/2015</u>

**Rate Type:**

Interim

Prospective

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

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

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

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

Settlement based on cost

\_\_\_\_\_ Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Cost Settlement FYE 1/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

SYLVAN HEALTH CENTER  
2770 REGENCY OAKS BLVD  
CLEARWATER, FL 33759

Provider Number: 0 122248-00  
Date: 8/2/2017  
Fiscal Year End: 1/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
244.57	229.52	9/1/2015

**Rate Type:**

Interim

Prospective

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

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

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

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

Settlement based on cost

\_\_\_\_\_ Prior Provider Prospective data

**Basis:**

\_\_\_\_\_ Budget

Unaudited costs

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

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

**Changes:**

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

Cost Settlement FYE 1/31/2016

**Distribution:**

Contract Management / Fiscal Agent

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

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**Medicaid Reimbursement Per Diem Rates**

SYLVAN HEALTH CENTER  
2770 REGENCY OAKS BLVD  
CLEARWATER, FL 33759

Provider Number: 0 122248-00  
Date: 8/2/2017  
Fiscal Year End: 1/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>244.57</u>	<u>231.43</u>	<u>2/1/2016</u>

**Rate Type:**

<input type="checkbox"/> Interim	<input checked="" 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  
 Unaudited costs  
 \_\_\_\_\_ Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Cost Settlement FYE 1/31/2016

**Distribution:**

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SYLVAN HEALTH CENTER  
2770 REGENCY OAKS BLVD  
CLEARWATER, FL 33759

Provider Number: 0 122248-00  
Date: 8/2/2017  
Fiscal Year End: 1/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate      New Rate      Effective Date  
**247.79**      **237.23**      **9/1/2016**

**Rate Type:**

Interim       Prospective  
\_\_\_\_ Total Interim      \_\_\_\_ Total Prospective  
\_\_\_\_ Interim Component      \_\_\_\_ Total Prospective with Interim Component  
 Settlement based on cost  
\_\_\_\_ Prior Provider Prospective data

**Basis:**

\_\_\_\_ Budget  
 Unaudited costs  
\_\_\_\_ Field audited costs  
\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_ Rate Semester Change  
 Cost Settlement FYE 1/31/2016

**Distribution:**

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Permanent File

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

Home Office:      Brookdale Senior Living, Inc.  
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**Medicaid Reimbursement Per Diem Rates**

ATLANTIC CARE AND REHABILITATION CENTER  
3663 15TH AVE  
VERO BEACH, FL 32960

Provider Number: 0 159592-00  
Date: 12/4/2017  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>243.55</u>	<u>239.03</u>	<u>11/16/2015</u>

**Rate Type:**

Interim

Prospective

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

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

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

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

Settlement based on cost

\_\_\_\_\_ Prior Provider Prospective data

**Basis:**

\_\_\_\_\_ Budget

Unaudited costs

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

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

**Changes:**

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

Cost Settlement FYE 5/31/2016

**Distribution:**

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Home Office: Sun Island Healthcare, LLC  
505 Marlboro Road  
Wood Ridge, NJ 07075

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**Medicaid Reimbursement Per Diem Rates**

ATLANTIC CARE AND REHABILITATION CENTER  
3663 15TH AVE  
VERO BEACH, FL 32960

Provider Number: 0 159592-00  
Date: 12/4/2017  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>243.55</b>	<b>240.20</b>	<b>6/1/2016</b>

**Rate Type:**

Interim

Prospective

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

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

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

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

Settlement based on cost

\_\_\_\_\_ Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Cost Settlement FYE 5/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Sun Island Healthcare, LLC  
505 Marlboro Road  
Wood Ridge, NJ 07075

Lisa Smith  
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**

ATLANTIC CARE AND REHABILITATION CENTER

3663 15TH AVE

VERO BEACH, FL 32960

Provider Number:

0 159592-00

Date:

12/4/2017

Fiscal Year End:

5/31/2016

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

New  
Rate

Effective  
Date

247.64

243.69

9/1/2016

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Cost Settlement FYE 5/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Sun Island Healthcare, LLC

505 Marlboro Road

Wood Ridge, NJ 07075

Lisa Smith

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**

ATLANTIC CARE AND REHABILITATION CENTER

3663 15TH AVE

VERO BEACH, FL 32960

Provider Number: 0 159592-00

Date: 12/4/2017

Fiscal Year End: 5/31/2016

Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>247.43</u>	<u>248.41</u>	<u>9/1/2017</u>

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Cost Settlement FYE 5/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Sun Island Healthcare, LLC  
505 Marlboro Road  
Wood Ridge, NJ 07075

**Lisa Smith**  
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**

<u>PALMETTO CARE CENTER</u>	Provider Number:	<u>0 161944-00</u>
<u>6750 WEST 22ND COURT</u>	Date:	<u>5/30/2017</u>
<u>HIALEAH, FL 33016</u>	Fiscal Year End:	<u>11/30/2016</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<u>270.53</u>	<u>290.97</u>	<u>12/1/2015</u>

**Rate Type:**

<u> X </u> Interim	<u> </u> Prospective
<u> </u> <u> X </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

**Basis:**

X  Budget  
  Unaudited costs  
  Field audited costs  
  Desk audited costs

**Changes:**

Rate Semester Change  
 X  NRP CHOP effective 12/1/2015

**Distribution:**

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

Lisa Smith   
 Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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**

PALMETTO CARE CENTER  
6750 WEST 22ND COURT  
HIALEAH, FL 33016

Provider Number: 0 161944-00  
Date: 5/30/2017  
Fiscal Year End: 11/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>273.98</b>	<b>297.68</b>	<b>9/1/2016</b>

**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:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 NRP CHOP effective 12/1/2015

**Distribution:**

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Permanent File  
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 No Change in Rate

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

Home Office:    No Home Office



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: 5/15/2017  
Fiscal Year End: 11/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>266.03</u>	<u>289.22</u>	<u>12/1/2015</u>

**Rate Type:**

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

NRP CHOP effective 12/01/2015

*LS*  
Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:    No Home Office



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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: 5/15/2017  
Fiscal Year End: 11/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>267.24</b>	<b>295.19</b>	<b>9/1/2016</b>

**Rate Type:**

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ X 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

NRP CHOP effective 12/01/2015

**Distribution:**

Contract Management / Fiscal Agent  
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\_\_\_\_\_ No Change in Rate

Home Office:    No Home Office

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance





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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>SANDALWOOD REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 202035-00</u>
<u>1001 S BEACH STREET</u>	Date:	<u>1/19/2018</u>
<u>DAYTONA BEACH, FL 32114</u>	Fiscal Year End:	<u>3/31/2018</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		Current	New	Effective
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>198.61</u></b>	<b><u>235.31</u></b>	<b><u>4/1/2017</u></b>

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

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

<b>Changes:</b>	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	NRP CHOP/CHOW effective 04/01/2017

**Distribution:**

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 Permanent File  
 For Information Only  
 No Change in Rate

**Lisa Smith**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office:



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**

SANDALWOOD REHABILITATION AND NURSING CENTER  
1001 S BEACH STREET  
DAYTONA BEACH, FL 32114

Provider Number: 0 202035-00  
Date: 1/19/2018  
Fiscal Year End: 3/31/2018  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>202.24</u>	<u>238.50</u>	<u>9/1/2017</u>

**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:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

NRP CHOP/CHOW effective 04/01/2017

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

Home Office:



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

FINNISH-AMERICAN VILLAGE  
1800 SOUTH DRIVE  
LAKE WORTH, FL 33461

Provider Number: 0 205460-00  
Date: 12/19/2017  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>228.85</u>	<u>206.58</u>	<u>1/1/2018</u>

**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

Quality Assessment Exempt Effective 1/1/2018.

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:    No Home Office

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

GAINESVILLE HEALTH CARE CENTER  
4842 SW ARCHER ROAD  
GAINESVILLE, FL 32607

Provider Number: 0 213862-00  
Date: 12/1/2017  
Fiscal Year End: 6/30/2017  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
0.00	244.57	6/7/2016

**Rate Type:**

Interim  
 Total Interim  
 Interim Component  
 Settlement based on cost  
 Prior Provider Prospective data

Prospective  
 Total Prospective  
 Total Prospective with Interim Component

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Replacement building effective 6/7/2016

**Distribution:**

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

Lisa Smith  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Council on Aging of Florida, Inc.  
 1311 SW 16th Street  
 Gainesville, FL 32608



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**

GAINESVILLE HEALTH CARE CENTER  
4842 SW ARCHER ROAD  
GAINESVILLE, FL 32607

Provider Number: 0 213862-00  
Date: 12/1/2017  
Fiscal Year End: 6/30/2017  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>0.00</u>	<u>243.27</u>	<u>9/1/2016</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 type="checkbox"/> Prior Provider Prospective data	

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Replacement building effective 6/7/2016

**Distribution:**

Contract Management / Fiscal Agent  
Permanent File

For Information Only  
 No Change in Rate

Home Office: Council on Aging of Florida, Inc.  
1311 SW 16th Street  
Gainesville, FL 32608

**Lisa Smith**

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**

GAINESVILLE HEALTH CARE CENTER  
4842 SW ARCHER ROAD  
GAINESVILLE, FL 32607

Provider Number: 0 213862-00  
Date: 12/1/2017  
Fiscal Year End: 6/30/2017  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
0.00	239.53	9/1/2017

**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:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Replacement building effective 6/7/2016

**Distribution:**

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

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: Council on Aging of Florida, Inc.  
1311 SW 16th Street  
Gainesville, FL 32608



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**Medicaid Reimbursement Per Diem Rates**

THE PALMS OF SEBRING  
725 S PINE ST  
SEBRING, FL 33870

Provider Number: 0 252671-00  
Date: 1/22/2018  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>199.06</b>	<b>211.66</b>	<b>9/7/2017</b>

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 Granted Effective 9/7/2017	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Covington Senior Living, LLC  
1175 Peachtree Street  
Suite 1230

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

MELBOURNE TERRACE REHABILITATION CENTER  
251 FLORIDA AVE  
MELBOURNE, FL 32901

Provider Number: 0 264547-00  
Date: 1/16/2018  
Fiscal Year End: 12/31/2015  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**231.43**    **234.11**    **9/7/2017**

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 Granted Effective 9/7/2017	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Clear Choice Health Care, LLC  
709 S. Harbor City Blvd. Suite 240  
Melbourne, FL 32901

**Lisa Smith**

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**

AVENTURA PLAZA REHABILITATION & NURSING CENTER  
1800 N E 168TH STREET  
NORTH MIAMI BEACH, FL 33162

Provider Number: 0 284823-00  
Date: 1/22/2018  
Fiscal Year End: 2/28/2017  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<u>286.01</u>	<u>288.91</u>	<u>9/1/2017</u>

**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

IRR Granted Effective 9/1/2017

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Hebrew Homes Management Services  
1800 NE 168th Street, Suite 200  
North Miami Beach, FL 33162

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MANOR CARE NURSING AND REHABILITATION CENTER  
3601 LAKEWOOD BLVD  
NAPLES, FL 34112

Provider Number: 0 325449-00  
Date: 1/19/2018  
Fiscal Year End: 12/31/2015  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>246.86</u>	<u>250.14</u>	<u>9/5/2017</u>

**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

IRR Granted Effective 9/5/2017

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: HCR Manor Care  
333 North Summit Street  
Toledo, OH 43604

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance