



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

MEMORANDUM

Date: May 14, 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.	Florida Baptist Retirement Center	0 001416-00	FA	1
2.	Lakeside Oaks Care Center	0 061140-00	FA & RFA	7
3.	Excel Rehabilitation and Health Center	0 147958-00	CS	5
4.	The Terrace at Hobe Sound	0 148040-00	CS	5
5.	Advanced Care Center	0 151506-00	CS	5
6.	Southern Oaks Care Center	0 151697-00	CS	5
7.	South Campus Care Center	0 151771-00	CS	5
8.	St. Petersburg Nursing and Rehabilitation	0 157223-00	CS	4
9.	Clewiston Nursing and Rehabilitation	0 157224-00	CS	4
10.	Lakeland Nursing and Rehabilitaton, LLC	0 157225-00	CS	4
11.	Courtyards of Orlando Care Center	0 161828-00	CS	4
12.	Parklands Care Center	0 162068-00	CS	4
13.	Williston Care Center	0 162077-00	CS	4
14.	Solaris Healthcare Bayonet Point	0 162218-00	CS	3
15.	Solaris Healthcare Lake City	0 162224-00	CS	3
16.	University Crossing	0 169599-00	CS	4
17.	Buffalo Crossing Health and Rehabilitation Center	0 215017-00	New Facility	2
18.	Regents Park at Aventura	0 223239-00	FA & RFA	2
19.	Fairway Oaks Center	0 260690-00	FA	5
			TOTAL:	76



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

LS/nr

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)		
000141600	20110701	198.78	344.98	198.78	198.78	83507-18	NH13-113C
006114000	20120201	199.44	347.05	199.44	199.44	83507-18	NH13-234C
006114000	20120701	205.18	354.39	205.18	205.18	83507-18	NH13-234C
006114000	20120801	207.56	356.77	207.56	207.56	83507-18	NH13-234C
006114000	20130101	210.13	360.94	210.13	210.13	83507-18	NH13-234C
006114000	20130701	215.62	0.00	215.62	215.62	83507-18	NH13-234C
006114000	20140101	218.13	0.00	218.13	218.13	83507-18	NH13-234C
006114000	20140701	227.37	0.00	227.37	227.37	83507-18	NH13-234C
014795800	20150601	262.08	0.00	262.08	262.08	83507-18	
014795800	20150901	261.95	0.00	261.95	261.95	83507-18	
014795800	20160201	263.41	0.00	263.41	263.41	83507-18	
014795800	20160901	265.72	0.00	265.72	265.72	83507-18	
014795800	20170901	269.85	0.00	269.85	269.85	83507-18	
014804000	20150701	232.06	0.00	232.06	232.06	83507-18	
014804000	20150901	226.41	0.00	226.41	226.41	83507-18	
014804000	20160101	230.67	0.00	230.67	230.67	83507-18	
014804000	20160901	232.33	0.00	232.33	232.33	83507-18	
014804000	20170901	235.96	0.00	235.96	235.96	83507-18	
015150600	20150701	254.25	0.00	254.25	254.25	83507-18	
015150600	20150901	255.24	0.00	255.24	255.24	83507-18	
015150600	20160201	259.95	0.00	259.95	259.95	83507-18	
015150600	20160901	265.02	0.00	265.02	265.02	83507-18	
015150600	20170901	269.35	0.00	269.35	269.35	83507-18	
015169700	20150701	220.96	0.00	220.96	220.96	83507-18	
015169700	20150901	223.54	0.00	223.54	223.54	83507-18	
015169700	20160201	229.54	0.00	229.54	229.54	83507-18	
015169700	20160901	236.34	0.00	236.34	236.34	83507-18	
015169700	20170901	241.68	0.00	241.68	241.68	83507-18	
015177100	20150701	247.74	0.00	247.74	247.74	83507-18	
015177100	20150901	247.63	0.00	247.63	247.63	83507-18	
015177100	20160201	250.07	0.00	250.07	250.07	83507-18	
015177100	20160901	251.56	0.00	251.56	251.56	83507-18	
015177100	20170901	255.95	0.00	255.95	255.95	83507-18	
015722300	20160331	270.49	0.00	270.49	270.49	83507-18	
015722300	20160901	276.83	0.00	276.83	276.83	83507-18	
015722300	20161001	283.20	0.00	283.20	283.20	83507-18	
015722300	20170901	289.42	0.00	289.42	289.42	83507-18	
015722400	20160331	253.23	0.00	253.23	253.23	83507-18	
015722400	20160901	254.96	0.00	254.96	254.96	83507-18	
015722400	20161001	261.38	0.00	261.38	261.38	83507-18	
015722400	20170901	266.79	0.00	266.79	266.79	83507-18	
015722500	20160331	249.41	0.00	249.41	249.41	83507-18	
015722500	20160901	251.81	0.00	251.81	251.81	83507-18	
015722500	20161001	254.57	0.00	254.57	254.57	83507-18	
015722500	20170901	258.04	0.00	258.04	258.04	83507-18	
016182800	20151201	247.72	0.00	247.72	247.72	83507-18	
016182800	20160601	252.71	0.00	252.71	252.71	83507-18	
016182800	20160901	257.16	0.00	257.16	257.16	83507-18	
016182800	20170901	263.48	0.00	263.48	263.48	83507-18	
016206800	20151201	244.03	0.00	244.03	244.03	83507-18	
016206800	20160601	247.89	0.00	247.89	247.89	83507-18	
016206800	20160901	252.21	0.00	252.21	252.21	83507-18	
016206800	20170901	256.95	0.00	256.95	256.95	83507-18	
016207700	20151201	248.03	0.00	248.03	248.03	83507-18	
016207700	20160601	252.48	0.00	252.48	252.48	83507-18	
016207700	20160901	256.09	0.00	256.09	256.09	83507-18	
016207700	20170901	258.10	0.00	258.10	258.10	83507-18	
016221800	20160101	250.75	0.00	250.75	250.75	83507-18	
016221800	20160701	251.25	0.00	251.25	251.25	83507-18	
016221800	20160901	255.87	0.00	255.87	255.87	83507-18	
016222400	20160101	248.61	0.00	248.61	248.61	83507-18	
016222400	20160701	248.94	0.00	248.94	248.94	83507-18	
016222400	20160901	252.92	0.00	252.92	252.92	83507-18	
016959900	20160601	223.97	0.00	223.97	223.97	83507-18	
016959900	20160901	226.86	0.00	226.86	226.86	83507-18	
016959900	20161114	234.26	0.00	234.26	234.26	83507-18	
016959900	20170901	236.34	0.00	236.34	236.34	83507-18	
021501700	20170626	219.73	0.00	219.73	219.73	83507-18	
021501700	20170901	223.58	0.00	223.58	223.58	83507-18	
022323900	20110701	213.47	359.67	213.47	213.47	83507-18	NH13-172G
022323900	20120101	215.46	363.07	215.46	215.46	83507-18	NH13-172G
026069000	20140701	245.91	0.00	245.91	245.91	83507-18	NH14-078C
026069000	20150101	250.22	0.00	250.22	250.22	83507-18	NH14-078C
026069000	20150901	248.73	0.00	248.73	248.73	83507-18	NH14-078C
026069000	20160901	233.11	0.00	233.11	233.11	83507-18	NH14-078C
026069000	20170901	237.44	0.00	237.44	237.44	83507-18	NH14-078C



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

FLORIDA BAPTIST RETIREMENT CENTER
1006 33RD ST
VERO BEACH, FL 32960

Provider Number: 0 001416-00
Date: 11/14/2017
Fiscal Year End: 12/31/2009
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>210.32</u>	<u>198.78</u>	<u>7/1/2011</u>
	Level H: Aids	<u>356.52</u>	<u>344.98</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

Field Audit #NH13-113C FYE 12/31/2009

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



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

LAKESIDE OAKS CARE CENTER

1061 VIRGINIA ST

DUNEDIN, FL 34698

Provider Number:

0 061140-00

Date:

2/16/2018

Fiscal Year End:

7/31/2012

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>200.27</u>	<u>199.44</u>	<u>2/1/2012</u>
<u>347.88</u>	<u>347.05</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 #NH13-234C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

CMC II, LLC

800 Concourse Parkway South

Suite 200

Maitland, FL 32751

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

LAKESIDE OAKS CARE CENTER
1061 VIRGINIA ST
DUNEDIN, FL 34698

Provider Number: 0 061140-00
Date: 2/16/2018
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>206.03</u>	<u>205.18</u>	<u>7/1/2012</u>
<u>355.24</u>	<u>354.39</u>	<u>7/1/2012</u>

Level H: Aids

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 #NH13-234C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

CMC II, LLC
800 Concourse Parkway South
Suite 200
Maitland, FL 32751

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

LAKESIDE OAKS CARE CENTER
1061 VIRGINIA ST
DUNEDIN, FL 34698

Provider Number: 0 061140-00
Date: 2/16/2018
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.43	207.56	8/1/2012
Level H: Aids	357.64	356.77	8/1/2012

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 #NH13-234C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

CMC II, LLC
800 Concourse Parkway South
Suite 200
Maitland, FL 32751

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

LAKESIDE OAKS CARE CENTER
 1061 VIRGINIA ST
 DUNEDIN, FL 34698

Provider Number: 0 061140-00
 Date: 2/16/2018
 Fiscal Year End: 7/31/2012
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.00</u>	<u>210.13</u>	<u>1/1/2013</u>
	Level H: Aids	<u>361.81</u>	<u>360.94</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 #NH13-234C FYE 7/31/2012


 Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance

Distribution:

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

Home Office: CMC II, LLC
 800 Concourse Parkway South
 Suite 200
 Maitland, FL 32751



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

LAKESIDE OAKS CARE CENTER

1061 VIRGINIA ST

DUNEDIN, FL 34698

Provider Number:

0 061140-00

Date:

2/16/2018

Fiscal Year End:

7/31/2012

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>216.78</u>	<u>215.62</u>	<u>7/1/2013</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 #NH13-234C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

CMC II, LLC

800 Concourse Parkway South

Suite 200

Maitland, FL 32751

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

LAKESIDE OAKS CARE CENTER
1061 VIRGINIA ST
DUNEDIN, FL 34698

Provider Number: 0 061140-00
Date: 2/16/2018
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>219.81</u>	<u>218.13</u>	<u>1/1/2014</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

FA & RFA #NH13-234C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

CMC II, LLC
800 Concourse Parkway South
Suite 200
Maitland, FL 32751

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

LAKESIDE OAKS CARE CENTER

1061 VIRGINIA ST

DUNEDIN, FL 34698

Provider Number:

0 061140-00

Date:

2/16/2018

Fiscal Year End:

7/31/2012

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>229.11</u>	<u>227.37</u>	<u>7/1/2014</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

FA & RFA #NH13-234C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

CMC II, LLC

800 Concourse Parkway South

Suite 200

Maitland, FL 32751

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

EXCEL REHABILITATION & HEALTH CENTER
2811 CAMPUS HILL DR
TAMPA, FL 33612

Provider Number: 0 147958-00
Date: 5/7/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
262.24 **262.08** **6/1/2015**

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

Permanent File

For Information Only

No Change in Rate

Home Office: Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956

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

EXCEL REHABILITATION & HEALTH CENTER	Provider Number:	0 147958-00
2811 CAMPUS HILL DR	Date:	5/7/2018
TAMPA, FL 33612	Fiscal Year End:	1/31/2016
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		261.11	261.95	9/1/2015

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

Basis:	
<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"/> Cost Settlement FYE 1/31/2016	

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956

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

EXCEL REHABILITATION & HEALTH CENTER
2811 CAMPUS HILL DR
TAMPA, FL 33612

Provider Number: 0 147958-00
Date: 5/7/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>261.11</u>	<u>263.41</u>	<u>2/1/2016</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:

Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956

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

EXCEL REHABILITATION & HEALTH CENTER

2811 CAMPUS HILL DR

TAMPA, FL 33612

Provider Number:

0 147958-00

Date:

5/7/2018

Fiscal Year End:

1/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

258.65

265.72

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:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956

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

EXCEL REHABILITATION & HEALTH CENTER
2811 CAMPUS HILL DR
TAMPA, FL 33612

Provider Number: 0 147958-00
Date: 5/7/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
256.75	269.85	9/1/2017

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

Cost Settlement FYE 1/31/2016

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956



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

THE TERRACE AT HOBE SOUND

9555 SE FEDERAL HWY

HOBE SOUND, FL 33455

Provider Number:

0 148040-00

Date:

5/2/2018

Fiscal Year End:

12/31/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

237.96

New
Rate

232.06

Effective
Date

7/1/2015

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

Cost Settlement FYE 12/31/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

SMJ Enterprises, LLC

480 Fentress Blvd.

Suite H

Daytona Beach, FL 32114

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

THE TERRACE AT HOBE SOUND
9555 SE FEDERAL HWY
HOBE SOUND, FL 33455

Provider Number: 0 148040-00
Date: 5/2/2018
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
230.06 226.41 9/1/2015

Rate Type:

Interim

Prospective

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

Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Cost Settlement FYE 12/31/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: SMJ Enterprises, LLC
480 Fentress Blvd.
Suite H
Daytona Beach, FL 32114

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

THE TERRACE AT HOBE SOUND
 9555 SE FEDERAL HWY
 HOBE SOUND, FL 33455

Provider Number: 0 148040-00
 Date: 5/2/2018
 Fiscal Year End: 12/31/2015
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>230.06</u>	<u>230.67</u>	<u>1/1/2016</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 12/31/2015

Distribution:

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

Home Office: SMJ Enterprises, LLC
 480 Fentress Blvd.
 Suite H
 Daytona Beach, FL 32114

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

THE TERRACE AT HOBE SOUND
9555 SE FEDERAL HWY
HOBE SOUND, FL 33455

Provider Number: 0 148040-00
Date: 5/2/2018
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
225.99 232.33 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 12/31/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: SMJ Enterprises, LLC
480 Fentress Blvd.
Suite H
Daytona Beach, FL 32114

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

THE TERRACE AT HOBE SOUND

9555 SE FEDERAL HWY

HOBE SOUND, FL 33455

Provider Number:

0 148040-00

Date:

5/2/2018

Fiscal Year End:

12/31/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

222.04

New
Rate

235.96

Effective
Date

9/1/2017

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

Cost Settlement FYE 12/31/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

SMJ Enterprises, LLC

480 Fentress Blvd.

Suite H

Daytona Beach, FL 32114

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

ADVANCED CARE CENTER

401 FAIRWOOD AVE

CLEARWATER, FL 33759

Provider Number:

0 151506-00

Date:

5/7/2018

Fiscal Year End:

1/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

254.47

254.25

7/1/2015

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

Permanent File

For Information Only

No Change in Rate

Home Office:

Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956

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

ADVANCED CARE CENTER
401 FAIRWOOD AVE
CLEARWATER, FL 33759

Provider Number: 0 151506-00
Date: 5/7/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>252.96</u>	<u>255.24</u>	<u>9/1/2015</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

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956



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

ADVANCED CARE CENTER

401 FAIRWOOD AVE

CLEARWATER, FL 33759

Provider Number:

0 151506-00

Date:

5/7/2018

Fiscal Year End:

1/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current

Rate

252.96

New

Rate

259.95

Effective

Date

2/1/2016

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

Cost Settlement FYE 1/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956

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

ADVANCED CARE CENTER

401 FAIRWOOD AVE

CLEARWATER, FL 33759

Provider Number:

0 151506-00

Date:

5/7/2018

Fiscal Year End:

1/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

250.50

265.02

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:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956

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

ADVANCED CARE CENTER
401 FAIRWOOD AVE
CLEARWATER, FL 33759

Provider Number: 0 151506-00
Date: 5/7/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
247.74	269.35	9/1/2017

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

Cost Settlement FYE 1/31/2016

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956



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

SOUTHERN OAKS CARE CENTER
600 W GREGORY ST
PENSACOLA, FL 32502-4744

Provider Number: 0 151697-00
Date: 4/27/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>221.11</u>	<u>220.96</u>	<u>7/1/2015</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 checked="" 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"/>	Cost Settlement FYE 1/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956

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

SOUTHERN OAKS CARE CENTER
600 W GREGORY ST
PENSACOLA, FL 32502-4744

Provider Number: 0 151697-00
Date: 4/27/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
220.10	223.54	9/1/2015

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

Basis:	
<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"/>	Cost Settlement FYE 1/31/2016

Distribution:

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

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>SOUTHERN OAKS CARE CENTER</u>	Provider Number:	<u>0 151697-00</u>
<u>600 W GREGORY ST</u>	Date:	<u>4/27/2018</u>
<u>PENSACOLA, FL 32502-4744</u>	Fiscal Year End:	<u>1/31/2016</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>220.10</u>	<u>229.54</u>	<u>2/1/2016</u>

Rate Type:	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" 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"/> Cost Settlement FYE 1/31/2016	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956

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

SOUTHERN OAKS CARE CENTER	Provider Number:	0 151697-00
600 W GREGORY ST	Date:	4/27/2018
PENSACOLA, FL 32502-4744	Fiscal Year End:	1/31/2016
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>219.52</u>	<u>236.34</u>	<u>9/1/2016</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:	
<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"/> Cost Settlement FYE 1/31/2016	

Distribution:


Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956


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>SOUTHERN OAKS CARE CENTER</u>	Provider Number:	<u>0 151697-00</u>
<u>600 W GREGORY ST</u>	Date:	<u>4/27/2018</u>
<u>PENSACOLA, FL 32502-4744</u>	Fiscal Year End:	<u>1/31/2016</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		217.92	241.68	9/1/2017

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 type="checkbox"/> Total Prospective with Interim Component
<input checked="" 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"/> Cost Settlement FYE 1/31/2016	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Florida Care, Inc
 368 New Hempstead Road
 #309
 New City, NY 10956

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

SOUTH CAMPUS CARE CENTER

715 E DIXIE AVE

LEESBURG, FL 34748

Provider Number:

0 151771-00

Date:

4/9/2018

Fiscal Year End:

1/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
247.15	247.74	7/1/2015

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

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956

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

SOUTH CAMPUS CARE CENTER

715 E DIXIE AVE

LEESBURG, FL 34748

Provider Number:

0 151771-00

Date:

4/9/2018

Fiscal Year End:

1/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

245.78

New
Rate

247.63

Effective
Date

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

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956



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

SOUTH CAMPUS CARE CENTER

715 E DIXIE AVE

LEESBURG, FL 34748

Provider Number:

0 151771-00

Date:

4/9/2018

Fiscal Year End:

1/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>245.78</u>	<u>250.07</u>	<u>2/1/2016</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:

Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956

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

SOUTH CAMPUS CARE CENTER

715 E DIXIE AVE

LEESBURG, FL 34748

Provider Number:

0 151771-00

Date:

4/9/2018

Fiscal Year End:

1/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

242.08

New
Rate

251.56

Effective
Date

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:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956

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

SOUTH CAMPUS CARE CENTER

715 E DIXIE AVE

LEESBURG, FL 34748

Provider Number:

0 151771-00

Date:

4/9/2018

Fiscal Year End:

1/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>240.77</u>	<u>255.95</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 1/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956

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

ST. PETERSBURG NURSING & REHABILITATION

521 ATWOOD AVE N

ST PETERSBURG, FL 33702-6810

Provider Number:

0 157223-00

Date:

5/1/2018

Fiscal Year End:

9/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

267.50

270.49

3/31/2016

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 9/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

Vizcaya Services LLC
7383 North Lincoln Avenue
Suite 100
Lincolnwood, IL 60712

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

ST. PETERSBURG NURSING & REHABILITATION
521 ATWOOD AVE N
ST PETERSBURG, FL 33702-6810

Provider Number: 0 157223-00
 Date: 5/1/2018
 Fiscal Year End: 9/30/2016
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>265.02</u>	<u>276.83</u>	<u>9/1/2016</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 9/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Vizcaya Services LLC
 7383 North Lincoln Avenue
 Suite 100
 Lincolnwood, IL 60712

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

ST. PETERSBURG NURSING & REHABILITATION

521 ATWOOD AVENUE

ST PETERSBURG, FL 33702-6810

Provider Number:

0 157223-00

Date:

5/1/2018

Fiscal Year End:

9/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

265.02

283.20

10/1/2016

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 9/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Vizcaya Services LLC
7383 North Lincoln Avenue
Suite 100
Lincolnwood, IL 60712

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

ST. PETERSBURG NURSING & REHABILITATION

521 ATWOOD AVE N

ST PETERSBURG, FL 33702-6810

Provider Number:

0 157223-00

Date:

5/1/2018

Fiscal Year End:

9/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

262.40

New
Rate

289.42

Effective
Date

9/1/2017

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

Cost Settlement FYE 9/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Vizcaya Services LLC
7383 North Lincoln Avenue
Suite 100
Lincolnwood, IL 60712

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

CLEWISTON NURSING & REHABILITATION

301 SOUTH GLORIA ST

CLEWISTON, FL 33440

Provider Number:

0 157224-00

Date:

4/19/2018

Fiscal Year End:

9/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

250.36

New
Rate

253.23

Effective
Date

3/31/2016

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 9/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

Vizcaya Services LLC
7383 North Lincoln Avenue
Suite 100
Lincolnwood, IL 60712

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

CLEWISTON NURSING & REHABILITATION

301 SOUTH GLORIA ST

CLEWISTON, FL 33440

Provider Number:

0 157224-00

Date:

4/19/2018

Fiscal Year End:

9/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

248.09

254.96

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 9/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Vizcaya Services LLC
7383 North Lincoln Avenue
Suite 100
Lincolnwood, IL 60712

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

CLEWISTON NURSING & REHABILITATION

301 SOUTH GLORIA ST

CLEWISTON, FL 33440

Provider Number:

0 157224-00

Date:

4/19/2018

Fiscal Year End:

9/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

248.09

261.38

10/1/2016

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 9/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Vizcaya Services LLC

7383 North Lincoln Avenue

Suite 100

Lincolnwood, IL 60712

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

CLEWISTON NURSING & REHABILITATION
301 SOUTH GLORIA ST
CLEWISTON, FL 33440

Provider Number: 0 157224-00
Date: 4/19/2018
Fiscal Year End: 9/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>246.65</u>	<u>266.79</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 9/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Vizcaya Services LLC
7383 North Lincoln Avenue
Suite 100
Lincolnwood, IL 60712

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

LAKELAND NURSING & REHABILITATION, LLC
1919 LAKELAND HILLS BLVD
LAKELAND, FL 33805

Provider Number: 0 157225-00
Date: 4/27/2018
Fiscal Year End: 9/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
246.63	249.41	3/31/2016

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 9/30/2016

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Vizcaya Services LLC
7383 North Lincoln Avenue
Suite 100
Lincolnwood, IL 60712



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

LAKELAND NURSING & REHABILITATION, LLC
1919 LAKELAND HILLS BLVD
LAKELAND, FL 33805

Provider Number: 0 157225-00
Date: 4/27/2018
Fiscal Year End: 9/30/2016
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>245.09</u>	<u>251.81</u>	<u>9/1/2016</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 9/30/2016

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

Vizcaya Services LLC
7383 North Lincoln Avenue
Suite 100
Lincolnwood, IL 60712



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

LAKELAND NURSING & REHABILITATION, LLC

1919 LAKELAND HILLS BLVD

LAKELAND, FL 33805

Provider Number: 0 157225-00

Date: 4/27/2018

Fiscal Year End: 9/30/2016

Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
245.09	254.57	10/1/2016

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 9/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Vizcaya Services LLC
7383 North Lincoln Avenue
Suite 100
Lincolnwood, IL 60712

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

LAKELAND NURSING & REHABILITATION, LLC

1919 LAKELAND HILLS BLVD

LAKELAND, FL 33805

Provider Number: 0 157225-00

Date: 4/27/2018

Fiscal Year End: 9/30/2016

Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>241.73</u>	<u>258.04</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 9/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Vizcaya Services LLC
7383 North Lincoln Avenue
Suite 100
Lincolnwood, IL 60712

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>COURTYARDS OF ORLANDO CARE CENTER</u>	Provider Number:	<u>0 161828-00</u>
<u>1900 MERCY DRIVE</u>	Date:	<u>5/1/2018</u>
<u>ORLANDO, FL 32808</u>	Fiscal Year End:	<u>5/31/2016</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		247.56	247.72	12/1/2015

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 checked="" 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"/> Cost Settlement FYE 5/31/2016	
 Lisa Smith Medicaid Cost Reimbursement Planning and Finance	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

COURTYARDS OF ORLANDO CARE CENTER
1900 MERCY DRIVE
ORLANDO, FL 32808

Provider Number: 0 161828-00
Date: 5/1/2018
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
247.56 **252.71** **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

Cost Settlement FYE 5/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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

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

COURTYARDS OF ORLANDO CARE CENTER
1900 MERCY DRIVE
ORLANDO, FL 32808

Provider Number: 0 161828-00
Date: 5/1/2018
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
250.83	257.16	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:

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

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

COURTYARDS OF ORLANDO CARE CENTER
1900 MERCY DRIVE
ORLANDO, FL 32808

Provider Number: 0 161828-00
Date: 5/1/2018
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
250.99	263.48	9/1/2017

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

Cost Settlement FYE 5/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

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

PARKLANDS CARE CENTER

1000 SW 16TH AVE

GAINESVILLE, FL 32601

Provider Number:

0 162068-00

Date:

4/27/2018

Fiscal Year End:

5/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

244.63

New
Rate

244.03

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

Cost Settlement FYE 5/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

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

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

PARKLANDS CARE CENTER

1000 SW 16TH AVE

GAINESVILLE, FL 32601

Provider Number:

0 162068-00

Date:

4/27/2018

Fiscal Year End:

5/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>244.63</u>	<u>247.89</u>	<u>6/1/2016</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

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

PARKLANDS CARE CENTER
1000 SW 16TH AVE
GAINESVILLE, FL 32601

Provider Number: 0 162068-00
Date: 4/27/2018
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
248.76	252.21	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

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

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

PARKLANDS CARE CENTER

1000 SW 16TH AVE

GAINESVILLE, FL 32601

Provider Number:

0 162068-00

Date:

4/27/2018

Fiscal Year End:

5/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
248.02	256.95	9/1/2017

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

Cost Settlement FYE 5/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

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

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

WILLISTON CARE CENTER
300 NW 1ST AVE
WILLISTON, FL 32696

Provider Number: 0 162077-00
Date: 4/20/2018
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
247.88 **248.03** **12/1/2015**

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

Basis:	
<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"/> Cost Settlement FYE 5/31/2016	

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

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

WILLISTON CARE CENTER

300 NW 1ST AVE

WILLISTON, FL 32696

Provider Number:

0 162077-00

Date:

4/20/2018

Fiscal Year End:

5/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

247.88

252.48

6/1/2016

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

 X Unaudited costs

 Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X Cost Settlement FYE 5/31/2016

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

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

WILLISTON CARE CENTER

300 NW 1ST AVE

WILLISTON, FL 32696

Provider Number:

0 162077-00

Date:

4/20/2018

Fiscal Year End:

5/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>250.79</u>	<u>256.09</u>	<u>9/1/2016</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:

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

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

WILLISTON CARE CENTER

300 NW 1ST AVE

WILLISTON, FL 32696

Provider Number:

0 162077-00

Date:

4/20/2018

Fiscal Year End:

5/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

248.94

258.10

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

 X Unaudited costs

 Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X Cost Settlement FYE 5/31/2016

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

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

SOLARIS HEALTHCARE BAYONET POINT
7210 BEACON WOODS DR
HUDSON, FL 34667-1974

Provider Number: 0 162218-00
Date: 5/4/2018
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
251.08	250.75	1/1/2016

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 6/30/2016

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

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



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

SOLARIS HEALTHCARE BAYONET POINT
7210 BEACON WOODS DR
HUDSON, FL 34667-1974

Provider Number: 0 162218-00
Date: 5/4/2018
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
251.08	251.25	7/1/2016

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 6/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

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

SOLARIS HEALTHCARE BAYONET POINT
7210 BEACON WOODS DR
HUDSON, FL 34667-1974

Provider Number: 0 162218-00
Date: 5/4/2018
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>251.82</u>	<u>255.87</u>	<u>9/1/2016</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 6/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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

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

SOLARIS HEALTHCARE LAKE CITY
560 SW MCFARLANE AVE
LAKE CITY, FL 32025

Provider Number: 0 162224-00
Date: 4/26/2018
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
247.98	248.61	1/1/2016

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 6/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

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

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

SOLARIS HEALTHCARE LAKE CITY
 560 SW MCFARLANE AVE
 LAKE CITY, FL 32025

Provider Number: 0 162224-00
 Date: 4/26/2018
 Fiscal Year End: 6/30/2016
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
247.98	248.94	7/1/2016

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 6/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

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

SOLARIS HEALTHCARE LAKE CITY
560 SW MCFARLANE AVE
LAKE CITY, FL 32025

Provider Number: 0 162224-00
Date: 4/26/2018
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>245.76</u>	<u>252.92</u>	<u>9/1/2016</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 6/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

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

UNIVERSITY CROSSING
6210 BEACH BLVD
JACKSONVILLE, FL 32216

Provider Number: 0 169599-00
Date: 4/27/2018
Fiscal Year End: 11/13/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
222.81	223.97	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

Cost Settlement FYE 11/13/2016

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



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

UNIVERSITY CROSSING
6210 BEACH BLVD
JACKSONVILLE, FL 32216

Provider Number: 0 169599-00
Date: 4/27/2018
Fiscal Year End: 11/13/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
222.87 **226.86** **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 11/13/2016

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

____ For Information Only

____ No Change in Rate

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

UNIVERSITY CROSSING
6210 BEACH BLVD
JACKSONVILLE, FL 32216

Provider Number: 0 169599-00
Date: 4/27/2018
Fiscal Year End: 11/13/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 222.87
New Rate: 234.26
Effective Date: 11/14/2016

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 11/13/2016

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

UNIVERSITY CROSSING
6210 BEACH BLVD
JACKSONVILLE, FL 32216

Provider Number: 0 169599-00
Date: 4/27/2018
Fiscal Year End: 11/13/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
220.22 **236.34** **9/1/2017**

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

Cost Settlement FYE 11/13/2016

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



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>BUFFALO CROSSING HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 215017-00</u>
<u>3875 WEDGEWOOD LANE</u>	Date:	<u>4/26/2018</u>
<u>THE VILLAGES, FL 32162</u>	Fiscal Year End:	<u>2/28/2018</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>
Nursing Home	Single Level	<u>0.00</u>	<u>219.73</u>	<u>6/26/2017</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:	
<input checked="" type="checkbox"/> Budget	
<input type="checkbox"/> Unaudited costs	
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> New Facility effective 6/26/2017	

Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: KR Management, LLC
 20001 Gulf Boulevard
 Suite 10
 Indian Shores, FL 33785



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

BUFFALO CROSSING HEALTH AND REHABILITATION CENTER
3875 WEDGEWOOD LANE
THE VILLAGES, FL 32162

Provider Number: 0 215017-00
Date: 4/26/2018
Fiscal Year End: 2/28/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
0.00	223.58	9/1/2017

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
 New Facility effective 6/26/2017

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: KR Management, LLC
20001 Gulf Boulevard
Suite 10
Indian Shores, FL 33785

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

REGENTS PARK AT AVENTURA
18905 NE 25TH AVE
AVENTURA, FL 33180

Provider Number: 0 223239-00
Date: 5/1/2018
Fiscal Year End: 8/31/2010
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>212.77</u>	<u>213.47</u>	<u>7/1/2011</u>
<u>358.97</u>	<u>359.67</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 #NH13-172G FYE 8/31/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Stirling LTC, Corp
2699 Stirling Road
Suite B100
Ft. Lauderdale, FL 33180

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

REGENTS PARK AT AVENTURA

18905 NE 25TH AVE

AVENTURA, FL 33180

Provider Number:

0 223239-00

Date:

5/1/2018

Fiscal Year End:

8/31/2010

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>214.74</u>	<u>215.46</u>	<u>1/1/2012</u>
<u>362.35</u>	<u>363.07</u>	<u>1/1/2012</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 #NH13-172G FYE 8/31/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Stirling LTC, Corp
2699 Stirling Road
Suite B100
Ft. Lauderdale, FL 33180

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

FAIRWAY OAKS CENTER	Provider Number:	0 260690-00
13806 N 46TH ST	Date:	12/8/2017
TAMPA, FL 33613	Fiscal Year End:	12/31/2013
	Audit Status:	Field Audited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>245.99</u>	<u>245.91</u>	<u>7/1/2014</u>

Rate Type:

Interim	<input type="checkbox"/>	<u> </u>	Total Interim	X	Prospective	<u> </u>	Total Prospective
		<u> </u>	Interim Component			X	Total Prospective with Interim Component
		<u> </u>	Settlement based on cost				
		<u> </u>	Prior Provider Prospective data				

Basis:

<input type="checkbox"/>	Budget
<input type="checkbox"/>	Unaudited costs
X	Field audited costs
<input type="checkbox"/>	Desk audited costs

Changes:

<input type="checkbox"/>	Rate Semester Change
X	Field Audit #NH14-078C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: OPIS Management Resources, LLC
 10150 Highland Manor Drive
 Suite 300
 Tampa, FL 33610

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

FAIRWAY OAKS CENTER

13806 N 46TH ST

TAMPA, FL 33613

Provider Number:

0 260690-00

Date:

12/8/2017

Fiscal Year End:

12/31/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>250.31</u>	<u>250.22</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

Field Audit #NH14-078C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: OPIS Management Resources, LLC
 10150 Highland Manor Drive
 Suite 300
 Tampa, FL 33610

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

FAIRWAY OAKS CENTER
13806 N 46TH ST
TAMPA, FL 33613

Provider Number: 0 260690-00
Date: 12/8/2017
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
249.11	248.73	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

Field Audit #NH14-078C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: OPIS Management Resources, LLC
10150 Highland Manor Drive
Suite 300
Tampa, FL 33610

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

FAIRWAY OAKS CENTER

13806 N 46TH ST

TAMPA, FL 33613

Provider Number:

0 260690-00

Date:

12/8/2017

Fiscal Year End:

12/31/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

233.10

233.11

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

Effects of Field Audit #NH14-078C FYE
12/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

OPIS Management Resources, LLC

10150 Highland Manor Drive

Suite 300

Tampa, FL 33610

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

FAIRWAY OAKS CENTER
13806 N 46TH ST
TAMPA, FL 33613

Provider Number: 0 260690-00
Date: 12/8/2017
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
237.43	237.44	9/1/2017

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

Effects of Field Audit #NH14-078C FYE
12/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: OPIS Management Resources, LLC
10150 Highland Manor Drive
Suite 300
Tampa, FL 33610

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance