



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

**MEMORANDUM**

**Date:** May 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.	NuVista Living at Hillsborough Lakes	0 041324-00	CS	13
2.	Shore Acres Care Center	0 151667-00	CS	5
3.	Glades West Rehabilitation and Nursing Center	0 153181-00	CS	7
4.	Terraces of Lake Worth Care Center	0 162074-00	CS	4
5.	Solaris Healthcare Imperial	0 162222-00	CS	3
6.	Eagle Lake Nursing and Rehab Care Center	0 168944-00	CS	4
7.	Crossbreeze Care Center	0 182821-00	CS	4
8.	Cross Gardens Care Center	0 182824-00	CS	4
9.	Life Care Center of Port St. Lucie	0 204305-00	RP CHOP/CHOW	2
10.	Edgewater at Waterman Village	0 210684-00	FA	5
11.	Gainesville Health Care Center	0 213862-00	CS	6
12.	Springtree Rehabilitation and Health Care Center	0 225631-00	FA & RFA	11
13.	North Beach Rehabilitation Center	0 228001-00	Change to FRVS	3
14.	Cross Shores Care Center	0 232920-00	CS	3
			<b>TOTAL:</b>	74

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



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)		
004132400	20110928	218.88	365.08	218.88	218.88	83600-18	
004132400	20120101	220.70	368.31	220.70	220.70	83600-18	
004132400	20120701	228.91	378.12	228.91	228.91	83600-18	
004132400	20120928	226.94	376.15	226.94	226.94	83600-18	
004132400	20130101	229.74	380.55	229.74	229.74	83600-18	
004132400	20130328	229.74	380.55	229.74	229.74	83600-18	
004132400	20130701	235.52	0.00	235.52	235.52	83600-18	
004132400	20140101	244.25	0.00	244.25	244.25	83600-18	
004132400	20140701	236.99	0.00	236.99	236.99	83600-18	
004132400	20150101	242.89	0.00	242.89	242.89	83600-18	
004132400	20150901	245.86	0.00	245.86	245.86	83600-18	
004132400	20160901	248.36	0.00	248.36	248.36	83600-18	
004132400	20170901	251.87	0.00	251.87	251.87	83600-18	
015166700	20150701	251.14	0.00	251.14	251.14	83600-18	
015166700	20150901	250.67	0.00	250.67	250.67	83600-18	
015166700	20160201	255.72	0.00	255.72	255.72	83600-18	
015166700	20160901	258.75	0.00	258.75	258.75	83600-18	
015166700	20170901	263.79	0.00	263.79	263.79	83600-18	
015318100	20150720	244.76	0.00	244.76	244.76	83600-18	
015318100	20150901	251.85	0.00	251.85	251.85	83600-18	
015318100	20160714	249.90	0.00	249.90	249.90	83600-18	
015318100	20160901	255.65	0.00	255.65	255.65	83600-18	
015318100	20170101	255.65	0.00	255.65	255.65	83600-18	
015318100	20170114	255.65	0.00	255.65	255.65	83600-18	
015318100	20170901	265.71	0.00	265.71	265.71	83600-18	
016207400	20151201	289.26	0.00	289.26	289.26	83600-18	
016207400	20160601	295.77	0.00	295.77	295.77	83600-18	
016207400	20160901	304.03	0.00	304.03	304.03	83600-18	
016207400	20170901	310.05	0.00	310.05	310.05	83600-18	
016222200	20160101	254.17	0.00	254.17	254.17	83600-18	
016222200	20160701	254.17	0.00	254.17	254.17	83600-18	
016222200	20160901	259.22	0.00	259.22	259.22	83600-18	
016894400	20160407	257.88	0.00	257.88	257.88	83600-18	
016894400	20160901	257.98	0.00	257.98	257.98	83600-18	
016894400	20170901	254.58	0.00	254.58	254.58	83600-18	
016894400	20171001	267.89	0.00	267.89	267.89	83600-18	
018282100	20160828	256.29	0.00	256.29	256.29	83600-18	
018282100	20160901	257.63	0.00	257.63	257.63	83600-18	
018282100	20170301	264.06	0.00	264.06	264.06	83600-18	
018282100	20170901	268.62	0.00	268.62	268.62	83600-18	
018282400	20160828	268.21	0.00	268.21	268.21	83600-18	
018282400	20160901	268.58	0.00	268.58	268.58	83600-18	
018282400	20170301	274.80	0.00	274.80	274.80	83600-18	
018282400	20170901	278.08	0.00	278.08	278.08	83600-18	
020430500	20170601	241.69	0.00	241.69	241.69	83600-18	
020430500	20170901	252.86	0.00	252.86	252.86	83600-18	
021068400	20140701	237.63	0.00	237.63	237.63	83600-18	NH14-113W
021068400	20150101	241.97	0.00	241.97	241.97	83600-18	NH14-113W
021068400	20150901	241.18	0.00	241.18	241.18	83600-18	NH14-113W
021068400	20160901	238.23	0.00	238.23	238.23	83600-18	NH14-113W
021068400	20170901	249.25	0.00	249.25	249.25	83600-18	NH14-113W
021386200	20160607	247.57	0.00	247.57	247.57	83600-18	
021386200	20160901	249.17	0.00	249.17	249.17	83600-18	
021386200	20170101	255.31	0.00	255.31	255.31	83600-18	
021386200	20170607	253.16	0.00	253.16	253.16	83600-18	
021386200	20170901	256.68	0.00	256.68	256.68	83600-18	
021386200	20171207	256.68	0.00	256.68	256.68	83600-18	
022563100	20110701	204.02	350.22	204.02	204.02	83600-18	NH13-142L
022563100	20120101	205.36	352.97	205.36	205.36	83600-18	NH13-142L
022563100	20120701	208.38	357.59	208.38	208.38	83600-18	NH13-142L
022563100	20130101	210.80	361.61	210.80	210.80	83600-18	NH13-142L
022563100	20130701	214.78	0.00	214.78	214.78	83600-18	NH13-142L
022563100	20140101	211.36	0.00	211.36	211.36	83600-18	NH13-142L
022563100	20140701	219.60	0.00	219.60	219.60	83600-18	NH13-142L
022563100	20150101	224.05	0.00	224.05	224.05	83600-18	NH13-142L
022563100	20150901	222.33	0.00	222.33	222.33	83600-18	NH13-142L
022563100	20160901	225.66	0.00	225.66	225.66	83600-18	NH13-142L
022563100	20170901	233.98	0.00	233.98	233.98	83600-18	NH13-142L
022800100	20160401	279.41	0.00	279.41	279.41	83600-18	
022800100	20160901	283.05	0.00	283.05	283.05	83600-18	
022800100	20170901	276.87	0.00	276.87	276.87	83600-18	
023292000	20170401	235.97	0.00	235.97	235.97	83600-18	
023292000	20170901	241.85	0.00	241.85	241.85	83600-18	
023292000	20171001	247.18	0.00	247.18	247.18	83600-18	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

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**Medicaid Reimbursement Per Diem Rates**

<u>NUVISTA LIVING AT HILLSBOROUGH LAKES</u>	Provider Number:	<u>0 041324-00</u>
<u>19091 N DALE MABRY HWY</u>	Date:	<u>12/28/2017</u>
<u>LUTZ, FL 33548</u>	Fiscal Year End:	<u>12/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>232.66</u></b>	<b><u>218.88</u></b>	<b><u>9/28/2011</u></b>
	<b>Level H: Aids</b>	<b><u>378.86</u></b>	<b><u>365.08</u></b>	<b><u>9/28/2011</u></b>

<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	

**Basis:**

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

**Changes:**

_____	Rate Semester Change
<input checked="" type="checkbox"/>	Cost Settlement FYE 12/31/2014

**Distribution:**

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Home Office:  No Home Office

**Lisa Smith**

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NUVISTA LIVING AT HILLSBOROUGH LAKES	Provider Number:	0 041324-00
19091 N DALE MABRY HWY	Date:	12/28/2017
LUTZ, FL 33548	Fiscal Year End:	12/31/2014
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>234.54</u></b>	<b><u>220.70</u></b>	<b><u>1/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>382.15</u></b>	<b><u>368.31</u></b>	<b><u>1/1/2012</u></b>

<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>	<b>Changes:</b>
_____ Budget	_____ Rate Semester Change
<input checked="" type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Cost Settlement FYE 12/31/2014
_____ Field audited costs	
_____ Desk audited costs	

**Distribution:**

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

Home Office:      No Home Office

*LS*  
**Lisa Smith**

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NUVISTA LIVING AT HILLSBOROUGH LAKES	Provider Number:	0 041324-00
19091 N DALE MABRY HWY	Date:	12/28/2017
LUTZ, FL 33548	Fiscal Year End:	12/31/2014
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b>243.32</b>	<b>228.91</b>	<b>7/1/2012</b>
	<b>Level H: Aids</b>	<b>392.53</b>	<b>378.12</b>	<b>7/1/2012</b>

<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 checked="" 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"/>	Cost Settlement FYE 12/31/2014

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**Medicaid Reimbursement Per Diem Rates**

NUVISTA LIVING AT HILLSBOROUGH LAKES  
19091 N DALE MABRY HWY  
LUTZ, FL 33548

Provider Number: 0 041324-00  
Date: 12/28/2017  
Fiscal Year End: 12/31/2014  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>241.37</u>	<u>226.94</u>	<u>9/28/2012</u>
	Level H: Aids	<u>390.58</u>	<u>376.15</u>	<u>9/28/2012</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

Cost Settlement FYE 12/31/2014

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**Lisa Smith**

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<u>NUVISTA LIVING AT HILLSBOROUGH LAKES</u>	Provider Number:	<u>0 041324-00</u>
<u>19091 N DALE MABRY HWY</u>	Date:	<u>12/28/2017</u>
<u>LUTZ, FL 33548</u>	Fiscal Year End:	<u>12/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>242.72</u></b>	<b><u>229.74</u></b>	<b><u>1/1/2013</u></b>
	<b>Level H: Aids</b>	<b><u>393.53</u></b>	<b><u>380.55</u></b>	<b><u>1/1/2013</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 12/31/2014

**Distribution:**

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Home Office:      No Home Office

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**Medicaid Reimbursement Per Diem Rates**

<u>NUVISTA LIVING AT HILLSBOROUGH LAKES</u>	Provider Number:	<u>0 041324-00</u>
<u>19091 N DALE MABRY HWY</u>	Date:	<u>12/28/2017</u>
<u>LUTZ, FL 33548</u>	Fiscal Year End:	<u>12/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>242.72</u></b>	<b><u>229.74</u></b>	<b><u>3/28/2013</u></b>
	<b>Level H: Aids</b>	<b><u>393.53</u></b>	<b><u>380.55</u></b>	<b><u>3/28/2013</u></b>

<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	

**Basis:**

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

**Changes:**

_____	Rate Semester Change
<input checked="" type="checkbox"/>	Cost Settlement FYE 12/31/2014

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NUVISTA LIVING AT HILLSBOROUGH LAKES	Provider Number:	0 041324-00
19091 N DALE MABRY HWY	Date:	12/28/2017
LUTZ, FL 33548	Fiscal Year End:	12/31/2014
	Audit Status:	Unaudited

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	Current Rate	New Rate	Effective Date
		<u>247.75</u>	<u>235.52</u>	<u>7/1/2013</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>	
_____ Budget	
<input checked="" type="checkbox"/> Unaudited costs	
_____ Field audited costs	
_____ Desk audited costs	

<b>Changes:</b>	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> Cost Settlement FYE 12/31/2014	

**Distribution:**


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Permanent File

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

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Home Office:      No Home Office

 **Lisa Smith**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

NUVISTA LIVING AT HILLSBOROUGH LAKES

19091 N DALE MABRY HWY

LUTZ, FL 33548

Provider Number:

0 041324-00

Date:

12/28/2017

Fiscal Year End:

12/31/2014

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

New  
Rate

Effective  
Date

246.73

244.25

1/1/2014

**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 12/31/2014

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**Medicaid Reimbursement Per Diem Rates**

NUVISTA LIVING AT HILLSBOROUGH LAKES  
19091 N DALE MABRY HWY  
LUTZ, FL 33548

Provider Number: 0 041324-00  
Date: 12/28/2017  
Fiscal Year End: 12/31/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
237.34	236.99	7/1/2014

**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 12/31/2014

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**Medicaid Reimbursement Per Diem Rates**

NUVISTA LIVING AT HILLSBOROUGH LAKES

19091 N DALE MABRY HWY

LUTZ, FL 33548

Provider Number:

0 041324-00

Date:

12/28/2017

Fiscal Year End:

12/31/2014

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>239.28</b>	<b>242.89</b>	<b>1/1/2015</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 12/31/2014

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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**Medicaid Reimbursement Per Diem Rates**

<u>NUVISTA LIVING AT HILLSBOROUGH LAKES</u>	Provider Number:	<u>0 041324-00</u>
<u>19091 N DALE MABRY HWY</u>	Date:	<u>12/28/2017</u>
<u>LUTZ, FL 33548</u>	Fiscal Year End:	<u>12/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

**Nursing Home    Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>234.23</u></b>	<b><u>245.86</u></b>	<b><u>9/1/2015</u></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 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 12/31/2014

**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**

NUVISTA LIVING AT HILLSBOROUGH LAKES  
19091 N DALE MABRY HWY  
LUTZ, FL 33548

Provider Number: 0 041324-00  
Date: 12/28/2017  
Fiscal Year End: 12/31/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>231.47</b>	<b>248.36</b>	<b>9/1/2016</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 12/31/2014

**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>NUVISTA LIVING AT HILLSBOROUGH LAKES</u>	Provider Number:	<u>0 041324-00</u>
<u>19091 N DALE MABRY HWY</u>	Date:	<u>12/28/2017</u>
<u>LUTZ, FL 33548</u>	Fiscal Year End:	<u>12/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>229.26</b>	<b>251.87</b>	<b>9/1/2017</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 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 12/31/2014

**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

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SHORE ACRES CARE CENTER  
4500 INDIANAPOLIS ST NE  
SAINT PETERSBURG, FL 33703

Provider Number: 0 151667-00  
Date: 5/11/2018  
Fiscal Year End: 1/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>251.12</u>	<u>251.14</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"/>	Interim Component
<input checked="" type="checkbox"/>	Settlement based on cost
<input type="checkbox"/>	Prior Provider Prospective data
<input type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Total Prospective with Interim Component

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	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

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





**Medicaid Reimbursement Per Diem Rates**

SHORE ACRES CARE CENTER  
4500 INDIANAPOLIS ST NE  
SAINT PETERSBURG, FL 33703

Provider Number: 0 151667-00  
Date: 5/11/2018  
Fiscal Year End: 1/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>248.97</u>	<u>250.67</u>	<u>9/1/2015</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

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SHORE ACRES CARE CENTER  
4500 INDIANAPOLIS ST NE  
SAINT PETERSBURG, FL 33703

Provider Number: 0 151667-00  
Date: 5/11/2018  
Fiscal Year End: 1/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
248.97    255.72    2/1/2016

**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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**Lisa Smith**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>SHORE ACRES CARE CENTER</u>	Provider Number:	<u>0 151667-00</u>
<u>4500 INDIANAPOLIS ST NE</u>	Date:	<u>5/11/2018</u>
<u>SAINT PETERSBURG, FL 33703</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>
<b><u>245.47</u></b>	<b><u>258.75</u></b>	<b><u>9/1/2016</u></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 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:**

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**Medicaid Reimbursement Per Diem Rates**

SHORE ACRES CARE CENTER

4500 INDIANAPOLIS ST NE

SAINT PETERSBURG, FL 33703

Provider Number:

0 151667-00

Date:

5/11/2018

Fiscal Year End:

1/31/2016

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>243.63</u>	<u>263.79</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 1/31/2016

**Distribution:**

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Permanent File

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Home Office:

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New City, NY 10956

**Lisa Smith**

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GLADES WEST REHABILITATION AND NURSING CENTER  
15955 BASS CREEK ROAD  
MIRAMAR, FL 33027

Provider Number: 0 153181-00  
Date: 5/16/2018  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>250.22</u>	<u>244.76</u>	<u>7/20/2015</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 12/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

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

Home Office:    No Home Office

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**Medicaid Reimbursement Per Diem Rates**

GLADES WEST REHABILITATION AND NURSING CENTER  
15955 BASS CREEK ROAD  
MIRAMAR, FL 33027

Provider Number: 0 153181-00  
Date: 5/16/2018  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>254.01</b>	<b>251.85</b>	<b>9/1/2015</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 12/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

Home Office:

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

GLADES WEST REHABILITATION AND NURSING CENTER  
15955 BASS CREEK ROAD  
MIRAMAR, FL 33027

Provider Number: 0 153181-00  
Date: 5/16/2018  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>254.01</b>	<b>249.90</b>	<b>7/14/2016</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 12/31/2016

**Distribution:**

Contract Management / Fiscal Agent

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

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

Home Office:

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

GLADES WEST REHABILITATION AND NURSING CENTER  
 15955 BASS CREEK ROAD  
 MIRAMAR, FL 33027

Provider Number: 0 153181-00  
 Date: 5/16/2018  
 Fiscal Year End: 12/31/2016  
 Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>251.59</b>	<b>255.65</b>	<b>9/1/2016</b>

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

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

Changes:	
_____	Rate Semester Change
<input checked="" type="checkbox"/>	Cost Settlement FYE 12/31/2016

**Distribution:**

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

Home Office:    No Home Office

**Lisa Smith**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>GLADES WEST REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 153181-00</u>
<u>15955 BASS CREEK ROAD</u>	Date:	<u>5/16/2018</u>
<u>MIRAMAR, FL 33027</u>	Fiscal Year End:	<u>12/31/2016</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>	<b><u>251.59</u></b>	<b><u>255.65</u></b>	<b><u>1/1/2017</u></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 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 12/31/2016

**Distribution:**

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office:  No Home Office

**Lisa Smith**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

GLADES WEST REHABILITATION AND NURSING CENTER  
15955 BASS CREEK ROAD  
MIRAMAR, FL 33027

Provider Number: 0 153181-00  
Date: 5/16/2018  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate	New Rate	Effective Date
<b>251.59</b>	<b>255.65</b>	<b>1/14/2017</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

Cost Settlement FYE 12/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

**Lisa Smith**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

GLADES WEST REHABILITATION AND NURSING CENTER  
15955 BASS CREEK ROAD  
MIRAMAR, FL 33027

Provider Number: 0 153181-00  
Date: 5/16/2018  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current    New    Effective  
Rate    Rate    Date  
**254.32    265.71    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 12/31/2016

**Distribution:**

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

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Lisa Smith

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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: 5/8/2018  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **289.22**    New Rate: **289.26**    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:**

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

Home Office:

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Montebello, NY 10901

**Lisa Smith**  
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**Medicaid Reimbursement Per Diem Rates**

TERRACES OF LAKE WORTH CARE CENTER  
1711 6TH AVENUE SOUTH  
LAKE WORTH, FL 33460

Provider Number: 0 162074-00  
Date: 5/8/2018  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
289.22    295.77    6/1/2016

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 5/31/2016	

**Distribution:**

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 No Change in Rate

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance



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**Medicaid Reimbursement Per Diem Rates**

TERRACES OF LAKE WORTH CARE CENTER  
1711 6TH AVENUE SOUTH  
LAKE WORTH, FL 33460

Provider Number: 0 162074-00  
Date: 5/8/2018  
Fiscal Year End: 5/31/2016  
Audit Status: Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b>295.19</b>	<b>304.03</b>	<b>9/1/2016</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

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

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Montebello, NY 10901



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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:

5/8/2018

Fiscal Year End:

5/31/2016

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>291.72</u>	<u>310.05</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:**

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE IMPERIAL  
900 IMPERIAL GOLF COURSE BLVD  
NAPLES, FL 34110

Provider Number: 0 162222-00  
Date: 5/8/2018  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home Single Level

Current Rate: 253.97  
New Rate: 254.17  
Effective Date: 1/1/2016

Rate Type: Interim (checked), Prospective, Total Interim, Interim Component, Settlement based on cost (checked), Prior Provider Prospective data, Total Prospective, Total Prospective with Interim Component

Basis: Budget, Unaudited costs (checked), Field audited costs, Desk audited costs

Changes: Rate Semester Change, Cost Settlement FYE 6/30/2016 (checked)

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

Lisa Smith, Medicaid Cost Reimbursement Planning and Finance

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 IMPERIAL  
900 IMPERIAL GOLF COURSE BLVD  
NAPLES, FL 34110

Provider Number: 0 162222-00  
Date: 5/8/2018  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
253.97	254.17	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

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No Change in Rate

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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

SOLARIS HEALTHCARE IMPERIAL  
900 IMPERIAL GOLF COURSE BLVD  
NAPLES, FL 34110

Provider Number: 0 162222-00  
Date: 5/8/2018  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
253.35	259.22	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 6/30/2016

**Distribution:**

Contract Management / Fiscal Agent

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

EAGLE LAKE NURSING AND REHAB CARE CENTER

1100 66TH ST N

ST PETERSBURG, FL 33710-6224

Provider Number:

0 168944-00

Date:

5/17/2018

Fiscal Year End:

9/30/2017

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>260.74</b>	<b>257.88</b>	<b>4/7/2016</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 9/30/2017

**Distribution:**

Contract Management / Fiscal Agent

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**Lisa Smith**

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**Medicaid Reimbursement Per Diem Rates**

EAGLE LAKE NURSING AND REHAB CARE CENTER  
1100 66TH ST N  
ST PETERSBURG, FL 33710-6224

Provider Number: 0 168944-00  
Date: 5/17/2018  
Fiscal Year End: 9/30/2017  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
266.96	257.98	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 9/30/2017

**Distribution:**

Contract Management / Fiscal Agent

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2727 Mahan Drive - Mail Stop 23

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**Medicaid Reimbursement Per Diem Rates**

EAGLE LAKE NURSING AND REHAB CARE CENTER  
1100 66TH ST N  
ST PETERSBURG, FL 33710-6224

Provider Number: 0 168944-00  
Date: 5/17/2018  
Fiscal Year End: 9/30/2017  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>264.37</u>	<u>254.58</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 9/30/2017

**Distribution:**

Contract Management / Fiscal Agent  
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Home Office: Symmetry Healthcare Management LLC  
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**Medicaid Reimbursement Per Diem Rates**

EAGLE LAKE NURSING AND REHAB CARE CENTER  
1100 66TH ST N  
ST PETERSBURG, FL 33710-6224

Provider Number: 0 168944-00  
Date: 5/17/2018  
Fiscal Year End: 9/30/2017  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
264.37	267.89	10/1/2017

**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 9/30/2017

**Distribution:**

Contract Management / Fiscal Agent

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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CROSSBREEZE CARE CENTER  
 1755 18TH ST  
 SARASOTA, FL 34234

Provider Number: 0 182821-00  
 Date: 5/15/2018  
 Fiscal Year End: 2/28/2017  
 Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>263.49</u>	<u>256.29</u>	<u>8/28/2016</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 2/28/2017

**Distribution:**

Contract Management / Fiscal Agent

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

Home Office:

No Home Office

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 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**

CROSSBREEZE CARE CENTER

1755 18TH ST

SARASOTA, FL 34234

Provider Number:

0 182821-00

Date:

5/15/2018

Fiscal Year End:

2/28/2017

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>205.01</u>	<u>257.63</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 2/28/2017

**Distribution:**

Contract Management / Fiscal Agent

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

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

Home Office:    No Home Office

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Medicaid Reimbursement Per Diem Rates

CROSSBREEZE CARE CENTER  
1755 18TH ST  
SARASOTA, FL 34234

Provider Number: 0 182821-00  
Date: 5/15/2018  
Fiscal Year End: 2/28/2017  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>205.01</u>	<u>264.06</u>	<u>3/1/2017</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 2/28/2017

**Distribution:**

Contract Management / Fiscal Agent

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CROSSBREEZE CARE CENTER

1755 18TH ST

SARASOTA, FL 34234

Provider Number:

0 182821-00

Date:

5/15/2018

Fiscal Year End:

2/28/2017

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>209.62</b>	<b>268.62</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

Cost Settlement FYE 2/28/2017

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

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

Home Office:

No Home Office

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Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 0 182824-00  
Date: 5/16/2018  
Fiscal Year End: 2/28/2017  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
275.48	268.21	8/28/2016

**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 2/28/2017

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

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

Home Office:

No Home Office

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Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 0 182824-00  
Date: 5/16/2018  
Fiscal Year End: 2/28/2017  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>221.04</b>	<b>268.58</b>	<b>9/1/2016</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 2/28/2017

**Distribution:**

Contract Management / Fiscal Agent

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

Home Office:

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CROSS GARDENS CARE CENTER	Provider Number:	0 182824-00
190 NE 191ST STREET	Date:	5/16/2018
MIAMI, FL 33179	Fiscal Year End:	2/28/2017
	Audit Status:	Unaudited

**Provider Type:**

**Nursing Home    Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>221.04</b>	<b>274.80</b>	<b>3/1/2017</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:**

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

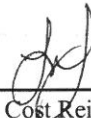
**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 2/28/2017

**Distribution:**

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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

CROSS GARDENS CARE CENTER

190 NE 191ST STREET

MIAMI, FL 33179

Provider Number:

0 182824-00

Date:

5/16/2018

Fiscal Year End:

2/28/2017

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

224.53

New  
Rate

278.08

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 2/28/2017

**Distribution:**

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

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**Medicaid Reimbursement Per Diem Rates**

LIFE CARE CENTER OF PORT ST. LUCIE

3720 SE JENNINGS RD

PORT ST LUCIE, FL 34952-7701

Provider Number:

0 204305-00

Date:

4/30/2018

Fiscal Year End:

12/31/2015

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

New  
Rate

Effective  
Date

241.69

241.69

6/1/2017

**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

RP CHOP/CHOW effective 06/01/2017

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

LIFE CARE CENTER OF PORT ST. LUCIE  
3720 SE JENNINGS RD  
PORT ST LUCIE, FL 34952-7701

Provider Number: 0 204305-00  
Date: 4/30/2018  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>252.86</u>	<u>252.86</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

RP CHOP/CHOW effective 06/01/2017

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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**Medicaid Reimbursement Per Diem Rates**

EDGEWATER AT WATERMAN VILLAGE  
300 BROOKFIELD AVE  
MOUNT DORA, FL 32757-9562

Provider Number: 0 210684-00  
Date: 3/21/2018  
Fiscal Year End: 9/30/2013  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>237.34</u>	<u>237.63</u>	<u>7/1/2014</u>

**Rate Type:**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ X _____ 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 #NH14-113W FYE 9/30/2013

**Distribution:**

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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**

EDGEWATER AT WATERMAN VILLAGE  
 300 BROOKFIELD AVE  
 MOUNT DORA, FL 32757-9562

Provider Number: 0 210684-00  
 Date: 3/21/2018  
 Fiscal Year End: 9/30/2013  
 Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>241.67</u>	<u>241.97</u>	<u>1/1/2015</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Field Audit #NH14-113W FYE 9/30/2013

**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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**Medicaid Reimbursement Per Diem Rates**

EDGEWATER AT WATERMAN VILLAGE  
300 BROOKFIELD AVE  
MOUNT DORA, FL 32757-9562

Provider Number: 0 210684-00  
Date: 3/21/2018  
Fiscal Year End: 9/30/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<b>240.26</b>	<b>241.18</b>	<b>9/1/2015</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

Effects of Field Audit #NH14-113W FYE 9/30/2013

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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**Medicaid Reimbursement Per Diem Rates**

EDGEWATER AT WATERMAN VILLAGE  
300 BROOKFIELD AVE  
MOUNT DORA, FL 32757-9562

Provider Number: 0 210684-00  
Date: 3/21/2018  
Fiscal Year End: 9/30/2015  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>237.31</u>	<u>238.23</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

Effects of Field Audit #NH14-113W FYE 9/30/2013

**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

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

EDGEWATER AT WATERMAN VILLAGE  
300 BROOKFIELD AVE  
MOUNT DORA, FL 32757-9562

Provider Number: 0 210684-00  
Date: 3/21/2018  
Fiscal Year End: 9/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**248.33**    **249.25**    **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 #NH14-113W FYE 9/30/2013

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

**Lisa Smith**

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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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:

5/18/2018

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<u>244.57</u>	<u>247.57</u>	<u>6/7/2016</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 12/31/2016

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

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

Home Office:

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: 5/18/2018  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current    New    Effective  
Rate    Rate    Date  
243.27    249.17    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 12/31/2016

**Distribution:**

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

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**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance



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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:

5/18/2018

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
243.27	255.31	1/1/2017

**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 12/31/2016

**Distribution:**

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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: 5/18/2018  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    **Single Level**

Current      New      Effective  
Rate      Rate      Date  
**243.27      253.16      6/7/2017**

**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 12/31/2016

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 213862-00  
Date: 5/18/2018  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<u>239.53</u>	<u>256.68</u>	<u>9/1/2017</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 12/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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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: 5/18/2018  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current    New    Effective  
Rate    Rate    Date  
**239.53    256.68    12/7/2017**

**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 12/31/2016

**Distribution:**

Contract Management / Fiscal Agent

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**Medicaid Reimbursement Per Diem Rates**

SPRINGTREE REHABILITATION & HEALTH CARE CENTER  
4251 SPRINGTREE DRIVE  
SUNRISE, FL 33351-6119

Provider Number: 0 225631-00  
Date: 11/15/2017  
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>207.27</u>	<u>204.02</u>	<u>7/1/2011</u>
<u>353.47</u>	<u>350.22</u>	<u>7/1/2011</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-142L FYE 8/31/2010	

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No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

SPRINGTREE REHABILITATION & HEALTH CARE CENTER  
4251 SPRINGTREE DRIVE  
SUNRISE, FL 33351-6119

Provider Number: 0 225631-00  
Date: 11/15/2017  
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>208.62</u>	<u>205.36</u>	<u>1/1/2012</u>
<u>356.23</u>	<u>352.97</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 #NH13-142L FYE 8/31/2010

**Distribution:**

Contract Management / Fiscal Agent

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SPRINGTREE REHABILITATION & HEALTH CARE CENTER  
4251 SPRINGTREE DRIVE  
SUNRISE, FL 33351-6119

Provider Number: 0 225631-00  
Date: 11/15/2017  
Fiscal Year End: 8/31/2011  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>212.32</b>	<b>208.38</b>	<b>7/1/2012</b>
	Level H: Aids	<b>361.53</b>	<b>357.59</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

Effects of FA & RFA #NH13-142L FYE 8/31/2010

**Distribution:**

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 No Change in Rate

*Lisa Smith*  
Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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**Medicaid Reimbursement Per Diem Rates**

SPRINGTREE REHABILITATION & HEALTH CARE CENTER  
4251 SPRINGTREE DRIVE  
SUNRISE, FL 33351-6119

Provider Number: 0 225631-00  
Date: 11/15/2017  
Fiscal Year End: 8/31/2011  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>214.76</u>	<u>210.80</u>	<u>1/1/2013</u>
<u>365.57</u>	<u>361.61</u>	<u>1/1/2013</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Effects of FA & RFA #NH13-142L FYE 8/31/2010	

**Distribution:**

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No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

SPRINGTREE REHABILITATION & HEALTH CARE CENTER  
4251 SPRINGTREE DRIVE  
SUNRISE, FL 33351-6119

Provider Number: 0 225631-00  
Date: 11/15/2017  
Fiscal Year End: 8/31/2012  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<b>218.81</b>	<b>214.78</b>	<b>7/1/2013</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH13-142L FYE 8/31/2010

**Distribution:**

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Permanent File

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No Change in Rate

Home Office:

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**Lisa Smith**

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**Medicaid Reimbursement Per Diem Rates**

SPRINGTREE REHABILITATION & HEALTH CARE CENTER  
4251 SPRINGTREE DRIVE  
SUNRISE, FL 33351-6119

Provider Number: 0 225631-00  
Date: 11/15/2017  
Fiscal Year End: 8/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>215.42</u>	<u>211.36</u>	<u>1/1/2014</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

Effects of FA & RFA #NH13-142L FYE 8/31/2010

**Distribution:**

Contract Management / Fiscal Agent

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No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

SPRINGTREE REHABILITATION & HEALTH CARE CENTER  
4251 SPRINGTREE DRIVE  
SUNRISE, FL 33351-6119

Provider Number: 0 225631-00  
Date: 11/15/2017  
Fiscal Year End: 8/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**223.80**    **219.60**    **7/1/2014**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Effects of FA & RFA #NH13-142L FYE 8/31/2010	

**Distribution:**

Contract Management / Fiscal Agent  
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 No Change in Rate

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SPRINGTREE REHABILITATION & HEALTH CARE CENTER	Provider Number:	0 225631-00
4251 SPRINGTREE DRIVE	Date:	11/15/2017
SUNRISE, FL 33351-6119	Fiscal Year End:	8/31/2014
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>228.26</u>	<u>224.05</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

Effects of FA & RFA #NH13-142L FYE 8/31/2010

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

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**Medicaid Reimbursement Per Diem Rates**

SPRINGTREE REHABILITATION & HEALTH CARE CENTER  
4251 SPRINGTREE DRIVE  
SUNRISE, FL 33351-6119

Provider Number: 0 225631-00  
Date: 11/15/2017  
Fiscal Year End: 8/31/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<u>226.51</u>	<u>222.33</u>	<u>9/1/2015</u>

**Rate Type:**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> 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 FA & RFA #NH13-142L FYE 8/31/2010

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

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**Medicaid Reimbursement Per Diem Rates**

SPRINGTREE REHABILITATION & HEALTH CARE CENTER  
4251 SPRINGTREE DRIVE  
SUNRISE, FL 33351-6119

Provider Number: 0 225631-00  
Date: 11/15/2017  
Fiscal Year End: 2/29/2016  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current    New    Effective  
Rate    Rate    Date  
**229.83    225.66    9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Effects of FA & RFA #NH13-142L FYE 8/31/2010	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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Suite 211  
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2727 Mahan Drive - Mail Stop 23

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**Medicaid Reimbursement Per Diem Rates**

SPRINGTREE REHABILITATION & HEALTH CARE CENTER  
4251 SPRINGTREE DRIVE  
SUNRISE, FL 33351-6119

Provider Number: 0 225631-00  
Date: 11/15/2017  
Fiscal Year End: 2/28/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**238.14    233.98    9/1/2017**

**Rate Type:**

           Interim

  X   Prospective

           Total Interim

             X   Total Prospective

           Interim Component

           Total Prospective with Interim Component

           Settlement based on cost

           Prior Provider Prospective data

**Basis:**

           Budget

  X   Unaudited costs

           Field audited costs

           Desk audited costs

**Changes:**

           Rate Semester Change

  X   Effects of FA & RFA #NH13-142L FYE  
8/31/2010

**Distribution:**

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           For Information Only

           No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

NORTH BEACH REHABILITATION CENTER  
2201 NE 170TH STREET  
NORTH MIAMI BEACH, FL 33160

Provider Number: 0 228001-00  
Date: 10/25/2017  
Fiscal Year End: 8/31/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>273.36</u>	<u>279.41</u>	<u>4/1/2016</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Payback satisfied. Switched to full FRVS effective 4/1/2016.	

**Distribution:**

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

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

Home Office: Greystone Healthcare Management, LLC  
4042 Park Oaks Blvd, Suite 300  
Tampa, FL 33610



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**

NORTH BEACH REHABILITATION CENTER  
2201 NE 170TH STREET  
NORTH MIAMI BEACH, FL 33160

Provider Number: 0 228001-00  
Date: 10/25/2017  
Fiscal Year End: 8/31/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>277.00</b>	<b>283.05</b>	<b>9/1/2016</b>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Payback satisfied. Switched to full FRVS effective 4/1/2016.	

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**Medicaid Reimbursement Per Diem Rates**

NORTH BEACH REHABILITATION CENTER

2201 NE 170TH STREET

NORTH MIAMI BEACH, FL 33160

Provider Number:

0 228001-00

Date:

10/25/2017

Fiscal Year End:

12/31/2015

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
273.32	276.87	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

Payback satisfied. Switched to full FRVS effective 4/1/2016.

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

CROSS SHORES CARE CENTER

220 NINTH STREET

PORT SAINT JOE, FL 32456

Provider Number:

0 232920-00

Date:

5/16/2018

Fiscal Year End:

9/30/2017

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

New  
Rate

Effective  
Date

205.35

235.97

4/1/2017

**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 9/30/2017

**Distribution:**

Contract Management / Fiscal Agent

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

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

Home Office:

No Home Office

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CROSS SHORES CARE CENTER	Provider Number:	0 232920-00
220 NINTH STREET	Date:	5/16/2018
PORT SAINT JOE, FL 32456	Fiscal Year End:	9/30/2017
	Audit Status:	Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>209.87</b>	<b>241.85</b>	<b>9/1/2017</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 9/30/2017

**Distribution:**

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

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

Home Office:      No Home Office

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**Medicaid Reimbursement Per Diem Rates**

CROSS SHORES CARE CENTER  
220 NINTH STREET  
PORT SAINT JOE, FL 32456

Provider Number: 0 232920-00  
Date: 5/16/2018  
Fiscal Year End: 9/30/2017  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current    New    Effective  
Rate    Rate    Date  
**209.87    247.18    10/1/2017**

**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 9/30/2017

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

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