




RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

**MEMORANDUM**

**Date:** November 1, 2018  
**To:** Johnnie Mae Peters, Acting SMA Supervisor, Finance and Banking  
**From:**  Zainab Day, 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.	South Campus Rehabilitation and Nursing Center	0 072048-00	FA	6
2.	Gulfport Rehabilitation Center	0 099366-00	FA	5
3.	Gulfport Rehabilitation Center	0 141512-00	FA	2
4.	The Waterford	0 206610-00	FA	2
5.	Sandy Ridge Health and Rehabilitation	0 220621-00	FA	1
6.	Westminster Baldwin Park	0 228734-00	New Facility	2
7.	The Encore at Boca Raton Rehabilitation and Nursing Center, LLC	0 233588-00	NRP CHOP/CHOW	2
8.	The Sands at South Beach Care Center	0 235832-00	NRP CHOP/CHOW	2
9.	Pinebrook Center	0 252662-00	FA	2
10.	Heartland Healthcare Center-Prosperity Oaks	0 325341-00	FA	3
			<b>TOTAL:</b>	27

If you have any questions regarding the above contact Zainab Day 412-4798.

ZD/tc



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)		
007204800	20121228	217.18	366.39	217.18	217.18	84451-18	NH14-021C
007204800	20130101	219.51	370.32	219.51	219.51	84451-18	NH14-021C
007204800	20130701	228.69	0.00	228.69	228.69	84451-18	NH14-021C
007204800	20140101	234.01	0.00	234.01	234.01	84451-18	NH14-021C
007204800	20140701	243.26	0.00	243.26	243.26	84451-18	NH14-021C
007204800	20150101	247.68	0.00	247.68	247.68	84451-18	NH14-021C
009936600	20131124	214.68	0.00	214.68	214.68	84451-18	NH14-042C
009936600	20140101	226.59	0.00	226.59	226.59	84451-18	NH14-042C
009936600	20140701	226.66	0.00	226.66	226.66	84451-18	NH14-042C
009936600	20140801	227.41	0.00	227.41	227.41	84451-18	NH14-042C
009936600	20150101	235.91	0.00	235.91	235.91	84451-18	NH14-042C
014151200	20150301	235.91	0.00	235.91	235.91	84451-18	NH14-042C
014151200	20150901	236.39	0.00	236.39	236.39	84451-18	NH14-042C
020661000	20140101	259.39	0.00	259.39	259.39	84451-18	NH13-255C
020661000	20140701	268.46	0.00	268.46	268.46	84451-18	NH13-255C
022062100	20140701	227.01	0.00	227.01	227.01	84451-18	NH14-104C
022873400	20171027	235.64	0.00	235.64	235.64	84451-18	
022873400	20181001	245.20	0.00	245.20	245.20	84451-18	
023358800	20180101	266.12	0.00	266.12	266.12	84451-18	
023358800	20181001	258.89	0.00	258.89	258.89	84451-18	
023583200	20180501	217.32	0.00	217.32	217.32	84451-18	
023583200	20181001	218.63	0.00	218.63	218.63	84451-18	
025266200	20140701	224.13	0.00	224.13	224.13	84451-18	NH14-008G
025266200	20150101	228.59	0.00	228.59	228.59	84451-18	NH14-008G
032534100	20150101	219.98	0.00	219.98	219.98	84451-18	NH14-032C
032534100	20150901	218.09	0.00	218.09	218.09	84451-18	NH14-032C
032534100	20160901	218.84	0.00	218.84	218.84	84451-18	NH14-032C



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 REHABILITATION & NURSING CENTER  
715 E DIXIE AVE  
LEESBURG, FL 34748

Provider Number: 0 072048-00  
Date: 7/18/2018  
Fiscal Year End: 6/30/2013  
Audit Status: Field Audited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>217.20</u></b>	<b><u>217.18</u></b>	<b><u>12/28/2012</u></b>
	<b>Level H: Aids</b>	<b><u>366.41</u></b>	<b><u>366.39</u></b>	<b><u>12/28/2012</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  
 \_\_\_\_\_ Unaudited costs  
 Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Field Audit #NH14-021C FYE 6/30/2013

**Distribution:**

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

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

Home Office: Hallmark Accounting  
 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 REHABILITATION & NURSING CENTER
715 E DIXIE AVE
LEESBURG, FL 34748

Provider Number: 0 072048-00
Date: 7/18/2018
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Table with columns: Current Rate, New Rate, Effective Date. Rows: Nursing Home Single Level (219.53, 219.51, 1/1/2013), Level H: Aids (370.34, 370.32, 1/1/2013)

Rate Type:

Form with checkboxes for Interim, Prospective, Total Interim, Total Prospective, Interim Component, Total Prospective with Interim Component, Settlement based on cost, Prior Provider Prospective data.

Basis:

Form with checkboxes for Budget, Unaudited costs, Field audited costs, Desk audited costs.

Changes:

Form with checkboxes for Rate Semester Change, Field Audit #NH14-021C FYE 6/30/2013.

Distribution:

Form with checkboxes for Contract Management / Fiscal Agent, Permanent File, For Information Only, No Change in Rate.

Lisa Smith (signature)
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**

SOUTH CAMPUS REHABILITATION & NURSING CENTER  
715 E DIXIE AVE  
LEESBURG, FL 34748

Provider Number: 0 072048-00  
Date: 7/18/2018  
Fiscal Year End: 6/30/2013  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
228.72	228.69	7/1/2013

**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

Field Audit #NH14-021C FYE 6/30/2013

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

Lisa Smith



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**Medicaid Reimbursement Per Diem Rates**

<u>SOUTH CAMPUS REHABILITATION &amp; NURSING CENTER</u>	Provider Number:	<u>0 072048-00</u>
<u>715 E DIXIE AVE</u>	Date:	<u>7/18/2018</u>
<u>LEESBURG, FL 34748</u>	Fiscal Year End:	<u>6/30/2013</u>
	Audit Status:	<u>Field Audited</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>234.03</u></b>	<b><u>234.01</u></b>	<b><u>1/1/2014</u></b>

**Rate Type:**

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

**Basis:**

<u>Budget</u>
<u>Unaudited costs</u>
<u>X</u> <u>Field audited costs</u>
<u>Desk audited costs</u>

**Changes:**

<u>Rate Semester Change</u>
<u>X</u> <u>Field Audit #NH14-021C FYE 6/30/2013</u>

**Distribution:**

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

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

Home Office: Hallmark Accounting  
 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 REHABILITATION & NURSING CENTER  
715 E DIXIE AVE  
LEESBURG, FL 34748

Provider Number: 0 072048-00  
Date: 7/18/2018  
Fiscal Year End: 6/30/2013  
Audit Status: Field Audited

**Provider Type:**

Nursing Home      Single Level

Current      New      Effective  
Rate      Rate      Date  
**243.28**      **243.26**      **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  
 Field Audit #NH14-021C FYE 6/30/2013

**Distribution:**

Contract Management / Fiscal Agent  
Permanent File  
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 No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: Hallmark Accounting  
368 New Hempstead Road #309  
New City, NY 10956



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**Medicaid Reimbursement Per Diem Rates**

SOUTH CAMPUS REHABILITATION & NURSING CENTER  
715 E DIXIE AVE  
LEESBURG, FL 34748

Provider Number: 0 072048-00  
Date: 7/18/2018  
Fiscal Year End: 6/30/2013  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
247.70	247.68	1/1/2015

**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 #NH14-021C FYE 6/30/2013

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

Home Office: Hallmark Accounting  
368 New Hempstead Road #309  
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**Medicaid Reimbursement Per Diem Rates**

GULFPORT REHABILITATION CENTER  
1430 PASADENA AVE S  
SOUTH PASADENA, FL 33707

Provider Number: 0 099366-00  
Date: 7/19/2018  
Fiscal Year End: 7/31/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>214.08</u>	<u>214.68</u>	<u>11/24/2013</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  
 Field Audit #NH14-042C FYE 07/31/2014

**Distribution:**

Contract Management / Fiscal Agent  
Permanent File

\_\_\_\_ For Information Only

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

Home Office: Signature Healthcare, LLC  
12201 Bluegrass Parkway  
Louisville, KY 40299

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**Medicaid Reimbursement Per Diem Rates**

GULFPORT REHABILITATION CENTER  
 1430 PASADENA AVE S  
 SOUTH PASADENA, FL 33707

Provider Number: 0 099366-00  
 Date: 7/19/2018  
 Fiscal Year End: 7/31/2014  
 Audit Status: Field Audited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<u>225.87</u>	<u>226.59</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

Field Audit #NH14-042C FYE 07/31/2014

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

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

Home Office: Signature Healthcare, LLC  
 12201 Bluegrass Parkway  
 Louisville, KY 40299

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

GULFPORT REHABILITATION CENTER  
1430 PASADENA AVE S  
SOUTH PASADENA, FL 33707

Provider Number: 0 099366-00  
Date: 7/19/2018  
Fiscal Year End: 7/31/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>225.92</u>	<u>226.66</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

Field Audit #NH14-042C FYE 07/31/2014

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

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

Home Office: Signature Healthcare, LLC  
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**Medicaid Reimbursement Per Diem Rates**

GULFPORT REHABILITATION CENTER  
1430 PASADENA AVE S  
SOUTH PASADENA, FL 33707

Provider Number: 0 099366-00  
Date: 7/19/2018  
Fiscal Year End: 7/31/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**226.67**    **227.41**    **8/1/2014**

**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

Field Audit #NH14-042C FYE 07/31/2014

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Signature Healthcare, LLC  
12201 Bluegrass Parkway  
Louisville, KY 40299

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

GULFPORT REHABILITATION CENTER  
1430 PASADENA AVE S  
SOUTH PASADENA, FL 33707

Provider Number: 0 099366-00  
Date: 7/19/2018  
Fiscal Year End: 7/31/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
235.15    235.91    1/1/2015

**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 #NH14-042C FYE 07/31/2014

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Signature Healthcare, LLC

12201 Bluegrass Parkway

Louisville, KY 40299

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

GULFPORT REHABILITATION CENTER  
1430 PASADENA AVE S  
SOUTH PASADENA, FL 33707

Provider Number: 0 141512-00  
Date: 7/19/2018  
Fiscal Year End: 7/31/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home      Single Level

Current      New      Effective  
Rate      Rate      Date  
**235.15**      **235.91**      **3/1/2015**

**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  
 Field Audit #NH14-042C FYE 07/31/2014

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Signature Healthcare, LLC  
12201 Bluegrass Parkway  
Louisville, KY 40299

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GULFPORT REHABILITATION CENTER
1430 PASADENA AVE S
SOUTH PASADENA, FL 33707

Provider Number: 0 141512-00
Date: 7/19/2018
Fiscal Year End: 7/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 235.62, 236.39, 9/1/2015

Rate Type:

Interim

X Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Field Audit #NH14-042C FYE 07/31/2014

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Signature Healthcare, LLC
12201 Bluegrass Parkway
Louisville, KY 40299



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>THE WATERFORD</u>	Provider Number:	<u>0 206610-00</u>
<u>601 UNIVERSE BLVD</u>	Date:	<u>8/31/2018</u>
<u>JUNO BEACH, FL 33408</u>	Fiscal Year End:	<u>12/31/2012</u>
	Audit Status:	<u>Field Audited</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>259.79</u></b>	<b><u>259.39</u></b>	<b><u>1/1/2014</u></b>

**Rate Type:**

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

**Basis:**

<u>      </u> Budget
<u>      </u> Unaudited costs
<u>  X  </u> Field audited costs
<u>      </u> Desk audited costs

**Changes:**

<u>      </u> Rate Semester Change
<u>  X  </u> Field Audit #NH13-255C FYE 12/31/2012

**Distribution:**

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

Home Office: LifeSpace Communities, Inc.  
4201 Corporate Drive  
West Des Moines, IA 50266

**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

THE WATERFORD
601 UNIVERSE BLVD
JUNO BEACH, FL 33408

Provider Number: 0 206610-00
Date: 8/31/2018
Fiscal Year End: 12/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate 268.87
New Rate 268.46
Effective Date 7/1/2014

Rate Type:

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

X Prospective
Total Prospective
Total Prospective with Interim Component

Basis:

Budget
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Field Audit #NH13-255C FYE 12/31/2012

Distribution:

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

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SANDY RIDGE HEALTH AND REHABILITATION  
5360 GLOVER LANE  
MILTON, FL 32570

Provider Number: 0 220621-00  
Date: 8/20/2018  
Fiscal Year End: 7/31/2013  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current    New    Effective  
Rate    Rate    Date  
227.64    227.01    7/1/2014

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH14-104C FYE 7/31/13	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Summit Care II, Inc  
2123 Centre Pointe Blvd.  
Tallahassee, FL 32308

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**

WESTMINSTER BALDWIN PARK  
2645 LAKE BALDWIN LANE  
ORLANDO, FL 32814

Provider Number: 0 228734-00  
Date: 9/28/2018  
Fiscal Year End: 5/31/2018  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
0.00    235.64    10/27/2017

**Rate Type:**

Interim  
 Prospective  
 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  
 New facility effective 10/27/2017

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Westminster Services  
80 West Lucerne Circle  
Orlando, FL 32801

Zainab Day



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**

WESTMINSTER BALDWIN PARK

2645 LAKE BALDWIN LN

ORLANDO, FL 32814

Provider Number:

0 228734-00

Date:

9/28/2018

Fiscal Year End:

5/31/2018

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

0.00

New  
Rate

245.20

Effective  
Date

10/1/2018

**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

New facility effective 10/27/2017

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Westminster Services, Inc.  
80 West Lucerne Circle  
Orlando, FL 32801

Zainab Day

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 ENCORE AT BOCA RATON REHABILITATION AND NURSING CENTER, LLC
7300 DEL PRADO CIRCLE SOUTH
BOCA RATON, FL 33433

Provider Number: 0 233588-00
Date: 9/19/2018
Fiscal Year End: 11/30/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate (265.01), New Rate (266.12), Effective Date (1/1/2018)

Rate Type:

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

Basis:

X Budget
Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X NRP CHOP/CHOW effective 1/1/2018

Distribution:

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

Home Office:

Zainab Day
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 ENCORE AT BOCA RATON REHABILITATION AND NURSING CENTER, LLC  
7300 DEL PRADO CIRCLE SOUTH  
BOCA RATON, FL 33433

Provider Number: 0 233588-00  
Date: 9/19/2018  
Fiscal Year End: 11/30/2018  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
258.89    258.89    10/1/2018

**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

NRP CHOP/CHOW effective 1/1/2018

Zainab Day

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**

THE SANDS AT SOUTH BEACH CARE CENTER  
42 COLLINS AVENUE  
MIAMI BEACH, FL 33139

Provider Number: 0 235832-00  
Date: 10/22/2018  
Fiscal Year End: 2/28/2019  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
199.46	217.32	5/1/2018

**Rate Type:**

Interim

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

Prospective

Total Prospective  
 Total Prospective with Interim Component

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 NRP CHOP/CHOW effective 5/1/2018

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:    No Home Office

Zainab Day

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 SANDS AT SOUTH BEACH CARE CENTER
42 COLLINS AVENUE
MIAMI BEACH, FL 33139

Provider Number: 0 235832-00
Date: 10/22/2018
Fiscal Year End: 2/28/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 218.63
New Rate: 218.63
Effective Date: 10/1/2018

Rate Type:

X Interim
Prospective
Total Interim
Interim Component
Settlement based on cost
X 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
X NRP CHOP/CHOW effective 5/1/2018

Distribution:

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

Home Office: No Home Office

Zainab Day (signature)

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

PINEBROOK CENTER
1240 PINEBROOK ROAD
VENICE, FL 34285

Provider Number: 0 252662-00
Date: 8/31/2018
Fiscal Year End: 7/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate 226.61
New Rate 224.13
Effective Date 7/1/2014

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

Unaudited costs

X Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Field Audit #NH14-008G FYE 7/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Genesis HealthCare
515 Fairmount Ave
Ste 800
Towson, MD 21286

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**

PINEBROOK CENTER  
1240 PINEBROOK ROAD  
VENICE, FL 34285

Provider Number: 0 252662-00  
Date: 8/31/2018  
Fiscal Year End: 7/31/2013  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**231.15**    **228.59**    **1/1/2015**

**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  
 Field Audit #NH14-008G FYE 7/31/2013

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:    Genesis HealthCare  
515 Fairmount Ave  
Ste 800  
Towson, MD 21286

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

HEARTLAND HEALTH CARE CENTER-PROSPERITY OAKS	Provider Number:	0 325341-00
11375 PROSPERITY FARMS ROAD	Date:	9/4/2018
PALM BEACH GARDENS, FL 33410	Fiscal Year End:	9/30/2014
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<b>220.98</b>	<b>219.98</b>	<b>1/1/2015</b>

**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:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH14-032C FYE 9/30/2014

Distribution:

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

Lisa Smith   
 Medicaid Cost Reimbursement Planning and Finance

Home Office: HCR ManorCare Services, LLC  
 333 North Summit Street  
 Toledo, OH 43604



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>HEARTLAND HEALTH CARE CENTER-PROSPERITY OAKS</u>	Provider Number:	<u>0 325341-00</u>
<u>11375 PROSPERITY FARMS ROAD</u>	Date:	<u>9/4/2018</u>
<u>PALM BEACH GARDENS, FL 33410</u>	Fiscal Year End:	<u>9/30/2014</u>
	Audit Status:	<u>Field Audited</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>219.10</u></b>	<b><u>218.09</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 checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH14-032C FYE 9/30/2014

Distribution:

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

Lisa Smith   
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 333 North Summit Street  
 Toledo, OH 43604



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>HEARTLAND HEALTH CARE CENTER-PROSPERITY OAKS</u>	Provider Number:	<u>0 325341-00</u>
<u>11375 PROSPERITY FARMS ROAD</u>	Date:	<u>9/4/2018</u>
<u>PALM BEACH GARDENS, FL 33410</u>	Fiscal Year End:	<u>9/30/2014</u>
	Audit Status:	<u>Field Audited</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>219.85</u></b>	<b><u>218.84</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 checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH14-032C FYE 9/30/2014

**Distribution:**

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

Lisa Smith   
 Medicaid Cost Reimbursement Planning and Finance

Home Office: HCR ManorCare Services, LLC  
 333 North Summit Street  
 Toledo, OH 43604