




RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

MEMORANDUM

Date: December 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.	Sunset Lake Health and Rehab Center	0 032551-00	FA	10
2.	North Lake Care Center	0 151590-00	FA & RFA	6
3.	Health Center at Abbey Delray	0 205745-00	FA	2
4.	Buffalo Crossing Health and Rehabilitation Center	0 215017-00	Quality Assessment Retro	2
5.	Santa Rosa Health and Rehabilitation Center	0 220612-00	FA	1
6.	Greenbriar Rehabilitation and Nursing Center	0 227625-00	FA & RFA	1
7.	North Beach Nursing and Rehabilitation Center	0 228001-00	FA & RFA	5
8.	Diamond Ridge Health and Rehabilitation Center	0 256269-00	FA	2
9.	Bridgeview Center	0 260371-00	FA	3
10.	St. Mark Village, Inc.	0 310841-00	FA	5
11.	North Lake Rehabilitation and Health Center	0 325163-00	FA & RFA	6
12.	Scott Lake Health and Rehabilitation Center	1 009887-00	New Facility	2
			<u>TOTAL:</u>	45

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

ZD/tc



		Single Level	Level H: AIDS	Single Level	Single Level		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
003255100	20120101	224.33	371.94	224.33	224.33	84565-18	NH10-037C
003255100	20120701	234.27	383.48	234.27	234.27	84565-18	NH10-037C
003255100	20130101	237.27	388.08	237.27	237.27	84565-18	NH10-037C
003255100	20130701	243.03	0.00	243.03	243.03	84565-18	NH10-037C
003255100	20140101	239.25	0.00	239.25	239.25	84565-18	NH10-037C
003255100	20140701	252.43	0.00	252.43	252.43	84565-18	NH10-037C
003255100	20150101	256.50	0.00	256.50	256.50	84565-18	NH10-037C
003255100	20150901	255.90	0.00	255.90	255.90	84565-18	NH10-037C
003255100	20160901	257.70	0.00	257.70	257.70	84565-18	NH10-037C
003255100	20170901	261.61	0.00	261.61	261.61	84565-18	NH10-037C
015159000	20150701	284.94	0.00	284.94	284.94	84565-18	NH10-064C
015159000	20150901	285.34	0.00	285.34	285.34	84565-18	NH10-064C
015159000	20160201	292.58	0.00	292.58	292.58	84565-18	NH10-064C
015159000	20160901	301.93	0.00	301.93	301.93	84565-18	NH10-064C
015159000	20170901	310.91	0.00	310.91	310.91	84565-18	NH10-064C
015159000	20170907	313.16	0.00	313.16	313.16	84565-18	NH10-064C
020574500	20140101	253.38	0.00	253.38	253.38	84565-18	NH13-257C
020574500	20140701	262.65	0.00	262.65	262.65	84565-18	NH13-257C
021501700	20170626	205.34	0.00	205.34	205.34	84565-18	
021501700	20170901	208.99	0.00	208.99	208.99	84565-18	
022061200	20140701	214.77	0.00	214.77	214.77	84565-18	NH14-103C
022762500	20120101	220.06	367.67	220.06	220.06	84565-18	NH13-097C
022800100	20120101	239.92	387.53	239.92	239.92	84565-18	NH13-101C
022800100	20120701	247.68	396.89	247.68	247.68	84565-18	NH13-101C
022800100	20160401	274.38	0.00	274.38	274.38	84565-18	NH13-101C
022800100	20160901	278.06	0.00	278.06	278.06	84565-18	NH13-101C
022800100	20170901	271.82	0.00	271.82	271.82	84565-18	NH13-101C
025626900	20150101	231.18	0.00	231.18	231.18	84565-18	NH14-131C
025626900	20150901	229.72	0.00	229.72	229.72	84565-18	NH14-131C
026037100	20140701	240.16	0.00	240.16	240.16	84565-18	NH14-072C
026037100	20150101	244.03	0.00	244.03	244.03	84565-18	NH14-072C
026037100	20150901	242.14	0.00	242.14	242.14	84565-18	NH14-072C
031084100	20140701	225.14	0.00	225.14	225.14	84565-18	NH14-116W
031084100	20150101	229.46	0.00	229.46	229.46	84565-18	NH14-116W
031084100	20150901	240.14	0.00	240.14	240.14	84565-18	NH14-116W
031084100	20160901	245.35	0.00	245.35	245.35	84565-18	NH14-116W
031084100	20170901	249.39	0.00	249.39	249.39	84565-18	NH14-116W
032516300	20120101	245.60	393.21	245.60	245.60	84565-18	NH10-064C
032516300	20130101	249.44	400.25	249.44	249.44	84565-18	NH10-064C
032516300	20130701	257.45	0.00	257.45	257.45	84565-18	NH10-064C
032516300	20140101	253.80	0.00	253.80	253.80	84565-18	NH10-064C
032516300	20140701	270.61	0.00	270.61	270.61	84565-18	NH10-064C
032516300	20150101	273.16	0.00	273.16	273.16	84565-18	NH10-064C
100988700	20180920	252.81	0.00	252.81	252.81	84565-18	
100988700	20181001	267.70	0.00	267.70	267.70	84565-18	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUNSET LAKE HEALTH AND REHAB CENTER
832 SUNSET LAKE BOULEVARD
VENICE, FL 34292

Provider Number: 0 032551-00
Date: 5/30/2018
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>224.38</u>	<u>224.33</u>	<u>1/1/2012</u>
	Level H: Aids	<u>371.99</u>	<u>371.94</u>	<u>1/1/2012</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

Effects of Field Audit #NH10-037C FYE 12/31/05 for prior provider #308501

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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SUNSET LAKE HEALTH AND REHAB CENTER
832 SUNSET LAKE BOULEVARD
VENICE, FL 34292

Provider Number: 0 032551-00
Date: 5/30/2018
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>234.32</u>	<u>234.27</u>	<u>7/1/2012</u>
	Level H: Aids	<u>383.53</u>	<u>383.48</u>	<u>7/1/2012</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

Effects of Field Audit #NH10-037C FYE
12/31/05 for prior provider #308501

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832 SUNSET LAKE BOULEVARD
VENICE, FL 34292

Provider Number: 0 032551-00
Date: 5/30/2018
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>237.33</u>	<u>237.27</u>	<u>1/1/2013</u>
	Level H: Aids	<u>388.14</u>	<u>388.08</u>	<u>1/1/2013</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 Field Audit #NH10-037C FYE 12/31/05 for prior provider #308501


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SUNSET LAKE HEALTH AND REHAB CENTER
832 SUNSET LAKE BOULEVARD
VENICE, FL 34292

Provider Number: 0 032551-00
Date: 5/30/2018
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 243.09, 243.03, 7/1/2013

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 Field Audit #NH10-037C FYE 12/31/05 for prior provider #308501

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832 SUNSET LAKE BOULEVARD
VENICE, FL 34292

Provider Number: 0 032551-00
Date: 5/30/2018
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
239.31 **239.25** **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

Effects of Field Audit #NH10-037C FYE
12/31/05 for prior provider #308501

Distribution:

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SUNSET LAKE HEALTH AND REHAB CENTER

832 SUNSET LAKE BOULEVARD

VENICE, FL 34292

Provider Number:

0 032551-00

Date:

5/30/2018

Fiscal Year End:

12/31/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current

New

Effective

Rate

Rate

Date

252.49

252.43

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

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832 SUNSET LAKE BOULEVARD
VENICE, FL 34292

Provider Number: 0 032551-00
Date: 5/30/2018
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
256.57	256.50	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

Effects of Field Audit #NH10-037C FYE 12/31/05 for prior provider #308501

Distribution:

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SUNSET LAKE HEALTH AND REHAB CENTER
832 SUNSET LAKE BOULEVARD
VENICE, FL 34292

Provider Number: 0 032551-00
Date: 5/30/2018
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
255.96 255.90 9/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH10-037C FYE
12/31/05 for prior provider #308501

Distribution:

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SUNSET LAKE HEALTH AND REHAB CENTER
832 SUNSET LAKE BOULEVARD
VENICE, FL 34292

Provider Number: 0 032551-00
Date: 5/30/2018
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
257.76 **257.70** **9/1/2016**

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH10-037C FYE 12/31/05 for prior provider #308501

Distribution:

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SUNSET LAKE HEALTH AND REHAB CENTER
832 SUNSET LAKE BOULEVARD
VENICE, FL 34292

Provider Number: 0 032551-00
Date: 5/30/2018
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
261.67	261.61	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

Effects of Field Audit #NH10-037C FYE 12/31/05 for prior provider #308501

Distribution:

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NORTH LAKE CARE CENTER
750 BAYBERRY DRIVE
LAKE PARK, FL 33403

Provider Number: 0 151590-00
Date: 9/24/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>284.95</u>	<u>284.94</u>	<u>7/1/2015</u>

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

Effects of FA & RFA #NH10-064C FYE 2/28/2009 for prior provider #325163

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORTH LAKE CARE CENTER
750 BAYBERRY DRIVE
LAKE PARK, FL 33403

Provider Number: 0 151590-00
Date: 9/24/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>285.35</u>	<u>285.34</u>	<u>9/1/2015</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH10-064C FYE 2/28/2009 for prior provider #325163

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORTH LAKE CARE CENTER
750 BAYBERRY DRIVE
LAKE PARK, FL 33403

Provider Number: 0 151590-00
Date: 9/24/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
292.59	292.58	2/1/2016

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"/> Effects of FA & RFA #NH10-064C FYE 2/28/2009 for prior provider #325163

Distribution:

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

Zainab Day

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Medicaid Reimbursement Per Diem Rates

NORTH LAKE CARE CENTER
750 BAYBERRY DRIVE
LAKE PARK, FL 33403

Provider Number: 0 151590-00
Date: 9/24/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 301.94, 301.93, 9/1/2016

Rate Type:

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

Basis:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Effects of FA & RFA #NH10-064C FYE
2/28/2009 for prior provider #325163

Distribution:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORTH LAKE CARE CENTER
750 BAYBERRY DRIVE
LAKE PARK, FL 33403

Provider Number: 0 151590-00
Date: 9/24/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 310.92, 310.91, 9/1/2017

Rate Type:

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

Basis:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Effects of FA & RFA #NH10-064C FYE
2/28/2009 for prior provider #325163

Distribution:

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No Change in Rate

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

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Medicaid Reimbursement Per Diem Rates

NORTH LAKE CARE CENTER
750 BAYBERRY DRIVE
LAKE PARK, FL 33403

Provider Number: 0 151590-00
Date: 9/24/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>313.17</u>	<u>313.16</u>	<u>9/7/2017</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

Effects of FA & RFA #NH10-064C FYE
2/28/2009 for prior provider #325163

Distribution:

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_____ No Change in Rate

Home Office:

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

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

HEALTH CENTER AT ABBEY DELRAY
2105 SW 11TH COURT
DELRAY BEACH, FL 33445

Provider Number: 0 205745-00
Date: 8/31/2018
Fiscal Year End: 12/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
251.05 253.38 1/1/2014

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 #NH13-257C FYE 12/31/2012



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4201 Corporate Drive
West Des Moines, IA 50266



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Medicaid Reimbursement Per Diem Rates

HEALTH CENTER AT ABBEY DELRAY
2105 SW 11TH COURT
DELRAY BEACH, FL 33445

Provider Number: 0 205745-00
Date: 8/31/2018
Fiscal Year End: 12/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
260.25	262.65	7/1/2014

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 #NH13-257C FYE 12/31/2012

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Home Office: LifeSpace Communities, Inc.
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Lisa Smith

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Medicaid Reimbursement Per Diem Rates

<u>BUFFALO CROSSING HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 215017-00</u>
<u>3875 WEDGEWOOD LANE</u>	Date:	<u>10/25/2018</u>
<u>THE VILLAGES, FL 32162</u>	Fiscal Year End:	<u>2/28/2018</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>219.73</u>	<u>205.34</u>	<u>6/26/2017</u>

Rate Type:

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

Basis:


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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Removed Quality Assess-Medicaid Share effective 6/26/2017

Distribution:

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Zainab Day 
 Medicaid Cost Reimbursement Planning and Finance

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



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BUFFALO CROSSING HEALTH AND REHABILITATION CENTER	Provider Number:	0 215017-00
3875 WEDGEWOOD LANE	Date:	10/25/2018
THE VILLAGES, FL 32162	Fiscal Year End:	2/28/2018
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	223.58	208.99	9/1/2017

Rate Type:

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

Basis:


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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Removed Quality Assess-Medicaid Share effective 6/26/2017

Distribution:

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 Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

SANTA ROSA HEALTH & REHABILITATION CENTER
5386 BROAD ST
MILTON, FL 32570-2235

Provider Number: 0 220612-00
Date: 8/20/2018
Fiscal Year End: 7/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: 214.94
New Rate: 214.77
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 #NH14-103C FYE 7/31/13

Distribution:

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Lisa Smith
Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, FL 32308



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Medicaid Reimbursement Per Diem Rates

GREENBRIAR REHABILITATION AND NURSING CENTER
210 21ST AVE W
BRADENTON, FL 34205

Provider Number: 0 227625-00
Date: 4/4/2018
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.11</u>	<u>220.06</u>	<u>1/1/2012</u>
	Level H: Aids	<u>370.72</u>	<u>367.67</u>	<u>1/1/2012</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
 FA & RFA #NH13-097C FYE 12/31/2010

Distribution:

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Lisa Smith

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4042 Park Oaks Blvd, Suite 300
Tampa, FL 33610



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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 228001-00
Date: 8/6/2018
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

Table with 4 columns: Provider Type, Level, Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level and Level H: Aids.

Rate Type:

Form with checkboxes for Interim, Prospective, Total Interim, Total Prospective, etc.

Basis:

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

Changes:

Form with checkboxes for Rate Semester Change, FA & RFA #NH13-101C FYE 12/31/2010.

Distribution:

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

Lisa Smith (signature)
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>NORTH BEACH NURSING & REHABILITATION CENTER</u>	Provider Number:	<u>0 228001-00</u>
<u>2201 NE 170TH STREET</u>	Date:	<u>8/6/2018</u>
<u>NORTH MIAMI BEACH, FL 33160</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>249.35</u>	<u>247.68</u>	<u>7/1/2012</u>
	Level H: Aids	<u>398.56</u>	<u>396.89</u>	<u>7/1/2012</u>

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:

 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA #NH13-101C FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 228001-00
Date: 8/6/2018
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
279.41	274.38	4/1/2016

Rate Type:

 Interim

 X Prospective

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

 X Total Prospective
 Total Prospective with Interim Component

Basis:

 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of FA & RFA #NH13-101C FYE 12/31/2010

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Medicaid Reimbursement Per Diem Rates

<u>NORTH BEACH NURSING & REHABILITATION CENTER</u>	Provider Number:	<u>0 228001-00</u>
<u>2201 NE 170TH STREET</u>	Date:	<u>8/6/2018</u>
<u>NORTH MIAMI BEACH, FL 33160</u>	Fiscal Year End:	<u>8/31/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>283.05</u>	<u>278.06</u>	<u>9/1/2016</u>

Rate Type:

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

Basis:

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

Changes:

<u>Rate Semester Change</u>
<u>X</u> Effects of FA & RFA #NH13-101C FYE 12/31/2010

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Lisa Smith 
 Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>NORTH BEACH NURSING & REHABILITATION CENTER</u>	Provider Number:	<u>0 228001-00</u>
<u>2201 NE 170TH STREET</u>	Date:	<u>8/6/2018</u>
<u>NORTH MIAMI BEACH, FL 33160</u>	Fiscal Year End:	<u>12/31/2015</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		276.87	271.82	9/1/2017

Rate Type:

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

Basis:


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

Changes:

<u>Rate Semester Change</u>
<u>X</u> Effects of FA & RFA #NH13-101C FYE 12/31/2010

Distribution:

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 Lisa Smith
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DIAMOND RIDGE HEALTH AND REHABILITATION CENTER
2730 W MARC KNIGHTON CT
LECANTO, FL 34461

Provider Number: 0 256269-00
Date: 8/15/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
231.76 **231.18** **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 #NH14-131C FYE 12/31/2013

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

DIAMOND RIDGE HEALTH AND REHABILITATION CENTER
2730 W MARC KNIGHTON CT
LECANTO, FL 34461

Provider Number: 0 256269-00
Date: 8/15/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>230.31</u>	<u>229.72</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
 Field Audit #NH14-131C FYE 12/31/2013

Distribution:

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Lisa Smith

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 2123 Centre Pointe Blvd.
 Tallahassee, FL 32308



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Medicaid Reimbursement Per Diem Rates

BRIDGEVIEW CENTER
350 S RIDGEWOOD AVENUE
ORMOND BEACH, FL 32174

Provider Number: 0 260371-00
Date: 3/23/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
240.23 240.16 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 #NH14-072C FYE 12/31/2013

Distribution:

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Home Office: OPIS Management Resources, LLC
10150 Highland Manor Drive
Suite 300
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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>BRIDGEVIEW CENTER</u>	Provider Number:	<u>0 260371-00</u>
<u>350 S RIDGEWOOD AVENUE</u>	Date:	<u>3/23/2018</u>
<u>ORMOND BEACH, FL 32174</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>244.10</u>	<u>244.03</u>	<u>1/1/2015</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> X	<u> </u> Total Prospective with Interim Component
<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 #NH14-072C FYE 12/31/2013

Distribution:

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 No Change in Rate


 Lisa Smith
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BRIDGEVIEW CENTER
350 S RIDGEWOOD AVENUE
ORMOND BEACH, FL 32174

Provider Number: 0 260371-00
Date: 3/23/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
242.21	242.14	9/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH14-072C FYE 12/31/2013

Distribution:

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

ST MARK VILLAGE, INC.
2655 NEBRASKA AVE
PALM HARBOR, FL 34684

Provider Number: 0 310841-00
Date: 7/17/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 226.60, 225.14, 7/1/2014

Rate Type:

Interim Total Interim
Prospective Total Prospective
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 #NH14-116W FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent
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No Change in Rate

Home Office: No Home Office

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST MARK VILLAGE, INC.
2655 NEBRASKA AVE
PALM HARBOR, FL 34684

Provider Number: 0 310841-00
Date: 7/17/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
230.93 **229.46** **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 #NH14-116W FYE 12/31/2013

Distribution:

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_____ For Information Only

_____ No Change in Rate

Home Office: No Home Office

Lisa Smith

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST MARK VILLAGE, INC.	Provider Number:	0 310841-00
2655 NEBRASKA AVE	Date:	7/17/2018
PALM HARBOR, FL 34684	Fiscal Year End:	12/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>240.35</u>	<u>240.14</u>	<u>9/1/2015</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:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit #NH14-116W FYE 12/31/2013

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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Medicaid Reimbursement Per Diem Rates

ST MARK VILLAGE, INC.
2655 NEBRASKA AVE
PALM HARBOR, FL 34684

Provider Number: 0 310841-00
Date: 7/17/2018
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **245.57**
New Rate: **245.35**
Effective Date: **9/1/2016**

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH14-116W FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office: No Home Office

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST MARK VILLAGE, INC.	Provider Number:	0 310841-00
2655 NEBRASKA AVE	Date:	7/17/2018
PALM HARBOR, FL 34684	Fiscal Year End:	12/31/2015
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>249.62</u>	<u>249.39</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
_____ 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"/> Effects of Field Audit #NH14-116W FYE 12/31/2013

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

<u>NORTH LAKE REHABILITATION AND HEALTH CENTER</u>	Provider Number:	<u>0 325163-00</u>
<u>750 BAYBERRY DRIVE</u>	Date:	<u>9/24/2018</u>
<u>LAKE PARK, FL 33403</u>	Fiscal Year End:	<u>2/28/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>245.61</u>	<u>245.60</u>	<u>1/1/2012</u>
	Level H: Aids	<u>393.22</u>	<u>393.21</u>	<u>1/1/2012</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 #NH10-063C FYE 2/29/2008 and FA & RFA #NH10-064C FYE 2/28/2009

Distribution:

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 No Change in Rate

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

Zainab Day

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>NORTH LAKE REHABILITATION AND HEALTH CENTER</u>	Provider Number:	<u>0 325163-00</u>
<u>750 BAYBERRY DRIVE</u>	Date:	<u>9/24/2018</u>
<u>LAKE PARK, FL 33403</u>	Fiscal Year End:	<u>2/29/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>249.45</u>	<u>249.44</u>	<u>1/1/2013</u>
	Level H: Aids	<u>400.26</u>	<u>400.25</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 #NH10-063C FYE 2/29/2008 and FA & RFA #NH10-064C FYE 2/28/2009

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORTH LAKE REHABILITATION AND HEALTH CENTER
750 BAYBERRY DRIVE
LAKE PARK, FL 33403

Provider Number: 0 325163-00
Date: 9/24/2018
Fiscal Year End: 2/29/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
257.46	257.45	7/1/2013

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 #NH10-063C FYE 2/29/2008 and FA & RFA #NH10-064C FYE 2/28/2009

Distribution:

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 No Change in Rate

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<u>NORTH LAKE REHABILITATION AND HEALTH CENTER</u>	Provider Number:	<u>0 325163-00</u>
<u>750 BAYBERRY DRIVE</u>	Date:	<u>9/24/2018</u>
<u>LAKE PARK, FL 33403</u>	Fiscal Year End:	<u>2/28/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>253.81</u>	<u>253.80</u>	<u>1/1/2014</u>

Rate Type:

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

Basis:

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

Changes:

	<u>Rate Semester Change</u>
<u>X</u>	<u>Effects of FA & RFA #NH10-063C FYE</u>
	<u>2/29/2008 and FA & RFA #NH10-064C FYE</u>
	<u>2/28/2009</u>

Distribution:

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Medicaid Reimbursement Per Diem Rates

NORTH LAKE REHABILITATION AND HEALTH CENTER
750 BAYBERRY DRIVE
LAKE PARK, FL 33403

Provider Number: 0 325163-00
Date: 9/24/2018
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
270.62 **270.61** **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
 Effects of FA & RFA #NH10-063C FYE 2/29/2008 and FA & RFA #NH10-064C FYE 2/28/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

NORTH LAKE REHABILITATION AND HEALTH CENTER
750 BAYBERRY DRIVE
LAKE PARK, FL 33403

Provider Number: 0 325163-00
Date: 9/24/2018
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 273.17, 273.16, 1/1/2015

Rate Type:

Interim Total Interim
X Prospective 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 #NH10-063C FYE 2/29/2008 and FA & RFA #NH10-064C FYE 2/28/2009

Distribution:

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No Change in Rate

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Home Office: Hallmark Accounting
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New City, NY 10956



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SCOTT LAKE HEALTH AND REHABILITATION CENTER
800 E COUNTY RD 540A
LAKELAND, FL 33813

Provider Number: 1 009887-00
Date: 11/5/2018
Fiscal Year End: 8/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
0.00	252.81	9/20/2018

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 9/20/2018

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

Zainab Day



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SCOTT LAKE HEALTH AND REHABILITATION CENTER
800 E COUNTY RD 540A
LAKELAND, FL 33813

Provider Number: 1 009887-00
Date: 11/5/2018
Fiscal Year End: 8/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 0.00, 267.70, 10/1/2018

Rate Type:

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

Prospective
Total Prospective
Total Prospective with Interim Component

Basis:

X Budget
Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X New facility effective 09/20/2018

Distribution:

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

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