




RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

MEMORANDUM

Date: December 31, 2019
To: Johnnie Mae Peters, 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.	Florida Baptist Retirement Center	0 001416-00	FA	1
2.	Carlton Shores Health and Rehab Center	0 022138-00	Effects of FA & RFA	8
3.	Wuesthoff Progressive Care Center	0 028602-00	FA	3
4.	University Center West	0 041685-00	Effects of FA & RFA	3
5.	North Florida Rehabilitation and Specialty Care	0 043880-00	FA & RFA	6
6.	Island Health and Rehabilitation Center	0 059866-00	FA & RFA	4
7.	Samantha R Wilson at Bay View	0 202606-00	FA	2
8.	Sunnyside Nursing Home	0 202711-00	FA	3
9.	Ayers Health & Rehabilitation Center	0 227871-00	FA & RFA	1
10.	Solaris Healthcare Lake Bennet	0 248829-00	NRP CHOP	4
11.	Solaris Healthcare Palatka	0 248888-00	NRP CHOP	4
12.	Sea Breeze Rehab and Nursing Center	0 250315-00	NRP CHOP/CHOW	4
13.	Park Ridge Nursing Center	0 250906-00	NRP CHOP/CHOW	4
14.	Manor Pines Convalescent Center	0 254177-00	FA	1
15.	Brighton Gardens of Tampa	0 284793-00	FA	2
16.	Crystal Health and Rehab Center	1 002711-00	NRP CHOP/CHOW	4
17.	Page Rehabilitation and Healthcare Center	1 013748-00	NRP CHOP/CHOW	3
18.	Water's Edge Health and Rehabilitation	1 017621-00	NRP CHOP/CHOW	3
19.	Gateway Care Center	1 019625-00	NRP CHOP/CHOW	3



20.	Grace Healthcare of Lake Wales	1 030145-00	NRP CHOP/CHOW	3
21.	AdventHealth Care Center Celebration	1 032432-00	New Facility	3
			<u>TOTAL:</u>	69

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

		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
000141600	20160901	199.10	0.00	199.10	199.10	87275-19	NH16-058W
002213800	20130101	238.72	389.53	238.72	238.72	87275-19	NH13-093C
002213800	20130701	244.16	0.00	244.16	244.16	87275-19	NH13-093C
002213800	20140101	236.64	0.00	236.64	236.64	87275-19	NH13-093C
002213800	20140701	246.23	0.00	246.23	246.23	87275-19	NH13-093C
002213800	20150101	253.38	0.00	253.38	253.38	87275-19	NH13-093C
002213800	20150901	235.92	0.00	235.92	235.92	87275-19	NH13-093C
002213800	20160901	242.04	0.00	242.04	242.04	87275-19	NH13-093C
002213800	20170901	247.36	0.00	247.36	247.36	87275-19	NH13-093C
002860200	20130101	196.60	347.41	196.60	196.60	87275-19	NH13-286W
002860200	20130701	210.95	0.00	210.95	210.95	87275-19	NH13-286W
002860200	20140101	212.32	0.00	212.32	212.32	87275-19	NH13-286W
004168500	20130101	210.32	361.13	210.32	210.32	87275-19	NH08-112C
004168500	20130701	214.68	0.00	214.68	214.68	87275-19	NH08-112C
004168500	20140101	217.96	0.00	217.96	217.96	87275-19	NH08-112C
004388000	20130101	199.47	350.28	199.47	199.47	87275-19	NH13-217C
004388000	20130701	204.10	0.00	204.10	204.10	87275-19	NH13-217C
004388000	20140101	206.51	0.00	206.51	206.51	87275-19	NH13-217C
004388000	20140701	215.24	0.00	215.24	215.24	87275-19	NH13-217C
004388000	20160901	203.39	0.00	203.39	203.39	87275-19	NH16-129C
004388000	20170901	207.85	0.00	207.85	207.85	87275-19	NH16-129C
005986600	20130101	195.44	346.25	195.44	195.44	87275-19	NH13-223C
005986600	20130701	200.60	0.00	200.60	200.60	87275-19	NH13-223C
005986600	20140101	202.49	0.00	202.49	202.49	87275-19	NH13-223C
005986600	20140701	210.49	0.00	210.49	210.49	87275-19	NH13-223C
020260600	20140701	230.34	0.00	230.34	230.34	87275-19	NH14-144C
020260600	20150101	232.74	0.00	232.74	232.74	87275-19	NH14-144C
020271100	20150101	274.83	0.00	274.83	274.83	87275-19	NH14-051C
020271100	20150901	283.33	0.00	283.33	283.33	87275-19	NH14-051C
020271100	20160901	290.02	0.00	290.02	290.02	87275-19	NH14-051C
022787100	20140701	193.25	0.00	193.25	193.25	87275-19	NH14-084C
024882900	20180701	261.67	0.00	261.67	261.67	87275-19	
024882900	20181001	251.34	0.00	251.34	251.34	87275-19	
024882900	20190701	243.17	0.00	243.17	243.17	87275-19	
024882900	20191001	243.17	0.00	243.17	243.17	87275-19	
024888800	20180701	253.78	0.00	253.78	253.78	87275-19	
024888800	20181001	250.21	0.00	250.21	250.21	87275-19	
024888800	20190701	250.21	0.00	250.21	250.21	87275-19	
024888800	20191001	250.21	0.00	250.21	250.21	87275-19	
025031500	20180627	232.12	0.00	232.12	232.12	87275-19	
025031500	20181001	243.69	0.00	243.69	243.69	87275-19	
025031500	20190701	243.69	0.00	243.69	243.69	87275-19	
025031500	20191001	232.10	0.00	232.10	232.10	87275-19	
025090600	20180801	228.96	0.00	228.96	228.96	87275-19	
025090600	20181001	223.60	0.00	223.60	223.60	87275-19	
025090600	20190701	204.04	0.00	204.04	204.04	87275-19	
025090600	20191001	207.01	0.00	207.01	207.01	87275-19	
025417700	20150901	215.29	0.00	215.29	215.29	87275-19	NH15-015C
028479300	20150901	240.68	0.00	240.68	240.68	87275-19	NH16-067W
028479300	20160901	246.62	0.00	246.62	246.62	87275-19	NH16-067W
100271100	20180801	234.87	0.00	234.87	234.87	87275-19	
100271100	20181001	255.36	0.00	255.36	255.36	87275-19	
100271100	20190701	248.19	0.00	248.19	248.19	87275-19	
100271100	20191001	252.19	0.00	252.19	252.19	87275-19	
101374800	20190101	248.25	0.00	248.25	248.25	87275-19	
101374800	20190701	244.90	0.00	244.90	244.90	87275-19	
101374800	20191001	244.89	0.00	244.89	244.89	87275-19	
101762100	20181120	286.02	0.00	286.02	286.02	87275-19	
101762100	20190701	286.02	0.00	286.02	286.02	87275-19	
101762100	20191001	286.02	0.00	286.02	286.02	87275-19	
101962500	20181101	204.31	0.00	204.31	204.31	87275-19	
101962500	20190701	197.43	0.00	197.43	197.43	87275-19	
101962500	20191001	200.30	0.00	200.30	200.30	87275-19	
103014500	20190601	237.34	0.00	237.34	237.34	87275-19	
103014500	20190701	216.58	0.00	216.58	216.58	87275-19	
103014500	20191001	219.73	0.00	219.73	219.73	87275-19	
103243200	20190605	257.66	0.00	257.66	257.66	87275-19	
103243200	20190701	243.81	0.00	243.81	243.81	87275-19	

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
103243200	20191001	244.65	0.00	244.65	244.65	87275-19	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FLORIDA BAPTIST RETIREMENT CENTER

1006 33RD ST

VERO BEACH, FL 32960

Provider Number:

0 001416-00

Date:

10/15/2019

Fiscal Year End:

12/31/2014

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

208.92

199.10

9/1/2016

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 #NH16-058W FYE 12/31/2014

Zainab Day



Medicaid Cost Reimbursement Planning and Finance

Distribution:

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Permanent File

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___ No Change in Rate

Home Office:

No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CARLTON SHORES HEALTH AND REHAB CENTER
1350 S NOVA RD
DAYTONA BEACH, FL 32114

Provider Number: 0 022138-00
Date: 8/6/2018
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Table with 3 columns: Category, 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, Effects of FA & RFA #NH13-093C FYE 12/31/2010.

Distribution:

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

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

Lisa Smith (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

CARLTON SHORES HEALTH AND REHAB CENTER
1350 S NOVA RD
DAYTONA BEACH, FL 32114

Provider Number: 0 022138-00
Date: 8/6/2018
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>244.18</u>	<u>244.16</u>	<u>7/1/2013</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH13-093C FYE
12/31/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

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

Lisa Smith

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CARLTON SHORES HEALTH AND REHAB CENTER
1350 S NOVA RD
DAYTONA BEACH, FL 32114

Provider Number: 0 022138-00
Date: 8/6/2018
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
236.65 **236.64** **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 FA & RFA #NH13-093C FYE 12/31/2010

Distribution:

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No Change in Rate

Home Office: Greystone Healthcare Management
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Medicaid Reimbursement Per Diem Rates

CARLTON SHORES HEALTH AND REHAB CENTER

1350 S NOVA RD

DAYTONA BEACH, FL 32114

Provider Number:

0 022138-00

Date:

8/6/2018

Fiscal Year End:

12/31/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
246.24	246.23	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 #NH13-093C FYE 12/31/2010

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

CARLTON SHORES HEALTH AND REHAB CENTER
1350 S NOVA RD
DAYTONA BEACH, FL 32114

Provider Number: 0 022138-00
Date: 8/6/2018
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
253.39 253.38 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 FA & RFA #NH13-093C FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

CARLTON SHORES HEALTH AND REHAB CENTER
1350 S NOVA RD
DAYTONA BEACH, FL 32114

Provider Number: 0 022138-00
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
<u>235.93</u>	<u>235.92</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 #NH13-093C FYE 12/31/2010

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Tampa, FL 33610



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CARLTON SHORES HEALTH AND REHAB CENTER

1350 S NOVA RD

DAYTONA BEACH, FL 32114

Provider Number:

0 022138-00

Date:

8/6/2018

Fiscal Year End:

12/31/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate

New Rate

Effective Date

242.05

242.04

9/1/2016

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 #NH13-093C FYE 12/31/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Greystone Healthcare Management

4042 Park Oaks Blvd, Suite 300

Tampa, FL 33610

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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

CARLTON SHORES HEALTH AND REHAB CENTER
1350 S NOVA RD
DAYTONA BEACH, FL 32114

Provider Number: 0 022138-00
Date: 8/6/2018
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
247.37 247.36 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 FA & RFA #NH13-093C FYE
12/31/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Greystone Healthcare Management
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Medicaid Reimbursement Per Diem Rates

WUESTHOFF PROGRESSIVE CARE CENTER
8050 SPYGLASS HILL RD
VIERA, FL 32940

Provider Number: 0 028602-00
Date: 10/30/2018
Fiscal Year End: 9/30/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>212.85</u>	<u>196.60</u>	<u>1/1/2013</u>
	Level H: Aids	<u>363.66</u>	<u>347.41</u>	<u>1/1/2013</u>

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-286W FYE 9/30/2011

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Health Management Associates
5811 Pelican Bay Blvd
Naples, FL 34108



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

WUESTHOFF PROGRESSIVE CARE CENTER
8050 SPYGLASS HILL RD
VIERA, FL 32940

Provider Number: 0 028602-00
Date: 10/30/2018
Fiscal Year End: 9/30/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
249.37	210.95	7/1/2013

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-287W FYE 9/30/2012 with effects of Field Audit #NH13-286W FYE 9/30/2011

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Health Management Associates
5811 Pelican Bay Blvd
Naples, FL 34108

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

WUESTHOFF PROGRESSIVE CARE CENTER
8050 SPYGLASS HILL RD
VIERA, FL 32940

Provider Number: 0 028602-00
Date: 10/30/2018
Fiscal Year End: 9/30/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 248.37, 212.32, 1/1/2014

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 #NH13-287W FYE 9/30/2012 with effects of Field Audit #NH13-286W FYE 9/30/2011

Distribution:

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

Home Office: Health Management Associates
5811 Pelican Bay Blvd
Naples, FL 34108

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

UNIVERSITY CENTER WEST
545 WEST EUCLID AVENUE
DELAND, FL 32720

Provider Number: 0 041685-00
Date: 11/26/2018
Fiscal Year End: 8/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.76	210.32	1/1/2013
	Level H: Aids	359.57	361.13	1/1/2013

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 #NH08-112C FYE 8/31/2006

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office: No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

UNIVERSITY CENTER WEST
545 WEST EUCLID AVENUE
DELAND, FL 32720

Provider Number: 0 041685-00
Date: 11/26/2018
Fiscal Year End: 8/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>213.07</u>	<u>214.68</u>	<u>7/1/2013</u>

Rate Type:

Interim

Prospective

____ Total Interim

____ Total Prospective

____ Interim Component

____ Total Prospective with Interim Component

____ Settlement based on cost

____ Prior Provider Prospective data

Basis:

____ Budget

Unaudited costs

____ Field audited costs

____ Desk audited costs

Changes:

____ Rate Semester Change

Effects of FA & RFA #NH08-112C FYE 8/31/2006

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

UNIVERSITY CENTER WEST	Provider Number:	0 041685-00
545 WEST EUCLID AVENUE	Date:	11/26/2018
DELAND, FL 32720	Fiscal Year End:	8/31/2012
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	216.30	217.96	1/1/2014

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 FA & RFA #NH08-112C FYE 8/31/2006

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

NORTH FLORIDA REHABILITATION AND SPECIALTY CARE
6700 NW 10TH PLACE
GAINESVILLE, FL 32605

Provider Number: 0 043880-00
Date: 11/8/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.94</u>	<u>199.47</u>	<u>1/1/2013</u>
	Level H: Aids	<u>350.75</u>	<u>350.28</u>	<u>1/1/2013</u>

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH13-217C FYE 7/31/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: CMCII
800 Concourse Parkway South
Maitland, FL 32751



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORTH FLORIDA REHABILITATION AND SPECIALTY CARE
6700 NW 10TH PLACE
GAINESVILLE, FL 32605

Provider Number: 0 043880-00
Date: 11/8/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.58</u>	<u>204.10</u>	<u>7/1/2013</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> 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"/> FA & RFA #NH13-217C FYE 7/31/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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Home Office: CMCII
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Maitland, FL 32751



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORTH FLORIDA REHABILITATION AND SPECIALTY CARE
6700 NW 10TH PLACE
GAINESVILLE, FL 32605

Provider Number: 0 043880-00
Date: 11/8/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: 207.01
New Rate: 206.51
Effective Date: 1/1/2014

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
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X FA & RFA #NH13-217C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent
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No Change in Rate

Home Office: CMCII
800 Concourse Parkway South
Maitland, FL 32751

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

NORTH FLORIDA REHABILITATION AND SPECIALTY CARE
6700 NW 10TH PLACE
GAINESVILLE, FL 32605

Provider Number: 0 043880-00
Date: 11/8/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: 215.75
New Rate: 215.24
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 FA & RFA #NH13-217C FYE 7/31/2012

Distribution:

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

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

NORTH FLORIDA REHABILITATION AND SPECIALTY CARE
6700 NW 10TH PLACE
GAINESVILLE, FL 32605

Provider Number: 0 043880-00
Date: 11/8/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
202.52 203.39 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

FA #NH16-129C FYE 12/31/2015

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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For Information Only

No Change in Rate

Home Office:

CMCII

800 Concourse Parkway South

Maitland, FL 32751



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORTH FLORIDA REHABILITATION AND SPECIALTY CARE
6700 NW 10TH PLACE
GAINESVILLE, FL 32605

Provider Number: 0 043880-00
Date: 11/8/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 206.96, 207.85, 9/1/2017

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 #NH16-129C FYE 12/31/2015

Distribution:

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

Home Office: CMCII
800 Concourse Parkway South
Maitland, FL 32751

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

ISLAND HEALTH AND REHABILITATION CENTER
125 ALMA BLVD
MERRITT IS, FL 32953-4345

Provider Number: 0 059866-00
Date: 10/14/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Table with 3 columns: Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level and Level H: Aids.

Rate Type:

Interim

X Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

X

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

FA & RFA #NH13-223C FYE 7/31/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

CMCII

800 Concourse Parkway South

Maitland, FL 32751



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ISLAND HEALTH AND REHABILITATION CENTER
125 ALMA BLVD
MERRITT IS, FL 32953-4345

Provider Number: 0 059866-00
Date: 10/14/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
200.62	200.60	7/1/2013

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 #NH13-223C FYE 7/31/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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No Change in Rate

Home Office:

CMCII

800 Concourse Parkway South

Maitland, FL 32751

X9S83

Report Calculated: 10/14/2019 4:37:10 PM

Report Printed :10/14/2019

ID: 059866073120120201201207312013095731



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

ISLAND HEALTH AND REHABILITATION CENTER

125 ALMA BLVD

MERRITT IS, FL 32953-4345

Provider Number:

0 059866-00

Date:

10/14/2019

Fiscal Year End:

7/31/2012

Audit Status:

Revised Field Audit

Provider Type:

Current
Rate

New
Rate

Effective
Date

Nursing Home

Single Level

202.96

202.49

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

FA & RFA #NH13-223C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

CMCII

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Maitland, FL 32751

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

ISLAND HEALTH AND REHABILITATION CENTER
125 ALMA BLVD
MERRITT IS, FL 32953-4345

Provider Number: 0 059866-00
Date: 10/14/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
211.06	210.49	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

FA & RFA #NH13-223C FYE 7/31/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

CMCII

800 Concourse Parkway South

Maitland, FL 32751

X9S83

Report Calculated: 10/14/2019 4:37:10 PM

Report Printed :10/14/2019

ID: 059866073120120201201207312013095731



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SAMANTHA R. WILSON AT BAY VIEW
161 MARINE ST
ST AUGUSTINE, FL 32084-5154

Provider Number: 0 202606-00
Date: 10/21/2019
Fiscal Year End: 9/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
236.15	230.34	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 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 #NH14-144C FYE 9/30/2013	

Zainab Day

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

SAMANTHA R. WILSON AT BAY VIEW

161 MARINE ST

ST AUGUSTINE, FL 32084-5154

Provider Number:

0 202606-00

Date:

10/21/2019

Fiscal Year End:

9/30/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

238.65

232.74

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 #NH14-144C FYE 9/30/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUNNYSIDE NURSING HOME
5201 BAHIA VISTA STREET
SARASOTA, FL 34232

Provider Number: 0 202711-00
Date: 10/9/2019
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>273.54</u>	<u>274.83</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:	
<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 #NH14-051C FYE 6/30/2014	

Distribution:


Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Sunnyside Properties
5201 Bahia Vista Street
Sarasota, FL 34232

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

SUNNYSIDE NURSING HOME
5201 BAHIA VISTA STREET
SARASOTA, FL 34232

Provider Number: 0 202711-00
Date: 10/9/2019
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 283.32
New Rate: 283.33
Effective Date: 9/1/2015

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 (checked)
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
Effects of Field Audit #NH14-051C FYE 6/30/2014 (checked)

Distribution:

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No Change in Rate

Zainab Day (signature)

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUNNYSIDE NURSING HOME
5201 BAHIA VISTA STREET
SARASOTA, FL 34232

Provider Number: 0 202711-00
Date: 10/9/2019
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate 290.01
New Rate 290.02
Effective Date 9/1/2016

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 #NH14-051C FYE 6/30/2014

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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No Change in Rate

Home Office:

Sunnyside Properties
5201 Bahia Vista Street
Sarasota, FL 34232



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AYERS HEALTH & REHABILITATION CENTER
606 NE 7TH ST
TRENTON, FL 32693

Provider Number: 0 227871-00
Date: 10/17/2019
Fiscal Year End: 7/31/2013
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
195.52	193.25	7/1/2014

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
 FA & RFA #NH14-084C FYE 7/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Health Services Management
206 Fortress Blvd.
Murfreesboro, TN 37128

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

SOLARIS HEALTHCARE LAKE BENNET
1091 KELTON AVE
OCOEE, FL 34761

Provider Number: 0 248829-00
Date: 12/5/2019
Fiscal Year End: 6/30/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate 248.22
New Rate 261.67
Effective Date 7/1/2018

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 NRP CHOP effective 7/1/2018

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE LAKE BENNET

1091 KELTON AVE

OCOEE, FL 34761

Provider Number:

0 248829-00

Date:

10/18/2019

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
251.34	251.34	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 effective 7/1/2018

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

SOLARIS HEALTHCARE LAKE BENNET

1091 KELTON AVE

OCOEE, FL 34761

Provider Number:

0 248829-00

Date:

10/18/2019

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
243.17	243.17	7/1/2019

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 effective 7/1/2018

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

SOLARIS HEALTHCARE LAKE BENNET
1091 KELTON AVE
OCOBE, FL 34761

Provider Number: 0 248829-00
Date: 10/18/2019
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 243.17, 243.17, 10/1/2019

Rate Type:

X Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

X Prior Provider Prospective data

Basis:

X Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X NRP CHOP effective 7/1/2018

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

SOLARIS HEALTHCARE PALATKA
110 KAY LARKIN DR
PALATKA, FL 32177

Provider Number: 0 248888-00
Date: 12/5/2019
Fiscal Year End: 6/30/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>239.06</u>	<u>253.78</u>	<u>7/1/2018</u>

Rate Type:

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

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 NRP CHOP effective 7/1/2018

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Home Office: No Home Office

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE PALATKA
110 KAY LARKIN DRIVE
PALATKA, FL 32177

Provider Number: 0 248888-00
Date: 12/5/2019
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 250.21, 250.21, 10/1/2018

Rate Type:

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

Basis:

X Budget
Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X NRP CHOP effective 7/1/2018

Distribution:

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

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

SOLARIS HEALTHCARE PALATKA
110 KAY LARKIN DRIVE
PALATKA, FL 32177

Provider Number: 0 248888-00
Date: 12/5/2019
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
250.21	250.21	7/1/2019

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> NRP CHOP effective 7/1/2018

Distribution:

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

Zainab Day
Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE PALATKA
110 KAY LARKIN DRIVE
PALATKA, FL 32177

Provider Number: 0 248888-00
Date: 12/5/2019
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>250.21</u>	<u>250.21</u>	<u>10/1/2019</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> NRP CHOP effective 7/1/2018

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

SEA BREEZE REHAB AND NURSING CENTER
3663 15TH AVE
VERO BEACH, FL 32960

Provider Number: 0 250315-00
Date: 10/4/2019
Fiscal Year End: 5/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
237.89	232.12	6/27/2018

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 06/27/2018

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

SEA BREEZE REHAB AND NURSING CENTER
3663 15TH AVE
VERO BEACH, FL 32960

Provider Number: 0 250315-00
Date: 10/4/2019
Fiscal Year End: 5/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate 243.69
New Rate 243.69
Effective Date 10/1/2018

Rate Type:

X Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

X Prior Provider Prospective data

Basis:

X Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X NRP CHOP/CHOW effective 6/27/2018

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

SEA BREEZE REHAB AND NURSING CENTER
3663 15TH AVE
VERO BEACH, FL 32960

Provider Number: 0 250315-00
Date: 10/4/2019
Fiscal Year End: 5/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 243.69, 243.69, 7/1/2019

Rate Type:

Form with checkboxes for Interim and Prospective rates, and fields for Total Interim, Total Prospective, and Settlement based on cost.

Basis:

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

Changes:

Form with checkboxes for Rate Semester Change and NRP CHOP/CHOW effective 6/27/2018.

Distribution:

Form with checkboxes for Contract Management / Fiscal Agent, Permanent File, For Information Only, and 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

SEA BREEZE REHAB AND NURSING CENTER
3663 15TH AVE
VERO BEACH, FL 32960

Provider Number: 0 250315-00
Date: 10/4/2019
Fiscal Year End: 5/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 232.10, 232.10, 10/1/2019

Rate Type:

X Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

X Prior Provider Prospective data

Basis:

X Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X NRP CHOP/CHOW effective 6/27/2018

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

PARK RIDGE NURSING CENTER
730 COLLEGE STREET
JACKSONVILLE, FL 32204

Provider Number: 0 250906-00
Date: 12/5/2019
Fiscal Year End: 6/30/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 207.78, 228.96, 8/1/2018

Rate Type:

X Interim
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 NRP CHOP/CHOW effective 8/1/2018

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

PARK RIDGE NURSING CENTER
730 COLLEGE STREET
JACKSONVILLE, FL 32204

Provider Number: 0 250906-00
Date: 12/5/2019
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 223.60, 223.60, 10/1/2018

Rate Type:

X Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

X Prior Provider Prospective data

Basis:

X Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X NRP CHOP/CHOW effective 8/1/2018

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

PARK RIDGE NURSING CENTER

730 COLLEGE STREET

JACKSONVILLE, FL 32204

Provider Number:

0 250906-00

Date:

12/5/2019

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
204.04	204.04	7/1/2019

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 8/1/2018

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

PARK RIDGE NURSING CENTER
730 COLLEGE STREET
JACKSONVILLE, FL 32204

Provider Number: 0 250906-00
Date: 12/5/2019
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate 207.01
New Rate 207.01
Effective Date 10/1/2019

Rate Type:

X Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

X Prior Provider Prospective data

Basis:

X Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X NRP CHOP/CHOW effective 8/1/2018

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

MANOR PINES CONVALESCENT CENTER

1701 NE 26TH ST

WILTON MANORS, FL 33305-1412

Provider Number:

0 254177-00

Date:

10/10/2019

Fiscal Year End:

1/31/2015

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

216.31

215.29

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 #NH15-105C FYE 1/31/2015

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

1601 Management, LLC.

1701 N.E. 26th Street

Wilton Manors, FL 33305



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

BRIGHTON GARDENS OF TAMPA
16702 NORTH DALE MABRY HWY
TAMPA, FL 33618-1055

Provider Number: 0 284793-00
Date: 11/21/2019
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
241.21	240.68	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 #NH16-067W FYE 12/31/2014

Zainab Day



Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Sunrise Senior Living
7900 Westpark Drive, STE T900
McLean, VA 22102



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>BRIGHTON GARDENS OF TAMPA</u>	Provider Number:	<u>0 284793-00</u>
<u>16702 NORTH DALE MABRY HWY</u>	Date:	<u>11/21/2019</u>
<u>TAMPA, FL 33618-1055</u>	Fiscal Year End:	<u>12/31/2014</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		247.16	246.62	9/1/2016

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 #NH16-067W FYE 12/31/2014	

Distribution:

 Contract Management / Fiscal Agent

 Permanent File

 For Information Only

 No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Sunrise Senior Living
7900 Westpark Drive, STE T900
McLean, VA 22102



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

CRYSTAL HEALTH AND REHAB CENTER, LLC
48 HIGH POINT ROAD
TAVERNIER, FL 33070

Provider Number: 0 1002711-00
Date: 8/20/2019
Fiscal Year End: 7/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate (239.26), New Rate (234.87), Effective Date (8/1/2018)

Rate Type:

Form with checkboxes for Interim and Prospective rates, and options for settlement based on cost or prior provider data.

Basis:

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

Changes:

Form with checkboxes for Rate Semester Change and NRP CHOP/CHOW effective 8/1/2018.

Distribution:

Form with checkboxes for Contract Management / Fiscal Agent, Permanent File, For Information Only, and 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

CRYSTAL HEALTH AND REHAB CENTER, LLC
48 HIGH POINT ROAD
TAVERNIER, FL 33070

Provider Number: 1 002711-00
Date: 8/20/2019
Fiscal Year End: 7/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
240.43	255.36	10/1/2018

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 NRP CHOP/CHOW effective 8/1/2018

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

CRYSTAL HEALTH AND REHAB CENTER, LLC
48 HIGH POINT ROAD
TAVERNIER, FL 33070

Provider Number: 1 002711-00
Date: 8/20/2019
Fiscal Year End: 7/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
255.36	248.19	7/1/2019

Rate Type:

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

Basis:

Budget
 _____ Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 NRP CHOP/CHOW effective 8/1/2018

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

CRYSTAL HEALTH AND REHAB CENTER, LLC
48 HIGH POINT ROAD
TAVERNIER, FL 33070

Provider Number: 1 002711-00
Date: 8/20/2019
Fiscal Year End: 7/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 248.19, 252.19, 10/1/2019

Rate Type:

Form with checkboxes for Interim, Prospective, Total Interim, Total Prospective, 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, NRP CHOP/CHOW effective 8/1/2018.

Distribution:

Form with checkboxes for 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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PAGE REHABILITATION AND HEALTHCARE CENTER
2310 N AIRPORT RD
FORT MYERS, FL 33907

Provider Number: 1 013748-00
Date: 10/18/2019
Fiscal Year End: 9/30/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 248.25, 248.25, 1/1/2019

Rate Type:

Form with checkboxes for Interim, Prospective, Total Interim, Total Prospective, 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, NRP CHOP/CHOW effective 1/1/2019.

Distribution:

Form with checkboxes for 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

PAGE REHABILITATION AND HEALTHCARE CENTER
2310 N AIRPORT RD
FORT MYERS, FL 33907

Provider Number: 1 013748-00
Date: 10/18/2019
Fiscal Year End: 9/30/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 244.90, 244.90, 7/1/2019

Rate Type:

Form with checkboxes for Interim and Prospective rates, and options for settlement based on cost or prior provider prospective data.

Basis:

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

Changes:

Form with checkboxes for Rate Semester Change and NRP CHOP/CHOW effective 1/1/2019.

Distribution:

Form with checkboxes for Contract Management / Fiscal Agent, Permanent File, For Information Only, and 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

PAGE REHABILITATION AND HEALTHCARE CENTER
2310 N AIRPORT RD
FORT MYERS, FL 33907

Provider Number: 1 013748-00
Date: 10/18/2019
Fiscal Year End: 9/30/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 244.89
New Rate: 244.89
Effective Date: 10/1/2019

Rate Type:

X Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

X Prior Provider Prospective data

Basis:

X Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X NRP CHOP/CHOW effective 1/1/2019

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WATER'S EDGE HEALTH AND REHABILITATION
1500 SW CAPRI ST
PALM CITY, FL 34990

Provider Number: 1 017621-00
Date: 11/13/2019
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 286.02, 286.02, 11/20/2018

Rate Type:

X Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

X Prior Provider Prospective data

Basis:

- Budget
Unaudited costs
Field audited costs
Desk audited costs

Changes:

- Rate Semester Change
X NRP CHOP/CHOW effective 11/20/2018

Distribution:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Karen M. Johnston, Compliance Manager
Capital Square
400 Locust Street, Suite 820
Des Moines, IA 5030



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

WATER'S EDGE HEALTH AND REHABILITATION
1500 SW CAPRI ST
PALM CITY, FL 34990

Provider Number: 1 017621-00
Date: 11/13/2019
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 286.02, 286.02, 7/1/2019

Rate Type:

X Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

X Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X NRP CHOP/CHOW effective 11/20/2018

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Karen M. Johnston, Compliance Manager
Capital Square
400 Locust Street, Suite 820
Des Moines, IA 5030



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

WATER'S EDGE HEALTH AND REHABILITATION
1500 SW CAPRI ST
PALM CITY, FL 34990

Provider Number: 1 017621-00
Date: 11/13/2019
Fiscal Year End: 11/19/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 286.02, 286.02, 10/1/2019

Rate Type:

X Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

X Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X NRP CHOP/CHOW effective 11/20/2018

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Karen M. Johnston, Compliance Manager
Capital Square
400 Locust Street, Suite 820
Des Moines, IA 5030



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

GATEWAY CARE CENTER
8600 US HIGHWAY 19 N
PINELLAS PARK, FL 33782

Provider Number: 1 019625-00
Date: 10/22/2019
Fiscal Year End: 5/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 204.31
New Rate: 204.31
Effective Date: 11/1/2018

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:

X Budget
Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X NRP CHOP/CHOW effective 11/1/2018

Distribution:

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

Zainab Day
Medicaid Cost Reimbursement Planning and Finance

Home Office: Gateway Care Center
400 Rella Blvd., Suite #200
Montebello, NY 10901



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GATEWAY CARE CENTER
8600 US HIGHWAY 19 N
PINELLAS PARK, FL 33782

Provider Number: 1 019625-00
Date: 10/22/2019
Fiscal Year End: 5/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 197.43, 197.43, 7/1/2019

Rate Type:

X Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

X Prior Provider Prospective data

Basis:

X Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X NRP CHOP/CHOW effective 11/1/2018

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Gateway Care Center
400 Rella Blvd., Suite #200
Montebello, NY 10901

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

GATEWAY CARE CENTER
8600 US HIGHWAY 19 N
PINELLAS PARK, FL 33782

Provider Number: 1 019625-00
Date: 10/22/2019
Fiscal Year End: 5/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate 200.30
New Rate 200.30
Effective Date 10/1/2019

Rate Type:

X Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

X Prior Provider Prospective data

Basis:

X Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X NRP CHOP/CHOW effective 11/1/2018

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Gateway Care Center
400 Rella Blvd., Suite #200
Montebello, NY 10901

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

XXX010

Report Calculated: 10/22/2019 10:38 AM

Report Printed :10/22/2019 ID:



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

GRACE HEALTHCARE OF LAKE WALES
 730 N SCENIC HWY
 LAKE WALES, FL 33853

Provider Number: 1 030145-00
 Date: 10/30/2019
 Fiscal Year End: 12/31/2016
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
237.34	237.34	6/1/2019

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

Changes:

_____ Rate Semester Change

NRP CHOP/CHOW effective 6/1/2019

_____ Unaudited costs

_____ Field audited costs

_____ Desk audited costs

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

GRACE HEALTHCARE OF LAKE WALES
 730 N SCENIC HWY
 LAKE WALES, FL 33853

Provider Number: 1 030145-00
 Date: 10/30/2019
 Fiscal Year End: 12/31/2016
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>216.58</u>	<u>216.58</u>	<u>7/1/2019</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

NRP CHOP/CHOW effective 6/1/2019

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

GRACE HEALTHCARE OF LAKE WALES
 730 N SCENIC HWY
 LAKE WALES, FL 33853

Provider Number: 1 030145-00
 Date: 10/30/2019
 Fiscal Year End: 12/31/2017
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
219.73	219.73	10/1/2019

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 6/1/2019

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

ADVENTHEALTH CARE CENTER CELEBRATION
1290 CELEBRATION BLVD
KISSIMMEE, FL 34747

Provider Number: 1 032432-00
Date: 12/13/2019
Fiscal Year End: N/A
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>0.00</u>	<u>257.66</u>	<u>6/5/2019</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"/> New Facility effective 6/5/2019	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Sunbelt Health Care Centers, Inc., dba AdventHealth Care Center
485 N Keller Road, Suite 250
Maitland, FL 32751

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

ADVENTHEALTH CARE CENTER CELEBRATION
1290 CELEBRATION BLVD
KISSIMMEE, FL 34747

Provider Number: 1 032432-00
Date: 12/13/2019
Fiscal Year End: N/A
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
0.00 243.81 7/1/2019

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
 New Facility effective 6/5/2019

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Sunbelt Health Care Centers, Inc., dba AdventHealth Care Center
485 N Keller Road, Suite 250
Maitland, FL 32751

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

ADVENTHEALTH CARE CENTER CELEBRATION
1290 CELEBRATION BLVD
KISSIMMEE, FL 34747

Provider Number: 1 032432-00
Date: 12/13/2019
Fiscal Year End: N/A
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
0.00	244.65	10/1/2019

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 6/5/2019

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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Maitland, FL 32751