




RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

**MEMORANDUM**

**Date:** January 31, 2020  
**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.	The Park Summit at Coral Springs	0 018066-00	FA	1
2.	Lake Mary Health and Rehabilitation Center	0 043871-00	FA & RFA	5
3.	Health Center at Brentwood	0 043874-00	FA & RFA	4
4.	Emerald Shores Health and Rehabilitation	0 060972-00	FA & RFA	3
5.	Consulate Health Care of Lakeland	0 080391-00	FA	1
6.	Alliance Health and Rehabilitation Center	0 202789-00	FA	1
7.	Metrowest Nursing and Rehab	0 263541-00	FA	2
8.	Ft. Lauderdale Health and Rehab Center	0 321303-00	FA	2
9.	Fair Havens Center	1 036022-00	New Facility	2
10.	Orlando Health Central	1 049565-00	New Facility	2
			<b>TOTAL:</b>	23

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
001806600	20160901	231.89	0.00	231.89	231.89	87360-20	NH16-060W
004387100	20130701	206.02	0.00	206.02	206.02	87360-20	NH13-210C
004387100	20140101	206.36	0.00	206.36	206.36	87360-20	NH13-210C
004387100	20140701	214.05	0.00	214.05	214.05	87360-20	NH13-210C
004387100	20160901	212.45	0.00	212.45	212.45	87360-20	NH16-146C
004387100	20170901	217.37	0.00	217.37	217.37	87360-20	NH16-146C
004387400	20130701	198.90	0.00	198.90	198.90	87360-20	NH13-212C
004387400	20140101	200.42	0.00	200.42	200.42	87360-20	NH13-212C
004387400	20140701	208.06	0.00	208.06	208.06	87360-20	NH13-212C
004387400	20160901	187.87	0.00	187.87	187.87	87360-20	NH16-138C
006097200	20130701	208.01	0.00	208.01	208.01	87360-20	NH13-228C
006097200	20140101	210.40	0.00	210.40	210.40	87360-20	NH13-228C
006097200	20140701	219.02	0.00	219.02	219.02	87360-20	NH13-228C
008039100	20160901	192.12	0.00	192.12	192.12	87360-20	NH16-104C
020278900	20150901	195.07	0.00	195.07	195.07	87360-20	NH15-134C
026354100	20160901	216.42	0.00	216.42	216.42	87360-20	NH15-116C
026354100	20170901	220.53	0.00	220.53	220.53	87360-20	NH15-116C
032130300	20130701	233.58	0.00	233.58	233.58	87360-20	NH13-137L
032130300	20140101	217.94	0.00	217.94	217.94	87360-20	NH14-141C
103602200	20190924	228.20	228.20	228.20	228.20	87360-20	
103602200	20191001	230.80	230.80	230.80	230.80	87360-20	
104956500	20190905	228.13	228.13	228.13	228.13	87360-20	
104956500	20191001	229.34	229.34	229.34	229.34	87360-20	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

THE PARK SUMMIT AT CORAL SPRINGS

8500 ROYAL PALM BLVD

CORAL SPRINGS, FL 33065

Provider Number:

0 018066-00

Date:

10/15/2019

Fiscal Year End:

12/31/2015

Audit Status:

Field Audited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

New  
Rate

Effective  
Date

236.11

231.89

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

Field Audit #NH16-060W FYE 12/31/2015

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:    FiveStar Senior Living Inc.  
400 Centre Street  
Newton, MA 02458

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**

LAKE MARY HEALTH AND REHABILITATION CENTER  
710 NORTH SUN DRIVE  
LAKE MARY, FL 32746

Provider Number: 0 043871-00  
Date: 11/8/2019  
Fiscal Year End: 7/31/2012  
Audit Status: Revised Field Audit

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
206.54	206.02	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 #NH13-210C 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**

LAKE MARY HEALTH AND REHABILITATION CENTER  
710 NORTH SUN DRIVE  
LAKE MARY, FL 32746

Provider Number: 0 043871-00  
Date: 11/8/2019  
Fiscal Year End: 7/31/2012  
Audit Status: Revised Field Audit

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
206.90	206.36	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
<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  
 FA & RFA #NH13-210C FYE 7/31/2012

**Distribution:**

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

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**

LAKE MARY HEALTH AND REHABILITATION CENTER  
710 NORTH SUN DRIVE  
LAKE MARY, FL 32746

Provider Number: 0 043871-00  
Date: 11/8/2019  
Fiscal Year End: 7/31/2012  
Audit Status: Revised Field Audit

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>214.60</u>	<u>214.05</u>	<u>7/1/2014</u>

**Rate Type:**

Interim

Prospective

\_\_\_\_\_ Total Interim

\_\_\_\_\_ Total Prospective

\_\_\_\_\_ Interim Component

\_\_\_\_\_ Total Prospective with Interim Component

Settlement based on cost

\_\_\_\_\_ Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

FA & RFA #NH13-210C FYE 7/31/2012

**Distribution:**

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

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**

LAKE MARY HEALTH AND REHABILITATION CENTER  
710 NORTH SUN DRIVE  
LAKE MARY, FL 32746

Provider Number: 0 043871-00  
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
212.84	212.45	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

Field Audit #NH16-146C FYE 12/31/2015

**Distribution:**

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

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**

LAKE MARY HEALTH AND REHABILITATION CENTER  
710 NORTH SUN DRIVE  
LAKE MARY, FL 32746

Provider Number: 0 043871-00  
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
217.77	217.37	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

Field Audit #NH16-146C FYE 12/31/2015

**Distribution:**

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

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 BRENTWOOD
2333 N BRENTWOOD CIR
LECANTO, FL 34461-8536

Provider Number: 0 043874-00
Date: 11/15/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 198.92, 198.90, 7/1/2013

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 #NH13/212C FYE 07/31/2012

Distribution:

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

Home Office: CMCH
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

HEALTH CENTER AT BRENTWOOD
2333 N BRENTWOOD CIR
LECANTO, FL 34461-8536

Provider Number: 0 043874-00
Date: 11/15/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Table with 3 columns: Current Rate, New Rate, Effective Date. Row 1: Nursing Home Single Level, 200.43, 200.42, 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 #NH13/212C FYE 07/31/2012

Distribution:

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

Zainab Day (signature)

Medicaid Cost Reimbursement Planning and Finance

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**

HEALTH CENTER AT BRENTWOOD  
2333 N BRENTWOOD CIR  
LECANTO, FL 34461-8536

Provider Number: 0 043874-00  
Date: 11/15/2019  
Fiscal Year End: 7/31/2012  
Audit Status: Revised Field Audit

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
208.42    208.06    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

FA & RFA #NH13/212C FYE 07/31/2012

**Distribution:**

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

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 BRENTWOOD  
 2333 N BRENTWOOD CIR  
 LECANTO, FL 34461-8536

Provider Number: 0 043874-00  
 Date: 11/15/2019  
 Fiscal Year End: 12/31/2015  
 Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>188.22</u>	<u>187.87</u>	<u>9/1/2016</u>

**Rate Type:**

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

**Basis:**


Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 FA #NH16-138C FYE 12/31/2015

**Distribution:**

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

Zainab Day   
 Medicaid Cost Reimbursement Planning and Finance

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**

EMERALD SHORES HEALTH AND REHABILITATION  
 626 N TYNDALL PKWY  
 CALLAWAY, FL 32404-6132

Provider Number:	0 060972-00
Date:	5/16/2019
Fiscal Year End:	7/31/2012
Audit Status:	Revised Field Audit

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b><u>208.82</u></b>	<b><u>208.01</u></b>	<b><u>7/1/2013</u></b>

**Rate Type:**

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

**Basis:**

<input type="checkbox"/> Budget
<input 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 #NH13-228C FYE 7/31/2012

**Distribution:**

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

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**

EMERALD SHORES HEALTH AND REHABILITATION  
626 N TYNDALL PKWY  
CALLAWAY, FL 32404-6132

Provider Number: 0 060972-00  
Date: 5/16/2019  
Fiscal Year End: 7/31/2012  
Audit Status: Revised Field Audit

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
211.22	210.40	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
<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  
 FA & RFA #NH13-228C FYE 7/31/2012

**Distribution:**

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

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**

EMERALD SHORES HEALTH AND REHABILITATION  
626 N TYNDALL PKWY  
CALLAWAY, FL 32404-6132

Provider Number: 0 060972-00  
Date: 5/16/2019  
Fiscal Year End: 7/31/2012  
Audit Status: Revised Field Audit

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
219.87	219.02	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

FA & RFA #NH13-228C 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**

CONSULATE HEALTH CARE OF LAKELAND  
5245 N SOCRUM LOOP RD  
LAKELAND, FL 33809

Provider Number: 0 080391-00  
Date: 12/4/2019  
Fiscal Year End: 12/31/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>193.05</u>	<u>192.12</u>	<u>9/1/2016</u>

**Rate Type:**

Interim

Prospective

\_\_\_\_\_ Total Interim

\_\_\_\_\_  Total Prospective

\_\_\_\_\_ Interim Component

\_\_\_\_\_ Total Prospective with Interim Component

\_\_\_\_\_ Settlement based on cost

\_\_\_\_\_ Prior Provider Prospective data

**Basis:**

\_\_\_\_\_ Budget

\_\_\_\_\_ Unaudited costs

Field audited costs

\_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change

Field Audit #NH16-104C FYE 12/31/2014

Zainab Da

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

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

Home Office: Consulate Management Company  
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**

ALLIANCE HEALTH AND REHABILITATION CENTER  
130 W ARMSTRONG AVENUE  
DELAND, FL 32720

Provider Number: 0 202789-00  
Date: 10/11/2019  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
197.77    195.07    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 #NH15-134C FYE 6/30/2014

**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**

METROWEST NURSING AND REHAB  
5900 WESTGATE DRIVE  
ORLANDO, FL 32835

Provider Number: 0 263541-00  
Date: 10/17/2019  
Fiscal Year End: 12/31/2015  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**217.34**    **216.42**    **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

Field Audit #NH15-116C FYE 12/31/2015

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Southern HealthCare Management, LLC  
5887 Glenridge Drive, Suite 150  
Atlanta, GA 30328



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

METROWEST NURSING AND REHAB
5900 WESTGATE DRIVE
ORLANDO, FL 32835

Provider Number: 0 263541-00
Date: 10/17/2019
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: 221.47, 220.53, 9/1/2017

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
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Field Audit #NH15-116C FYE 12/31/2015

Distribution:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Southern HealthCare Management, LLC
5887 Glenridge Drive, Suite 150
Atlanta, GA 30328



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

FT. LAUDERDALE HEALTH & REHAB CENTER

2000 EAST COMMERCIAL BLVD

FORT LAUDERDALE, FL 33308

Provider Number:

0 321303-00

Date:

5/7/2019

Fiscal Year End:

12/31/2011

Audit Status:

Unaudited

**Provider Type:**

Nursing Home      Single Level

Current  
Rate

New  
Rate

Effective  
Date

233.78

233.58

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

Effects of Field Audit #NH13-137L FYE  
12/31/2007

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FT. LAUDERDALE HEALTH & REHAB CENTER
2000 EAST COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308

Provider Number: 0 321303-00
Date: 5/7/2019
Fiscal Year End: 12/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 223.09, 217.94, 1/1/2014

Rate Type:

Interim

X Prospective

Total Interim

X

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

Field Audit #NH14-141C FYE 12/31/2012 with effects of Field Audit #NH13-137L FYE 12/31/2007

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FAIR HAVENS CENTER  
201 CURTISS PKWY  
MIAMI SPRINGS, FL 33166

Provider Number: 1 036022-00  
Date: 1/3/2020  
Fiscal Year End: N/A  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>167.32</u>	<u>228.20</u>	<u>9/24/2019</u>

**Rate Type:**

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ X 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 9/24/2019

**Distribution:**

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Ventura Services LLC  
2901 Stirling Road #200  
Hollywood, FL 33021



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**

FAIR HAVENS CENTER

201 CURTISS PKWY

MIAMI SPRINGS, FL 33166

Provider Number:

1 036022-00

Date:

1/3/2020

Fiscal Year End:

N/A

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

New  
Rate

Effective  
Date

169.75

230.80

10/01/2019

**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 9/24/2019

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:    Ventura Services LLC  
2901 Stirling Road #200  
Hollywood, FL 33021

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**

ORLANDO HEALTH CENTRAL	Provider Number:	1 049565-00
1300 HEMPEL AVE	Date:	1/28/2020
OCOCEE, FL 34761	Fiscal Year End:	N/A
	Audit Status:	Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>0.00</u>	<u>228.13</u>	<u>9/05/2019</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> New facility effective 9/05/2019

**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**

ORLANDO HEALTH CENTRAL  
1300 HEMPEL AVE  
OCOCEE, FL 34761

Provider Number: 1 049565-00  
Date: 1/28/2020  
Fiscal Year End: N/A  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
0.00	229.34	10/01/2019

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

New facility effective 9/05/2019

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:  No Home Office