



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

SURREY PLACE CARE CENTER
110 S.E. LEE AVENUE
LIVE OAK, FL 32060

Provider Number: 0 001135-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$234.33</u>	<u>\$238.80</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF PALM BEACH
 4405 LAKEWOOD ROAD
 LAKE WORTH, FL 33461

Provider Number: 0 001136-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$246.74</u>	<u>\$240.68</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FLORIDA BAPTIST RETIREMENT CENTER
1006 33RD STREET
VERO BEACH, FL 32960

Provider Number: 0 001416-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$211.24</u>	<u>\$211.03</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

DEBARY HEALTH AND REHABILITATION CENTER
60 N.HIGHWAY 17/92
DEBARY, FL 32713

Provider Number: 0 005372-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$238.27</u>	<u>\$229.78</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Citadel Consulting Group, LLC
 1000 Gates Avenue
 Brooklyn, NY 11221



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

FLAGLER HEALTH AND REHABILITATION CENTER
300 S. LEMON STREET
BUNNELL, FL 32110

Provider Number: 0 005374-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$235.86</u>	<u>\$232.26</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

MF LONGWOOD, LLC
1520 S. GRANT STREET
LONGWOOD, FL 32750

Provider Number: 0 005379-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$238.21</u>	<u>\$227.73</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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 REHABILITATION CENTER OF WINTER PARK
1700 MONROE AVENUE
MAITLAND, FL 32751

Provider Number: 0 005380-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$246.71</u>	<u>\$246.71</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

BRYNWOOD HEALTH AND REHABILITATION CENTER
1656 JEFFERSON
MONTICELLO, FL 32344

Provider Number: 0 005381-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$247.57</u>	<u>\$234.66</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

CHIPOLA HEALTH AND REHABILITATION CENTER
4294 THIRD AVENUE
MARIANNA, FL 32446

Provider Number: 0 005383-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$237.68</u>	<u>\$225.80</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

PANAMA CITY HEALTH AND REHABILITATION CENTER
924 W. 13TH STREET
PANAMA CITY, FL 32401

Provider Number: 0 005385-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$246.70</u>	<u>\$221.83</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

RIVERCHASE HEALTH AND REHABILITATION CENTER
1000 STRONG RD.
QUINCY, FL 32351

Provider Number: 0 005386-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$240.35</u>	<u>\$232.28</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

SUWANNEE HEALTH AND REHABILITATION CENTER
1620 HELVENSTON STREET
LIVE OAK, FL 32064

Provider Number: 0 005387-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$250.82</u>	<u>\$238.28</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

MF OAKWOOD, LLC
 451 S. AMELIA AVENUE
 DELAND, FL 32724

Provider Number: 0 005547-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$232.00</u>	<u>\$229.71</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

OAKS OF KISSIMMEE HEALTH AND REHABILITATION
 CENTER
 320 NORTH MITCHELL STREET
 KISSIMMEE, FL 34741

Provider Number: 0 005549-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$249.25</u>	<u>\$236.16</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

BOYNTON HEALTH CARE CENTER
7892 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437

Provider Number: 0 005814-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$267.31</u>	<u>\$259.81</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

GLEN OAKS HEALTH AND REHABILITATION CENTER
1100 PINE STREET
CLEARWATER, FL 33756

Provider Number: 0 005849-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$274.15</u>	<u>\$261.57</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

HERITAGE PARK HEALTH AND REHABILITATION CENTER
37135 COLEMAN AVENUE
DADE CITY, FL 33525

Provider Number: 0 005850-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$238.20</u>	<u>\$226.29</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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 EUSTIS HEALTH AND REHABILITATION CENTER
411 W. WOODARD AVENUE
EUSTIS, FL 32726

Provider Number: 0 005851-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$240.84</u>	<u>\$237.27</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Gulf Coast Health Care
40 South Palafox Place
Pensacola, FL 32502



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 PLACID HEALTH AND REHABILITATION CENTER
125 TOMOKA BOULEVARD, S.
LAKE PLACID, FL 33852

Provider Number: 0 006339-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$244.59</u>	<u>\$232.36</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

ROYAL PALM BEACH HEALTH AND REHABILITATION
 CENTER
 600 BUSINESS PARKWAY
 ROYAL PALM BEACH, FL 33411

Provider Number: 0 006489-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$260.70</u>	<u>\$255.45</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

OAKBROOK HEALTH AND REHABILITATION CENTER
250 BROWARD AVENUE
LABELLE, FL 33935

Provider Number: 0 006767-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$263.60</u>	<u>\$249.89</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE & REHABILITATION CENTER
5401 SAWYER ROAD
SARASOTA, FL 34233

Provider Number: 0 010453-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$249.59</u>	<u>\$237.11</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HEARTLAND OF BOCA RATON FL, LLC
7225 BOCA DEL MAR DRIVE
BOCA RATON, FL 33433

Provider Number: 0 011997-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$258.20</u>	<u>\$251.75</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GRACE REHABILITATION CENTER OF VERO BEACH
2180 10TH AVENUE
VERO BEACH, FL 32960

Provider Number: 0 011998-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$242.00</u>	<u>\$233.64</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Sunland Vero Beach, LLC
 801 Broad Street
 Chattanooga, TN 37402



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST. JAMES HEALTH AND REHABILITATION CENTER
239 CROOKED RIVER ROAD
CARRABELLE, FL 32322

Provider Number: 0 015613-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$219.84</u>	<u>\$229.07</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Saber Healthcare Group, LLC
 26691 Richmond Road
 Bedford Heights, OH 44146



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

BAYSIDE HEALTH AND REHABILITATION CENTER
4343 LANGLEY AVENUE
PENSACOLA, FL 32504

Provider Number: 0 017221-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$234.79</u>	<u>\$236.15</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

MARGATE HEALTH AND REHABILITATION CENTER
5951 COLONIAL DRIVE
MARGATE, FL 33063

Provider Number: 0 017222-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$264.51</u>	<u>\$251.87</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

ROSEWOOD HEALTHCARE AND REHABILITATION CENTER
3107 NORTH "H" STREET
PENSACOLA, FL 32501

Provider Number: 0 017223-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$239.34</u>	<u>\$238.14</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Gulf Coast Health Care
40 South Palafox Place
Pensacola, FL 32502



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

BAY BREEZE SENIOR LIVING AND REHABILITATION
 CENTER
 3387 GULF BREEZE PARKWAY
 GULF BREEZE, FL 32563

Provider Number: 0 017225-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$245.24</u>	<u>\$237.53</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>

Changes:	
	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

SILVERCREST HEALTH AND REHABILITATION CENTER
103 RUBY LANE
CRESTVIEW, FL 32539

Provider Number: 0 017230-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$244.62</u>	<u>\$232.39</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

SPECIALTY HEALTH AND REHABILITATION CENTER
6984 PINE FOREST ROAD
PENSACOLA, FL 32526

Provider Number: 0 017236-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$246.05</u>	<u>\$234.69</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

GRAND BOULEVARD HEALTH & REHAB. CENTER
138 SANDESTIN LANE
DESTIN, FL 32550

Provider Number: 0 017242-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$251.31</u>	<u>\$243.04</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

BAY VILLAGE OF SARASOTA
8400 VAMO ROAD
SARASOTA, FL 34231

Provider Number: 0 018777-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$273.63</u>	<u>\$259.95</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

GOLFVIEW HEALTHCARE CENTER
3636 10TH AVENUE, N.
ST. PETERSBURG, FL 33713

Provider Number: 0 019085-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$222.07</u>	<u>\$230.03</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTHERN PINES HEALTHCARE CENTER
6140 CONGRESS STREET
NEW PORT RICHEY, FL 34653

Provider Number: 0 019282-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$207.64</u>	<u>\$216.36</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF JACKSONVILLE
 2061 HYDE PARK ROAD
 JACKSONVILLE, FL 32210

Provider Number: 0 019284-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$214.35</u>	<u>\$223.34</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x Prospective</p> <p><u> </u> x Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COASTAL HEALTH AND REHABILITATION CENTER
820 N. CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32117

Provider Number: 0 021261-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$232.57</u>	<u>\$235.48</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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 ROAD
DAYTONA BEACH, FL 32114

Provider Number: 0 022138-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$249.22</u>	<u>\$236.44</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BLOUNTSTOWN HEALTH AND REHABILITATION CENTER
16690 S.W. CHIPOLA ROAD
BLOUNTSTOWN, FL 32424

Provider Number: 0 022987-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$219.83</u>	<u>\$211.44</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE HOME ASSOCIATION, INC.
 1203 22ND AVENUE
 TAMPA, FL 33605

Provider Number: 0 022994-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$222.08</u>	<u>\$229.29</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

OKEECHOBEE HEALTHCARE FACILITY
1646 HIGHWAY 441, NORTH
OKEECHOBEE, FL 34972

Provider Number: 0 023067-00
 Date: 12/22/2021
 Fiscal Year End: 3/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$268.83</u>	<u>\$268.83</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

WEST BROWARD REHABILITATION AND HEALTHCARE
7751 WEST BROWARD BLVD.
PLANTATION, FL 33324

Provider Number: 0 026536-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$262.97</u>	<u>\$249.82</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Royal Meridian
 3777 Royal Palm Ave
 Miami, FL 33140



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

UNITY HEALTH AND REHAB CENTER
1404 N.W. 22ND STREET
MIAMI, FL 33142

Provider Number: 0 032482-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$246.16</u>	<u>\$239.82</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 032551-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$257.70</u>	<u>\$244.82</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LEXINGTON HEALTH & REHABILITATION CENTER
6300 46TH AVENUE, NORTH
ST. PETERSBURG, FL 33709

Provider Number: 0 032553-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$241.81</u>	<u>\$246.06</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SEVEN HILLS HEALTH & REHABILITATION CENTER
3333 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

Provider Number: 0 033175-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$240.00</u>	<u>\$241.66</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



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

BENDERSON FAMILY SKILLED NURSING & REHAB CENTER
1955 NORTH HONORE AVE.
SARASOTA, FL 34235

Provider Number: 0 033717-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$242.46</u>	<u>\$230.34</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

HERON POINTE HEALTH AND REHABILITATION
1445 HOWELL AVENUE
BROOKSVILLE, FL 34601

Provider Number: 0 043832-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$201.30</u>	<u>\$209.75</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Consulate Health Care (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

HERITAGE HEALTHCARE CENTER AT TALLAHASSEE
3101 GINGER DRIVE
TALLAHASSEE, FL 32308

Provider Number: 0 043833-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$207.72</u>	<u>\$214.02</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

BAY BREEZE HEALTH AND REHABILITATION CENTER
1026 ALBEE FARM ROAD
VENICE, FL 34285

Provider Number: 0 043835-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$225.17</u>	<u>\$216.68</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

HERITAGE HEALTHCARE AND REHABILITATION CENTER
777 9TH STREET NORTH
NAPLES, FL 34102

Provider Number: 0 043838-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$216.80</u>	<u>\$224.02</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

KEYSTONE REHABILITATION AND HEALTH CENTER
1120 WEST DONEGAN AVENUE
KISSIMMEE, FL 34741

Provider Number: 0 043839-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$196.26</u>	<u>\$204.84</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

OAKTREE HEALTHCARE
650 REED CANAL ROAD
SOUTH DAYTONA, FL 32119

Provider Number: 0 043843-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$215.01</u>	<u>\$214.25</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

CORAL TRACE HEALTH CARE
216 SANTA BARBARA BLVD.
CAPE CORAL, FL 33991

Provider Number: 0 043848-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$212.58</u>	<u>\$219.30</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

THE PARKS HEALTHCARE AND REHABILITATION CENTER
9311 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

Provider Number: 0 043850-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$224.88</u>	<u>\$230.07</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Consulate Health Care (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

CORAL BAY HEALTHCARE AND REHABILITATION
2939 SOUTH HAVERHILL ROAD
WEST PALM BEACH, FL 33415

Provider Number: 0 043851-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$228.98</u>	<u>\$238.59</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

PLANTATION BAY REHABILITATION CENTER
4641 OLD CANOE CREEK RD
ST.CLOUD, FL 34769

Provider Number: 0 043853-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$213.15</u>	<u>\$224.97</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

COLONIAL LAKES HEALTH CARE
15204 W. COLONIAL DRIVE
WINTER GARDEN, FL 34787

Provider Number: 0 043854-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$198.72</u>	<u>\$207.06</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

CENTRAL PARK HEALTHCARE AND REHABILITATION
 CENTER
 702 SOUTH KINGS AVENUE
 BRANDON, FL 33511

Provider Number: 0 043856-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$235.67</u>	<u>\$232.36</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

BENEVA LAKES HEALTHCARE AND REHABILITATION
 CENTER
 741 S. BENEVA ROAD
 SARASOTA, FL 34232

Provider Number: 0 043857-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$233.60</u>	<u>\$231.88</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

BRADENTON HEALTH CARE
6305 CORTEZ ROAD WEST
BRADENTON, FL 34210

Provider Number: 0 043859-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$224.78</u>	<u>\$234.21</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

BRANDON HEALTH AND REHABILITATION CENTER
1465 OAKFIELD DRIVE
BRANDON, FL 33511

Provider Number: 0 043860-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$211.09</u>	<u>\$219.24</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Consulate Health Care (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

FORT PIERCE HEALTH CARE
611 S. 13TH STREET
FORT PIERCE, FL 34950

Provider Number: 0 043861-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$219.59</u>	<u>\$223.48</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

HABANA HEALTH CARE CENTER
2916 HABANA WAY
TAMPA, FL 33614

Provider Number: 0 043862-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$221.99</u>	<u>\$231.30</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

THE HEALTH AND REHABILITATION CENTRE AT
 DOLPHINS VIEW
 1820 SHORE DRIVE, SOUTH
 ST. PETERSBURG, FL 33707

Provider Number: 0 043863-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$229.48</u>	<u>\$231.48</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x Prospective <u> </u> x Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

GRAND OAKS HEALTH AND REHABILITATION CENTER
3001 PALM COAST PARKWAY SE
PALM COAST, FL 32137

Provider Number: 0 043864-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$211.82</u>	<u>\$224.55</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

HARTS HARBOR HEALTH CARE CENTER
11565 HARTS ROAD
JACKSONVILLE, FL 32218

Provider Number: 0 043865-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$199.99</u>	<u>\$194.01</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

FLETCHER HEALTH AND REHABILITATION CENTER
518 WEST FLETCHER AVENUE
TAMPA, FL 33612

Provider Number: 0 043866-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$215.04</u>	<u>\$224.06</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

WEDGEWOOD HEALTHCARE CENTER
1010 CARPENTER'S WAY
LAKELAND, FL 33809

Provider Number: 0 043867-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$214.20</u>	<u>\$223.19</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

DELTONA HEALTH CARE
1851 ELKCAM BOULEVARD
DELTONA, FL 32725

Provider Number: 0 043868-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$221.37</u>	<u>\$227.17</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$225.40</u>	<u>\$216.24</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

COUNTRYSIDE REHAB AND HEALTHCARE CENTER
3825 COUNTRYSIDE BOULEVARD N
PALM HARBOR, FL 34684

Provider Number: 0 043872-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$208.44</u>	<u>\$217.19</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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 CIRCLE
LECANTO, FL 34461

Provider Number: 0 043874-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$199.33</u>	<u>\$207.69</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

GOVERNOR'S CREEK HEALTH AND REHABILITATION
803 OAK STREET
GREEN COVE SPRINGS, FL 32043

Provider Number: 0 043875-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$205.03</u>	<u>\$213.64</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

BARDMOOR OAKS HEALTHCARE AND REHABILITATION CENTER
9035 BRYAN DAIRY ROAD
LARGO, FL 33777

Provider Number: 0 043876-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$207.30</u>	<u>\$216.00</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

MAGNOLIA HEALTH AND REHABILITATION CENTER
1507 SOUTH TUTTLE AVENUE
SARASOTA, FL 34239

Provider Number: 0 043877-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$220.33</u>	<u>\$229.29</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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 N.W. 10TH PLACE
GAINESVILLE, FL 32605

Provider Number: 0 043880-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$215.79</u>	<u>\$221.22</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

CRESTVIEW REHABILITATION CENTER
1849 FIRST AVENUE, EAST
CRESTVIEW, FL 32539

Provider Number: 0 044886-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$202.32</u>	<u>\$210.81</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input checked="" type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input checked="" type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

FORT WALTON REHABILITATION CENTER
1 LBJ SR. DRIVE
FORT WALTON BEACH, FL 32548

Provider Number: 0 044888-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$211.97</u>	<u>\$224.87</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

RIVER VALLEY REHABILITATION CENTER
17884 N.E. CROZIER STREET
BLOUNTSTOWN, FL 32424

Provider Number: 0 044889-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$207.59</u>	<u>\$216.30</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

HOMESTEAD MANOR A PALACE COMMUNITY
1330 N.W. 1ST AVENUE
HOMESTEAD, FL 33030

Provider Number: 0 046017-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$269.99</u>	<u>\$250.53</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: right;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: right;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Professional Care I Inc
 10850 SW 113th Place
 Miami, FL 33176



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

VICTORIA NURSING AND REHABILITATION CENTER, INC.
955 N.W. 3RD. STREET
MIAMI, FL 33128

Provider Number: 0 046128-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$259.29</u>	<u>\$255.00</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <input type="checkbox"/> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

RIVERSIDE CARE CENTER
899 N.W. 4TH STREET
MIAMI, FL 33128

Provider Number: 0 046758-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$267.35</u>	<u>\$267.35</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input checked="" type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input checked="" type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

RENAISSANCE HEALTH AND REHABILITATION
 5065 WALLIS ROAD
 WEST PALM BEACH, FL 33415

Provider Number: 0 047787-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$229.91</u>	<u>\$236.42</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

HILLCREST HEALTH CARE AND REHABILITATION CENTER
4200 WASHINGTON STREET
HOLLYWOOD, FL 33021

Provider Number: 0 047795-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$205.21</u>	<u>\$213.82</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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 CENTRAL PARK
411 NORTH DILLARD STREET
WINTER GARDEN, FL 34787

Provider Number: 0 048441-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$248.11</u>	<u>\$246.98</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

OCALA OAKS REHABILITATION CENTER
3930 E SILVER SPRINGS BLVD
OCALA, FL 34470

Provider Number: 0 048611-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$223.53</u>	<u>\$232.91</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

CALUSA HARBOUR
2525 FIRST STREET
FORT MYERS, FL 33901

Provider Number: 0 059369-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$264.35</u>	<u>\$251.13</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

SNH SE Tenant TRS, Inc.
 400 Centre Street
 Newton, MA 02458



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

STRATFORD COURT OF PALM HARBOR
45 KATHERINE BOULEVARD
PALM HARBOR, FL 34648

Provider Number: 0 059400-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$255.12</u>	<u>\$243.60</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: SNH SE Tenant TRS, Inc.
400 Centre Street
Newton, MA 02458



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

GARDENS OF PORT ST. LUCIE
1699 SE LYN GATE DRIVE
PORT ST. LUCIE, FL 34952

Provider Number: 0 059404-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$260.94</u>	<u>\$247.89</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

SNH SE Tenant TRS, Inc.
 400 Centre Street
 Newton, MA 02458



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

SUMMER BROOK HEALTH CARE CENTER
5377 MONCRIEF ROAD
JACKSONVILLE, FL 32209

Provider Number: 0 059783-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$206.04</u>	<u>\$207.03</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

TIKVA Healthcare Consultants
 2333 Hansen Lane, Suite 4
 Tallahassee, FL 32301



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

SHOAL CREEK REHABILITATION CENTER
500 SOUTH HOSPITAL DRIVE
CRESTVIEW, FL 32539

Provider Number: 0 059852-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$199.17</u>	<u>\$207.52</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

ENGLEWOOD HEALTHCARE & REHABILITATION CENTER
1111 DRURY LANE
ENGLEWOOD, FL 34224

Provider Number: 0 059855-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$212.99</u>	<u>\$221.93</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: right;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: right;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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 BOULEVARD
MERRITT ISLAND, FL 32953

Provider Number: 0 059866-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$215.35</u>	<u>\$223.24</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Consulate Health Care (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

SEA BREEZE HEALTH CARE
1937 JENKS AVENUE
PANAMA CITY, FL 32405

Provider Number: 0 059874-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$199.42</u>	<u>\$195.98</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

SPRING HILL HEALTH AND REHABILITATION CENTER
12170 CORTEZ BOULEVARD
BROOKSVILLE, FL 34613

Provider Number: 0 059877-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$209.40</u>	<u>\$217.92</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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 NORTH TYNDALL PARKWAY
CALLOWAY, FL 32404

Provider Number: 0 060972-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$210.19</u>	<u>\$219.01</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

UNIVERSITY HILLS HEALTH AND REHABILITATION
10040 HILLVIEW ROAD
PENSACOLA, FL 32514

Provider Number: 0 060993-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$201.77</u>	<u>\$204.03</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: right;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: right;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

HERITAGE PARK REHABILITATION AND HEALTHCARE
2826 CLEVELAND AVENUE
FORT MYERS, FL 33901

Provider Number: 0 061095-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$208.53</u>	<u>\$217.28</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

DESTIN HEALTHCARE AND REHABILITATION CENTER
195 MATTIE M. KELLY BLVD.
DESTIN, FL 32541

Provider Number: 0 061101-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$212.24</u>	<u>\$221.14</u>	<u>10/1/2021</u>

Rate Type:	
	<u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component

Changes:	
	<u> </u> x <u> </u> Rate Semester Change

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

SAN JOSE HEALTH AND REHABILITATION CENTER
9355 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257

Provider Number: 0 061102-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$196.80</u>	<u>\$198.73</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Consulate Health Care (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

SEAVIEW NURSING AND REHABILITATION CENTER
2401 N.E. 2ND STREET
POMPANO BEACH, FL 33062

Provider Number: 0 061107-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$218.28</u>	<u>\$227.44</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

LAKESIDE OAKS CARE CENTER
1061 VIRGINIA STREET
DUNEDIN, FL 34698

Provider Number: 0 061140-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$213.69</u>	<u>\$220.35</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

THE CLUB HEALTH AND REHAB CENTER AT THE
 VILLAGES
 16529 SE 86TH BELLE MEADE CIRCLE
 THE VILLAGES, FL 32162

Provider Number: 0 072320-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$244.76</u>	<u>\$234.34</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BRADEN RIVER REHABILITATION CENTER, LLC
2010 MANATEE AVENUE E.
BRADENTON, FL 34208

Provider Number: 0 073324-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$223.03</u>	<u>\$232.39</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

GROVES CENTER
 512 S. 11TH STREET
 LAKE WALES, FL 33853

Provider Number: 0 080062-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2021
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$211.58</u>	<u>\$221.13</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <input type="checkbox"/> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

LAKELAND HILLS CENTER
610 E. BELLA VISTA DRIVE
LAKELAND, FL 33805

Provider Number: 0 080068-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$215.39</u>	<u>\$222.37</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

TARPON BAYOU CENTER
 515 CHESAPEAKE DRIVE
 TARPON SPRINGS, FL 34689

Provider Number: 0 080079-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2021
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$226.91</u>	<u>\$228.48</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x Prospective <u> </u> x Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

CONSULATE HEALTH CARE OF BAYONET POINT
8132 HUDSON AVENUE
HUDSON, FL 34667

Provider Number: 0 080374-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$205.12</u>	<u>\$213.73</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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 BRANDON
701 VICTORIA STREET
BRANDON, FL 33510

Provider Number: 0 080377-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$201.93</u>	<u>\$214.88</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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 JACKSONVILLE
4101 SOUTHPOINT DR. EAST
JACKSONVILLE, FL 32216

Provider Number: 0 080384-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$226.37</u>	<u>\$227.93</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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 KISSIMMEE
2511 N. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

Provider Number: 0 080387-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$211.71</u>	<u>\$219.13</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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 ROAD
LAKELAND, FL 33809

Provider Number: 0 080391-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$203.83</u>	<u>\$212.15</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Consulate Health Care (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 LAKE PARKER
2020 W. LAKE PARKER DRIVE
LAKELAND, FL 33805

Provider Number: 0 080393-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$212.40</u>	<u>\$218.53</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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 MELBOURNE
3033 SARNO ROAD
MELBOURNE, FL 32934

Provider Number: 0 080394-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$221.38</u>	<u>\$224.72</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Consulate Health Care (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 NEW PORT RICHEY
8417 OLD COUNTY ROAD 54
NEW PORT RICHEY, FL 34653

Provider Number: 0 080397-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$203.08</u>	<u>\$211.60</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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 NORTH FT. MYERS
991 PONDELLA ROAD
FORT MYERS, FL 33903

Provider Number: 0 080400-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$207.83</u>	<u>\$213.96</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: right;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: right;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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 ORANGE PARK
1215 KINGSLEY AVENUE
ORANGE PARK, FL 32073

Provider Number: 0 080402-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$206.33</u>	<u>\$217.26</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Consulate Health Care (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 PENSACOLA
235 WEST AIRPORT BOULEVARD
PENSACOLA, FL 32505

Provider Number: 0 080405-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$206.72</u>	<u>\$220.23</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Consulate Health Care (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 SAFETY HARBOR
1410 DR. MARTIN LUTHER KING JR. ST. N
SAFETY HARBOR, FL 34695

Provider Number: 0 080406-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$209.10</u>	<u>\$215.73</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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 ST. PETERSBURG
9393 PARK BOULEVARD
SEMINOLE, FL 33777

Provider Number: 0 080409-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$215.35</u>	<u>\$221.80</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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 SARASOTA
4783 FRUITVILLE ROAD
SARASOTA, FL 34232

Provider Number: 0 080413-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$235.04</u>	<u>\$241.56</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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 TALLAHASSEE
1650 PHILLIPS ROAD
TALLAHASSEE, FL 32308

Provider Number: 0 080428-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$217.28</u>	<u>\$223.47</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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 AT WEST ALTAMONTE
1099 WEST TOWN PARKWAY
ALTAMONTE SPRINGS, FL 32714

Provider Number: 0 080431-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$214.61</u>	<u>\$217.32</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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 WINTER HAVEN
2701 LAKE ALFRED ROAD
WINTER HAVEN, FL 33881

Provider Number: 0 080434-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$208.41</u>	<u>\$217.15</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

FRANCO NURSING AND REHABILITATION CENTER
 800 NW 95TH STREET
 MIAMI, FL 33150

Provider Number: 0 080436-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$232.10</u>	<u>\$238.51</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

UNIVERSITY PLAZA REHABILITATION & NURSING CENTER
724 NW 19TH STREET
MIAMI, FL 33136

Provider Number: 0 082204-00
 Date: 12/22/2021
 Fiscal Year End: 2/29/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$251.98</u>	<u>\$257.84</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Hebrew Homes Health Network, Inc
 1800 NE 168th Street, Suite 200
 North Miami Beach, FL 33162



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

SARASOTA POINT REHABILITATION CENTER
2600 COURTLAND STREET
SARASOTA, FL 34237

Provider Number: 0 085643-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$274.13</u>	<u>\$260.42</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

BARTRAM CROSSING
6209 BROOKS BARTRAM DRIVE, BLDG 100
JACKSONVILLE, FL 32258

Provider Number: 0 086990-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$252.51</u>	<u>\$242.08</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input checked="" type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Brooks Skilled Nursing Facility A, Inc.
 3599 University Blvd, South
 Jacksonville, FL 32216



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

KRYSTAL BAY NURSING & REHABILITATION
16650 W. DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33160

Provider Number: 0 089220-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$254.44</u>	<u>\$250.93</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Royal Meridian
 3777 Royal Palm Ave
 Miami, FL 33140



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

HAWTHORNE HEALTH AND REHAB OF SARASOTA
5381 DESOTO ROAD
SARASOTA, FL 34235

Provider Number: 0 094353-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$267.05</u>	<u>\$253.70</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

AZALEA TRACE
10100 HILLVIEW DRIVE
PENSACOLA, FL 32514

Provider Number: 0 096150-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$226.60</u>	<u>\$218.37</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

ACTS Retirement-Life Communities, Inc.
 P.O.Box 90 375 Morris Road
 West Point, PA 19486



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

PALM GARDEN OF CLEARWATER
3480 MCMULLEN BOOTH ROAD
CLEARWATER, FL 33761

Provider Number: 0 098580-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$245.53</u>	<u>\$243.35</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Palm Garden Healthcare Holdings
 2033 Main Street
 Sarasota, FL 34237



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

PALM GARDEN OF GAINESVILLE
227 S.W. 62ND BOULEVARD
GAINESVILLE, FL 32607

Provider Number: 0 098581-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$242.14</u>	<u>\$236.15</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Palm Garden Healthcare Holdings
 2033 Main Street
 Sarasota, FL 34237



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

PALM GARDEN OF LARGO
10500 STARKEY ROAD
LARGO, FL 33777

Provider Number: 0 098583-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$242.07</u>	<u>\$243.06</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Palm Garden Healthcare Holdings
 2033 Main Street
 Sarasota, FL 34237



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

PALM GARDEN OF ORLANDO
654 N. ECONLOCKHATCHEE TRAIL
ORLANDO, FL 32825

Provider Number: 0 098586-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$233.64</u>	<u>\$239.65</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Palm Garden Healthcare Holdings
 2033 Main Street
 Sarasota, FL 34237



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

PALM GARDEN OF PINELLAS
200 16TH AVENUE, S.E.
LARGO, FL 33771

Provider Number: 0 098587-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$244.94</u>	<u>\$244.77</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Palm Garden Healthcare Holdings
 2033 Main Street
 Sarasota, FL 34237



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

PALM GARDEN OF PORT SAINT LUCIE
1751 HILLMOOR DRIVE
PORT ST. LUCIE, FL 34952

Provider Number: 0 098588-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$238.05</u>	<u>\$241.33</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Palm Garden Healthcare Holdings
 2033 Main Street
 Sarasota, FL 34237



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

PALM GARDEN OF SUN CITY
3850 UPPER CREEK DRIVE
SUN CITY CENTER, FL 33573

Provider Number: 0 098589-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$243.30</u>	<u>\$243.67</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Palm Garden Healthcare Holdings
 2033 Main Street
 Sarasota, FL 34237



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

PALM GARDEN OF VERO BEACH
1755 37TH STREET
VERO BEACH, FL 32960

Provider Number: 0 098591-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$227.73</u>	<u>\$222.93</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Palm Garden Healthcare Holdings
 2033 Main Street
 Sarasota, FL 34237



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

PALM GARDEN OF WEST PALM BEACH
300 EXECUTIVE CENTER DRIVE
WEST PALM BEACH, FL 33401

Provider Number: 0 098592-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$236.78</u>	<u>\$246.71</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Palm Garden Healthcare Holdings
 2033 Main Street
 Sarasota, FL 34237



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

COMMUNITY HEALTH AND REHABILITATION CENTER
3611 TRANSMITTER ROAD
PANAMA CITY, FL 32404

Provider Number: 0 098972-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$246.99</u>	<u>\$237.47</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input checked="" type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input checked="" type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

ARCADIA HEALTH & REHABILITATION CENTER
 10095 HILLVIEW ROAD
 PENSACOLA, FL 32514

Provider Number: 0 100509-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$236.54</u>	<u>\$232.76</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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 OAKS OF CLEARWATER
420 BAY AVENUE
CLEARWATER, FL 33756

Provider Number: 0 101391-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$206.57</u>	<u>\$220.10</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

The Oaks on the Bay, LLC
 5801 Ulmerton Road
 Clearwater, FL 33760



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

CARRINGTON PLACE OF ST. PETE
10501 ROOSEVELT BLVD. N.
ST. PETERSBURG, FL 33716

Provider Number: 0 101959-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$220.34</u>	<u>\$218.06</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Cplace of St. Pete
 24641 US Highway 19 North
 Clearwater, FL 33763



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

TRINITY REGIONAL REHAB CENTER
 2144 WELBILT BLVD
 TRINITY, FL 34655

Provider Number: 0 101961-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$227.49</u>	<u>\$234.63</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Eastlake Rehab & Care Center, LLC
 24641 US Highway 19 North
 Clearwater, FL 33763



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 CROSSROADS
206 W. ORANGE STREET
DAVENPORT, FL 33837

Provider Number: 0 102586-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$279.36</u>	<u>\$265.39</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE CROSSINGS
4445 PINE FOREST DRIVE
LAKE WORTH, FL 33463

Provider Number: 0 102592-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$308.35</u>	<u>\$292.93</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

CROSS POINTE CARE CENTER
440 PHIPPEN WAITERS ROAD
DANIA, FL 33004

Provider Number: 0 102787-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$299.24</u>	<u>\$284.28</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

CROSS TERRACE HEALTH AND REHABILITATION
1351 SAN CHRISTOPHER DR.
DUNEDIN, FL 34698

Provider Number: 0 102791-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$257.28</u>	<u>\$244.42</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

DESOTO HEALTH AND REHAB
475 NURSING HOME DRIVE
ARCADIA, FL 34266

Provider Number: 0 103177-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$280.89</u>	<u>\$266.85</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

COMMUNITY CONVALESCENT CENTER
2202 WEST OAK AVENUE
PLANT CITY, FL 33563

Provider Number: 0 103425-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$217.08</u>	<u>\$226.18</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

OCOEE HEALTH CARE FACILITY
1556 MAGUIRE ROAD
OCOEE, FL 34761

Provider Number: 0 103852-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$232.57</u>	<u>\$223.88</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Ocoee Health Facilities, L.P.
 5500 W. Plano Parkway
 Plano, TX 75093



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 CAMPUS REHABILITATION AND HEALTH CENTER
700 N. PALMETTO STREET
LEESBURG, FL 34748

Provider Number: 0 103858-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$255.21</u>	<u>\$242.45</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

REHABILITATION CENTER AT PARK PLACE
 1717 W. AVERY STREET
 PENSACOLA, FL 32501

Provider Number: 0 104875-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$247.95</u>	<u>\$235.55</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Rehabilitation Center of Park Place, LLC
 5115 State Road 64
 Bradenton, FL 34208



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 TERRACE OF JACKSONVILLE
10680 OLD ST. AUGUSTINE RD
JACKSONVILLE, FL 32257

Provider Number: 0 108507-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$213.70</u>	<u>\$205.98</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 TIKVA Healthcare Consultants
 480 Fentress Blvd.
 Daytona Beach, FL 32114



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

VIERA HEALTH & REHABILITATION CENTER
8050 SPYGLASS ROAD
VIERA, FL 32940

Provider Number: 0 110482-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$245.43</u>	<u>\$245.25</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST. CATHERINE LABOURE MANOR
1750 STOCKTON STREET
JACKSONVILLE, FL 32204

Provider Number: 0 111543-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$237.97</u>	<u>\$232.04</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Ascension Senior Living
 12250 Weber Hill Road
 St. Louis, MO 63127



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

HARBOUR HEALTH CENTER
23013 WESTCHESTER BLVD.
PORT CHARLOTTE, FL 33980

Provider Number: 0 122229-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$225.47</u>	<u>\$222.69</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Brookdale
111 Westwood Place
Brentwood, TN 37027



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

SEMINOLE PAVILION REHABILITATION & NURSING
 SERVICES
 10800 TEMPLE TERRACE
 SEMINOLE, FL 33772

Provider Number: 0 122236-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$225.64</u>	<u>\$222.34</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Brookdale
 111 Westwood Place
 Brentwood, TN 37027



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

FREEDOM SQUARE REHABILITATION & NURSING
 SERVICES
 10801 JOHNSON BOULEVARD
 SEMINOLE, FL 33772

Provider Number: 0 122239-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$222.73</u>	<u>\$211.59</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Brookdale
 111 Westwood Place
 Brentwood, TN 37027



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

CYPRESS VILLAGE
4600 MIDDLETON PARK CIRCLE, EAST
JACKSONVILLE, FL 32224

Provider Number: 0 122242-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$234.12</u>	<u>\$235.53</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input checked="" type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input checked="" type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Brookdale
 111 Westwood Place
 Brentwood, TN 37027



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 HARRIS HEALTH CENTER
701 LAKE PORT BOULEVARD
LEESBURG, FL 34748

Provider Number: 0 122243-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$227.76</u>	<u>\$222.27</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Brookdale
 111 Westwood Place
 Brentwood, TN 37027



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

SYLVAN HEALTH CENTER
2770 REGENCY OAKS BLVD.
CLEARWATER, FL 33759

Provider Number: 0 122248-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$237.23</u>	<u>\$235.67</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Brookdale
 111 Westwood Place
 Brentwood, TN 37027



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 NURSING CENTER AT FREEDOM VILLAGE
6410 21ST AVENUE, WEST
BRADENTON, FL 34209

Provider Number: 0 122250-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$234.68</u>	<u>\$222.95</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Brookdale
 111 Westwood Place
 Brentwood, TN 37027



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

CITRUS HILLS HEALTH & REHABILITATION CENTER
124 WEST NORVELL BRYANT HIGHW.
HERNANDO, FL 34442

Provider Number: 0 122340-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$244.67</u>	<u>\$239.09</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WOODLAND GROVE HEALTH & REHABILITATION CENTER
4325 SOUTHPOINT BOULEVARD
JACKSONVILLE, FL 32216

Provider Number: 0 122341-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$251.44</u>	<u>\$250.23</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE GARDENS HEALTH & REHABILITATION CENTER
1704 HUNTINGTON VILLAGE C.
DAYTONA BEACH, FL 32114

Provider Number: 0 122342-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$251.46</u>	<u>\$236.15</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ISLE HEALTH & REHABILITATION CENTER
1125 FLEMING PLANTATION BOULEVARD
ORANGE PARK, FL 32003

Provider Number: 0 122343-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$247.92</u>	<u>\$244.96</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

RIVERWOOD HEALTH & REHABILITATION CENTER
808 SOUTH COLLEY ROAD
STARKE, FL 32091

Provider Number: 0 122344-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$240.27</u>	<u>\$230.12</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TERRACE HEALTH & REHABILITATION CENTER
7207 SW 24TH AVENUE
GAINESVILLE, FL 32607

Provider Number: 0 122346-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$240.65</u>	<u>\$223.95</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VILLA HEALTH & REHABILITATION CENTER
120 CHIPOLA AVENUE
DELAND, FL 32720

Provider Number: 0 122347-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$245.06</u>	<u>\$242.06</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAY CENTER
1336 ST. ANDREWS BOULEVARD
PANAMA CITY, FL 32405

Provider Number: 0 128848-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$215.34</u>	<u>\$199.61</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

OAK VIEW REHABILITATION CENTER
833 KINGSLEY AVENUE
ORANGE PARK, FL 32073

Provider Number: 0 130817-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$245.95</u>	<u>\$249.44</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input checked="" type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input checked="" type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

FOUNTAIN MANOR
390 NE 135TH STREET
NORTH MIAMI, FL 33161

Provider Number: 0 132449-00
 Date: 12/22/2021
 Fiscal Year End: 2/29/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$225.71</u>	<u>\$221.92</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

TIKVA Healthcare Consultants
 480 Fentress Blvd.
 Daytona Beach, FL 32114



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 COAST CENTER
114 3RD STREET, SOUTHEAST
FORT WALTON BEACH, FL 32548

Provider Number: 0 133196-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$210.61</u>	<u>\$219.45</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

EGRET COVE CENTER
 550 62ND STREET S.
 ST. PETERSBURG, FL 33707

Provider Number: 0 133348-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2021
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$230.18</u>	<u>\$229.33</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

FT LAUDERDALE HEALTH AND REHABILITATION CENTER
2000 E. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33308

Provider Number: 0 134463-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$264.12</u>	<u>\$255.47</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE MANOR AT BLUE WATER BAY
1500 NORTH WHITE POINT RD.
NICEVILLE, FL 32578

Provider Number: 0 135581-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$240.50</u>	<u>\$248.11</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

CLEARWATER CENTER
1270 TURNER STREET
CLEARWATER, FL 33756

Provider Number: 0 140643-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$230.09</u>	<u>\$239.75</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

BARTOW CENTER
2055 E. GEORGIA STREET
BARTOW, FL 33830

Provider Number: 0 140648-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$212.28</u>	<u>\$220.32</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

GULFPORT REHABILITATION CENTER
1430 PASADENA AVENUE SOUTH
SOUTH PASADENA, FL 33707

Provider Number: 0 141512-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$217.81</u>	<u>\$226.95</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BOCA CIEGA CENTER
1414 59TH STREET, SOUTH
GULFPORT, FL 33707

Provider Number: 0 143762-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$240.62</u>	<u>\$241.26</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE FLORIDEAN NURSING AND REHABILITATION CENTER
47 N.W. 32 PLACE
MIAMI, FL 33125

Provider Number: 0 146222-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$257.33</u>	<u>\$251.84</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

BAY VUE NURSING AND REHABILITATION CENTER
105 15TH STREET E.
BRADENTON, FL 34208

Provider Number: 0 147672-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$255.52</u>	<u>\$242.74</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Royal Meridian
 3777 Royal Palm Ave
 Miami, FL 33140



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

BROWNWOOD CARE CENTER
490 SOUTH OLD WIRE ROAD
WILDWOOD, FL 34785

Provider Number: 0 147948-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$252.65</u>	<u>\$240.02</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

EXCEL CARE CENTER
2811 CAMPUS HILL DRIVE
TAMPA, FL 33612

Provider Number: 0 147958-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$265.72</u>	<u>\$252.43</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE TERRACE AT HOBE SOUND
9555 S.E. FEDERAL HIGHWAY
HOBE SOUND, FL 33455

Provider Number: 0 148040-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$232.33</u>	<u>\$231.90</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

TIKVA Healthcare Consultants
 480 Fentress Blvd.
 Daytona Beach, FL 32114



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

ADVANCED CARE CENTER
 401 FAIRWOOD AVENUE
 CLEARWATER, FL 33759

Provider Number: 0 151506-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$265.01</u>	<u>\$251.76</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 151590-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$301.93</u>	<u>\$286.83</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 151667-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$258.75</u>	<u>\$245.81</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTHERN OAKS CARE CENTER
600 WEST GREGORY STREET
PENSACOLA, FL 32502

Provider Number: 0 151697-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$236.34</u>	<u>\$224.52</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input checked="" type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input checked="" type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 153181-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$271.24</u>	<u>\$273.19</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PINES NURSING HOME
301 N.E. 141ST STREET
MIAMI, FL 33161

Provider Number: 0 155062-00
 Date: 12/22/2021
 Fiscal Year End: 3/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$294.74</u>	<u>\$280.00</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST. PETERSBURG NURSING & REHABILITATION, LLC
521 69TH AVENUE, NORTH
ST. PETERSBURG, FL 33702

Provider Number: 0 157223-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$276.83</u>	<u>\$262.99</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CLEWISTON NURSING & REHABILITATION
301 S. GLORIA STREET
CLEWISTON, FL 33440

Provider Number: 0 157224-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$254.96</u>	<u>\$242.21</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKELAND NURSING & REHABILITATION
1919 LAKELAND HILLS BLVD
LAKELAND, FL 33805

Provider Number: 0 157225-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$251.81</u>	<u>\$239.22</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF CITRUS COUNTY
3325 JERWAYNE LANE
LECANTO, FL 34461

Provider Number: 0 157860-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$242.60</u>	<u>\$244.10</u>	<u>10/1/2021</u>

Rate Type:	
	<u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component

Changes:	
	<u> </u> x <u> </u> Rate Semester Change

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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 VILLAGES REHABILITATION AND NURSING CENTER
900 HWY 466
LADY LAKE, FL 32159

Provider Number: 0 158851-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$237.04</u>	<u>\$237.72</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PINES OF SARASOTA
1501 N. ORANGE AVENUE
SARASOTA, FL 34236

Provider Number: 0 159109-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$273.54</u>	<u>\$259.86</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

BAYSIDE CARE CENTER
811 JACKSON STREET N.
ST. PETERSBURG, FL 33705

Provider Number: 0 161804-00
 Date: 12/22/2021
 Fiscal Year End: 5/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$289.50</u>	<u>\$275.03</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COURTYARDS OF ORLANDO CARE CENTER
1900 MERCY DRIVE
ORLANDO, FL 32808

Provider Number: 0 161828-00
 Date: 12/22/2021
 Fiscal Year End: 5/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$257.16</u>	<u>\$244.30</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MADISON POINTE CARE CENTER
6020 INDIANA AVENUE
NEW PORT RICHEY, FL 34653

Provider Number: 0 161896-00
 Date: 12/22/2021
 Fiscal Year End: 5/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$259.93</u>	<u>\$246.93</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GULF SHORE CARE CENTER
6767 86TH AVENUE, NORTH
PINELLAS PARK, FL 33782

Provider Number: 0 161928-00
 Date: 12/22/2021
 Fiscal Year End: 5/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$253.99</u>	<u>\$241.29</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALMETTO CARE CENTER
6750 WEST 22ND COURT
HIALEAH, FL 33016

Provider Number: 0 161944-00
 Date: 12/22/2021
 Fiscal Year End: 5/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$297.96</u>	<u>\$283.06</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALMS CARE CENTER
3370 NW 47TH TERRACE
LAUDERDALE LAKES, FL 33319

Provider Number: 0 161951-00
 Date: 12/22/2021
 Fiscal Year End: 5/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$265.81</u>	<u>\$250.63</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PARKLANDS CARE CENTER
1000 S.W. 16TH AVENUE
GAINESVILLE, FL 32601

Provider Number: 0 162068-00
 Date: 12/22/2021
 Fiscal Year End: 5/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$252.21</u>	<u>\$239.60</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 162074-00
 Date: 12/22/2021
 Fiscal Year End: 5/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$304.03</u>	<u>\$288.83</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WILLISTON CARE CENTER
300 NW 1ST STREET
WILLISTON, FL 32696

Provider Number: 0 162077-00
 Date: 12/22/2021
 Fiscal Year End: 5/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$256.09</u>	<u>\$243.29</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WOODBIDGE CARE CENTER
8720 JACKSON SPRINGS ROAD
TAMPA, FL 33615

Provider Number: 0 162078-00
 Date: 12/22/2021
 Fiscal Year End: 5/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$262.06</u>	<u>\$248.96</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE BAYONET POINT
7210 BEACON WOODS DRIVE
HUDSON, FL 34667

Provider Number: 0 162218-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$255.87</u>	<u>\$243.08</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Solaris Foundation, Inc.
 9250 Bonita Beach Road SE
 Bonita Springs, FL 34135



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE CHARLOTTE HARBOR
4000 KINGS HIGHWAY
PORT CHARLOTTE, FL 33980

Provider Number: 0 162219-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$265.26</u>	<u>\$252.00</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Solaris Foundation, Inc.
 9250 Bonita Beach Road SE
 Bonita Springs, FL 34135



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE COCONUT CREEK
4125 WEST SAMPLE ROAD
COCONUT CREEK, FL 33073

Provider Number: 0 162220-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$269.40</u>	<u>\$267.49</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Solaris Foundation, Inc.
 9250 Bonita Beach Road SE
 Bonita Springs, FL 34135



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE DAYTONA
550 NATIONAL HEALTH CARE DR
DAYTONA BEACH, FL 32114

Provider Number: 0 162221-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$255.05</u>	<u>\$242.30</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Solaris Foundation, Inc.
 9250 Bonita Beach Road SE
 Bonita Springs, FL 34135



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 162222-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$259.22</u>	<u>\$246.26</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Solaris Foundation, Inc.
 9250 Bonita Beach Road SE
 Bonita Springs, FL 34135



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE LAKE CITY
920 MCFARLAND AVENUE
LAKE CITY, FL 32055

Provider Number: 0 162224-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$252.92</u>	<u>\$241.95</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Solaris Foundation, Inc.
 9250 Bonita Beach Road SE
 Bonita Springs, FL 34135



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE MERRITT ISLAND
500 CROCKETT BOULEVARD
MERRITT ISLAND, FL 32953

Provider Number: 0 162225-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$256.53</u>	<u>\$245.33</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Solaris Foundation, Inc.
 9250 Bonita Beach Road SE
 Bonita Springs, FL 34135



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOLARIS SENIOR LIVING NORTH NAPLES
10949 PARNU STREET
NAPLES, FL 34109

Provider Number: 0 162226-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$299.12</u>	<u>\$284.16</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Solaris Foundation, Inc.
 9250 Bonita Beach Road SE
 Bonita Springs, FL 34135



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE PARKWAY
800 S.E. CENTRAL PARKWAY
STUART, FL 34994

Provider Number: 0 162228-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$264.56</u>	<u>\$251.33</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Solaris Foundation, Inc.
 9250 Bonita Beach Road SE
 Bonita Springs, FL 34135



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE PENSACOLA
8475 UNIVERSITY PARKWAY
PENSACOLA, FL 32514

Provider Number: 0 162230-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$255.24</u>	<u>\$242.48</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Solaris Foundation, Inc.
 9250 Bonita Beach Road SE
 Bonita Springs, FL 34135



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE PLANT CITY
701 NORTH WILDER ROAD
PLANT CITY, FL 33566

Provider Number: 0 162231-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$259.64</u>	<u>\$246.66</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Solaris Foundation, Inc.
 9250 Bonita Beach Road SE
 Bonita Springs, FL 34135



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE WINDERMERE
4875 CASON COVE DRIVE
ORLANDO, FL 32811

Provider Number: 0 162232-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$251.76</u>	<u>\$247.45</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Solaris Foundation, Inc.
 9250 Bonita Beach Road SE
 Bonita Springs, FL 34135



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FORT MYERS REHABILITATION AND NURSING CENTER
7173 CYPRESS DRIVE, SW
FORT MYERS, FL 33907

Provider Number: 0 163903-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$262.68</u>	<u>\$249.55</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

REHABILITATION CENTER AT JUPITER GARDENS, LLC
 17781 THELMA AVENUE
 JUPITER, FL 33458

Provider Number: 0 166176-00
 Date: 12/22/2021
 Fiscal Year End: 8/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$257.37</u>	<u>\$247.85</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Jupiter Florida Ventures LLC
 36 Airport Road
 Lakewood , NJ 08701



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

EAGLE LAKE NURSING AND REHAB CARE CENTER
1100 66TH STREET, NORTH
ST. PETERSBURG, FL 33710

Provider Number: 0 168944-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$257.98</u>	<u>\$245.08</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Symmetry Healthcare Management LLC
 2700 N. 29th Ave
 Hollywood, FL 33020



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 CROSSING
3937 SPRING PARK ROAD
JACKSONVILLE, FL 32207

Provider Number: 0 169599-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$237.53</u>	<u>\$236.96</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Brooks Skilled Nursing Facility A, Inc.
 3599 University Blvd, South
 Jacksonville, FL 32216



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

LIFE CARE CENTER OF SARASOTA
8104 NORTH TUTTLE AVENUE
SARASOTA, FL 34243

Provider Number: 0 170521-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$249.51</u>	<u>\$250.01</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

CROSS CITY REHABILITATION & HEALTH CARE CENTER
583 NE 351 HIGHWAY
CROSS CITY, FL 32628

Provider Number: 0 173314-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2015
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$208.85</u>	<u>\$217.62</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

WESTWOOD NURSING & REHABILITATION CENTER
1001 MARWALT DRIVE
FT. WALTON BEACH, FL 32547

Provider Number: 0 173397-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2015
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$248.52</u>	<u>\$236.09</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

LAFAYETTE HEALTH CARE CENTER
512 W. MAIN STREET
MAYO, FL 32066

Provider Number: 0 173398-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2015
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$199.64</u>	<u>\$208.02</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

LAKE PARK OF MADISON
259 SW CAPTAIN BROWN RD
MADISON, FL 32340

Provider Number: 0 173399-00
 Date: 12/22/2021
 Fiscal Year End: 2/29/2016
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$210.64</u>	<u>\$219.47</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:
<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

CROSSBREEZE CARE CENTER
1755 18TH STREET
SARASOTA, FL 34234

Provider Number: 0 182821-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$257.63</u>	<u>\$244.75</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

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

Provider Number: 0 182824-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$268.58</u>	<u>\$255.15</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

KR AT COLLEGE HARBOR
4600 54TH AVENUE, SOUTH
ST. PETERSBURG, FL 33711

Provider Number: 0 189252-00
 Date: 12/22/2021
 Fiscal Year End: 4/30/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$272.76</u>	<u>\$259.12</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

KR Management, LLC
 20001 Gulf Boulevard
 Indian Shores, FL 33785



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 OSCEOLA
4201 WEST NEW NOLTE ROAD
ST. CLOUD, FL 34772

Provider Number: 0 191262-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$235.15</u>	<u>\$237.62</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Solaris Foundation, Inc.
 9250 Bonita Beach Road SE
 Bonita Springs, FL 34135



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKEVIEW TERRACE REHABILITATION AND HEALTH
 CARE CENTER

 110 LODGE TERRACE DRIVE

 ALTOONA, FL 32702

Provider Number: _____ 0 191618-00
 Date: _____ 12/22/2021
 Fiscal Year End: _____ 12/31/2019
 Audit Status: _____ Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$216.94</u>	<u>\$226.53</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>

Changes:	
	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

PORT ST. LUCIE REHABILITATION AND HEALTHCARE
7300 OLEANDER AVENUE
PORT ST. LUCIE, FL 34952

Provider Number: 0 192835-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$231.95</u>	<u>\$231.95</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

CareStrong
 10800 Biscayne Boulevard
 Miami, FL 33161



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

BON SECOURS MARIA MANOR
10300 4TH STREET N.
ST. PETERSBURG, FL 33716

Provider Number: 0 200107-00
 Date: 12/22/2021
 Fiscal Year End: 8/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$242.39</u>	<u>\$241.63</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

WESTMINSTER OAKS
4449 MEANDERING WAY
TALLAHASSEE, FL 32308

Provider Number: 0 200409-00
 Date: 12/22/2021
 Fiscal Year End: 3/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$218.32</u>	<u>\$218.51</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Presbyterian Retirement Communities, Inc.
 80 West Lucerne Circle
 Orlando, FL 32801



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

LIFE CARE CENTER OF HILLIARD
3756 WEST 3RD STREET
HILLIARD, FL 32046

Provider Number: 0 200714-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$215.94</u>	<u>\$225.00</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

RIVER GARDEN HEBREW HOME
11401 OLD ST. AUGUSTINE RD
JACKSONVILLE, FL 32258

Provider Number: 0 200859-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$260.32</u>	<u>\$258.68</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

River Garden Holding Co., Inc
 11401 Old St. Augustine Road
 Jacksonville, FL 32258



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

AVANTE VILLA AT JACKSONVILLE BEACH INC
1504 SEABREEZE AVENUE
JACKSONVILLE BEACH, FL 32250

Provider Number: 0 200913-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$239.79</u>	<u>\$241.64</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input checked="" type="checkbox"/> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

AVANTE GROUP, INC.
 4601 Sheridan Street
 Hollywood, FL 33021-6744



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

GULF COAST VILLAGE CARE CENTER
1333 SANTA BARBARA BLVD.
CAPE CORAL, FL 33991

Provider Number: 0 201120-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$266.41</u>	<u>\$253.09</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Care, Inc.
 7530 Market Place Drive
 Eden Prairie, MN 55344



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 GARDENS AT DEPUGH NURSING CENTER
550 W. MORSE BOULEVARD
WINTER PARK, FL 32789

Provider Number: 0 201588-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$231.77</u>	<u>\$233.54</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

GUARDIAN CARE NURSING & REHABILITATION CENTER
2500 WEST CHURCH STREET
ORLANDO, FL 32805

Provider Number: 0 201651-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$251.84</u>	<u>\$248.82</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

WESTCHESTER GARDENS REHABILITATION & CARE
 CENTER
 3301 MCMULLEN BOOTH ROAD
 CLEARWATER, FL 33761

Provider Number: 0 202011-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$237.31</u>	<u>\$236.29</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Westchester Gardens Limited Partnership
 1107 Hazeltine Blvd
 Chaska, MN 55318



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

MANATEE SPRINGS REHABILITATION AND NURSING
 CENTER

 5627 9TH STREET, EAST

 BRADENTON, FL 34203

Provider Number: _____ 0 202028-00
 Date: _____ 12/22/2021
 Fiscal Year End: _____ 9/30/2020
 Audit Status: _____ Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$229.28</u>	<u>\$241.46</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>

Changes:	
	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Sterling Health Care 995 Canton St. Roswell, GA 30075



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

SANDALWOOD REHABILITATION AND NURSING CENTER
1001 SOUTH BEACH STREET
DAYTONA BEACH, FL 32114

Provider Number: 0 202035-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$210.72</u>	<u>\$219.56</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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
169 MARINE STREET
ST. AUGUSTINE, FL 32084

Provider Number: 0 202606-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$242.40</u>	<u>\$230.41</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

SUNNYSIDE NURSING HOME
5201 BAHIA VISTA STREET
SARASOTA, FL 34232

Provider Number: 0 202711-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$290.02</u>	<u>\$275.52</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Sunnyside Properties
 5201 Bahia Vista Street
 Sarasota, FL 34232



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 WEST ARMSTRONG AVENUE
DELAND, FL 32720

Provider Number: 0 202789-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$210.55</u>	<u>\$220.77</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

TAMPA LAKES HEALTH AND REHABILITATION CENTER
750 HAYES ROAD
LUTZ, FL 33549

Provider Number: 0 202816-00
 Date: 12/22/2021
 Fiscal Year End: 8/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$253.45</u>	<u>\$249.39</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



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

MIRACLE HILL NURSING AND REHABILITATION CENTERS,
 INC.
 1329 ABRAHAM STREET
 TALLAHASSEE, FL 32304

Provider Number: 0 202941-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$229.37</u>	<u>\$228.02</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

AVANTE AT LEESBURG
2000 EDGEWOOD AVENUE
LEESBURG, FL 34748

Provider Number: 0 203122-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$241.27</u>	<u>\$241.27</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

AVANTE GROUP, INC.
 4601 Sheridan Street
 Hollywood, FL 33021-6744



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

VILLA MARIA NURSING & REHABILITATION CENTER
1050 N.E. 125TH STREET
NORTH MIAMI, FL 33161

Provider Number: 0 203165-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$268.88</u>	<u>\$263.37</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

GLADES HEALTH CARE CENTER
230 S. BARFIELD HIGHWAY
PAHOKEE, FL 33476

Provider Number: 0 203203-00
 Date: 12/22/2021
 Fiscal Year End: 2/29/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$261.72</u>	<u>\$257.67</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Okeechobee Council On Aging, Inc.
 100 SW 75th Street
 Gainesville, FL 32607



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

AVANTE AT INVERNESS
304 S. CITRUS AVENUE
INVERNESS, FL 34452

Provider Number: 0 203220-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$231.74</u>	<u>\$230.58</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

AVANTE GROUP, INC.
 4601 Sheridan Street
 Hollywood, FL 33021-6744



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 PALACE AT KENDALL NURSING AND REHAB CENTER
11215 S.W. 84TH STREET
MIAMI, FL 33173

Provider Number: 0 203327-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$271.37</u>	<u>\$263.32</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Professional Care I Inc
10850 SW 113th Place
Miami, FL 33176



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 MANOR AT CARPENTER'S
1001 CARPENTERS WAY
LAKELAND, FL 33809

Provider Number: 0 203599-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$253.72</u>	<u>\$241.03</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

JOHN KNOX VILLAGE OF FLORIDA
 661 S.W. 6TH STREET
 POMPANO BEACH, FL 33060

Provider Number: 0 203769-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$232.23</u>	<u>\$234.73</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <input type="checkbox"/> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

WESTMINSTER TOWERS AND SHORES OF BRADENTON
1533 4TH AVENUE WEST
BRADENTON, FL 34205

Provider Number: 0 203815-00
 Date: 12/22/2021
 Fiscal Year End: 3/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$219.91</u>	<u>\$217.10</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Presbyterian Retirement Communities, Inc.
 80 West Lucerne Circle
 Orlando, FL 32801



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

MEASE CONTINUING CARE
 910 NEW YORK AVENUE
 DUNEDIN, FL 34698

Provider Number: 0 204072-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$229.43</u>	<u>\$229.43</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <input type="checkbox"/> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

REGENTS PARK OF BOCA RATON
 6363 VERDE TRAIL
 BOCA RATON, FL 33433

Provider Number: 0 204170-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2021
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$266.90</u>	<u>\$261.94</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x Prospective <u> </u> x Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

STIRLING LTC CORP
 2699 Stirling Road
 Ft. Lauderdale, FL 33312



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

LIFE CARE CENTER OF PORT ST. LUCIE
3720 SOUTH JENNINGS ROAD
PORT ST. LUCIE, FL 34952

Provider Number: 0 204305-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$241.69</u>	<u>\$237.55</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

TRI-COUNTY NURSING HOME
 7280 S.W. SR 26
 TRENTON, FL 32693

Provider Number: 0 204625-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$229.97</u>	<u>\$241.78</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
-------------------	---

Changes:	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

KISSIMMEE GOOD SAMARITAN
1500 SOUTHGATE DRIVE
KISSIMMEE, FL 34746

Provider Number: 0 205303-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$238.31</u>	<u>\$241.78</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

The Evangelical Lutheran Good Samaritan Society
 4800 West 57th Street
 Sioux Falls, SD 57117



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HEALTH CENTER AT ABBEY DELRAY
2105 S.W. 11TH COURT
DELRAY BEACH, FL 33445

Provider Number: 0 205745-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$282.78</u>	<u>\$268.64</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Lifespace Communities Inc
 4201 Corporate Drive
 West Des Moines, IA 50266



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 COMMONS AT ORLANDO LUTHERAN TOWERS
300 E. CHURCH STREET
ORLANDO, FL 32801

Provider Number: 0 205796-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$220.15</u>	<u>\$217.36</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

ST. JOHN'S NURSING CENTER
3075 N.W. 35TH AVENUE
LAUDERDALE LAKES, FL 33311

Provider Number: 0 205800-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$268.27</u>	<u>\$268.09</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Catholic Health Services
 4790 N. State Road 7
 Lauderdale Lakes, FL 33319



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

LOURDES-NOREEN MCKEEN RESIDENCE
315 S. FLAGLER DRIVE
WEST PALM BEACH, FL 33401

Provider Number: 0 205923-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$274.36</u>	<u>\$258.89</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input checked="" type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

SUWANNEE VALLEY NURSING CENTER
427 N.W. 15TH AVENUE
JASPER, FL 32052

Provider Number: 0 206300-00
 Date: 12/22/2021
 Fiscal Year End: 8/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$251.85</u>	<u>\$243.70</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

MORTON PLANT REHABILITATION CENTER
400 CORBETT STREET
BELLEAIR, FL 33756

Provider Number: 0 206431-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$246.35</u>	<u>\$234.03</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

BayCare Health System
 2985 Drew Street
 Clearwater, FL 33759



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST ANDREWS ESTATES
6152 NORTH VERDE TRAIL
BOCA RATON, FL 33433

Provider Number: 0 206521-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$296.42</u>	<u>\$281.60</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input checked="" type="checkbox"/> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

ACTS Retirement-Life Communities, Inc.
 P.O.Box 90 375 Morris Road
 West Point, PA 19486



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 WATERFORD
601 UNIVERSE BLVD.
JUNO BEACH, FL 33408

Provider Number: 0 206610-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$285.05</u>	<u>\$270.80</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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



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

ABBEY DELRAY SOUTH
 1717 HOMEWOOD BOULEVARD
 DELRAY BEACH, FL 33445

Provider Number: 0 206865-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$274.24</u>	<u>\$260.53</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <input type="checkbox"/> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Lifespace Communities Inc
 4201 Corporate Drive
 West Des Moines, IA 50266



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

JOSEPH L MORSE GERIATRIC CENTER INC
4847 FRED GLADSTONE DR.
WEST PALM BEACH, FL 33417

Provider Number: 0 207381-00
 Date: 12/22/2021
 Fiscal Year End: 5/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$251.34</u>	<u>\$253.58</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

MorseLife, Inc.
 4847 Fred Gladstone Drive
 West Palm Beach, FL 33417



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

TAYLOR CARE CENTER, INC.
 6535 CHESTER AVENUE
 JACKSONVILLE, FL 32217

Provider Number: 0 207446-00
 Date: 12/22/2021
 Fiscal Year End: 8/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$237.22</u>	<u>\$247.81</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

SUNRISE HEALTH AND REHABILITATION CENTER
4800 NOB HILL ROAD
SUNRISE, FL 33351

Provider Number: 0 207497-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$252.36</u>	<u>\$250.43</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Richmond Healthcare LLC
 4800 Nob Hill Road
 Sunrise, FL 33351



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

LAKESIDE HEALTH CENTER
2501 AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33407

Provider Number: 0 207683-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$252.84</u>	<u>\$236.15</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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 BRISTOL AT TAMPA REHABILITATION AND NURSING
 CENTER LLC
 1818 E. FLETCHER AVENUE
 TAMPA, FL 33612

Provider Number: 0 208433-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$236.26</u>	<u>\$224.45</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

MARION & BERNARD L. SAMSON NURSING CENTER
255 59TH STREET N.
ST. PETERSBURG, FL 33710

Provider Number: 0 208442-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$259.66</u>	<u>\$250.89</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

JUPITER MEDICAL CENTER PAVILION INC.
 1230 S. OLD DIXIE HIGHWAY
 JUPITER, FL 33458

Provider Number: 0 208485-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$250.89</u>	<u>\$238.35</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

CLARIDGE HOUSE NURSING & REHABILITATION CENTER
13900 N.E. 3RD COURT
MIAMI, FL 33161

Provider Number: 0 208507-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$243.75</u>	<u>\$237.12</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

STIRLING LTC CORP
 2699 Stirling Road
 Ft. Lauderdale, FL 33312



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WESTMINSTER TOWERS
70 W. LUCERNE CIRCLE
ORLANDO, FL 32801

Provider Number: 0 208540-00
 Date: 12/22/2021
 Fiscal Year End: 3/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$216.97</u>	<u>\$215.79</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Presbyterian Retirement Communities, Inc.
 80 West Lucerne Circle
 Orlando, FL 32801



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

COURTENAY SPRINGS VILLAGE
1100 S. COURTNEY PARKWAY
MERRITT ISLAND, FL 32952

Provider Number: 0 209325-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$279.99</u>	<u>\$265.99</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Retirement Housing Foundation
 911 N. Studebaker Rd
 Long Beach, CA 90815-4900



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WESTMINSTER ASBURY MANOR
1700 21ST AVENUE WEST
BRADENTON, FL 34205

Provider Number: 0 209422-00
 Date: 12/22/2021
 Fiscal Year End: 3/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$230.70</u>	<u>\$219.17</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Presbyterian Retirement Communities, Inc.
 80 West Lucerne Circle
 Orlando, FL 32801



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST. ANNE'S NURSING CENTER
11855 QUAIL ROOST DRIVE
MIAMI, FL 33177

Provider Number: 0 209473-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$266.66</u>	<u>\$261.70</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Catholic Health Services
 4790 N. State Road 7
 Lauderdale Lakes, FL 33319



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

BISHOP'S GLEN HEALTH CARE CENTER
900 11TH AVENUE
HOLLY HILL, FL 32117

Provider Number: 0 209511-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$256.30</u>	<u>\$243.49</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Retirement Housing Foundation
 911 N. Studebaker Rd
 Long Beach, CA 90815-4900



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WESTMINSTER WINTER PARK
111 S. LAKEMONT AVE.
WINTER PARK, FL 32792

Provider Number: 0 209848-00
 Date: 12/22/2021
 Fiscal Year End: 3/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$215.18</u>	<u>\$212.71</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Presbyterian Retirement Communities, Inc.
 80 West Lucerne Circle
 Orlando, FL 32801



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

SUN TERRACE HEALTH CARE CENTER
105 TRINITY LAKES DRIVE
SUN CITY CENTER, FL 33573

Provider Number: 0 209856-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$251.04</u>	<u>\$247.44</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Clear Choice Health Care
 709 S. Harbor City Blvd. Suite 240
 Melbourne, FL 32901



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

LIFE CARE CENTER OF ALTAMONTE SPRINGS
989 ORIENTA AVENUE
ALTAMONTE SPRINGS, FL 32701

Provider Number: 0 210137-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$228.21</u>	<u>\$216.80</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

COVENANT VILLAGE CARE CENTER
9201 W. BROWARD BOULEVARD
PLANTATION, FL 33324

Provider Number: 0 210188-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$243.76</u>	<u>\$241.33</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Covenant Retirement Communities
 5700 Old Orchard Road
 Skokie, IL 60077



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

VILLAGE ON THE ISLE
950 S. TAMIAMI TRAIL
VENICE, FL 34285

Provider Number: 0 210463-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$275.66</u>	<u>\$261.88</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input checked="" type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

AVANTE AT BOCA RATON
1130 NW 15TH STREET
BOCA RATON, FL 33486

Provider Number: 0 210676-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$265.61</u>	<u>\$261.12</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

AVANTE GROUP, INC.
 4601 Sheridan Street
 Hollywood, FL 33021-6744



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 EDGEWATER AT WATERMAN VILLAGE
300 BROOKFIELD AVENUE
MOUNT DORA, FL 32757

Provider Number: 0 210684-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$244.76</u>	<u>\$243.18</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input checked="" type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input checked="" type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

SABAL PALMS HEALTH CARE CENTER PEDIATRIC
499 ALTERNATE KEENE ROAD
LARGO, FL 33771

Provider Number: 0 210951-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$212.45</u>	<u>\$212.90</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Medinvest Company Limited Partnership
 1107 Hazeltine Blvd
 Chaska, MN 55318



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

HUNTINGTON PLACE
1775 HUNTINGTON LANE
ROCKLEDGE, FL 32955

Provider Number: 0 211281-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$203.91</u>	<u>\$212.46</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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



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

HARDEE MANOR HEALTHCARE CENTER
401 ORANGE PLACE
WAUCHULA, FL 33873

Provider Number: 0 211435-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$210.48</u>	<u>\$219.31</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: DIVERSICARE HEALTHCARE SERVICES, INC.
 1621 Galleria Blvd.
 Brentwood, TN 30727



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WESTMINSTER WOODS ON JULINGTON CREEK
25 STATE ROAD 13
JACKSONVILLE, FL 32259

Provider Number: 0 212083-00
 Date: 12/22/2021
 Fiscal Year End: 3/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$230.45</u>	<u>\$223.68</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Presbyterian Retirement Communities, Inc.
 80 West Lucerne Circle
 Orlando, FL 32801



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

SUNCOAST MANOR
6909 9TH STREET SOUTH
ST. PETERSBURG, FL 33705

Provider Number: 0 212709-00
 Date: 12/22/2021
 Fiscal Year End: 3/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$219.69</u>	<u>\$218.18</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Presbyterian Retirement Communities, Inc.
 80 West Lucerne Circle
 Orlando, FL 32801



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

GOOD SAMARITAN SOCIETY-FLORIDA LUTHERAN
450 N. MCDONALD AVENUE
DELAND, FL 32724

Provider Number: 0 212792-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$250.65</u>	<u>\$250.65</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Evangelical Lutheran Good Samaritan Society
 4800 West 57th Street
 Sioux Falls, SD 57117



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 PRESBYTERIAN HOMES INC
 16 LAKE HUNTER DRIVE
 LAKELAND, FL 33803

Provider Number: 0 212971-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$264.06</u>	<u>\$250.86</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

TAMARAC REHABILITATION AND HEALTH CENTER
7901 N.W. 88TH AVENUE
TAMARAC, FL 33321

Provider Number: 0 213098-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$255.09</u>	<u>\$255.67</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

LIFE CARE CENTER AT WELLS CROSSING
355 CROSSING BOULEVARD
ORANGE PARK, FL 32073

Provider Number: 0 213161-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$230.74</u>	<u>\$237.57</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

LIFE CARE CENTER OF ORLANDO
3211 ROUSE ROAD
ORLANDO, FL 32817

Provider Number: 0 213403-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$238.68</u>	<u>\$248.69</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

MADISON HEALTH AND REHABILITATION CENTER
2481 WEST US 90
MADISON, FL 32340

Provider Number: 0 213462-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$246.77</u>	<u>\$245.86</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



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

VI AT LAKESIDE VILLAGE
2792 DONNELLY DRIVE
LANTANA, FL 33462

Provider Number: 0 213837-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$280.14</u>	<u>\$266.13</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

TMH SKILLED NURSING FACILITY
1609 MEDICAL DRIVE
TALLAHASSEE, FL 32308

Provider Number: 0 213934-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2018
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$231.96</u>	<u>\$220.36</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
-------------------	---

Changes:	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

MIAMI SHORES NURSING AND REHAB CENTER
9380 NW 7TH AVENUE
MIAMI, FL 33150

Provider Number: 0 214035-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$278.01</u>	<u>\$264.11</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

DOS Health Management, Inc.
 300 71st Street, Suite 400
 Miami, FL 33141



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

BUFFALO CROSSING HEALTH AND REHABILITATION
 CENTER
 3875 WEDGEWOOD LANE
 THE VILLAGES, FL 32162

Provider Number: 0 215017-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$239.96</u>	<u>\$237.31</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

HARBOUR'S EDGE
401 EAST LINTON BOULEVARD
DELRAY BEACH, FL 33483

Provider Number: 0 216399-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$290.20</u>	<u>\$291.50</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance
Rebekah Falk

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



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 RIVER HEALTH & REHABILITATION CENTER
136 N.E. 12TH AVENUE
CRYSTAL RIVER, FL 34429

Provider Number: 0 217263-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$221.99</u>	<u>\$218.89</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Northport Health Services of Florida, LLC
 931 Fairfax Park
 Tuscaloosa, AL 35406



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

OCALA HEALTH & REHABILITATION CENTER
1201 S.E. 24TH ROAD
OCALA, FL 34471

Provider Number: 0 217395-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$215.89</u>	<u>\$220.38</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Northport Health Services of Florida, LLC
 931 Fairfax Park
 Tuscaloosa, AL 35406



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

WEST MELBOURNE HEALTH & REHABILITATION CENTER
2125 W. NEW HAVEN AVENUE
WEST MELBOURNE, FL 32904

Provider Number: 0 217727-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$227.08</u>	<u>\$223.91</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Northport Health Services of Florida, LLC
 931 Fairfax Park
 Tuscaloosa, AL 35406



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST AUGUSTINE HEALTH AND REHABILITATION CENTER
51 SUNRISE BOULEVARD
ST. AUGUSTINE, FL 32084

Provider Number: 0 217735-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$239.34</u>	<u>\$225.34</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Northport Health Services of Florida, LLC
 931 Fairfax Park
 Tuscaloosa, AL 35406



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

DAYTONA BEACH HEALTH AND REHABILITATION CENTER
1055 3RD STREET
DAYTONA BEACH, FL 32117

Provider Number: 0 217743-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$248.26</u>	<u>\$235.85</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Northport Health Services of Florida, LLC
 931 Fairfax Park
 Tuscaloosa, AL 35406



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

LIFE CARE CENTER OF WINTER HAVEN
1510 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884

Provider Number: 0 219380-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$244.13</u>	<u>\$242.67</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

CLERMONT HEALTH AND REHABILITATION CENTER
151 E. MINNEHAHA AVENUE
CLERMONT, FL 34711

Provider Number: 0 221465-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$214.10</u>	<u>\$223.09</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
-------------------	---

Changes:	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

DELANEY PARK HEALTH AND REHABILITATION CENTER
215 ANNIE STREET
ORLANDO, FL 32806

Provider Number: 0 221589-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$229.19</u>	<u>\$233.83</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

CROSSWINDS HEALTH AND REHABILITATION CENTER
13455 W US 90
GREENVILLE, FL 32331

Provider Number: 0 222270-00
 Date: 12/22/2021
 Fiscal Year End: 2/29/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$267.08</u>	<u>\$253.73</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

CROSS LANDINGS HEALTH AND REHABILITATION CENTER
1780 N. JEFFERSON ST.
MONTICELLO, FL 32344

Provider Number: 0 222271-00
 Date: 12/22/2021
 Fiscal Year End: 2/29/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$269.83</u>	<u>\$256.34</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

REGENTS PARK AT AVENTURA
18905 NE 25TH AVENUE
MIAMI, FL 33180

Provider Number: 0 223239-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$252.76</u>	<u>\$248.76</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

STIRLING LTC CORP
 2699 Stirling Road
 Ft. Lauderdale, FL 33312



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 TERRACE OF KISSIMMEE
221 PARK PLACE BOULEVARD
KISSIMMEE, FL 34741

Provider Number: 0 223644-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$218.45</u>	<u>\$209.44</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: SMJ Enterprises, LLC
 480 Fentress Blvd.
 Daytona Beach, FL 32114



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 TERRACE OF ST. CLOUD
3855 OLD CANOE CREEK ROAD
ST. CLOUD, FL 34769

Provider Number: 0 223653-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$206.17</u>	<u>\$207.06</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: SMJ Enterprises, LLC
 480 Fentress Blvd.
 Daytona Beach, FL 32114



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 AND REHABILITATION CENTER
830 WEST 29TH STREET
ORLANDO, FL 32805

Provider Number: 0 223654-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$196.97</u>	<u>\$210.44</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

AVANTE AT ORLANDO INC.
 2000 N. SEMORAN BOULEVARD
 ORLANDO, FL 32807

Provider Number: 0 223808-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$248.16</u>	<u>\$235.75</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

AVANTE GROUP, INC.
 4601 Sheridan Street
 Hollywood, FL 33021-6744



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

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

Provider Number: 0 225631-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$243.84</u>	<u>\$254.08</u>	<u>10/1/2021</u>

Rate Type:	
	<u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component

Changes:	
	<u> </u> x <u> </u> Rate Semester Change

Distribution:

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

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

PINECREST REHABILITATION CENTER
13650 N.E. THIRD COURT
NORTH MIAMI, FL 33161

Provider Number: 0 225754-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$261.96</u>	<u>\$263.70</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: right;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: right;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

PLANTATION NURSING & REHABILITATION CENTER
 GERIATRIC
 4250 NW 5TH STREET
 PLANTATION, FL 33317

Provider Number: 0 226017-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$270.15</u>	<u>\$267.59</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <input type="checkbox"/> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

CATHEDRAL GERONTOLOGY CENTER INC
 333 E. ASHLEY STREET
 JACKSONVILLE, FL 32202

Provider Number: 0 226068-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$248.76</u>	<u>\$251.85</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

OCEAN VIEW NURSING & REHABILITATION CENTER LLC
2810 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

Provider Number: 0 226351-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$228.83</u>	<u>\$229.10</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

SOUTH HERITAGE HEALTH & REHABILITATION CENTER
718 22ND AVENUE S.
ST. PETERSBURG, FL 33705

Provider Number: 0 226360-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$233.81</u>	<u>\$239.08</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

TREASURE ISLE CARE CENTER
 1735 NORTH TREASURE DRIVE
 NORTH BAY VILLAGE, FL 33141

Provider Number: 0 226602-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$231.95</u>	<u>\$215.47</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <input type="checkbox"/> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

ALPINE HEALTH AND REHABILITATION CENTER
3456 21ST AVENUE, SOUTH
ST. PETERSBURG, FL 33711

Provider Number: 0 227251-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$244.23</u>	<u>\$245.23</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

WILTON MANORS HEALTH & REHABILITATION CENTER
2675 N. ANDREWS AVENUE
FORT LAUDERDALE, FL 33311

Provider Number: 0 227579-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$269.43</u>	<u>\$261.12</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ROCKLEDGE HEALTH AND REHABILITATION CENTER
587 BARTON BOULEVARD
ROCKLEDGE, FL 32955

Provider Number: 0 227587-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$241.79</u>	<u>\$242.75</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GREENBRIAR REHABILITATION AND NURSING CENTER
210 21ST AVENUE, WEST
BRADENTON, FL 34205

Provider Number: 0 227625-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$253.48</u>	<u>\$245.63</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

APOLLO HEALTH AND REHABILITATION CENTER
1000 24TH STREET, NORTH
ST. PETERSBURG, FL 33713

Provider Number: 0 227633-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$240.09</u>	<u>\$227.83</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORTH REHABILITATION CENTER
1301 16TH STREET NORTH
ST. PETERSBURG, FL 33705

Provider Number: 0 227641-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$238.73</u>	<u>\$226.79</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PARK MEADOWS HEALTH AND REHABILITATION CENTER
3250 S.W. 41ST PLACE
GAINESVILLE, FL 32608

Provider Number: 0 227765-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$241.43</u>	<u>\$241.70</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE LODGE HEALTH AND REHABILITATION CENTER
635 SE 17TH STREET
OCALA, FL 34471

Provider Number: 0 227773-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$254.83</u>	<u>\$246.57</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FIRST COAST HEALTH & REHABILITATION CENTER
7723 JASPER AVENUE
JACKSONVILLE, FL 32211

Provider Number: 0 227838-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$221.43</u>	<u>\$241.64</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

AYERS HEALTH & REHABILITATION CENTER
606 N.E. 7TH STREET
TRENTON, FL 32693

Provider Number: 0 227871-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$212.15</u>	<u>\$221.05</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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



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 GARDENS COURT
3803 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410

Provider Number: 0 228320-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$267.59</u>	<u>\$261.84</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

LIFE CARE CENTER OF MELBOURNE
606 E. SHERIDAN ROAD
MELBOURNE, FL 32901

Provider Number: 0 228338-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$230.28</u>	<u>\$239.95</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

BEAR CREEK NURSING CENTER
8041 STATE ROAD 52, EAST
HUDSON, FL 34667

Provider Number: 0 228567-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$207.14</u>	<u>\$215.84</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: right;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: right;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Health Services Management of Florida
 206 Fortress Blvd.
 Murfreesboro, TN 37128



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

ROYAL OAK NURSING CENTER
37300 ROYAL OAK LANE
DADE CITY, FL 33525

Provider Number: 0 228575-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$219.17</u>	<u>\$228.36</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Health Services Management of Florida
 206 Fortress Blvd.
 Murfreesboro, TN 37128



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

HEATHER HILL HEALTHCARE CENTER
6630 E. KENTUCKY AVE.
NEW PORT RICHEY, FL 34653

Provider Number: 0 228591-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$215.31</u>	<u>\$225.97</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Health Services Management of Florida
 206 Fortress Blvd.
 Murfreesboro, TN 37128



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

INN AT SARASOTA BAY CLUB
1303 NORTH TAMIAMI TRAIL
SARASOTA, FL 34236

Provider Number: 0 228621-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$298.97</u>	<u>\$284.02</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Gulfcoast Healthcare, Inc
 40 South Palafox Place, Suite 400
 Pensacola, FL 32502



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

WINTER HAVEN HEALTH AND REHABILITATION CENTER
202 AVENUE "O" N.E.
WINTER HAVEN, FL 33881

Provider Number: 0 228702-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$211.55</u>	<u>\$220.51</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

WESTMINSTER BALDWIN PARK
2645 LAKE BALDWIN LANE
ORLANDO, FL 32814

Provider Number: 0 228734-00
 Date: 12/22/2021
 Fiscal Year End: 3/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$238.17</u>	<u>\$233.29</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

PRESBYTERIAN RETIREMENT COMMUNITIES, INC.
 80 West Lucerne Circle
 Orlando, FL 32801



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

EAST RIDGE RETIREMENT VILLAGE INC
19301 SW 87TH AVENUE
MIAMI, FL 33157

Provider Number: 0 228788-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$252.52</u>	<u>\$245.39</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:
<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

CYPRESS COVE CARE CENTER
700 S.E. 8TH AVENUE
CRYSTAL RIVER, FL 34429

Provider Number: 0 228940-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$221.99</u>	<u>\$231.30</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Health Services Management of Florida
 206 Fortress Blvd.
 Murfreesboro, TN 37128



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

BROOKSVILLE HEALTHCARE CENTER
1114 CHATMAN BOULEVARD
BROOKSVILLE, FL 34601

Provider Number: 0 228958-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$204.94</u>	<u>\$213.54</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Health Services Management of Florida
 206 Fortress Blvd.
 Murfreesboro, TN 37128



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

SHELL POINT NURSING PAVILION
15071 SHELL POINT BOULEVARD
FORT MYERS, FL 33908

Provider Number: 0 229202-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$240.47</u>	<u>\$228.45</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

BRIDGEWATER PARK HEALTH & REHABILITATION
 CENTER
 9280 SOUTH WEST 81ST COURT
 Ocala, FL 34481

Provider Number: 0 229220-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$245.74</u>	<u>\$243.35</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

TLC Management
 1800 North Wabash Ave
 Marion, IN 46952



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

MENORAH HOUSE
9945 CENTRAL PARK BLVD. N.
BOCA RATON, FL 33428

Provider Number: 0 229628-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$254.46</u>	<u>\$265.14</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: right;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: right;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

CareStrong
 10800 Biscayne Boulevard
 Miami, FL 33161



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

CROSS SHORES CARE CENTER
220 9TH STREET
PORT ST. JOE, FL 32456

Provider Number: 0 232920-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$215.95</u>	<u>\$225.01</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 233588-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2020
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$260.23</u>	<u>\$253.35</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

CareRite Center
 36 Airport Road
 Lakewood , NJ 08701



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

PINELLAS PARK FACILITY, INC.
8701 49TH STREET NORTH
PINELLAS PARK, FL 33782

Provider Number: 0 233885-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$218.72</u>	<u>\$231.00</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 235832-00
 Date: 12/22/2021
 Fiscal Year End: 10/31/2020
 Audit Status: Unaudited

Provider Type:

		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single Level	<u>\$210.77</u>	<u>\$216.24</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALMETTO SUBACUTE CARE CENTER
7600 S.W. 8TH STREET
MIAMI, FL 33144

Provider Number: 0 237766-00
 Date: 12/22/2021
 Fiscal Year End: 7/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$263.28</u>	<u>\$250.51</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

CONCORDIA VILLAGE OF TAMPA
4100 E. FLETCHER AVENUE
TAMPA, FL 33613

Provider Number: 0 242673-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$244.14</u>	<u>\$231.93</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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 LAKE BENNET
1091 KELTON AVENUE
OCOEE, FL 34761

Provider Number: 0 248829-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		<u>Current</u> <u>Rate</u>	<u>New</u> <u>Rate</u>	<u>Effective</u> <u>Date</u>
Nursing Home	Single Level	<u>\$243.17</u>	<u>\$245.63</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

Solaris Foundation, Inc,
 9250 Bonita Beach Road SE
 Bonita Springs, FL 34135



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE PALATKA
110 KAY LARKIN DRIVE
PALATKA, FL 32177

Provider Number: 0 248888-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$250.21</u>	<u>\$247.40</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Solaris Foundation, Inc,
 9250 Bonita Beach Road SE
 Bonita Springs, FL 34135



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GANDY CROSSING CARE CENTER
4610 S. MANHATTAN AVENUE
TAMPA, FL 33611

Provider Number: 0 249749-00
 Date: 12/22/2021
 Fiscal Year End: 5/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$225.79</u>	<u>\$236.63</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PLAZA HEALTH AND REHAB
4842 SW ARCHER ROAD
GAINESVILLE, FL 32607

Provider Number: 0 249847-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$251.26</u>	<u>\$250.67</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Archer Health Ventures, LLC
 2380 Sadler Road Suite 201
 Fernandina Beach, FL 32034



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

OLIVE BRANCH HEALTH AND REHAB CENTER
8325 UNIVERSITY PARKWAY
PENSACOLA, FL 32514

Provider Number: 0 249986-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$256.23</u>	<u>\$249.78</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 40 South Palafox Place
 Pensacola, FL 32502



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

ATLANTIC HEALTHCARE CENTER
 3653 15TH AVENUE
 VERO BEACH, FL 32960

Provider Number: 0 250315-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$232.10</u>	<u>\$227.09</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Citadel Consulting Group, LLC
 1000 Gates Avenue
 Brooklyn, NY 11221



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

OAK HAVEN REHAB AND NURSING CENTER
919 OLD WINTER HAVEN ROAD
AUBURNDALE, FL 33823

Provider Number: 0 250324-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$239.39</u>	<u>\$227.42</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Citadel Consulting Group, LLC
 1000 Gates Avenue
 Brooklyn, NY 11221



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

KENSINGTON GARDENS REHAB AND NURSING CENTER
2055 PALMETTO STREET
CLEARWATER, FL 33765

Provider Number: 0 250330-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$237.33</u>	<u>\$234.84</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <input type="checkbox"/> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Citadel Consulting Group, LLC
 1000 Gates Avenue
 Brooklyn, NY 11221



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

SANDGATE GARDENS REHAB AND NURSING CENTER
703 SOUTH 29TH STREET
FORT PIERCE, FL 34947

Provider Number: 0 250334-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$229.02</u>	<u>\$234.19</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Citadel Consulting Group, LLC
 1000 Gates Avenue
 Brooklyn, NY 11221



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

FOURAKER HILLS REHAB AND NURSING CENTER
1650 FOURAKER ROAD
JACKSONVILLE, FL 32221

Provider Number: 0 250339-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$226.98</u>	<u>\$235.26</u>	<u>10/1/2021</u>

Rate Type:	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>
-------------------	---

Changes:	<p><u> </u> x <u> </u> Rate Semester Change</p>
-----------------	---

Distribution:

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

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Citadel Consulting Group, LLC
 1000 Gates Avenue
 Brooklyn, NY 11221



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: 12/22/2021
 Fiscal Year End: 12/31/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$215.57</u>	<u>\$218.40</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

HIALEAH SHORES NURSING AND REHAB CENTER
8785 NW 32ND AVENUE
MIAMI, FL 33147

Provider Number: 0 250988-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$263.13</u>	<u>\$256.53</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

DOS Health Management, Inc.
 300 71st Street, Suite 400
 Miami, FL 33141



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 EAST REHABILITATION CENTER
 991 E. NEW YORK AVENUE
 DELAND, FL 32724

Provider Number: 0 250993-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$225.09</u>	<u>\$225.09</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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 WEST REHABILITATION CENTER
 545 W. EUCLID AVENUE
 DELAND, FL 32720

Provider Number: 0 250995-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$222.87</u>	<u>\$223.64</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

BRANDYWYNE HEALTH CARE CENTER
1801 N. LAKE MARIAM DRIVE
WINTER HAVEN, FL 33884

Provider Number: 0 251399-00
 Date: 12/22/2021
 Fiscal Year End: 7/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$211.69</u>	<u>\$220.57</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

CONCORDIA MANOR
321 13TH AVENUE N.
ST. PETERSBURG, FL 33701

Provider Number: 0 251666-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$209.84</u>	<u>\$218.64</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input checked="" type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

STUART REHABILITATION AND HEALTHCARE
1500 PALM BEACH ROAD
STUART, FL 34994

Provider Number: 0 251673-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$244.10</u>	<u>\$239.89</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

CareStrong
 10800 Biscayne Boulevard
 Miami, FL 33161



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

OAKHURST CENTER
1501 S.E. 24TH ROAD
Ocala, FL 34471

Provider Number: 0 251721-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$211.07</u>	<u>\$219.93</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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



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

AVANTE AT MELBOURNE
1420 SOUTH OAK STREET
MELBOURNE, FL 32901

Provider Number: 0 252018-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$249.98</u>	<u>\$249.98</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

AVANTE GROUP, INC.
 4601 Sheridan Street
 Hollywood, FL 33021-6744



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

AVANTE AT ORMOND BEACH INC
 170 NORTH KINGS ROAD
 ORMOND BEACH, FL 32174

Provider Number: 0 252034-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$240.07</u>	<u>\$228.56</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

AVANTE GROUP, INC.
 4601 Sheridan Street
 Hollywood, FL 33021-6744



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

AVANTE AT MT DORA INC
 3050 BROWN AVENUE
 MOUNT DORA, FL 32757

Provider Number: 0 252042-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$217.83</u>	<u>\$229.47</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

AVANTE GROUP, INC.
 4601 Sheridan Street
 Hollywood, FL 33021-6744



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

ORCHARD RIDGE
4927 VOORHEES ROAD
NEW PORT RICHEY, FL 34653

Provider Number: 0 252689-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$207.56</u>	<u>\$216.27</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Genesis HealthCare
 515 Fairmount Ave
 Towson, MD 21286



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

SPRINGWOOD CENTER
4602 NORTHGATE COURT
SARASOTA, FL 34234

Provider Number: 0 253014-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$217.90</u>	<u>\$223.94</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Genesis HealthCare
 515 Fairmount Ave
 Towson, MD 21286



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUNSET POINT
1980 SUNSET POINT ROAD
CLEARWATER, FL 33765

Provider Number: 0 253430-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$205.76</u>	<u>\$219.40</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input checked="" type="checkbox"/> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Genesis HealthCare
 515 Fairmount Ave
 Towson, MD 21286



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

BAY TREE CENTER
2600 HIGHLANDS BOULEVARD., NORTH
PALM HARBOR, FL 34684

Provider Number: 0 253448-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$212.45</u>	<u>\$221.36</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Genesis HealthCare
 515 Fairmount Ave
 Towson, MD 21286



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

HAWTHORNE HEALTH AND REHAB OF OCALA
4100 S.W. 33RD AVENUE
OCALA, FL 34474

Provider Number: 0 253456-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$223.37</u>	<u>\$235.68</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

WEST BAY OF TAMPA
3865 TAMPA ROAD
OLDSMAR, FL 34677

Provider Number: 0 253464-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$214.33</u>	<u>\$216.23</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Genesis HealthCare
 515 Fairmount Ave
 Towson, MD 21286



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

EDEN SPRINGS NURSING AND REHAB CENTER
4679 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32326

Provider Number: 0 253707-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$243.40</u>	<u>\$236.38</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: DOS Health Management, Inc.
300 71 Street
Miami Beach, FL 33141



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

JACKSON PLAZA NURSING & REHABILITATION CENTER
1861 N.W. 8TH AVENUE
MIAMI, FL 33136

Provider Number: 0 253723-00
 Date: 12/22/2021
 Fiscal Year End: 2/29/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$272.83</u>	<u>\$259.19</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Hebrew Homes Health Network, Inc
 1800 NE 168th Street, Suite 200
 North Miami Beach, FL 33162



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, LLC
 1701 N.E. 26TH STREET
 FORT LAUDERDALE, FL 33305

Provider Number: 0 254177-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2021
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$238.91</u>	<u>\$248.94</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <input type="checkbox"/> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

MARRINSON GROUP, INC.
 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

ARCH PLAZA NURSING & REHABILITATION CENTER
12505 N.E. 16TH AVENUE
NORTH MIAMI, FL 33161

Provider Number: 0 254291-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$262.16</u>	<u>\$259.12</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Hebrew Homes Health Network, Inc
 1800 NE 168th Street, Suite 200
 North Miami Beach, FL 33162



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

WRIGHTS HEALTHCARE AND REHABILITATION CENTER
11300 110TH AVENUE, NORTH
SEMINOLE, FL 33778

Provider Number: 0 254762-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$228.85</u>	<u>\$225.82</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

EDGEWOOD NURSING CENTER, INC.
 1771 EDGEWOOD AVENUE, W
 JACKSONVILLE, FL 32208

Provider Number: 0 254878-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$227.81</u>	<u>\$227.97</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Sterling Health Care
 995 Canton St.
 Roswell, GA 30075



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

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

Provider Number: 0 256269-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$242.25</u>	<u>\$239.96</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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



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

SURREY PLACE HEALTHCARE AND REHABILITATION
5525 21ST AVENUE W.
BRADENTON, FL 34209

Provider Number: 0 256277-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$264.58</u>	<u>\$251.35</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



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

LAKESIDE NURSING AND REHABILITATION CENTER
11411 ARMSDALE ROAD
JACKSONVILLE, FL 32218

Provider Number: 0 256757-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$225.45</u>	<u>\$234.91</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Five Points Health Care Ltd.
 2380 Sadler Road Suite 201
 Fernandina Beach, FL 32034



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

LAKESIDE PAVILION
2900 12TH STREET N.
NAPLES, FL 34103

Provider Number: 0 256846-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$213.19</u>	<u>\$222.14</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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



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 OAKS NURSING & REHABILITATION CENTER
2121 E. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33308

Provider Number: 0 256935-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$240.44</u>	<u>\$250.53</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

OAK MANOR HEALTHCARE AND REHABILITATION
 CENTER
 3500 OAK MANOR LANE
 LARGO, FL 33774

Provider Number: 0 258342-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$216.77</u>	<u>\$219.71</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x Prospective <u> </u> x Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

KR Management, LLC
 20001 Gulf Boulevard
 Indian Shores, FL 33785



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

INDIGO MANOR
595 WILLIAMSON BOULEVARD
DAYTONA BEACH, FL 32114

Provider Number: 0 258750-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$241.81</u>	<u>\$241.85</u>	<u>10/1/2021</u>

Rate Type:	
	<u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component

Changes:	
	<u> </u> x <u> </u> Rate Semester Change

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Alliance Foundation of Florida, INC
 3989 Chain Bridge Road
 Fairfax, VA 22030



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

HAVEN OF OUR LADY OF PEACE
1900 SUMMIT BOULEVARD
PENSACOLA, FL 32503

Provider Number: 0 258831-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$243.83</u>	<u>\$242.74</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Sacred Heart Health System
 5130 Bayou Blvd
 Pensacola, FL 32504



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

LIFE CARE CENTER AT INVERRARY
4300 ROCK ISLAND ROAD
LAUDERHILL, FL 33319

Provider Number: 0 259080-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$256.49</u>	<u>\$267.25</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

PRUITTHEALTH SANTA ROSA
5530 NORTHROP ROAD
MILTON, FL 32570

Provider Number: 0 259331-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$206.17</u>	<u>\$214.82</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

LIFE CARE CENTER OF NEW PORT RICHEY
7400 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34653

Provider Number: 0 259357-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$242.64</u>	<u>\$244.12</u>	<u>10/1/2021</u>

Rate Type:	
	<input type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component

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

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

HAMLIN PLACE
2180 HYPOLUXO ROAD
LANTANA, FL 33462

Provider Number: 0 259586-00
 Date: 12/22/2021
 Fiscal Year End: 8/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$268.37</u>	<u>\$254.95</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

AVANTE AT ST CLOUD
1301 KANSAS AVENUE
ST.CLOUD, FL 34769

Provider Number: 0 259870-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$236.22</u>	<u>\$224.41</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

AVANTE GROUP, INC.
 4601 Sheridan Street
 Hollywood, FL 33021-6744



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

BRIDGEVIEW CENTER
350 S. RIDGEWOOD AVENUE
ORMOND BEACH, FL 32174

Provider Number: 0 260371-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$240.84</u>	<u>\$241.06</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Opis Management Resources, LLC
 10150 Highland Manor Drive
 Tampa, FL 33610



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAYVIEW CENTER
301 SOUTH BAY STREET
EUSTIS, FL 32726

Provider Number: 0 260444-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$243.21</u>	<u>\$239.17</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Opis Management Resources, LLC
 10150 Highland Manor Drive
 Tampa, FL 33610



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

RULEME CENTER, LLC
2810 RULEME STREET
EUSTIS, FL 32726

Provider Number: 0 260452-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$239.33</u>	<u>\$224.40</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Opis Management Resources, LLC
 10150 Highland Manor Drive
 Tampa, FL 33610



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TIERRA PINES CENTER
7380 ULMERTON ROAD
LARGO, FL 33771

Provider Number: 0 260568-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$232.74</u>	<u>\$241.60</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Opis Management Resources, LLC 10150 Highland Manor Drive Tampa, FL 33610



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HIGHLANDS LAKE CENTER, LLC
4240 LAKELAND HIGHLANDS RD
LAKELAND, FL 33813

Provider Number: 0 260576-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$235.26</u>	<u>\$244.53</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Opis Management Resources, LLC
 10150 Highland Manor Drive
 Tampa, FL 33610



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COQUINA CENTER
170 N. CENTER STREET
ORMOND BEACH, FL 32174

Provider Number: 0 260649-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$243.17</u>	<u>\$245.07</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Opis Management Resources, LLC
 10150 Highland Manor Drive
 Tampa, FL 33610



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ISLAND LAKE CENTER, LLC
 155 LANDOVER PLACE
 LONGWOOD, FL 32750

Provider Number: 0 260657-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$241.31</u>	<u>\$240.01</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Opis Management Resources, LLC
 10150 Highland Manor Drive
 Tampa, FL 33610



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

INDIAN RIVER CENTER
7201 GREENSBORO DRIVE
WEST MELBOURNE, FL 32904

Provider Number: 0 260665-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$240.67</u>	<u>\$242.83</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Opis Management Resources, LLC
 10150 Highland Manor Drive
 Tampa, FL 33610



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

RIVERWOOD CENTER
2802 PARENTAL HOME ROAD
JACKSONVILLE, FL 32216

Provider Number: 0 260673-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$219.25</u>	<u>\$217.30</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Opis Management Resources, LLC
 10150 Highland Manor Drive
 Tampa, FL 33610



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FAIRWAY OAKS CENTER, LLC
13806 N. 46TH STREET
TAMPA, FL 33613

Provider Number: 0 260690-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$242.96</u>	<u>\$248.44</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Opis Management Resources, LLC
 10150 Highland Manor Drive
 Tampa, FL 33610



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SINAI PLAZA NURSING & REHAB CENTER
201 NE 112ND STREET
MIAMI, FL 33161

Provider Number: 0 260771-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$267.90</u>	<u>\$267.90</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Hebrew Homes Health Network, Inc
 1800 NE 168th Street, Suite 200
 North Miami Beach, FL 33162



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

ALHAMBRA HEALTH AND REHABILITATION CENTER
7501 38TH AVENUE, NORTH
ST. PETERSBURG, FL 33710

Provider Number: 0 261254-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$245.49</u>	<u>\$244.75</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
-------------------	---

Changes:	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>
-----------------	---

Distribution:

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

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TERRA VISTA REHAB AND HEALTH CENTER
 1730 LUCERNE TERRACE
 ORLANDO, FL 32806

Provider Number: 0 261611-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$221.81</u>	<u>\$231.11</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

AVALON HEALTHCARE CENTER
1270 SW MAIN BOULEVARD
LAKE CITY, FL 32025

Provider Number: 0 261629-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$220.97</u>	<u>\$226.47</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

EMERALD HEALTHCARE CENTER
 1655 S.E. WALTON ROAD
 PORT ST. LUCIE, FL 34952

Provider Number: 0 261637-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$236.15</u>	<u>\$235.63</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

HAWTHORNE HEALTH AND REHAB OF BRANDON
851 WEST LUMSDEN ROAD
BRANDON, FL 33511

Provider Number: 0 261670-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$232.99</u>	<u>\$224.36</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

ATLANTIC SHORES NURSING AND REHAB
4251 STACK BOULEVARD
MELBOURNE, FL 32901

Provider Number: 0 263389-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$221.05</u>	<u>\$225.56</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

BONIFAY NURSING AND REHAB
306 WEST BROCK AVENUE
BONIFAY, FL 32425

Provider Number: 0 263443-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$202.76</u>	<u>\$211.27</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

RIVIERA PALMS REHABILITATION CENTER
926 HABEN BOULEVARD
PALMETTO, FL 34221

Provider Number: 0 263451-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$232.10</u>	<u>\$241.84</u>	<u>10/1/2021</u>

Rate Type:	
	<u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component

Changes:	
	<u> </u> x <u> </u> Rate Semester Change

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

BOYNTON BEACH REHABILITATION CENTER
9600 LAWRENCE ROAD
BOYNTON BEACH, FL 33436

Provider Number: 0 263460-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$222.88</u>	<u>\$232.23</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
-------------------	---

Changes:	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Southern Healthcare Mangement, LLC
5887 Glenridge Drive
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

ARBOR TRAIL NURSING AND REHABILITATION
611 TURNER CAMP ROAD
INVERNESS, FL 34453

Provider Number: 0 263478-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$207.56</u>	<u>\$216.06</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

PINELLAS POINT NURSING AND REHAB CENTER
5601 31ST STREET, SOUTH
ST. PETERSBURG, FL 33712

Provider Number: 0 263486-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$233.13</u>	<u>\$236.57</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

JACKSONVILLE NURSING AND REHAB
4134 DUNN AVENUE
JACKSONVILLE, FL 32218

Provider Number: 0 263494-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$217.66</u>	<u>\$224.99</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

MEDICANA NURSING AND REHAB CENTER
1710 LAKE WORTH ROAD
LAKE WORTH, FL 33460

Provider Number: 0 263524-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$217.69</u>	<u>\$226.83</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

TIFFANY HALL NURSING AND REHAB CENTER
1800 SE HILLMOOR DRIVE
PORT ST. LUCIE, FL 34952

Provider Number: 0 263532-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$218.60</u>	<u>\$227.78</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$229.62</u>	<u>\$239.25</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

MOULTRIE CREEK NURSING AND REHAB
200 MARINER HEALTH WAY
ST. AUGUSTINE, FL 32086

Provider Number: 0 263559-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$233.31</u>	<u>\$236.63</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

ORANGE CITY NURSING AND REHAB
2810 ENTERPRISE ROAD
DEBARY, FL 32713

Provider Number: 0 263567-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$211.78</u>	<u>\$220.67</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

BAYSHORE POINTE NURSING AND REHAB CENTER
3117 WEST GANDY BOULEVARD
TAMPA, FL 33611

Provider Number: 0 263575-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$234.36</u>	<u>\$234.89</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

ROYAL OAKS NURSING AND REHAB CENTER
2225 KNOX MCRAE DRIVE
TITUSVILLE, FL 32780

Provider Number: 0 263583-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$217.28</u>	<u>\$226.39</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

TUSKAWILLA NURSING AND REHAB
1024 WILLA SPRINGS DRIVE
WINTER SPRINGS, FL 32708

Provider Number: 0 263591-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$229.90</u>	<u>\$239.55</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input type="checkbox"/> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

HUNTERS CREEK NURSING AND REHAB CENTER
14155 TOWN LOOP BOULEVARD
ORLANDO, FL 32837

Provider Number: 0 263605-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$250.53</u>	<u>\$253.49</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

BOULEVARD REHABILITATION CENTER
2839 S. SEACREST BOULEVARD
BOYNTON BEACH, FL 33435

Provider Number: 0 263613-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$216.10</u>	<u>\$225.17</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

PALM CITY NURSING & REHAB CENTER
2505 SW MARTIN HIGHWAY
PALM CITY, FL 34990

Provider Number: 0 263621-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$240.53</u>	<u>\$246.12</u>	<u>10/1/2021</u>

Rate Type:	
	<input type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component

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

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

BAY POINTE NURSING PAVILION
4201 31ST STREET S.
ST. PETERSBURG, FL 33712

Provider Number: 0 263834-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$218.82</u>	<u>\$225.62</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

BOCA RATON REHABILITATION CENTER
755 MEADOWS ROAD
BOCA RATON, FL 33486

Provider Number: 0 263842-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$217.78</u>	<u>\$226.91</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

DEERFIELD BEACH HEALTH AND REHABILITATION
 CENTER
 401 EAST SAMPLE ROAD
 POMPANO BEACH, FL 33064

Provider Number: 0 263851-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$214.21</u>	<u>\$223.20</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

REHABILITATION & HEALTHCARE CENTER OF CAPE
 CORAL

 2629 DEL PRADO BOULEVARD

 CAPE CORAL, FL 33904

Provider Number: _____ 0 263869-00
 Date: _____ 12/22/2021
 Fiscal Year End: _____ 12/31/2020
 Audit Status: _____ Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$229.26</u>	<u>\$238.92</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
-------------------	---

Changes:	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

CARROLLWOOD CARE CENTER
15002 HUTCHINSON ROAD
TAMPA, FL 33625

Provider Number: 0 263877-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$227.87</u>	<u>\$225.57</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

CASA MORA REHABILITATION AND EXTENDED CARE
1902 59TH STREET, WEST
BRADENTON, FL 34209

Provider Number: 0 263885-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$205.74</u>	<u>\$217.04</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

EVERGREEN WOODS
7045 EVERGREEN WOODS TRAIL
SPRING HILL, FL 34608

Provider Number: 0 263893-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$226.36</u>	<u>\$232.39</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
-------------------	---

Changes:	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>
-----------------	---

Distribution:

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

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

HIGHLAND PINES REHABILITATION CENTER
1111 SOUTH HIGHLAND AVENUE
CLEARWATER, FL 33756

Provider Number: 0 263907-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$226.15</u>	<u>\$226.07</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE REHABILITATION CENTER OF THE PALM BEACHES
301 NORTHPOINTE PARKWAY
WEST PALM BEACH, FL 33407

Provider Number: 0 263915-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$240.96</u>	<u>\$251.07</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

HEALTHCARE AND REHABILITATION CENTER OF
 SANFORD

 950 MELLONVILLE AVENUE

 SANFORD, FL 32771

Provider Number: _____ 0 263931-00
 Date: _____ 12/22/2021
 Fiscal Year End: _____ 12/31/2020
 Audit Status: _____ Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$212.10</u>	<u>\$221.00</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>

Changes:	
	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

REHABILITATION AND HEALTHCARE CENTER OF TAMPA
 4411 NORTH HABANA AVENUE
 TAMPA, FL 33614

Provider Number: 0 263940-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$218.86</u>	<u>\$220.72</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <input type="checkbox"/> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

ABBEY REHABILITATION AND NURSING CENTER
7101 9TH STREET, NORTH
ST. PETERSBURG, FL 33702

Provider Number: 0 263958-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$224.23</u>	<u>\$222.95</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE OAKS AT AVON PARK
 1010 US 27 NORTH
 AVON PARK, FL 33825

Provider Number: 0 263966-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$223.70</u>	<u>\$233.08</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

TITUSVILLE REHABILITATION AND NURSING CENTER
1705 JESS PARRISH COURT
TITUSVILLE, FL 32796

Provider Number: 0 263974-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$227.07</u>	<u>\$224.04</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

SARASOTA HEALTH AND REHABILITATION CENTER
1524 EAST AVENUE SOUTH
SARASOTA, FL 34239

Provider Number: 0 263982-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$216.42</u>	<u>\$235.09</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

WINDSOR WOODS REHAB AND HEALTHCARE CENTER
13719 DALLAS DRIVE
HUDSON, FL 34667

Provider Number: 0 263991-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$213.10</u>	<u>\$217.44</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

WINKLER COURT
3250 WINKLER AVENUE EXTENSION
FORT MYERS, FL 33916

Provider Number: 0 264008-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$232.52</u>	<u>\$234.40</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

CONWAY LAKES HEALTH & REHABILITATION CENTER
5201 CURRY FORD ROAD
ORLANDO, FL 32812

Provider Number: 0 264512-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$239.45</u>	<u>\$246.11</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Clear Choice Health Care
 709 S. Harbor City Blvd. Suite 240
 Melbourne, FL 32901



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

BELLEAIR HEALTH CARE CENTER
1150 PONCE DE LEON BLVD
CLEARWATER, FL 33756

Provider Number: 0 264521-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$241.46</u>	<u>\$238.31</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Clear Choice Health Care
 709 S. Harbor City Blvd. Suite 240
 Melbourne, FL 32901



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

EAST BAY REHABILITATION CENTER
4470 EAST BAY DRIVE
CLEARWATER, FL 33764

Provider Number: 0 264539-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$243.25</u>	<u>\$245.45</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Clear Choice Health Care
 709 S. Harbor City Blvd. Suite 240
 Melbourne, FL 32901



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

MELBOURNE TERRACE REHABILITATION CENTER
251 FLORIDA AVENUE
MELBOURNE, FL 32901

Provider Number: 0 264547-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$240.95</u>	<u>\$238.08</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Clear Choice Health Care
 709 S. Harbor City Blvd. Suite 240
 Melbourne, FL 32901



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

CENTRE POINTE HEALTH AND REHAB CENTER
2255 CENTERVILLE ROAD
TALLAHASSEE, FL 32308

Provider Number: 0 264563-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$231.27</u>	<u>\$240.98</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
-------------------	---

Changes:	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Clear Choice Health Care
 709 S. Harbor City Blvd. Suite 240
 Melbourne, FL 32901



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

SPRING LAKE REHABILITATION CENTER
1540 6TH STREET, NW
WINTER HAVEN, FL 33881

Provider Number: 0 264571-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$249.21</u>	<u>\$247.89</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Clear Choice Health Care
 709 S. Harbor City Blvd. Suite 240
 Melbourne, FL 32901



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

LIFE CARE CENTER OF ESTERO
3850 WILLIAM ROAD
ESTERO, FL 33928

Provider Number: 0 265381-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$248.15</u>	<u>\$245.40</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

VALENCIA HILLS HEALTH AND REHABILITATION CENTER
1350 SLEEPY HILL ROAD
LAKELAND, FL 33810

Provider Number: 0 265560-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$228.10</u>	<u>\$219.54</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



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

HIALEAH NURSING AND REHABILITATION CENTER
190 W. 28TH STREET
HIALEAH, FL 33010

Provider Number: 0 265730-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$222.53</u>	<u>\$231.87</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
-------------------	---

Changes:	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

CareStrong
 10800 Biscayne Boulevard
 Miami, FL 33161



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

LIFE CARE CENTER OF OCALA
2800 S.W. 41ST STREET
OCALA, FL 34474

Provider Number: 0 266108-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$242.80</u>	<u>\$248.07</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

OASIS HEALTH AND REHABILITATION CENTER
1201 12TH AVENUE, SOUTH
LAKE WORTH, FL 33460

Provider Number: 0 266124-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$257.55</u>	<u>\$260.60</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 CareStrong
 10800 Biscayne Boulevard
 Miami, FL 33161



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

WHISPERING OAKS
1514 E. CHELSEA STREET
TAMPA, FL 33610

Provider Number: 0 266612-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$171.08</u>	<u>\$178.26</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <input type="checkbox"/> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE SPRINGS AT BOCA CIEGA BAY
1255 PASADENA AVENUE, S.
ST. PETERSBURG, FL 33707

Provider Number: 0 267724-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$242.42</u>	<u>\$239.18</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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



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 NURSING CENTER AT MERCY
3671 SOUTH MIAMI AVENUE
MIAMI, FL 33133

Provider Number: 0 267902-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$210.09</u>	<u>\$218.91</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

SMJ Enterprises
 480 Fentress Blvd.
 Daytona Beach, FL 32114



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

SUSANNA WESLEY HEALTH CENTER
 5300 W. 16TH AVENUE
 HIALEAH, FL 33012

Provider Number: 0 268062-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$281.15</u>	<u>\$272.52</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

LIFE CARE CENTER OF PALM BAY
175 VILLANUEVA ROAD
PALM BAY, FL 32907

Provider Number: 0 268186-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$227.42</u>	<u>\$236.96</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

GOOD SAMARITAN CENTER
10676 MARVIN JONES BOULEVARD
LIVE OAK, FL 32060

Provider Number: 0 268763-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$229.14</u>	<u>\$238.75</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE SPRINGS AT LAKE POINTE WOODS
7848 BENEVA ROAD
SARASOTA, FL 34231

Provider Number: 0 268780-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$251.69</u>	<u>\$255.05</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



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

MAJESTIC OAKS CONTINUING CARE COMPLEX
901 VETERANS MEMORIAL PARKWAY
ORANGE CITY, FL 32736

Provider Number: 0 269000-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$229.80</u>	<u>\$232.56</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

John Knox Village Medical Center
 101 Northlake Drive
 Orange City, FL 32763



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

REGENTS PARK OF SUNRISE
9711 W OAKLAND PARK BLVD
SUNRISE, FL 33351

Provider Number: 0 269697-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$218.61</u>	<u>\$227.79</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

REGENTS PARK OF WINTER PARK
558 N. SEMORAN BOULEVARD
WINTER PARK, FL 32792

Provider Number: 0 269719-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$221.01</u>	<u>\$224.83</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

REGENTS PARK OF JACKSONVILLE
8700 A.C. SKINNER PARKWAY
JACKSONVILLE, FL 32256

Provider Number: 0 269727-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$218.69</u>	<u>\$227.86</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

JACARANDA MANOR
 4250 66TH STREET, NORTH
 ST. PETERSBURG, FL 33709

Provider Number: 0 281743-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$186.81</u>	<u>\$194.64</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

ST PETERSBURG NURSING HOME LLC
 801 Broad Street
 Chattanooga, TN 37402



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

WEST GABLES HEALTH CARE CENTER
2525 SW 75TH AVENUE
MIAMI, FL 33155

Provider Number: 0 282359-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$254.62</u>	<u>\$245.68</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Hacienda Care VI, L.P.
 5500 W. Plano Parkway
 Plano, TX 75093



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

RIDGECREST NURSING AND REHABILITATION CENTER
1200 NORTH STONE STREET
DELAND, FL 32720

Provider Number: 0 282464-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$242.57</u>	<u>\$243.94</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CORAL REEF NURSING & REHABILITATION CENTER
9869 SW 152ND STREET
MIAMI, FL 33157

Provider Number: 0 282529-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$247.58</u>	<u>\$236.76</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

LIFE CARE CENTER OF JACKSONVILLE
4813 LENOIR AVENUE
JACKSONVILLE, FL 32216

Provider Number: 0 283193-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$243.92</u>	<u>\$244.70</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

LIFE CARE CENTER OF ORANGE PARK
2145 KINGSLEY AVENUE
ORANGE PARK, FL 32073

Provider Number: 0 284289-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$216.52</u>	<u>\$225.61</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

PONCE PLAZA NURSING & REHABILITATION CENTER
335 S.W. 12TH AVENUE
MIAMI, FL 33130

Provider Number: 0 308251-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$248.24</u>	<u>\$255.12</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Hebrew Homes Health Network, Inc
 1800 NE 168th Street, Suite 200
 North Miami Beach, FL 33162



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 310841-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$245.35</u>	<u>\$233.08</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

LIFE CARE CENTER OF PUNTA GORDA
450 SHREVE STREET
PUNTA GORDA, FL 33950

Provider Number: 0 311685-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$249.65</u>	<u>\$244.38</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

LAKEWOOD NURSING CENTER
100 NORTH LAKE STREET
CRESCENT CITY, FL 32112

Provider Number: 0 312142-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$214.17</u>	<u>\$218.53</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Sterling Health Care
 995 Canton St.
 Roswell, GA 30075



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

CRESTWOOD NURSING CENTER
 501 SOUTH PALM AVENUE
 PALATKA, FL 32177

Provider Number: 0 312274-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$210.58</u>	<u>\$219.42</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Sterling Health Care
 995 Canton St.
 Roswell, GA 30075



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

SAVANNAH COVE OF THE PALM BEACHES
2090 NORTH CONGRESS AVENUE
WEST PALM BEACH, FL 33401

Provider Number: 0 312312-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$231.25</u>	<u>\$224.36</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Senior Living Investors I, LLC
 4611 Johnson Road Suite 1
 Coconut Creek, FL 33073



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

SAVANNAH COVE
1301 W. MAITLAND BOULEVARD
MAITLAND, FL 32751

Provider Number: 0 312550-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$235.98</u>	<u>\$224.18</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Senior Living Investors I, LLC
 4661 Johnson Road, Suite 7
 Coconut, FL 33073



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

LUTHERAN HAVEN NURSING HOME
1525 HAVEN DRIVE
OVIEDO, FL 32765

Provider Number: 0 313718-00
 Date: 12/22/2021
 Fiscal Year End: 8/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$246.98</u>	<u>\$246.94</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input checked="" type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input checked="" type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

LIFE CARE CENTER OF PENSACOLA
3291 EAST OLIVE ROAD
PENSACOLA, FL 32514

Provider Number: 0 315664-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$243.22</u>	<u>\$246.50</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

DARCY HALL OF LIFE CARE
2170 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33409

Provider Number: 0 317349-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$241.48</u>	<u>\$229.41</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Life Care Centers of America
 3570 NW Keith Street
 Cleveland, TN 37312



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

PALMER RANCH HEALTHCARE AND REHABILITATION
5111 PALMER RANCH PARKWAY
SARASOTA, FL 34238

Provider Number: 0 319244-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$267.76</u>	<u>\$254.37</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Brookdale
 111 Westwood Place
 Brentwood, TN 37027



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

ZEPHYR HAVEN HEALTH & REHAB CENTER, INC.
38250 AVENUE A
ZEPHYRHILLS, FL 33542

Provider Number: 0 320391-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$221.54</u>	<u>\$233.30</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Sunbelt Health Care Centers, Inc.
 485 N. Keller road
 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

ZEPHYRHILLS HEALTH & REHAB CENTER, INC.
 7350 DAIRY ROAD
 ZEPHYRHILLS, FL 33540

Provider Number: 0 320404-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$239.61</u>	<u>\$241.37</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Sunbelt Health Care Centers, Inc.
 485 N. Keller road
 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

SUNBELT HEALTH & REHAB CENTER - APOPKA, INC.
305 EAST OAK STREET
APOPKA, FL 32703

Provider Number: 0 320412-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$231.71</u>	<u>\$241.43</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Sunbelt Health Care Centers, Inc.
 485 N. Keller road
 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

EAST ORLANDO HEALTH & REHAB CENTER, INC.
250 SOUTH CHICKASAW TRAIL
ORLANDO, FL 32825

Provider Number: 0 320421-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$257.74</u>	<u>\$268.56</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Sunbelt Health Care Centers, Inc.
 485 N. Keller road
 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

ADVENTIST CARE CENTERS - COURTLAND, INC.
730 COURTLAND STREET
ORLANDO, FL 32804

Provider Number: 0 320439-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$229.20</u>	<u>\$238.82</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Sunbelt Health Care Centers, Inc.
 485 N. Keller Road, Suite 250
 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

FLORIDA LIVING NURSING CENTER
3355 E. SEMORAN BLVD.
APOPKA, FL 32703

Provider Number: 0 320463-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$239.09</u>	<u>\$249.38</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Sunbelt Health Care Centers, Inc.
 485 N. Keller road
 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

LEHIGH ACRES HEALTH & REHABILITATION CENTER
1550 LEE BOULEVARD
LEHIGH ACRES, FL 33936

Provider Number: 0 320978-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$261.26</u>	<u>\$248.20</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CORAL GABLES NURSING AND REHABILITATION
7060 S.W. 8TH STREET
MIAMI, FL 33144

Provider Number: 0 323772-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$241.33</u>	<u>\$238.84</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

CareStrong
 10800 Biscayne Boulevard
 Miami, FL 33161



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

TARPON POINT NURSING AND REHABILITATION CENTER
5157 PARK CLUB DRIVE
SARASOTA, FL 34235

Provider Number: 0 323781-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$245.29</u>	<u>\$233.03</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Pinnacle Health Facilities XXIII, L.P.
5500 W. Plano Parkway
Plano, TX 75093



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST. ANDREW'S BAY SKILLED NURSING AND
 REHABILITATION CENTER

 2100 JENKS AVENUE

 PANAMA CITY, FL 32405

Provider Number: _____ 0 323799-00
 Date: _____ 12/22/2021
 Fiscal Year End: _____ 12/31/2020
 Audit Status: _____ Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$222.86</u>	<u>\$224.80</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
-------------------	---

Changes:	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Pinnacle Health Facilities XXIV, L.P.
 5500 W. Plano Parkway
 Plano, TX 75093



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

HAMPTON COURT NURSING CENTER
16100 N.W. 2ND AVENUE
MIAMI, FL 33169

Provider Number: 0 324027-00
 Date: 12/22/2021
 Fiscal Year End: 3/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$275.19</u>	<u>\$273.03</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input checked="" type="checkbox"/> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

ROYAL CARE OF AVON PARK
1281 W. STRATFORD ROAD
AVON PARK, FL 33825

Provider Number: 0 324213-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$212.72</u>	<u>\$223.12</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: right;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: right;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

CareStrong
 10800 Biscayne Boulevard
 Miami, FL 33161



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

HERITAGE PARK CARE AND REHABILITATION CENTER
2302 59TH STREET, WEST
BRADENTON, FL 34209

Provider Number: 0 324345-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$219.26</u>	<u>\$228.46</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WASHINGTON REHABILITATION & NURSING CENTER
879 USERY ROAD
CHIPLEY, FL 32428

Provider Number: 0 324353-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$210.00</u>	<u>\$218.29</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CHAUTAUQUA REHABILITATION & NURSING CENTER
785 SOUTH 2ND STREET
DEFUNIAK SPRINGS, FL 32433

Provider Number: 0 324361-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$214.30</u>	<u>\$223.29</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF COLLEGE PARK
 13755 GOLF CLUB PARKWAY
 FORT MYERS, FL 33919

Provider Number: 0 324370-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$224.34</u>	<u>\$220.60</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF GAINESVILLE
 4000 S.W. 20TH AVENUE
 GAINESVILLE, FL 32607

Provider Number: 0 324388-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$210.05</u>	<u>\$218.39</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF NORTH FLORIDA
 1083 SANDERS AVENUE
 GRACEVILLE, FL 32440

Provider Number: 0 324396-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$210.90</u>	<u>\$219.75</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE CENTER OF WATERFORD
8333 W. OKEECHOBEE ROAD
HIALEAH GARDENS, FL 33016

Provider Number: 0 324400-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$209.36</u>	<u>\$218.15</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF BROOKWOOD GARDENS
1990 S. CANAL DRIVE
HOMESTEAD, FL 33035

Provider Number: 0 324418-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$231.63</u>	<u>\$235.12</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE AT THE COURTYARD
 2600 FOREST GLEN TRAIL
 MARIANNA, FL 32446

Provider Number: 0 324426-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$223.47</u>	<u>\$231.23</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF ORANGE PARK
 2029 PROFESSIONAL CTR DR
 ORANGE PARK, FL 32073

Provider Number: 0 324434-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$216.32</u>	<u>\$228.77</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF ORMOND
 103 NORTH CLYDE MORRIS BLVD.
 ORMOND BEACH, FL 32174

Provider Number: 0 324442-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$217.36</u>	<u>\$226.48</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ANCHOR CARE & REHABILITATION CENTER
1515 PORT MALABAR BLVD, NE
PALM BAY, FL 32905

Provider Number: 0 324451-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$207.69</u>	<u>\$216.40</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: right;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: right;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF PORT CHARLOTTE
 4033 BEAVER LANE
 PORT CHARLOTTE, FL 33952

Provider Number: 0 324477-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$236.34</u>	<u>\$240.37</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

KENILWORTH CARE AND REHABILITATION CENTER
3011 KENILWORTH BOULEVARD
SEBRING, FL 33870

Provider Number: 0 324493-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$211.00</u>	<u>\$214.67</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input checked="" type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input checked="" type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PENINSULA CARE AND REHABILITATION CENTER
900 BECKETT WAY
TARPON SPRINGS, FL 34689

Provider Number: 0 324507-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$209.83</u>	<u>\$214.73</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WINTER PARK CARE AND REHABILITATION CENTER
2970 SCARLETT ROAD
WINTER PARK, FL 32792

Provider Number: 0 324515-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$216.30</u>	<u>\$225.38</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Signature Healthcare, LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER-JACKSONVILLE
8495 NORMANDY BOULEVARD
JACKSONVILLE, FL 32221

Provider Number: 0 325236-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$228.64</u>	<u>\$223.75</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER OF SOUTH
 JACKSONVILLE

 3648 UNIVERSITY BLVD. S.

 JACKSONVILLE, FL 32216

Provider Number: _____ 0 325287-00
 Date: _____ 12/22/2021
 Fiscal Year End: _____ 12/31/2019
 Audit Status: _____ Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$223.61</u>	<u>\$223.91</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
-------------------	---

Changes:	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER- BOYNTON BEACH
3600 OLD BOYNTON ROAD
BOYNTON BEACH, FL 33436

Provider Number: 0 325309-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$217.19</u>	<u>\$220.21</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER-FT. MYERS
 1600 MATTHEW DRIVE
 FORT MYERS, FL 33907

Provider Number: 0 325325-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$228.84</u>	<u>\$234.30</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER-PROSPERITY OAKS
11375 PROSPERITY FARMS RD.
PALM BEACH GARDENS, FL 33410

Provider Number: 0 325341-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$232.18</u>	<u>\$224.63</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MANOR CARE OF BOCA RATON FL, LLC
 375 N.W. 51ST STREET
 BOCA RATON, FL 33431

Provider Number: 0 325368-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$216.59</u>	<u>\$225.68</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MANOR CARE OF BOYNTON BEACH FL, LLC
3001 S. CONGRESS AVE.
BOYNTON BEACH, FL 33426

Provider Number: 0 325376-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$229.55</u>	<u>\$232.12</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES
13881 EAGLE RIDGE DRIVE
FORT MYERS, FL 33912

Provider Number: 0 325384-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$214.53</u>	<u>\$223.53</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MANOR CARE @ LELY PALMS
6135 RATTLESNAKE HAMMOCK ROAD
NAPLES, FL 34113

Provider Number: 0 325422-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$231.68</u>	<u>\$221.13</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MANOR CARE NURSING AND REHABILITATION CENTER
3601 LAKEWOOD BOULEVARD
NAPLES, FL 34112

Provider Number: 0 325449-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$241.34</u>	<u>\$234.88</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES-SARASOTA
 5511 SWIFT ROAD
 SARASOTA, FL 34231

Provider Number: 0 325465-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$219.94</u>	<u>\$220.69</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MANOR CARE HEALTH SERVICES
1450 EAST VENICE AVENUE
VENICE, FL 34292

Provider Number: 0 325473-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$221.76</u>	<u>\$220.03</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES-WEST PALM BEACH
2300 VILLAGE BLVD
WEST PALM BEACH, FL 33409

Provider Number: 0 325481-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$227.60</u>	<u>\$235.84</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER-NORTH SARASOTA
3250 12TH STREET
SARASOTA, FL 34237

Provider Number: 0 325490-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$241.23</u>	<u>\$243.47</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES (DELRAY BEACH)
16200 JOG ROAD
DELRAY BEACH, FL 33446

Provider Number: 0 325520-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$207.71</u>	<u>\$216.42</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MANOR-CARE HEALTH SERVICES-DUNEDIN
870 PATRICIA AVENUE
DUNEDIN, FL 34698

Provider Number: 0 325686-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$221.53</u>	<u>\$230.83</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES-PALM HARBOR
2851 TAMPA ROAD
PALM HARBOR, FL 34684

Provider Number: 0 325694-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$205.70</u>	<u>\$214.33</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HEARTLAND OF ZEPHYRHILLS
38220 HENRY DRIVE
ZEPHYRHILLS, FL 33540

Provider Number: 0 325708-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$208.43</u>	<u>\$217.17</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MOOSEHAVEN, INC.
 1701 PARK AVENUE
 ORANGE PARK, FL 32073

Provider Number: 0 326011-00
 Date: 12/22/2021
 Fiscal Year End: 4/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$237.41</u>	<u>\$231.21</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

MARTIN NURSING AND REHABILITATION
6001 S.E. TOWER ROAD
STUART, FL 34997

Provider Number: 1 000022-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$245.75</u>	<u>\$233.46</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input checked="" type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input checked="" type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Royal Meridian
 3777 Royal Palm Ave
 Miami, FL 33140



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
48 HIGH POINT ROAD
TAVERNIER, FL 33070

Provider Number: 1 002711-00
 Date: 12/22/2021
 Fiscal Year End: 7/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$260.24</u>	<u>\$258.89</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

NORTHDALRE REHABILITATION CENTER
3030 W.BEARSS AVENUE
TAMPA, FL 33618

Provider Number: 1 002777-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$237.48</u>	<u>\$246.64</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

PARKVIEW REHABILITATION CENTER AT WINTER PARK
2075 LOCH LOMOND DRIVE
WINTER PARK, FL 32792

Provider Number: 1 002787-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$219.41</u>	<u>\$228.62</u>	<u>10/1/2021</u>

Rate Type:	
	<u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component

Changes:	
	<u> </u> x <u> </u> Rate Semester Change

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

NSPIRE HEALTHCARE LAUDERHILL
2599 N.W. 55TH AVENUE
LAUDERHILL, FL 33313

Provider Number: 1 002969-00
 Date: 12/22/2021
 Fiscal Year End: 3/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$205.28</u>	<u>\$213.89</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Nspire Health Care
 333 North Summit Street
 Toledo, OH 43604



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NSPIRE HEALTHCARE MIAMI LAKES
5725 N.W. 186TH STREET
HIALEAH, FL 33015

Provider Number: 1 002974-00
 Date: 12/22/2021
 Fiscal Year End: 3/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$235.40</u>	<u>\$237.28</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Nspire Health Care
 333 North Summit Street
 Toledo, OH 43604



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NSPIRE HEALTHCARE TAMARAC
5901 N.W. 79TH AVENUE
TAMARAC, FL 33321

Provider Number: 1 002982-00
 Date: 12/22/2021
 Fiscal Year End: 3/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$246.32</u>	<u>\$256.65</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Nspire Health Care
 333 North Summit Street
 Toledo, OH 43604



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NSPIRE HEALTHCARE PLANTATION
6931 W. SUNRISE BOULEVARD
PLANTATION, FL 33313

Provider Number: 1 002991-00
 Date: 12/22/2021
 Fiscal Year End: 3/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$230.92</u>	<u>\$240.61</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Nspire Health Care
 333 North Summit Street
 Toledo, OH 43604



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NSPIRE HEALTHCARE KENDALL
9400 SW 137TH AVENUE
KENDALL, FL 33186

Provider Number: 1 002999-00
 Date: 12/22/2021
 Fiscal Year End: 3/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$226.84</u>	<u>\$236.35</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Nspire Health Care
 333 North Summit Street
 Toledo, OH 43604



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FOUNTAIN INN NURSING & REHABILITATION CENTER, INC.
4501 WATERMAN WAY
TAVARES, FL 32778

Provider Number: 1 009647-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$230.46</u>	<u>\$245.19</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Sunbelt Health Care Centers, Inc.
 485 N. Keller Road
 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

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

Provider Number: 1 009887-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$258.39</u>	<u>\$251.80</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



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

CROSS CARE CENTER
5888 BLANDING BOULEVARD
JACKSONVILLE, FL 32244

Provider Number: 1 012333-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$243.98</u>	<u>\$231.78</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input checked="" type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input checked="" type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

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

Provider Number: 1 013748-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$244.89</u>	<u>\$241.56</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

LANIER REHABILITATION CENTER
12740 LANIER ROAD
JACKSONVILLE, FL 32226

Provider Number: 1 015069-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$225.29</u>	<u>\$225.42</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Southern Healthcare Mangement, LLC
 5887 Glenridge Drive
 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

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

Provider Number: 1 017621-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$286.02</u>	<u>\$271.72</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Sandhill Cove Properties, INC
 400 Locust Street
 Des Moines, IA 50309-2334



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

LAURELLWOOD CARE CENTER
3127 57TH AVENUE, NORTH
ST. PETERSBURG, FL 33714

Provider Number: 1 019603-00
 Date: 12/22/2021
 Fiscal Year End: 5/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$217.48</u>	<u>\$225.43</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBOURWOOD CARE CENTER
2855 GULF TO BAY BLVD, BLDG 31
CLEARWATER, FL 33759

Provider Number: 1 019618-00
 Date: 12/22/2021
 Fiscal Year End: 5/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$217.99</u>	<u>\$232.01</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 1 019625-00
 Date: 12/22/2021
 Fiscal Year End: 5/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$208.58</u>	<u>\$217.33</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE PONCE THERAPY CARE CENTER
1999 OLD MOULTRIE ROAD
ST. AUGUSTINE, FL 32086

Provider Number: 1 022071-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$248.11</u>	<u>\$244.37</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Greystone Healthcare Management
 5409 Maryland Way, Suite 304
 Brentwood, TN 37027



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 PALMS OF SEBRING
725 S. PINE STREET
SEBRING, FL 33870

Provider Number: 1 023546-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$217.30</u>	<u>\$226.42</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

PRUITTHEALTH - PANAMA CITY
3212 JENKS AVENUE
PANAMA CITY, FL 32405

Provider Number: 1 023745-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$267.96</u>	<u>\$251.59</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

AVENTURA REHAB AND NURSING CENTER
1800 N.E. 168TH STREET
NORTH MIAMI BEACH, FL 33162

Provider Number: 1 030069-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$282.54</u>	<u>\$282.54</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GRACE HEALTHCARE OF LAKE WALES
730 N. SCENIC HIGHWAY
LAKE WALES, FL 33853

Provider Number: 1 030145-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$228.81</u>	<u>\$234.15</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

LAKE WALES HEALTHCARE LLC
 801 Broad Street
 Chattanooga, TN 37402



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

HARMONY HEALTH CENTER
9820 N. KENDALL DRIVE
MIAMI, FL 33176

Provider Number: 1 031622-00
 Date: 12/22/2021
 Fiscal Year End: 7/16/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$237.66</u>	<u>\$217.95</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Ventura Services
 2901 Stirling Rd #200
 Hollywood, FL 3312



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 BOULEVARD
KISSIMMEE, FL 34747

Provider Number: 1 032432-00
 Date: 12/22/2021
 Fiscal Year End: 8/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$246.93</u>	<u>\$251.26</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Sunbelt Health Care Centers, Inc.
 485 N. Keller road
 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

VIERA DEL MAR HEALTH AND REHABILITATION CENTER
2355 VIDINA DRIVE
VIERA, FL 32940

Provider Number: 1 032910-00
 Date: 12/22/2021
 Fiscal Year End: 4/8/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$259.88</u>	<u>\$259.15</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 2 North Palafox Street
 Pensacola, FL 32502



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

ADDINGTON PLACE AT WELLINGTON GREEN
10330 DEVONSHIRE BLVD
WELLINGTON, FL 33414

Provider Number: 1 034242-00
 Date: 12/22/2021
 Fiscal Year End: 4/30/2012
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$273.83</u>	<u>\$277.88</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Palm Health Partners
 2979 PGA Boulevard
 Palm Beach Gardens, FL 33410



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 PARKWAY
MIAMI SPRINGS, FL 33166

Provider Number: 1 036022-00
 Date: 12/22/2021
 Fiscal Year End: 9/23/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$236.58</u>	<u>\$216.85</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Ventura Services
 2901 Stirling Rd #200
 Hollywood, FL 3312



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

HAINES CITY REHABILITATION AND NURSING CENTER
409 SOUTH 10TH STREET
HAINES CITY, FL 33844

Provider Number: 1 036390-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$244.38</u>	<u>\$232.16</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Citadel Consulting Group, LLC
 1000 Gates Avenue
 Brooklyn, NY 11221



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 PORT REHABILITATION AND NURSING CENTER
6940 PAN AMERICAN DRIVE
NORTH PORT, FL 34287

Provider Number: 1 036398-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$250.12</u>	<u>\$250.12</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Citadel Consulting Group, LLC
 1000 Gates Avenue
 Brooklyn, NY 11221



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

WINTER GARDEN REHABILITATION AND NURSING
12751 WEST COLONIAL DRIVE
WINTER GARDEN, FL 34787

Provider Number: 1 036404-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$247.80</u>	<u>\$235.41</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input checked="" type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Citadel Consulting Group, LLC
 1000 Gates Avenue
 Brooklyn, NY 11221



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

FERNANDINA BEACH REHABILITATION AND NURSING
 CENTER
 1625 LIME STREET
 FERNANDINA BEACH, FL 32034

Provider Number: 1 036415-00
 Date: 12/22/2021
 Fiscal Year End: 1/31/2021
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$231.42</u>	<u>\$239.99</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <input type="checkbox"/> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office: Citadel Consulting Group, LLC
 1000 Gates Avenue
 Brooklyn, NY 11221



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

TIMBERRIDGE NURSING AND REHABILITATION CENTER
9848 S.W. 110TH STREET
Ocala, FL 34481

Provider Number: 1 037353-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2018
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$240.30</u>	<u>\$238.56</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

PRUITTHEALTH - FLEMING ISLAND
2040 TOWN CENTER BLVD
FLEMING ISLAND, FL 32003

Provider Number: 1 038712-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$244.15</u>	<u>\$248.98</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input checked="" type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <input checked="" type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

REHABILITATION CENTER OF LAKE CITY, THE
 298 SW PROSPERITY PL
 LAKE CITY, FL 32024

Provider Number: 1 045184-00
 Date: 12/22/2021
 Fiscal Year End: 7/22/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$254.83</u>	<u>\$257.25</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 2 North Palafox Street
 Pensacola, FL 32502



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

GOLDEN GLADES NURSING AND REHABILITATION
 CENTER

 220 SIERRA DRIVE

 MIAMI, FL 33179

Provider Number: _____ 1 046531-00
 Date: _____ 12/22/2021
 Fiscal Year End: _____ 11/12/2020
 Audit Status: _____ Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$260.04</u>	<u>\$239.30</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
-------------------	---

Changes:	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Ventura Services 2901 Stirling Rd #200 Hollywood, FL 3312



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTH DADE NURSING AND REHABILITATION CENTER
17475 S DIXIE HWY
MIAMI, FL 33157

Provider Number: 1 046541-00
 Date: 12/22/2021
 Fiscal Year End: 12/10/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$260.54</u>	<u>\$235.48</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Ventura Services
 2901 Stirling Rd #200
 Hollywood, FL 3312



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 N. DALE MABRY HWY.
TAMPA, FL 33618

Provider Number: 1 046701-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$246.62</u>	<u>\$234.29</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

Rebekah Falk

Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

NORTH DADE NURSING AND REHABILITATION CENTER
1255 NE 135TH STREET
NORTH MIAMI, FL 33161

Provider Number: 1 047077-00
 Date: 12/22/2021
 Fiscal Year End: 1/7/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$239.67</u>	<u>\$233.52</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
-------------------	---

Changes:	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Ventura Services 2901 Stirling Rd #200 Hollywood, FL 3312



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 SUMMIT AT CORAL SPRINGS
8500 ROYAL PALM BOULEVARD
CORAL SPRINGS, FL 33065

Provider Number: 1 049235-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$246.03</u>	<u>\$244.85</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Five Star Senior Living Inc.
 400 Centre Street
 Newton, MA 02458



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

SNF FLA TENANT LLC
2701 NORTH COURSE DRIVE
POMPANO BEACH, FL 33069

Provider Number: 1 049264-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$264.39</u>	<u>\$268.86</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Five Star Senior Living Inc.
 400 Centre Street
 Newton, MA 02458



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

FORUM AT DEER CREEK
3001 DEER CRK CTY CLB BLVD
DEERFIELD BEACH, FL 33442

Provider Number: 1 049287-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$273.17</u>	<u>\$267.69</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: right;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: right;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Five Star Senior Living Inc.
 400 Centre Street
 Newton, MA 02458



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

CENTURY CENTER FOR REHABILITATION AND HEALING
6020 INDUSTRIAL BOULEVARD
CENTURY, FL 32535

Provider Number: 1 052140-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$240.73</u>	<u>\$241.53</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



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

SANDY RIDGE CENTER FOR REHABILITATION AND HEALING
 5360 GLOVER LANE
 MILTON, FL 32570

Provider Number: 1 052155-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$236.36</u>	<u>\$236.96</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



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

SANTA ROSA CENTER FOR REHABILITATION & HEALING
5386 BROAD STREET
MILTON, FL 32570

Provider Number: 1 052167-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$236.15</u>	<u>\$239.30</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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



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

NORTHBROOK CENTER FOR REHABILITATION AND
 HEALTH
 575 LAMAR AVENUE
 BROOKSVILLE, FL 34601

Provider Number: 1 052176-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$244.59</u>	<u>\$245.62</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <input type="checkbox"/> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



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

YBOR CITY CENTER FOR REHABILITATIONS & HEALING
1709 TALIAFERRO AVENUE
TAMPA, FL 33602

Provider Number: 1 052186-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$237.66</u>	<u>\$243.49</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



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

DE LUNA HEALTH AND REHABILITATION CENTER
9310 FOWLER AVE
PENSACOLA, FL 32514

Provider Number: 1 059598-00
 Date: 12/22/2021
 Fiscal Year End: 2/20/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$263.03</u>	<u>\$251.22</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Gulf Coast Health Care
 2 North Palafox Street
 Pensacola, FL 32502



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

DOLPHIN POINTE HEALTH CARE CENTER
5355 DOLPHIN POINT BLVD
JACKSONVILLE, FL 32211

Provider Number: 1 059993-00
 Date: 12/22/2021
 Fiscal Year End: 4/2/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$264.31</u>	<u>\$258.13</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE PRESERVE
14750 HOPE CENTER LOOP
FORT MYERS, FL 33912

Provider Number: 1 060909-00
 Date: 12/22/2021
 Fiscal Year End: 4/20/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$257.82</u>	<u>\$252.20</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

VOA Lee County Health Care Facility, Inc.
 7530 Market Place Drive
 Eden Prairie, MN 55344



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

SWAN CENTER AT OAKBRIDGE (THE)
 3110 OAKBRIDGE BLVD. E.
 LAKELAND, FL 33803

Provider Number: 1 062639-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2017
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$214.58</u>	<u>\$223.59</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x Prospective <u> </u> x Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

Consulate Health Care (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

PRUITTHEALTH - SOUTHWOOD
2301 BLUFF OAK WAY
TALLAHASSEE, FL 32311

Provider Number: 1 064829-00
 Date: 12/22/2021
 Fiscal Year End: 5/31/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$269.90</u>	<u>\$262.34</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Prospective <input type="checkbox"/> <u> </u> Total Prospective <input type="checkbox"/> <u> </u> Total Prospective with Interim Component </p>
-------------------	--

Changes:	<p style="text-align: center;"> <input type="checkbox"/> <u> </u> Rate Semester Change </p>
-----------------	--

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

CHATHAM GLEN HEALTHCARE & REHABILITATION
 CENTER
 16605 SE 74TH SOULLIERE AVENUE
 THE VILLAGES, FL 32162

Provider Number: 1 065544-00
 Date: 12/22/2021
 Fiscal Year End: 6/3/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$260.24</u>	<u>\$253.77</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

HARBORCHASE OF NAPLES
7801 AIRPORT PULLING ROAD
NAPLES, FL 34109

Provider Number: 1 070981-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$272.05</u>	<u>\$258.45</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

HARBORCHASE OF VENICE
950 PINEBROOK ROAD
VENICE, FL 34285

Provider Number: 1 070993-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2020
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$226.18</u>	<u>\$222.29</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

FOUNTAINS REHABILITATION AT MILL COVE
9960 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32225

Provider Number: 1 075659-00
 Date: 12/22/2021
 Fiscal Year End: 2/28/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$225.43</u>	<u>\$239.87</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;"> <u> </u> x <u> </u> Prospective <u> </u> x <u> </u> Total Prospective <u> </u> Total Prospective with Interim Component </p>
-------------------	---

Changes:	<p style="text-align: center;"> <u> </u> x <u> </u> Rate Semester Change </p>
-----------------	---

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:
 Brookdale
 111 Westwood Place
 Brentwood, TN 37027



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

LAKES OF CLERMONT HEALTH AND REHABILITATION
1775 HOOKS STREET
CLERMONT, FL 34711

Provider Number: 1 078570-00
 Date: 12/22/2021
 Fiscal Year End: 3/12/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$245.44</u>	<u>\$243.99</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ABBIJEAN RUSSELL CARE CENTER LLC
 700 SOUTH 29TH STREET
 FORT PIERCE, FL 34947

Provider Number: 1 081367-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2019
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$251.76</u>	<u>\$252.47</u>	<u>10/1/2021</u>

Rate Type:	
	<p><u> </u> x <u> </u> Prospective</p> <p><u> </u> x <u> </u> Total Prospective</p> <p><u> </u> Total Prospective with Interim Component</p>

Changes:	
	<p><u> </u> x <u> </u> Rate Semester Change</p>

Distribution:

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

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

SIGNATURE HEALTHCARE OF MIDDLEBURG
 REHABILITATION AND WELLNESS CENTER

 1280 HENLEY RD

 MIDDLEBURG, FL 32068

Provider Number: 1 082738-00
 Date: 12/22/2021
 Fiscal Year End: 10/5/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$251.16</u>	<u>\$250.32</u>	<u>10/1/2021</u>

Rate Type:	
	<p style="text-align: center;"> <input type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component </p>

Changes:	
	<p style="text-align: center;"> <input type="checkbox"/> Rate Semester Change </p>

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

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

APOPKA HEALTH & REHABILITATION CENTER
2001 ALSTON BAY BLVD.
APOPKA, FL 32703

Provider Number: 1 085549-00
 Date: 12/22/2021
 Fiscal Year End: 10/28/2021
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$256.49</u>	<u>\$255.15</u>	<u>10/1/2021</u>

Rate Type:	<p style="text-align: center;">_____ x _____ Prospective</p> <p style="text-align: center;">_____ x _____ Total Prospective</p> <p style="text-align: center;">_____ Total Prospective with Interim Component</p>
-------------------	---

Changes:	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>
-----------------	---

Distribution:

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

Rebekah Falk

 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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

