



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

Medicaid Reimbursement Per Diem Rates

CLYDE E LASSEN STATE VETERANS NURSING HOME
4650 STATE RD 16
SAINT AUGUSTINE, FL 32092

Provider Number: 0 032049-00
 Date: 7/15/2019
 Fiscal Year End: 6/30/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>286.29</u>	<u>264.46</u>	<u>7/1/2019</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>
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Changes:
_____ x _____ Rate Semester Change

Distribution:

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

Zainab Day

 Medicaid Cost Reimbursement Planning and Finance

Home Office:

Florida Dept. of Veterans Affairs
 11351 Ulmerton Road, Room 311-K
 Largo, FL 33778



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MEMORIAL MANOR
 777 SOUTH DOUGLAS ROAD
 PEMBROKE PINES, FL 33025

Provider Number: 0 201006-00
 Date: 7/15/2019
 Fiscal Year End: 4/30/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>285.50</u>	<u>261.66</u>	<u>7/1/2019</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>

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Medicaid Reimbursement Per Diem Rates

ROHR HOME, THE
 2120 MARSHALL EDWARDS DR
 BARTOW, FL 33830

Provider Number: 0 202533-00
 Date: 7/15/2019
 Fiscal Year End: 9/30/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>262.56</u>	<u>242.53</u>	<u>7/1/2019</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>

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MARIANNA HEALTH AND REHABILITATION CENTER
4295 FIFTH AVENUE
MARIANNA, FL 32446

Provider Number: 0 203475-00
 Date: 7/15/2019
 Fiscal Year End: 12/31/2016
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>240.03</u>	<u>221.77</u>	<u>7/1/2019</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>
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Medicaid Reimbursement Per Diem Rates

JACKSON MEMORIAL PERDUE MEDICAL CENTER
 19590 OLD CUTLER ROAD
 CUTLER RIDGE, FL 33157

Provider Number: 0 203670-00
 Date: 7/15/2019
 Fiscal Year End: 9/30/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>271.66</u>	<u>248.97</u>	<u>7/1/2019</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>
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Medicaid Reimbursement Per Diem Rates

JACKSON MEMORIAL LONG TERM CARE CENTER
 2500 NW 22ND AVE
 MIAMI, FL 33142

Provider Number: 0 204161-00
 Date: 7/15/2019
 Fiscal Year End: 9/30/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>270.58</u>	<u>247.98</u>	<u>7/1/2019</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>
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Medicaid Reimbursement Per Diem Rates

EMORY L. BENNETT MEMORIAL
 1920 MASON AVENUE
 DAYTONA BEACH, FL 32117

Provider Number: 0 210889-00
 Date: 7/15/2019
 Fiscal Year End: 6/30/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>278.69</u>	<u>257.45</u>	<u>7/1/2019</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>

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Home Office:

Florida Dept. of Veterans Affairs
 11351 Ulmerton Road, Room 311-K
 Largo, FL 33778



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SABAL PALMS HEALTH CARE CENTER PEDIATRIC
 499 ALTERNATE KEENE RD NE
 LARGO, FL 33771

Provider Number: 0 210951-00
 Date: 7/15/2019
 Fiscal Year End: 12/31/2016
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>281.31</u>	<u>258.15</u>	<u>7/1/2019</u>
	Level U: Fragile Under 21	<u>598.09</u>	<u>574.93</u>	<u>7/1/2019</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>
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Home Office:

The Goodman Group LLC
 1107 Hazeltine Blvd
 Chaska, MN 55318



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Medicaid Reimbursement Per Diem Rates

W. FRANK WELLS NURSING HOME
 210 N 2ND ST
 MACCLENNY, FL 32063

Provider Number: 0 211052-00
 Date: 7/15/2019
 Fiscal Year End: 9/30/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>287.87</u>	<u>265.79</u>	<u>7/1/2019</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>

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Medicaid Reimbursement Per Diem Rates

E.J. HEALEY REHAB AND NURSING CENTER
5101 WEST BLUE HERON BLVD
RIVIERA BEACH, FL 33418

Provider Number: 0 212032-00
 Date: 7/15/2019
 Fiscal Year End: 9/30/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>296.43</u>	<u>271.67</u>	<u>7/1/2019</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>
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BALDOMERO LOPEZ MEMORIAL VETERANS N. H.
6919 PARKWAY BLVD
LAND O LAKES, FL 34639

Provider Number: 0 214914-00
 Date: 7/15/2019
 Fiscal Year End: 6/30/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>275.56</u>	<u>254.65</u>	<u>7/1/2019</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>
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Home Office:

Florida Dept. of Veterans Affairs
 11351 Ulmerton Road, Room 311-K
 Largo, FL 33778



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Medicaid Reimbursement Per Diem Rates

PLANTATION NURSING & REHABILITATION CENTER
 PEDIATRIC
 4250 NW 5TH ST
 PLANTATION, FL 33317

Provider Number: 0 226017-00
 Date: 7/15/2019
 Fiscal Year End: 12/31/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>318.58</u>	<u>293.75</u>	<u>7/1/2019</u>
	Level U: Fragile Under 21	<u>635.36</u>	<u>610.53</u>	<u>7/1/2019</u>

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Home Office:

Millenium Health Systems
 5310 NW 33rd Avenue Suite 211
 Ft. Lauderdale, FL 33309



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Medicaid Reimbursement Per Diem Rates

SARASOTA MEMORIAL NURSING & REHABILITATION
 FACILITY
 5640 RAND BLVD
 SARASOTA, FL 34238

Provider Number: 0 260355-00
 Date: 7/15/2019
 Fiscal Year End: 9/30/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>250.23</u>	<u>230.58</u>	<u>7/1/2019</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>

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CLIFFORD CHESTER SIMS STATE VETERAN'S NURSING
 HOME
 4419 TRAM ROAD
 PANAMA CITY, FL 32404

Provider Number: 0 264491-00
 Date: 7/15/2019
 Fiscal Year End: 6/30/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>275.74</u>	<u>254.72</u>	<u>7/1/2019</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>

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 11351 Ulmerton Road, Room 311-K
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Medicaid Reimbursement Per Diem Rates

DOUGLAS JACOBSON STATE VETERANS NURSING HOME
21281 GRAYTON TERRACE
PORT CHARLOTTE, FL 33954

Provider Number: 0 269492-00
 Date: 7/15/2019
 Fiscal Year End: 6/30/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>277.22</u>	<u>256.17</u>	<u>7/1/2019</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>
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Medicaid Reimbursement Per Diem Rates

CHILDREN'S COMPREHENSIVE CARE CENTER, INC.
 200 SE 19TH AVENUE
 POMPANO BEACH, FL 33060

Provider Number: 0 312789-00
 Date: 7/15/2019
 Fiscal Year End: 7/31/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>271.67</u>	<u>248.98</u>	<u>7/1/2019</u>
	Level U: Fragile Under 21	<u>588.45</u>	<u>565.76</u>	<u>7/1/2019</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>
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Medicaid Cost Reimbursement Planning and Finance

Home Office:

Broward Children's Center Inc.
 200 SE 19th Avenue
 Pompano Beach, FL 33072