



State 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: 7/31/2019  
 Fiscal Year End: 6/30/2017  
 Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>264.46</u>	<u>265.72</u>	<u>10/1/2019</u>

<b>Rate Type:</b>	<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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<b>Changes:</b>
_____ x _____ Rate Semester Change

**Distribution:**

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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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**Medicaid Reimbursement Per Diem Rates**

MEMORIAL MANOR  
 777 SOUTH DOUGLAS ROAD  
 PEMBROKE PINES, FL 33025

Provider Number: 0 201006-00  
 Date: 7/31/2019  
 Fiscal Year End: 4/30/2017  
 Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>261.66</u>	<u>255.56</u>	<u>10/1/2019</u>

<b>Rate Type:</b>	<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component
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<b>Changes:</b>	<input checked="" type="checkbox"/> Rate Semester Change
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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: 7/31/2019  
 Fiscal Year End: 9/30/2017  
 Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>242.53</u>	<u>250.87</u>	<u>10/1/2019</u>

<b>Rate Type:</b>	<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component
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<b>Changes:</b>	<input checked="" type="checkbox"/> Rate Semester Change
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**Medicaid Reimbursement Per Diem Rates**

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

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

**Provider Type:**

		<u>Current</u> <u>Rate</u>	<u>New</u> <u>Rate</u>	<u>Effective</u> <u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<u>221.77</u>	<u>228.79</u>	<u>10/1/2019</u>

<b>Rate Type:</b>	<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component
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<b>Changes:</b>	<input checked="" type="checkbox"/> Rate Semester Change
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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: 7/31/2019  
 Fiscal Year End: 9/30/2017  
 Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>248.97</u>	<u>243.90</u>	<u>10/1/2019</u>

<b>Rate Type:</b>	<p style="text-align: center;"><input checked="" type="checkbox"/> Prospective</p> <p style="text-align: center;"><input type="checkbox"/> Total Prospective</p> <p style="text-align: center;"><input type="checkbox"/> 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: 7/31/2019  
 Fiscal Year End: 9/30/2017  
 Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>247.98</u>	<u>245.12</u>	<u>10/1/2019</u>

<b>Rate Type:</b>	<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: 7/31/2019  
 Fiscal Year End: 6/30/2017  
 Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>257.45</u>	<u>258.78</u>	<u>10/1/2019</u>

<b>Rate Type:</b>	<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>
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<b>Changes:</b>
<input type="checkbox"/> <u>          </u> Rate Semester Change

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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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**Medicaid Reimbursement Per Diem Rates**

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

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

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>258.15</u>	<u>260.02</u>	<u>10/1/2019</u>
	Level U: Fragile Under 21	<u>574.93</u>	<u>585.72</u>	<u>10/1/2019</u>

<b>Rate Type:</b>	<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: 7/31/2019  
 Fiscal Year End: 9/30/2017  
 Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>265.79</u>	<u>265.78</u>	<u>10/1/2019</u>

<b>Rate Type:</b>	<p style="text-align: center;"><input checked="" type="checkbox"/> Prospective</p> <p style="text-align: center;"><input type="checkbox"/> Total Prospective</p> <p style="text-align: center;"><input type="checkbox"/> 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: 7/31/2019  
 Fiscal Year End: 9/30/2017  
 Audit Status: Unaudited

**Provider Type:**

		<u>Current</u> <u>Rate</u>	<u>New</u> <u>Rate</u>	<u>Effective</u> <u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<u>271.67</u>	<u>270.53</u>	<u>10/1/2019</u>

<b>Rate Type:</b>	<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component
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**Medicaid Reimbursement Per Diem Rates**

BALDOMERO LOPEZ MEMORIAL VETERANS N. H.  
6919 PARKWAY BLVD  
LAND O LAKES, FL 34639

Provider Number: 0 214914-00  
 Date: 7/31/2019  
 Fiscal Year End: 6/30/2017  
 Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>254.65</u>	<u>254.94</u>	<u>10/1/2019</u>

<b>Rate Type:</b>	<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:

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 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: 7/31/2019  
 Fiscal Year End: 12/31/2017  
 Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>293.75</u>	<u>294.35</u>	<u>10/1/2019</u>
	Level U: Fragile Under 21	<u>610.53</u>	<u>620.05</u>	<u>10/1/2019</u>

<b>Rate Type:</b>	<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:

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



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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ALEXANDER NININGER STATE VETERANS' N. HOME  
8401 W CYPRESS DR  
PEMBROKE PINES, FL 33025

Provider Number: 0 229849-00  
 Date: 7/31/2019  
 Fiscal Year End: 6/30/2017  
 Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>275.27</u>	<u>271.64</u>	<u>10/1/2019</u>

<b>Rate Type:</b>	<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:

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 11351 Ulmerton Road, Room 311-K  
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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: 7/31/2019  
 Fiscal Year End: 9/30/2017  
 Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>230.58</u>	<u>230.43</u>	<u>10/1/2019</u>

<b>Rate Type:</b>	<p style="text-align: center;"><input checked="" type="checkbox"/> Prospective</p> <p style="text-align: center;"><input type="checkbox"/> Total Prospective</p> <p style="text-align: center;"><input type="checkbox"/> Total Prospective with Interim Component</p>
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**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 0 264491-00  
 Date: 7/31/2019  
 Fiscal Year End: 6/30/2017  
 Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>254.72</u>	<u>255.40</u>	<u>10/1/2019</u>

<b>Rate Type:</b>	<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**

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

Provider Number: 0 269492-00  
 Date: 7/31/2019  
 Fiscal Year End: 6/30/2017  
 Audit Status: Unaudited

**Provider Type:**

		<u>Current</u> <u>Rate</u>	<u>New</u> <u>Rate</u>	<u>Effective</u> <u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>256.17</u></b>	<b><u>256.68</u></b>	<b><u>10/1/2019</u></b>

<b>Rate Type:</b>	<input type="checkbox"/> <u>                    </u> Prospective <input type="checkbox"/> <u>                    </u> Total Prospective <input type="checkbox"/> <u>                    </u> Total Prospective with Interim Component
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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: 7/31/2019  
 Fiscal Year End: 7/31/2017  
 Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>248.98</u>	<u>256.79</u>	<u>10/1/2019</u>
	Level U: Fragile Under 21	<u>565.76</u>	<u>582.49</u>	<u>10/1/2019</u>

<b>Rate Type:</b>	<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