



State 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 ROAD 16
ST. AUGUSTINE, FL 32092

Provider Number: 0 032049-00
Date: 7/24/2020
Fiscal Year End: 6/30/2017
Audit Status: Unaudited

Provider Type:

Table with 4 columns: Provider Type, Single Level, Current Rate (265.72), New Rate (269.33), Effective Date (7/1/2020)

Rate Type: Prospective
x
Total Prospective
Total Prospective with Interim Component

Changes:
x
Rate Semester Change

Distribution:

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

Zainab Day
Medicaid Cost Reimbursement Planning and Finance
[Signature]

Home Office: Florida Dept. of Veterans Affairs
11351 Ulmerton Road, Room 311-K
Largo, FL 33778-1630



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

**Medicaid Reimbursement Per Diem Rates**

MEMORIAL MANOR  
 777 S. DOUGLAS ROAD  
 PEMBROKE PINES, FL 33025

Provider Number: 0 201006-00  
 Date: 7/24/2020  
 Fiscal Year End: 4/30/2017  
 Audit Status: Unaudited

**Provider Type:**

|              |              | Current<br>Rate | New<br>Rate   | Effective<br>Date |
|--------------|--------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>255.56</u>   | <u>259.03</u> | <u>7/1/2020</u>   |

|                   |  |
|-------------------|--|
| <b>Rate Type:</b> |  |
|                   | <input checked="" type="checkbox"/> Prospective<br><input type="checkbox"/> Total Prospective<br><input type="checkbox"/> Total Prospective with Interim Component |

|                 |  |
|-----------------|--|
| <b>Changes:</b> |  |
|                 | <input checked="" type="checkbox"/> Rate Semester Change |

**Distribution:**

Contract Management / Fiscal Agent  
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**Zainab Day**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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**Medicaid Reimbursement Per Diem Rates**

ROHR HOME, THE  
 2135 MARSHALL EDWARDS DRIVE  
 BARTOW, FL 33830

Provider Number: 0 202533-00  
 Date: 7/24/2020  
 Fiscal Year End: 9/30/2017  
 Audit Status: Unaudited

**Provider Type:**

|              |              | Current<br>Rate | New<br>Rate   | Effective<br>Date |
|--------------|--------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>250.87</u>   | <u>254.28</u> | <u>7/1/2020</u>   |

|                   |   |
|-------------------|---|
| <b>Rate Type:</b> |   |
|                   | <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> |

|                 |   |
|-----------------|---|
| <b>Changes:</b> |   |
|                 | <p><u>          </u> x <u>          </u> Rate Semester Change</p> |

**Distribution:**

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

**Zainab Day**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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**Medicaid Reimbursement Per Diem Rates**

MARIANNA HEALTH AND REHABILITATION CENTER  
 PO BOX 240 4295 5TH AVE.  
 MARIANNA, FL 32447

Provider Number: 0 203475-00  
 Date: 7/24/2020  
 Fiscal Year End: 12/31/2016  
 Audit Status: Unaudited

**Provider Type:**

|              |              | Current<br>Rate | New<br>Rate   | Effective<br>Date |
|--------------|--------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>228.79</u>   | <u>231.90</u> | <u>7/1/2020</u>   |

|                   |  |
|-------------------|--|
| <b>Rate Type:</b> |  |
|                   | <input checked="" type="checkbox"/> Prospective<br><input type="checkbox"/> Total Prospective<br><input type="checkbox"/> Total Prospective with Interim Component |

|                 |  |
|-----------------|--|
| <b>Changes:</b> |  |
|                 | <input checked="" type="checkbox"/> Rate Semester Change |

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**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

No Home Office



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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 0 203670-00  
 Date: 7/24/2020  
 Fiscal Year End: 9/30/2017  
 Audit Status: Unaudited

**Provider Type:**

|              |              | Current<br>Rate | New<br>Rate   | Effective<br>Date |
|--------------|--------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>243.90</u>   | <u>247.21</u> | <u>7/1/2020</u>   |

|                   |  |
|-------------------|--|
| <b>Rate Type:</b> |  |
|                   | <input checked="" type="checkbox"/> Prospective<br><input type="checkbox"/> Total Prospective<br><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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Home Office: No Home Office



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**Medicaid Reimbursement Per Diem Rates**

JACKSON MEMORIAL LONG TERM CARE CENTER  
2500 N.W. 22ND AVENUE  
MIAMI, FL 33142

Provider Number: 0 204161-00  
 Date: 7/24/2020  
 Fiscal Year End: 9/30/2017  
 Audit Status: Unaudited

**Provider Type:**

|              |              | Current<br><u>Rate</u> | New<br><u>Rate</u> | Effective<br><u>Date</u> |
|--------------|--------------|------------------------|--------------------|--------------------------|
| Nursing Home | Single Level | <u>245.12</u>          | <u>248.45</u>      | <u>7/1/2020</u>          |

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|-------------------|--|
| <b>Rate Type:</b> |  |
|                   | <input type="checkbox"/> <u>          </u> Prospective<br><input checked="" type="checkbox"/> <u>          </u> Total Prospective<br><input type="checkbox"/> <u>          </u> Total Prospective with Interim Component |

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

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Home Office: No Home Office



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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: 7/24/2020  
 Fiscal Year End: 6/30/2017  
 Audit Status: Unaudited

**Provider Type:**

|              |              | Current<br>Rate | New<br>Rate   | Effective<br>Date |
|--------------|--------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>258.78</u>   | <u>262.30</u> | <u>7/1/2020</u>   |

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| <b>Rate Type:</b> |  |
|                   | <input checked="" type="checkbox"/> Prospective<br><input type="checkbox"/> Total Prospective<br><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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\_\_\_\_\_ 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 33778-1630



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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: 7/24/2020  
 Fiscal Year End: 12/31/2016  
 Audit Status: Unaudited

**Provider Type:**

|              |                           | Current<br>Rate | New<br>Rate   | Effective<br>Date |
|--------------|---------------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level              | <u>260.02</u>   | <u>263.56</u> | <u>7/1/2020</u>   |
|              | Level U: Fragile Under 21 | <u>585.72</u>   | <u>589.26</u> | <u>7/1/2020</u>   |

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| <b>Rate Type:</b> |  |
|                   | <input checked="" type="checkbox"/> Prospective<br><input type="checkbox"/> Total Prospective<br><input type="checkbox"/> Total Prospective with Interim Component |

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| <b>Changes:</b> |  |
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**Zainab Day**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

The Goodman Group, LLC  
 1107 Hazeltine Blvd  
 Chaska, MN 55318





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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

W. FRANK WELLS NURSING HOME  
159 NORTH THIRD STREET  
MACCLENNY, FL 32063

Provider Number: 0 211052-00  
 Date: 7/24/2020  
 Fiscal Year End: 9/30/2017  
 Audit Status: Unaudited

**Provider Type:**

|              |              | Current<br><u>Rate</u> | New<br><u>Rate</u> | Effective<br><u>Date</u> |
|--------------|--------------|------------------------|--------------------|--------------------------|
| Nursing Home | Single Level | <u>265.78</u>          | <u>269.39</u>      | <u>7/1/2020</u>          |

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| <b>Rate Type:</b> |  |
|                   | <input checked="" type="checkbox"/> Prospective<br><input type="checkbox"/> Total Prospective<br><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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Home Office: No Home Office



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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: 7/24/2020  
 Fiscal Year End: 9/30/2017  
 Audit Status: Unaudited

**Provider Type:**

|              |              | <u>Current</u><br><u>Rate</u> | <u>New</u><br><u>Rate</u> | <u>Effective</u><br><u>Date</u> |
|--------------|--------------|-------------------------------|---------------------------|---------------------------------|
| Nursing Home | Single Level | <b><u>270.53</u></b>          | <b><u>274.21</u></b>      | <b><u>7/1/2020</u></b>          |

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| <b>Rate Type:</b> |  |
|                   | <input checked="" type="checkbox"/> Prospective<br><input type="checkbox"/> Total Prospective<br><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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Home Office: No Home Office





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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 0 226017-00  
 Date: 7/24/2020  
 Fiscal Year End: 12/31/2017  
 Audit Status: Unaudited

**Provider Type:**

|              |                           | Current<br>Rate | New<br>Rate   | Effective<br>Date |
|--------------|---------------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level              | <u>294.35</u>   | <u>298.35</u> | <u>7/1/2020</u>   |
|              | Level U: Fragile Under 21 | <u>620.05</u>   | <u>624.05</u> | <u>7/1/2020</u>   |

|                   |  |
|-------------------|--|
| <b>Rate Type:</b> |  |
|                   | <input checked="" type="checkbox"/> Prospective<br><input type="checkbox"/> Total Prospective<br><input type="checkbox"/> Total Prospective with Interim Component |

|                 |  |
|-----------------|--|
| <b>Changes:</b> |  |
|                 | <input checked="" type="checkbox"/> Rate Semester Change |

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**Zainab Day**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Millenium Health Systems  
 5310 NW 33rd Avenue  
 Ft. Lauderdale, FL 33309



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

**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 0 229849-00  
 Date: 7/24/2020  
 Fiscal Year End: 6/30/2017  
 Audit Status: Unaudited

**Provider Type:**

|              |              | Current<br><u>Rate</u> | New<br><u>Rate</u> | Effective<br><u>Date</u> |
|--------------|--------------|------------------------|--------------------|--------------------------|
| Nursing Home | Single Level | <u>271.64</u>          | <u>275.33</u>      | <u>7/1/2020</u>          |

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

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

**Distribution:**

Contract Management / Fiscal Agent  
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           For Information Only  
           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 33778-1630



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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SARASOTA MEMORIAL NURSING & REHABILITATION FACILITY

5640 RAND BOULEVARD

SARASOTA, FL 34238-5174

Provider Number: 0 260355-00

Date: 7/24/2020

Fiscal Year End: 9/30/2017

Audit Status: Unaudited

**Provider Type:**

|              |              | Current<br>Rate | New<br>Rate   | Effective<br>Date |
|--------------|--------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>230.43</u>   | <u>233.57</u> | <u>7/1/2020</u>   |

|                   |  |
|-------------------|--|
| <b>Rate Type:</b> |  |
|                   | <input checked="" type="checkbox"/> Prospective<br><input type="checkbox"/> Total Prospective<br><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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Home Office:

No Home Office



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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CLIFFORD CHESTER SIMS STATE VETERAN'S NURSING HOME

4419 TRAM ROAD

SPRINGFIELD, FL 32404

Provider Number: 0 264491-00

Date: 7/24/2020

Fiscal Year End: 6/30/2017

Audit Status: Unaudited

**Provider Type:**

|              |              | Current<br>Rate | New<br>Rate   | Effective<br>Date |
|--------------|--------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>255.40</u>   | <u>258.87</u> | <u>7/1/2020</u>   |

|                   |   |
|-------------------|---|
| <b>Rate Type:</b> |   |
|                   | <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> |

|                 |   |
|-----------------|---|
| <b>Changes:</b> |   |
|                 | <p><u>          </u> x <u>          </u> Rate Semester Change</p> |

**Distribution:**

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Permanent File

           For Information Only

           No Change in Rate

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Florida Dept. of Veterans Affairs  
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 Largo, FL 33778-1630



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**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 0 269492-00  
 Date: 7/24/2020  
 Fiscal Year End: 6/30/2017  
 Audit Status: Unaudited

**Provider Type:**

|              |              | Current<br><u>Rate</u> | New<br><u>Rate</u>   | Effective<br><u>Date</u> |
|--------------|--------------|------------------------|----------------------|--------------------------|
| Nursing Home | Single Level | <b><u>256.68</u></b>   | <b><u>260.17</u></b> | <b><u>7/1/2020</u></b>   |

|                   |  |
|-------------------|--|
| <b>Rate Type:</b> |  |
|                   | <input type="checkbox"/> <u>                    </u> Prospective<br><input checked="" type="checkbox"/> <u>                    </u> Total Prospective<br><input type="checkbox"/> <u>                    </u> Total Prospective with Interim Component |

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

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Home Office:

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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: 7/24/2020  
 Fiscal Year End: 7/31/2017  
 Audit Status: Unaudited

**Provider Type:**

|              |                           | Current<br>Rate | New<br>Rate   | Effective<br>Date |
|--------------|---------------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level              | <u>256.79</u>   | <u>260.28</u> | <u>7/1/2020</u>   |
|              | Level U: Fragile Under 21 | <u>582.49</u>   | <u>585.98</u> | <u>7/1/2020</u>   |

|                   |  |
|-------------------|--|
| <b>Rate Type:</b> |  |
|                   | <input checked="" type="checkbox"/> Prospective<br><input type="checkbox"/> Total Prospective<br><input type="checkbox"/> Total Prospective with Interim Component |

|                 |  |
|-----------------|--|
| <b>Changes:</b> |  |
|                 | <input checked="" type="checkbox"/> Rate Semester Change |

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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