



State 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: 8/21/2020
 Fiscal Year End: 6/30/2017
 Audit Status: Unaudited

Provider Type:

		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single Level	<u>269.33</u>	<u>273.56</u>	<u>10/1/2020</u>

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

Contract Management / Fiscal Agent
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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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MEMORIAL MANOR
 777 S. DOUGLAS ROAD
 PEMBROKE PINES, FL 33025

Provider Number: 0 201006-00
 Date: 8/21/2020
 Fiscal Year End: 4/30/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>259.03</u>	<u>260.35</u>	<u>10/1/2020</u>

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

Changes:	
	<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

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

Provider Number: 0 202533-00
 Date: 8/21/2020
 Fiscal Year End: 9/30/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>254.28</u>	<u>257.90</u>	<u>10/1/2020</u>

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

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

Provider Number: 0 203475-00
 Date: 8/21/2020
 Fiscal Year End: 12/31/2016
 Audit Status: Unaudited

Provider Type:

		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single Level	<u>231.90</u>	<u>238.09</u>	<u>10/1/2020</u>

Rate Type:	
	<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

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

Provider Number: 0 203670-00
 Date: 8/21/2020
 Fiscal Year End: 9/30/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>247.21</u>	<u>248.56</u>	<u>10/1/2020</u>

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

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

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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: 8/21/2020
 Fiscal Year End: 9/30/2017
 Audit Status: Unaudited

Provider Type:

		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single Level	<u>248.45</u>	<u>248.30</u>	<u>10/1/2020</u>

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

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

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Medicaid Reimbursement Per Diem Rates

SABAL PALMS HEALTH CARE CENTER PEDIATRIC
 499 ALTERNATE KEENE RD NE
 LARGO, FL 34641

Provider Number: 0 210951-00
 Date: 8/21/2020
 Fiscal Year End: 12/31/2016
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>263.56</u>	<u>264.72</u>	<u>10/1/2020</u>
	Level U: Fragile Under 21	<u>589.26</u>	<u>600.69</u>	<u>10/1/2020</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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Zainab Day
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

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



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

Provider Number: 0 211052-00
 Date: 8/21/2020
 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>
Nursing Home	Single Level	<u>269.39</u>	<u>270.61</u>	<u>10/1/2020</u>

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

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

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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: 8/21/2020
 Fiscal Year End: 9/30/2017
 Audit Status: Unaudited

Provider Type:

		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single Level	<u>274.21</u>	<u>274.12</u>	<u>10/1/2020</u>

Rate Type:	<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>
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BALDOMERO LOPEZ MEMORIAL VETERANS N. H.
6919 PARKWAY BOULEVARD
LAND O LAKES, FL 34639

Provider Number: 0 214914-00
 Date: 8/21/2020
 Fiscal Year End: 6/30/2017
 Audit Status: Unaudited

Provider Type:

		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single Level	<u>258.40</u>	<u>262.22</u>	<u>10/1/2020</u>

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

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Home Office:

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



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

Provider Number: 0 226017-00
 Date: 8/21/2020
 Fiscal Year End: 12/31/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>298.35</u>	<u>295.88</u>	<u>10/1/2020</u>
	Level U: Fragile Under 21	<u>624.05</u>	<u>631.85</u>	<u>10/1/2020</u>

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

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Medicaid Cost Reimbursement Planning and Finance

Home Office:

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



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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: 8/21/2020
 Fiscal Year End: 6/30/2017
 Audit Status: Unaudited

Provider Type:

		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single Level	<u>275.33</u>	<u>276.19</u>	<u>10/1/2020</u>

Rate Type:	<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>
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SARASOTA MEMORIAL NURSING & REHABILITATION FACILITY

5640 RAND BOULEVARD

SARASOTA, FL 34238

Provider Number: 0 260355-00

Date: 8/21/2020

Fiscal Year End: 9/30/2017

Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>233.57</u>	<u>238.72</u>	<u>10/1/2020</u>

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

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

Provider Number: 0 264491-00
 Date: 8/21/2020
 Fiscal Year End: 6/30/2017
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>258.87</u>	<u>265.26</u>	<u>10/1/2020</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
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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: 8/21/2020
 Fiscal Year End: 6/30/2017
 Audit Status: Unaudited

Provider Type:

		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single Level	<u>260.17</u>	<u>264.79</u>	<u>10/1/2020</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: 8/21/2020
 Fiscal Year End: 7/31/2017
 Audit Status: Unaudited

Provider Type:

		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single Level	<u>260.28</u>	<u>266.37</u>	<u>10/1/2020</u>
	Level U: Fragile Under 21	<u>585.98</u>	<u>602.34</u>	<u>10/1/2020</u>

Rate Type:	
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Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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