



State 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: 8/2/2021
 Fiscal Year End: 6/30/2017
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$273.56</u>	<u>\$274.71</u>	<u>7/1/2021</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>
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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

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

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

Provider Number: 0 201006-00
 Date: 8/2/2021
 Fiscal Year End: 4/30/2017
 Audit Status: Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$260.35</u>	<u>\$261.86</u>	<u>7/1/2021</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>
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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: 8/2/2021
 Fiscal Year End: 9/30/2017
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$257.90</u>	<u>\$258.97</u>	<u>7/1/2021</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>
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MARIANNA HEALTH AND REHABILITATION CENTER
PO BOX 240 4295 5TH AVE.
MARIANNA, FL 32446

Provider Number: 0 203475-00
 Date: 8/2/2021
 Fiscal Year End: 12/31/2016
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$238.09</u>	<u>\$239.11</u>	<u>7/1/2021</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>
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JACKSON MEMORIAL PERDUE MEDICAL CENTER
 19590 OLD CUTLER ROAD
 MIAMI, FL 33157

Provider Number: 0 203670-00
 Date: 8/2/2021
 Fiscal Year End: 9/30/2017
 Audit Status: Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$248.56</u>	<u>\$250.00</u>	<u>7/1/2021</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>
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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: 8/2/2021
 Fiscal Year End: 9/30/2017
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$248.30</u>	<u>\$249.72</u>	<u>7/1/2021</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>
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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: 8/2/2021
 Fiscal Year End: 6/30/2017
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$266.18</u>	<u>\$267.29</u>	<u>7/1/2021</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>
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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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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: 8/2/2021
 Fiscal Year End: 12/31/2016
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$264.72</u>	<u>\$266.20</u>	<u>7/1/2021</u>
	Level U: Fragile Under 21	<u>600.69</u>	<u>602.17</u>	<u>7/1/2021</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>
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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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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 211052-00
 Date: 8/2/2021
 Fiscal Year End: 9/30/2017
 Audit Status: Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>\$270.61</u>	<u>\$271.76</u>	<u>7/1/2021</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>
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Medicaid Reimbursement Per Diem Rates

E.J. HEALEY REHAB AND NURSING CENTER
1200-45TH STREET
WEST PALM BEACH, FL 33418

Provider Number: 0 212032-00
 Date: 8/2/2021
 Fiscal Year End: 9/30/2017
 Audit Status: Audited

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>\$274.12</u>	<u>\$275.69</u>	<u>7/1/2021</u>

Rate Type:	<p>_____ x _____ Prospective</p> <p>_____ x _____ Total Prospective</p> <p>_____ Total Prospective with Interim Component</p>
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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 214914-00
 Date: 8/2/2021
 Fiscal Year End: 6/30/2017
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$262.22</u>	<u>\$263.29</u>	<u>7/1/2021</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>
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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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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 226017-00
 Date: 8/2/2021
 Fiscal Year End: 12/31/2017
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$295.88</u>	<u>\$297.12</u>	<u>7/1/2021</u>
	Level U: Fragile Under 21	<u>631.85</u>	<u>633.09</u>	<u>7/1/2021</u>

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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



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 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: 8/2/2021
 Fiscal Year End: 6/30/2017
 Audit Status: Audited

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>\$276.19</u>	<u>\$277.30</u>	<u>7/1/2021</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>
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 11351 Ulmerton Road, Room 311-K
 Largo, FL 33778-1630



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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 260355-00
 Date: 8/2/2021
 Fiscal Year End: 9/30/2017
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$238.72</u>	<u>\$239.86</u>	<u>7/1/2021</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>
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Home Office: No Home Office



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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: 8/2/2021
 Fiscal Year End: 6/30/2017
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$265.26</u>	<u>\$266.40</u>	<u>7/1/2021</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>
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Home Office:

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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: 8/2/2021
 Fiscal Year End: 6/30/2017
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$264.79</u>	<u>\$265.90</u>	<u>7/1/2021</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>
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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: 8/2/2021
 Fiscal Year End: 7/31/2017
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$266.37</u>	<u>\$267.98</u>	<u>7/1/2021</u>
	Level U: Fragile Under 21	<u>602.34</u>	<u>603.95</u>	<u>7/1/2021</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>
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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