



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

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

Provider Number: 0 210951-00
 Date: 12/22/2021
 Fiscal Year End: 12/31/2016
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$266.20</u>	<u>\$262.81</u>	<u>01/1/2022</u>
	Level U: Fragile Under 21	<u>\$602.17</u>	<u>\$607.07</u>	<u>01/1/2022</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:	<p style="text-align: center;">_____ x _____ Rate Semester Change</p>
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Distribution:

Contract Management / Fiscal Agent
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 _____ No Change in Rate

Rebekah Falk
 Medicaid Cost Reimbursement Planning and Finance

Rebekah Falk

Home Office:

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



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

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

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$275.69</u>	<u>\$274.48</u>	<u>01/1/2022</u>

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Home Office: No Home Office



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

Provider Number: 0 214914-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2018
 Audit Status: Audited

Provider Type:

		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single Level	<u>\$263.29</u>	<u>\$270.16</u>	<u>01/1/2022</u>

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Rebekah Falk

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: 12/22/2021
 Fiscal Year End: 12/31/2017
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$297.12</u>	<u>\$300.86</u>	<u>01/1/2022</u>
	Level U: Fragile Under 21	<u>\$633.09</u>	<u>\$645.12</u>	<u>01/1/2022</u>

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Home Office:

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



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

Provider Number: 0 229849-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2018
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$277.30</u>	<u>\$280.04</u>	<u>01/1/2022</u>

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

Provider Number: 0 260355-00
 Date: 12/22/2021
 Fiscal Year End: 9/30/2018
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$239.86</u>	<u>\$233.53</u>	<u>01/1/2022</u>

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

Provider Number: 0 264491-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2018
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$266.40</u>	<u>\$268.45</u>	<u>01/1/2022</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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DOUGLAS JACOBSON STATE VETERANS NURSING HOME
21281 GRAYSON TERRACE
PORT CHARLOTTE, FL 33954

Provider Number: 0 269492-00
 Date: 12/22/2021
 Fiscal Year End: 6/30/2018
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$265.90</u>	<u>\$268.38</u>	<u>01/1/2022</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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CHILDREN'S COMPREHENSIVE CARE CENTER, INC.
 200 SE 19TH AVENUE
 POMPANO BEACH, FL 33060

Provider Number: 0 312789-00
 Date: 12/22/2021
 Fiscal Year End: 7/31/2017
 Audit Status: Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>\$267.98</u>	<u>\$268.29</u>	<u>01/1/2022</u>
	Level U: Fragile Under 21	<u>\$603.95</u>	<u>\$612.55</u>	<u>01/1/2022</u>

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