




RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

**MEMORANDUM**

**Date:** March 27, 2014  
**To:** Gay Munyon, Bureau Chief, Medicaid Contract Management  
**From:**  Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement  
**Subject:** Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
1.	Benderson Family Skilled Nursing & Rehab Center	0 033717-00	8
2.	Tarpon Bayou Center	0 080079-00	11
3.	Alliance Community for Retirement Living	0 202789-00	5
4.	Tarpon Bayou Center	0 212849-00	5
5.	The Park Summit at Coral Springs	0 254134-00	4
		Total	33

If you have any questions regarding the above contact Thomas Parker at 412-4110.

TP/ab  
Attachments



Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
003371700	20110322	225.00	369.86	225.00	225.00	75175-14	
003371700	20110701	215.61	361.81	215.61	215.61	75175-14	
003371700	20120101	216.50	364.11	216.50	216.50	75175-14	
003371700	20120304	215.71	363.32	215.71	215.71	75175-14	
003371700	20120701	221.68	370.89	221.68	221.68	75175-14	
003371700	20130101	226.20	377.01	226.20	226.20	75175-14	
003371700	20130701	232.14	0.00	232.14	232.14	75175-14	
003371700	20140101	235.48	0.00	235.48	235.48	75175-14	
008007900	20090401	188.41	326.76	188.41	188.41	75175-14	NH05-123C
008007900	20090701	184.12	324.47	184.12	184.12	75175-14	NH05-123C
008007900	20100101	192.81	334.73	192.81	192.81	75175-14	NH05-123C
008007900	20100701	196.44	339.78	196.44	196.44	75175-14	NH05-123C
008007900	20110101	198.93	343.79	198.93	198.93	75175-14	NH05-123C
008007900	20110701	190.52	336.72	190.52	190.52	75175-14	NH05-123C
008007900	20120101	191.69	339.30	191.69	191.69	75175-14	NH05-123C
008007900	20120701	195.54	344.75	195.54	195.54	75175-14	NH05-123C
008007900	20130101	197.67	348.48	197.67	197.67	75175-14	NH05-123C
008007900	20130701	198.97	0.00	198.97	198.97	75175-14	NH05-123C
008007900	20140101	205.39	0.00	205.39	205.39	75175-14	NH05-123C
020278900	20080101	162.89	296.89	162.89	162.89	75175-14	NH09-105L
020278900	20080701	164.68	300.96	164.68	164.68	75175-14	NH09-105L
020278900	20090101	163.48	301.83	163.48	163.48	75175-14	NH09-105L
020278900	20090301	149.78	288.13	149.78	149.78	75175-14	NH09-105L
020278900	20090401	177.21	315.56	177.21	177.21	75175-14	NH09-105L
021284900	20070701	160.49	292.43	160.49	160.49	75175-14	NH05-123C
021284900	20080101	161.10	295.10	161.10	161.10	75175-14	NH05-123C
021284900	20080701	163.22	299.50	163.22	163.22	75175-14	NH05-123C
021284900	20090101	165.28	303.63	165.28	165.28	75175-14	NH05-123C
021284900	20090301	151.43	289.78	151.43	151.43	75175-14	NH05-123C
025413400	20080701	201.11	337.39	201.11	201.11	75175-14	NH10-054W
025413400	20090101	201.18	339.53	201.18	201.18	75175-14	NH10-054W
025413400	20090301	184.31	322.66	184.31	184.31	75175-14	NH10-054W
025413400	20090401	217.08	355.43	217.08	217.08	75175-14	NH10-054W



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**

Benderson Family Skilled Nursing & Rehab Center  
1955 North Honore Ave.  
Sarasota FL 34235

Provider Number: 0 033717-00  
 Date: 2/26/2014  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<u>243.65</u>	<u>225.00</u>	<u>3/22/2011</u>
	Level H: Aids	<u>388.51</u>	<u>369.86</u>	<u>3/22/2011</u>

**Rate Type :**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Interim                   | <input type="checkbox"/> Prospective                              |
| <input type="checkbox"/> Total Interim                        | <input type="checkbox"/> Total Prospective                        |
| <input type="checkbox"/> Interim Component                    | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data      |   |

**Basis:**

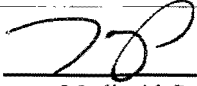
- Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Cost Settlement FYE 12/31/2012**  
 Rate Semester Change  
 On FRV [2] as of 03/22/2011

**Distribution:**

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

  
**Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

I - No Home Office



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1955 North Honore Ave.  
Sarasota FL 34235

Provider Number: 0 033717-00  
 Date: 2/26/2014  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>233.71</u></b>	<b><u>215.61</u></b>	<b><u>7/1/2011</u></b>
	Level H: Aids	<u>379.91</u>	<u>361.81</u>	<u>7/1/2011</u>

**Rate Type :**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Interim                   | <input type="checkbox"/> Prospective                              |
| <input type="checkbox"/> Total Interim                        | <input type="checkbox"/> Total Prospective                        |
| <input type="checkbox"/> Interim Component                    | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data      |   |

**Basis:**


- Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
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 Desk Audit - Prospective portion

**Changes:**

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 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Cost Settlement FYE 12/31/2012**  
 Rate Semester Change  
 On FRV [2] as of 03/22/2011

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1955 North Honore Ave.  
Sarasota FL 34235

Provider Number: 0 033717-00  
 Date: 2/26/2014  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>234.75</u>	<u>216.50</u>	<u>1/1/2012</u>
	Level H: Aids	<u>382.36</u>	<u>364.11</u>	<u>1/1/2012</u>

**Rate Type :**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Interim                   | <input type="checkbox"/> Prospective                              |
| <input type="checkbox"/> Total Interim                        | <input type="checkbox"/> Total Prospective                        |
| <input type="checkbox"/> Interim Component                    | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data      |   |

**Basis:**

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**Changes:**

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 Usual and Customary Limitation  
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 FRVS Change  
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 Rate Semester Change  
 On FRV [2] as of 03/22/2011

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Benderson Family Skilled Nursing & Rehab Center  
1955 North Honore Ave.  
Sarasota FL 34235

Provider Number: 0 033717-00  
 Date: 2/26/2014  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<u>234.75</u>	<u>215.71</u>	<u>3/4/2012</u>
	Level H: Aids	<u>382.36</u>	<u>363.32</u>	<u>3/4/2012</u>

**Rate Type :**

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input checked="" type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion

**Changes:**

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> <b>Cost Settlement FYE 12/31/2012</b>
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 03/22/2011

**Distribution:**

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1955 North Honore Ave.  
Sarasota FL 34235

Provider Number: 0 033717-00  
 Date: 2/26/2014  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>244.84</u></b>	<b><u>221.68</u></b>	<b><u>7/1/2012</u></b>
	Level H: Aids	<u>394.05</u>	<u>370.89</u>	<u>7/1/2012</u>

**Rate Type :**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Interim                   | <input type="checkbox"/> Prospective                              |
| <input type="checkbox"/> Total Interim                        | <input type="checkbox"/> Total Prospective                        |
| <input type="checkbox"/> Interim Component                    | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
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 FRVS Change  
 **Cost Settlement FYE 12/31/2012**  
 Rate Semester Change  
 On FRV [2] as of 03/22/2011

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1955 North Honore Ave.  
Sarasota FL 34235

Provider Number: 0 033717-00  
 Date: 2/26/2014  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b>245.54</b>	<b>226.20</b>	<b>1/1/2013</b>
	Level H: Aids	396.35	377.01	1/1/2013

**Rate Type :**

Interim  Prospective  
 Total Interim  Total Prospective  
 Interim Component  Prospective Adjusted for New Costs  
 Settlement based on costs  Total Prospective with Interim Component  
 Prior Provider Prospective data

**Basis:**

Budget  
 Unaudited costs  
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**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Cost Settlement FYE 12/31/2012**  
 Rate Semester Change  
 On FRV [2] as of 03/22/2011

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Benderson Family Skilled Nursing & Rehab Center  
1955 North Honore Ave.  
Sarasota FL 34235

Provider Number: 0 033717-00  
 Date: 2/26/2014  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home      Single Level</b>	<u>249.59</u>	<u>232.14</u>	<u>7/1/2013</u>

**Rate Type :**

- |   |   |
|---|---|
| <input type="checkbox"/> Interim                              | <input checked="" type="checkbox"/> Prospective                   |
| <input type="checkbox"/> Total Interim                        | <input type="checkbox"/> Total Prospective                        |
| <input type="checkbox"/> Interim Component                    | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
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**Changes:**

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 Target Rate limitation change  
 FRVS Change  
 **Cost Settlement FYE 12/31/2012**  
 Rate Semester Change  
 On FRV [2] as of 03/22/2011

**Distribution:**

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Benderson Family Skilled Nursing & Rehab Center  
1955 North Honore Ave.  
Sarasota FL 34235

Provider Number: 0 033717-00  
 Date: 2/26/2014  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home      Single Level	<u>235.50</u>	<u>235.48</u>	<u>1/1/2014</u>

**Rate Type :**

- |   |   |
|---|---|
| <input type="checkbox"/> Interim                              | <input checked="" type="checkbox"/> Prospective                   |
| <input type="checkbox"/> Total Interim                        | <input type="checkbox"/> Total Prospective                        |
| <input type="checkbox"/> Interim Component                    | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data      |   |

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- Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 12/31/2012
- Rate Semester Change
- On FRV [2] as of 03/22/2011

**Distribution:**

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- Permanent File
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- No Change in Rate

**Thomas Parker**

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Home Office:

1 - No Home Office



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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

Tarpon Bayou Center  
 515 Chesapeake Drive  
 Tarpon Springs FL 34689

Provider Number: 0 080079-00  
 Date: 3/6/2014  
 Fiscal Year End: 8/31/2007  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>189.28</b>	<b>188.41</b>	<b>4/1/2009</b>
	Level H: Aids	327.63	326.76	4/1/2009

**Rate Type :**

- |  |   |
|--|---|
| <input type="checkbox"/> Interim                         | <input checked="" type="checkbox"/> Prospective                   |
| <input type="checkbox"/> Total Interim                   | <input checked="" type="checkbox"/> Total Prospective             |
| <input type="checkbox"/> Interim Component               | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input type="checkbox"/> Settlement based on costs       | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data |   |

**Basis:**

- Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Effects of FA+RFA NH05-123C prior prov 212849**  
 Rate Semester Change  
 On FRV [2] as of 10/01/1985

**Distribution:**

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

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

Home Office: T- No Home Office



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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

Tarpon Bayou Center  
 515 Chesapeake Drive  
 Tarpon Springs FL 34689

Provider Number: 0 080079-00  
 Date: 3/6/2014  
 Fiscal Year End: 8/31/2008  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>184.99</b>	<b>184.12</b>	<b>7/1/2009</b>
	Level H: Aids	325.34	324.47	7/1/2009

**Rate Type :**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Effects of FA+RFA NH05-123C prior prov 212849**  
 Rate Semester Change  
 On FRV [2] as of 10/01/1985

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
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**Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: T - No Home Office



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**Medicaid Reimbursement Per Diem Rates**

Tarpon Bayou Center  
 515 Chesapeake Drive  
 Tarpon Springs FL 34689

Provider Number: 0 080079-00  
 Date: 3/6/2014  
 Fiscal Year End: 8/31/2009  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home      Single Level</b>	<b>193.70</b>	<b>192.81</b>	<b>1/1/2010</b>
Level H: Aids	335.62	334.73	1/1/2010

**Rate Type :**

- |  |   |
|--|---|
| <input type="checkbox"/> Interim                         | <input checked="" type="checkbox"/> Prospective                   |
| <input type="checkbox"/> Total Interim                   | <input checked="" type="checkbox"/> Total Prospective             |
| <input type="checkbox"/> Interim Component               | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input type="checkbox"/> Settlement based on costs       | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data |   |

**Basis:**

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- Desk audited costs
- Desk audit - Interim Portion
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- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA+RFA NH05-123C prior prov 212849**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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**Medicaid Reimbursement Per Diem Rates**

Tarpon Bayou Center  
 515 Chesapeake Drive  
 Tarpon Springs FL 34689

Provider Number: 0 080079-00  
 Date: 3/6/2014  
 Fiscal Year End: 8/31/2009  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>197.33</b>	<b>196.44</b>	<b>7/1/2010</b>
	Level H: Aids	340.67	339.78	7/1/2010

**Rate Type :**

Interim  Prospective  
 Total Interim  Total Prospective  
 Interim Component  Prospective Adjusted for New Costs  
 Settlement based on costs  Total Prospective with Interim Component  
 Prior Provider Prospective data

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Effects of FA+RFA NH05-123C prior prov 212849**  
 Rate Semester Change  
 On FRV [2] as of 10/01/1985

**Distribution:**

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Home Office:

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Thomas Parker  
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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

Tarpon Bayou Center  
 515 Chesapeake Drive  
 Tarpon Springs FL 34689

Provider Number: 0 080079-00  
 Date: 3/6/2014  
 Fiscal Year End: 8/31/2009  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>199.82</u>	<u>198.93</u>	<u>1/1/2011</u>
	Level H: Aids	<u>344.68</u>	<u>343.79</u>	<u>1/1/2011</u>

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA+RFA NH05-123C prior prov 212849
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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**Medicaid Reimbursement Per Diem Rates**

Tarpon Bayou Center  
 515 Chesapeake Drive  
 Tarpon Springs FL 34689

Provider Number: 0 080079-00  
 Date: 3/6/2014  
 Fiscal Year End: 8/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>191.36</b>	<b>190.52</b>	<b>7/1/2011</b>
	Level H: Aids	337.56	336.72	7/1/2011

**Rate Type :**

- |  |   |
|--|---|
| <input type="checkbox"/> Interim                         | <input checked="" type="checkbox"/> Prospective                   |
| <input type="checkbox"/> Total Interim                   | <input checked="" type="checkbox"/> Total Prospective             |
| <input type="checkbox"/> Interim Component               | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input type="checkbox"/> Settlement based on costs       | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data |   |

**Basis:**

- Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Effects of FA+RFA NH05-123C prior prov 212849**  
 Rate Semester Change  
 On FRV [2] as of 10/01/1985

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**Medicaid Reimbursement Per Diem Rates**

Tarpon Bayou Center  
 515 Chesapeake Drive  
 Tarpon Springs FL 34689

Provider Number: 0 080079-00  
 Date: 3/6/2014  
 Fiscal Year End: 8/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>192.52</b>	<b>191.69</b>	<b>1/1/2012</b>
	Level H: Aids	340.13	339.30	1/1/2012

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA+RFA NH05-123C prior prov 212849
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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**Medicaid Reimbursement Per Diem Rates**

Tarpon Bayou Center  
 515 Chesapeake Drive  
 Tarpon Springs FL 34689

Provider Number: 0 080079-00  
 Date: 3/6/2014  
 Fiscal Year End: 8/31/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>196.39</b>	<b>195.54</b>	<b>7/1/2012</b>
	Level H: Aids	345.60	344.75	7/1/2012

**Rate Type :**

Interim  Prospective  
 Total Interim  Total Prospective  
 Interim Component  Prospective Adjusted for New Costs  
 Settlement based on costs  Total Prospective with Interim Component  
 Prior Provider Prospective data

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Effects of FA+RFA NH05-123C prior prov 212849**  
 Rate Semester Change  
 On FRV [2] as of 10/01/1985

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**Medicaid Reimbursement Per Diem Rates**

Tarpon Bayou Center  
 515 Chesapeake Drive  
 Tarpon Springs FL 34689

Provider Number: 0 080079-00  
 Date: 3/6/2014  
 Fiscal Year End: 8/31/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>198.52</b>	<b>197.67</b>	<b>1/1/2013</b>
	Level H: Aids	349.33	348.48	1/1/2013

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA+RFA NH05-123C prior prov 212849
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Tarpon Bayou Center  
 515 Chesapeake Drive  
 Tarpon Springs FL 34689

Provider Number: 0 080079-00  
 Date: 3/6/2014  
 Fiscal Year End: 8/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home      Single Level	199.86	198.97	7/1/2013

**Rate Type :**

- |  |   |
|--|---|
| <input type="checkbox"/> Interim                         | <input checked="" type="checkbox"/> Prospective                   |
| <input type="checkbox"/> Total Interim                   | <input checked="" type="checkbox"/> Total Prospective             |
| <input type="checkbox"/> Interim Component               | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input type="checkbox"/> Settlement based on costs       | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data |   |

**Basis:**

- Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

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 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Effects of FA+RFA NH05-123C prior prov 212849  
 Rate Semester Change  
 On FRV [2] as of 10/01/1985

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**Medicaid Reimbursement Per Diem Rates**

Tarpon Bayou Center  
 515 Chesapeake Drive  
 Tarpon Springs FL 34689

Provider Number: 0 080079-00  
 Date: 3/6/2014  
 Fiscal Year End: 8/31/2013  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home      Single Level	206.29	205.39	1/1/2014

**Rate Type :**

Interim  
 Prospective  
 Total Interim  
 Total Prospective  
 Interim Component  
 Prospective Adjusted for New Costs  
 Settlement based on costs  
 Total Prospective with Interim Component  
 Prior Provider Prospective data

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Effects of FA+RFA NH05-123C prior prov 212849  
 Rate Semester Change  
 On FRV [2] as of 10/01/1985

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**Medicaid Reimbursement Per Diem Rates**

Alliance Community for Retirement Living  
 130 West Armstrong Avenue  
 Deland FL 32720

Provider Number: 0 202789-00  
 Date: 2/7/2014  
 Fiscal Year End: 6/30/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>163.93</u>	<u>162.89</u>	<u>1/1/2008</u>
	Level H: Aids	<u>297.93</u>	<u>296.89</u>	<u>1/1/2008</u>

**Rate Type :**

- |  |   |
|--|---|
| <input type="checkbox"/> Interim                         | <input checked="" type="checkbox"/> Prospective                   |
| <input type="checkbox"/> Total Interim                   | <input checked="" type="checkbox"/> Total Prospective             |
| <input type="checkbox"/> Interim Component               | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input type="checkbox"/> Settlement based on costs       | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data |   |

**Basis:**

- Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Field Audit #NH09-105L FYE 6/30/2007**  
 Rate Semester Change  
 On FRV [2] as of 10/01/1985

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

Alliance Community for Retirement Living  
 130 West Armstrong Avenue  
 Deland FL 32720

Provider Number: 0 202789-00  
 Date: 2/7/2014  
 Fiscal Year End: 6/30/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>165.48</b>	<b>164.68</b>	<b>7/1/2008</b>
	Level H: Aids	301.76	300.96	7/1/2008

**Rate Type :**

- |  |   |
|--|---|
| <input type="checkbox"/> Interim                         | <input checked="" type="checkbox"/> Prospective                   |
| <input type="checkbox"/> Total Interim                   | <input checked="" type="checkbox"/> Total Prospective             |
| <input type="checkbox"/> Interim Component               | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input type="checkbox"/> Settlement based on costs       | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data |   |

**Basis:**

- Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Field Audit #NH09-105L FYE 6/30/2007**  
 Rate Semester Change  
 On FRV [2] as of 10/01/1985

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**Medicaid Reimbursement Per Diem Rates**

Alliance Community for Retirement Living  
 130 West Armstrong Avenue  
 Deland FL 32720

Provider Number: 0 202789-00  
 Date: 2/7/2014  
 Fiscal Year End: 6/30/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	164.25	163.48	1/1/2009
	Level H: Aids	302.60	301.83	1/1/2009

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH09-105L FYE 6/30/2007
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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**Medicaid Reimbursement Per Diem Rates**

Alliance Community for Retirement Living  
130 West Armstrong Avenue  
Deland FL 32720

Provider Number: 0 202789-00  
 Date: 2/7/2014  
 Fiscal Year End: 6/30/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>150.48</u>	<u>149.78</u>	<u>3/1/2009</u>
	Level H: Aids	<u>288.83</u>	<u>288.13</u>	<u>3/1/2009</u>

**Rate Type :**

- |  |   |
|--|---|
| <input type="checkbox"/> Interim                         | <input checked="" type="checkbox"/> Prospective                   |
| <input type="checkbox"/> Total Interim                   | <input checked="" type="checkbox"/> Total Prospective             |
| <input type="checkbox"/> Interim Component               | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input type="checkbox"/> Settlement based on costs       | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data |   |

**Basis:**

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH09-105L FYE 6/30/2007**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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**Medicaid Reimbursement Per Diem Rates**

Alliance Community for Retirement Living  
 130 West Armstrong Avenue  
 Deland FL 32720

Provider Number: 0 202789-00  
 Date: 2/7/2014  
 Fiscal Year End: 6/30/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>178.03</b>	<b>177.21</b>	<b>4/1/2009</b>
	Level H: Aids	316.38	315.56	4/1/2009

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH09-105L FYE 6/30/2007
- Rate Semester Change
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**Medicaid Reimbursement Per Diem Rates**

Tarpon Bayou Center  
 515 Chesapeake Drive  
 Tarpon Springs FL 34689

Provider Number: 0 212849-00  
 Date: 2/26/2014  
 Fiscal Year End: 8/31/2006  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	161.36	160.49	7/1/2007
	Level H: Aids	293.30	292.43	7/1/2007

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA + RFA #NH05-123C FYE 8/31/01
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Tarpon Bayou Center  
 515 Chesapeake Drive  
 Tarpon Springs FL 34689

Provider Number: 0 212849-00  
 Date: 2/26/2014  
 Fiscal Year End: 8/31/2007  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>161.95</b>	<b>161.10</b>	<b>1/1/2008</b>
	Level H: Aids	295.95	295.10	1/1/2008

**Rate Type :**

- Interim
- Total Interim
- Interim Component
- Settlement based on costs
- Prior Provider Prospective data
- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Total Prospective with Interim Component

**Basis:**

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA + RFA #NH05-123C FYE 8/31/01
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Tarpon Bayou Center  
 515 Chesapeake Drive  
 Tarpon Springs FL 34689

Provider Number: 0 212849-00  
 Date: 2/26/2014  
 Fiscal Year End: 8/31/2007  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	164.06	163.22	7/1/2008
	Level H: Aids	300.34	299.50	7/1/2008

**Rate Type :**

- |  |   |
|--|---|
| <input type="checkbox"/> Interim                         | <input checked="" type="checkbox"/> Prospective                   |
| <input type="checkbox"/> Total Interim                   | <input checked="" type="checkbox"/> Total Prospective             |
| <input type="checkbox"/> Interim Component               | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input type="checkbox"/> Settlement based on costs       | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data |   |

**Basis:**

- Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

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 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
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 Rate Semester Change  
 On FRV [2] as of 10/01/1985

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 515 Chesapeake Drive  
 Tarpon Springs FL 34689

Provider Number: 0 212849-00  
 Date: 2/26/2014  
 Fiscal Year End: 8/31/2007  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>166.11</b>	<b>165.28</b>	<b>1/1/2009</b>
	Level H: Aids	304.46	303.63	1/1/2009

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA + RFA #NH05-123C FYE 8/31/01
- Rate Semester Change
- On FRV [2] as of 10/01/1985

**Distribution:**

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

Home Office:  1 - No Home Office

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance



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**

Tarpon Bayou Center  
 515 Chesapeake Drive  
 Tarpon Springs FL 34689

Provider Number: 0 212849-00  
 Date: 2/26/2014  
 Fiscal Year End: 8/31/2007  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>152.18</b>	<b>151.43</b>	<b>3/1/2009</b>
	Level H: Aids	290.53	289.78	3/1/2009

**Rate Type :**

- Interim
- Total Interim
- Interim Component
- Settlement based on costs
- Prior Provider Prospective data
- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Total Prospective with Interim Component

**Basis:**

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA + RFA #NH05-123C FYE 8/31/01
- Rate Semester Change
- On FRV [2] as of 10/01/1985

**Distribution:**

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Home Office:

No Home Office

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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

The Park Summit at Coral Springs  
 8500 Royal Palm Blvd.  
 Coral Springs FL 33065

Provider Number: 0 254134-00  
 Date: 2/7/2014  
 Fiscal Year End: 6/30/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>200.57</b>	<b>201.11</b>	<b>7/1/2008</b>
	Level H: Aids	336.85	337.39	7/1/2008

**Rate Type :**

Interim  
 Prospective  
 Total Interim  
 Total Prospective  
 Interim Component  
 Prospective Adjusted for New Costs  
 Settlement based on costs  
 Total Prospective with Interim Component  
 Prior Provider Prospective data

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **FA NH10- 054W FYE 6/30/2007**  
 Rate Semester Change  
 On FRV [2] as of 06/01/1986

**Distribution:**

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 No Change in Rate

**Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: FiveStar Quality Care Inc  
 400 Centre Street  
 Newton MA 02458





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**

The Park Summit at Coral Springs  
8500 Royal Palm Blvd.  
Coral Springs FL 33065

Provider Number: 0 254134-00  
 Date: 2/7/2014  
 Fiscal Year End: 6/30/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>200.62</u>	<u>201.18</u>	<u>1/1/2009</u>
	Level H: Aids	<u>338.97</u>	<u>339.53</u>	<u>1/1/2009</u>

**Rate Type :**

- |  |   |
|--|---|
| <input type="checkbox"/> Interim                         | <input checked="" type="checkbox"/> Prospective                   |
| <input type="checkbox"/> Total Interim                   | <input checked="" type="checkbox"/> Total Prospective             |
| <input type="checkbox"/> Interim Component               | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input type="checkbox"/> Settlement based on costs       | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data |   |

**Basis:**

- Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **FA NH10- 054W FYE 6/30/2007**  
 Rate Semester Change  
 On FRV [2] as of 06/01/1986

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

The Park Summit at Coral Springs  
 8500 Royal Palm Blvd.  
 Coral Springs FL 33065

Provider Number: 0 254134-00  
 Date: 2/7/2014  
 Fiscal Year End: 6/30/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>183.81</b>	<b>184.31</b>	<b>3/1/2009</b>
	Level H: Aids	322.16	322.66	3/1/2009

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- FA NH10- 054W FYE 6/30/2007**
- Rate Semester Change
- On FRV [2] as of 06/01/1986

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**Medicaid Reimbursement Per Diem Rates**

The Park Summit at Coral Springs  
 8500 Royal Palm Blvd.  
 Coral Springs FL 33065

Provider Number: 0 254134-00  
 Date: 2/7/2014  
 Fiscal Year End: 6/30/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>216.49</b>	<b>217.08</b>	<b>4/1/2009</b>
	Level H: Aids	354.84	355.43	4/1/2009

**Rate Type :**

- |  |   |
|--|---|
| <input type="checkbox"/> Interim                         | <input checked="" type="checkbox"/> Prospective                   |
| <input type="checkbox"/> Total Interim                   | <input checked="" type="checkbox"/> Total Prospective             |
| <input type="checkbox"/> Interim Component               | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input type="checkbox"/> Settlement based on costs       | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data |   |

**Basis:**

- Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **FA NH10- 054W FYE 6/30/2007**  
 Rate Semester Change  
 On FRV [2] as of 06/01/1986

**Distribution:**

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