




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: February 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.	Golfview Healthcare Center	0 019085-00	1
2.	Southern Pines Healthcare Center	0 019282-00	1
3.	Signature HealthCARE of Jacksonville	0 019284-00	1
4.	Largo Rehab and Spa	0 043876-00	6
5.	North Florida Rehabilitation and Specialty Care	0 043880-00	6
6.	Ocala Oaks Rehabilitation Center	0 048611-00	6
7.	Calusa Harbour	0 059369-00	4
8.	Stratford Court of Palm Harbor	0 059400-00	4
9.	Gardens of Port St. Lucie	0 059404-00	4
10.	Shoal Creek Rehabilitation Center	0 059852-00	6
11.	Englewood Healthcare & Rehabilitation Center	0 059855-00	6
12.	Island Health and Rehabilitation Center	0 059866-00	6
13.	Evans Health Care	0 059873-00	6
14.	Sea Breeze Health Care	0 059874-00	6
15.	Spring Hill Health and Rehabilitation Center	0 059877-00	6
16.	Emerald Shores Health and Rehabilitation	0 060972-00	6
17.	University Hills Health and Rehabilitation	0 060993-00	6
18.	Heritage Park Rehabilitation and Healthcare	0 061095-00	6
19.	Destin Healthcare and Rehabilitation Center	0 061101-00	6
20.	SeaView Nursing and Rehabilitation Center	0 061107-00	6
21.	Vista Manor	0 061109-00	6
22.	Lakeside Oaks Care Center	0 061140-00	6
23.	Atlantic Shores Nursing and Rehab	0 263389-00	1
24.	Bonifay Nursing and Rehab	0 263443-00	1
25.	Riviera Palms Rehabilitation Center	0 263451-00	1



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)		
001908500	20140101	218.42	0.00	218.42	218.42	74882-14	
001928200	20140101	188.04	0.00	188.04	188.04	74882-14	
001928400	20140101	200.10	0.00	200.10	200.10	74882-14	
004387600	20120201	196.79	344.40	196.79	196.79	74882-14	
004387600	20120701	201.70	350.91	201.70	201.70	74882-14	
004387600	20120801	205.30	354.51	205.30	205.30	74882-14	
004387600	20130101	207.31	358.12	207.31	207.31	74882-14	
004387600	20130701	213.17	0.00	213.17	213.17	74882-14	
004387600	20140101	215.35	0.00	215.35	215.35	74882-14	
004388000	20120201	192.20	339.81	192.20	192.20	74882-14	
004388000	20120701	196.50	345.71	196.50	196.50	74882-14	
004388000	20120801	198.01	347.22	198.01	198.01	74882-14	
004388000	20130101	199.94	350.75	199.94	199.94	74882-14	
004388000	20130701	204.58	0.00	204.58	204.58	74882-14	
004388000	20140101	207.01	0.00	207.01	207.01	74882-14	
004861100	20120601	218.06	365.67	218.06	218.06	74882-14	
004861100	20120701	223.79	373.00	223.79	223.79	74882-14	
004861100	20121201	227.04	376.25	227.04	227.04	74882-14	
004861100	20130101	229.51	380.32	229.51	229.51	74882-14	
004861100	20130701	235.10	0.00	235.10	235.10	74882-14	
004861100	20140101	235.87	0.00	235.87	235.87	74882-14	
005936900	20121001	223.64	372.85	223.64	223.64	74882-14	
005936900	20130101	225.69	376.50	225.69	225.69	74882-14	
005936900	20130701	232.37	0.00	232.37	232.37	74882-14	
005936900	20140101	239.37	0.00	239.37	239.37	74882-14	
005940000	20121001	228.20	377.41	228.20	228.20	74882-14	
005940000	20130101	230.15	380.96	230.15	230.15	74882-14	
005940000	20130701	236.98	0.00	236.98	236.98	74882-14	
005940000	20140101	241.16	0.00	241.16	241.16	74882-14	
005940400	20121001	232.62	381.83	232.62	232.62	74882-14	
005940400	20130101	234.74	385.55	234.74	234.74	74882-14	
005940400	20130701	241.46	0.00	241.46	241.46	74882-14	
005940400	20140101	245.08	0.00	245.08	245.08	74882-14	
005985200	20120201	181.51	329.12	181.51	181.51	74882-14	
005985200	20120701	186.80	336.01	186.80	186.80	74882-14	
005985200	20120801	189.53	338.74	189.53	189.53	74882-14	
005985200	20130101	191.77	342.58	191.77	191.77	74882-14	
005985200	20130701	196.33	0.00	196.33	196.33	74882-14	
005985200	20140101	199.07	0.00	199.07	199.07	74882-14	
005985500	20120201	188.35	335.96	188.35	188.35	74882-14	
005985500	20120701	193.62	342.83	193.62	193.62	74882-14	
005985500	20120801	194.86	344.07	194.86	194.86	74882-14	
005985500	20130101	197.44	348.25	197.44	197.44	74882-14	
005985500	20130701	202.57	0.00	202.57	202.57	74882-14	
005985500	20140101	205.10	0.00	205.10	205.10	74882-14	
005986600	20120201	184.94	332.55	184.94	184.94	74882-14	
005986600	20120701	190.37	339.58	190.37	190.37	74882-14	
005986600	20120801	192.91	342.12	192.91	192.91	74882-14	
005986600	20130101	195.46	346.27	195.46	195.46	74882-14	
005986600	20130701	200.62	0.00	200.62	200.62	74882-14	
005986600	20140101	202.96	0.00	202.96	202.96	74882-14	
005987300	20120201	198.78	346.39	198.78	198.78	74882-14	
005987300	20120701	204.40	353.61	204.40	204.40	74882-14	
005987300	20120801	205.54	354.75	205.54	205.54	74882-14	
005987300	20130101	208.26	359.07	208.26	208.26	74882-14	
005987300	20130701	213.67	0.00	213.67	213.67	74882-14	

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
005987300	20140101	215.54	0.00	215.54	215.54	74882-14	
005987400	20120201	175.67	323.28	175.67	175.67	74882-14	
005987400	20120701	180.04	329.25	180.04	180.04	74882-14	
005987400	20120801	184.11	333.32	184.11	184.11	74882-14	
005987400	20130101	185.88	336.69	185.88	185.88	74882-14	
005987400	20130701	190.30	0.00	190.30	190.30	74882-14	
005987400	20140101	193.08	0.00	193.08	193.08	74882-14	
005987700	20120201	190.41	338.02	190.41	190.41	74882-14	
005987700	20120701	195.93	345.14	195.93	195.93	74882-14	
005987700	20120801	196.95	346.16	196.95	196.95	74882-14	
005987700	20130101	199.65	350.46	199.65	199.65	74882-14	
005987700	20130701	204.91	0.00	204.91	204.91	74882-14	
005987700	20140101	205.41	0.00	205.41	205.41	74882-14	
006097200	20120201	195.27	342.88	195.27	195.27	74882-14	
006097200	20120701	200.43	349.64	200.43	200.43	74882-14	
006097200	20120801	201.78	350.99	201.78	201.78	74882-14	
006097200	20130101	204.03	354.84	204.03	204.03	74882-14	
006097200	20130701	208.82	0.00	208.82	208.82	74882-14	
006097200	20140101	211.22	0.00	211.22	211.22	74882-14	
006099300	20120201	185.48	333.09	185.48	185.48	74882-14	
006099300	20120701	190.47	339.68	190.47	190.47	74882-14	
006099300	20120801	194.75	343.96	194.75	194.75	74882-14	
006099300	20130101	196.59	347.40	196.59	196.59	74882-14	
006099300	20130701	200.89	0.00	200.89	200.89	74882-14	
006099300	20140101	203.20	0.00	203.20	203.20	74882-14	
006109500	20120201	201.66	349.27	201.66	201.66	74882-14	
006109500	20120701	206.44	355.65	206.44	206.44	74882-14	
006109500	20120801	210.67	359.88	210.67	210.67	74882-14	
006109500	20130101	212.71	363.52	212.71	212.71	74882-14	
006109500	20130701	217.74	0.00	217.74	217.74	74882-14	
006109500	20140101	220.14	0.00	220.14	220.14	74882-14	
006110100	20120201	185.60	333.21	185.60	185.60	74882-14	
006110100	20120701	190.71	339.92	190.71	190.71	74882-14	
006110100	20120801	193.31	342.52	193.31	193.31	74882-14	
006110100	20130101	195.28	346.09	195.28	195.28	74882-14	
006110100	20130701	199.93	0.00	199.93	199.93	74882-14	
006110100	20140101	202.28	0.00	202.28	202.28	74882-14	
006110700	20120201	204.19	351.80	204.19	204.19	74882-14	
006110700	20120701	209.06	358.27	209.06	209.06	74882-14	
006110700	20120801	215.04	364.25	215.04	215.04	74882-14	
006110700	20130101	217.20	368.01	217.20	217.20	74882-14	
006110700	20130701	222.43	0.00	222.43	222.43	74882-14	
006110700	20140101	225.86	0.00	225.86	225.86	74882-14	
006110900	20120201	194.23	341.84	194.23	194.23	74882-14	
006110900	20120701	198.84	348.05	198.84	198.84	74882-14	
006110900	20120801	201.36	350.57	201.36	201.36	74882-14	
006110900	20130101	203.31	354.12	203.31	203.31	74882-14	
006110900	20130701	208.12	0.00	208.12	208.12	74882-14	
006110900	20140101	210.46	0.00	210.46	210.46	74882-14	
006114000	20120201	200.27	347.88	200.27	200.27	74882-14	
006114000	20120701	206.03	355.24	206.03	206.03	74882-14	
006114000	20120801	208.43	357.64	208.43	208.43	74882-14	
006114000	20130101	211.00	361.81	211.00	211.00	74882-14	
006114000	20130701	216.78	0.00	216.78	216.78	74882-14	
006114000	20140101	219.81	0.00	219.81	219.81	74882-14	
026338900	20140101	201.40	0.00	201.40	201.40	74882-14	
026344300	20140101	185.35	0.00	185.35	185.35	74882-14	

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
026345100	20140101	208.69	0.00	208.69	208.69	74882-14	
026347800	20140101	191.85	0.00	191.85	191.85	74882-14	
026348600	20140101	225.25	0.00	225.25	225.25	74882-14	
026349400	20140101	212.72	0.00	212.72	212.72	74882-14	
026350800	20140101	218.96	0.00	218.96	218.96	74882-14	
026351600	20140101	196.25	0.00	196.25	196.25	74882-14	
026352400	20140101	205.51	0.00	205.51	205.51	74882-14	
026353200	20140101	201.33	0.00	201.33	201.33	74882-14	
026354100	20140101	214.31	0.00	214.31	214.31	74882-14	
026355900	20140101	210.27	0.00	210.27	210.27	74882-14	
026356700	20140101	210.20	0.00	210.20	210.20	74882-14	
026358300	20140101	196.52	0.00	196.52	196.52	74882-14	
026359100	20140101	209.50	0.00	209.50	209.50	74882-14	
026360500	20140101	237.03	0.00	237.03	237.03	74882-14	
026361300	20140101	195.93	0.00	195.93	195.93	74882-14	
026362100	20140101	213.81	0.00	213.81	213.81	74882-14	
028174300	20140101	168.00	0.00	168.00	168.00	74882-14	
032449300	20140101	195.36	0.00	195.36	195.36	74882-14	



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

Golfview Healthcare Center
 3636 10th Avenue North
 St. Petersburg FL 33713

Provider Number: 0 019085-00
 Date: 1/31/2014
 Fiscal Year End: 9/30/2013
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	213.48	218.42	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:

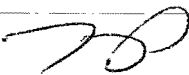
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro FYE 9/30/2013**
- Rate Semester Change
- On FRV [2] as of 12/15/1986

Distribution:

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


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Signature Healthcare LLC
 Julie Kleiser
 12201 Bluegrass Parkway
 Louisville KY 40299



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Southern Pines Healthcare Center
 6140 Congress Street
 New Port Richey FL 34653

Provider Number: 0 019282-00
 Date: 2/14/2014
 Fiscal Year End: 9/30/2013
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	184.25	188.04	1/1/2014

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
- Retro FYE 9/30/2013**
- Rate Semester Change
- On FRV [2] as of 09/01/1987

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Signature Healthcare LLC
 Julie Kleiser
 12201 Bluegrass Parkway
 Louisville KY 40299



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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Signature HealthCARE of Jacksonville
2061 Hyde Park Rd
Jacksonville FL 32210

Provider Number: 0 019284-00
Date: 2/3/2014
Fiscal Year End: 9/30/2013
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	198.46	200.10	1/1/2014

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:
<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"/> Retro FYE 9/30/2013
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 04/01/1993

Distribution:

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

Thomas Parker
Medicaid Cost Reimbursement Planning and Finance

Home Office: Signature Healthcare LLC
Julie Kleiser
12201 Bluegrass Parkway
Louisville KY 40299



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Largo Rehab & Spa
 9035 Bryan Dairy Road
 Largo FL 33777

Provider Number: 0 043876-00
 Date: 1/21/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	199.02	196.79	2/1/2012
	Level H: Aids	346.63	344.40	2/1/2012

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 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 01/01/1999

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: CMC II, LLC
 800 Concourse Parkway South
 Maitland FL 32751



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

Largo Rehab & Spa
 9035 Bryan Dairy Road
 Largo FL 33777

Provider Number: 0 043876-00
 Date: 1/21/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.67</u>	<u>201.70</u>	<u>7/1/2012</u>
	Level H: Aids	<u>352.88</u>	<u>350.91</u>	<u>7/1/2012</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:

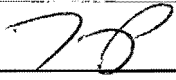
Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 01/01/1999

Distribution:

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


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

CMC II, LLC
 800 Concourse Parkway South
 Maitland FL 32751



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Largo Rehab & Spa
 9035 Bryan Dairy Road
 Largo FL 33777

Provider Number: 0 043876-00
 Date: 1/21/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.67</u>	<u>205.30</u>	<u>8/1/2012</u>
	Level H: Aids	<u>352.88</u>	<u>354.51</u>	<u>8/1/2012</u>

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
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 01/01/1999

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

CMC II, LLC
 800 Concourse Parkway South
 Maitland FL 32751



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

Largo Rehab & Spa
 9035 Bryan Dairy Road
 Largo FL 33777

Provider Number: 0 043876-00
 Date: 1/21/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.86	207.31	1/1/2013
	Level H: Aids	354.67	358.12	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
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 01/01/1999

Distribution:

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Home Office:

CMC II, LLC
 800 Concourse Parkway South
 Maitland FL 32751

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

Largo Rehab & Spa
9035 Bryan Dairy Road
Largo FL 33777

Provider Number: 0 043876-00
 Date: 2/21/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
207.41	213.17	7/1/2013

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 | |

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 7/31/2012 & AIDs IRR**
- Rate Semester Change
- On FRV [2] as of 01/01/1999

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Medicaid Reimbursement Per Diem Rates

Largo Rehab & Spa
9035 Bryan Dairy Road
Largo FL 33777

Provider Number: 0 043876-00
 Date: 2/21/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
206.10	215.35	1/1/2014

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 | |

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 7/31/2012
 Rate Semester Change
 On FRV [2] as of 01/01/1999

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

North Florida Rehabilitation and Specialty Care
 6700 NW 10th Place
 Gainesville FL 32605

Provider Number: 0 043880-00
 Date: 2/5/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	191.96	192.20	2/1/2012
Level H: Aids	339.57	339.81	2/1/2012

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 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 12/01/2001

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

North Florida Rehabilitation and Specialty Care
 6700 NW 10th Place
 Gainesville FL 32605

Provider Number: 0 043880-00
 Date: 2/5/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	196.29	196.50	7/1/2012
	Level H: Aids	345.50	345.71	7/1/2012

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 7/31/2012
 Rate Semester Change
 On FRV [2] as of 12/01/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

North Florida Rehabilitation and Specialty Care
 6700 NW 10th Place
 Gainesville FL 32605

Provider Number: 0 043880-00
 Date: 2/5/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	196.29	198.01	8/1/2012
Level H: Aids	345.50	347.22	8/1/2012

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
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

North Florida Rehabilitation and Specialty Care
 6700 NW 10th Place
 Gainesville FL 32605

Provider Number: 0 043880-00
 Date: 2/5/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	196.44	199.94	1/1/2013
	Level H: Aids	347.25	350.75	1/1/2013

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 | |

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 7/31/2012
 Rate Semester Change
 On FRV [2] as of 12/01/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

North Florida Rehabilitation and Specialty Care
 6700 NW 10th Place
 Gainesville FL 32605

Provider Number: 0 043880-00
 Date: 2/5/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	199.79	204.58	7/1/2013

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
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

North Florida Rehabilitation and Specialty Care
 6700 NW 10th Place
 Gainesville FL 32605

Provider Number: 0 043880-00
 Date: 2/5/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	198.24	207.01	1/1/2014

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	

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 7/31/2012
 Rate Semester Change
 On FRV [2] as of 12/01/2001

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Ocala Oaks Rehabilitation Center
 3930 E Silver Springs Blvd.
 Ocala FL 34470

Provider Number: 0 048611-00
 Date: 1/22/2014
 Fiscal Year End: 11/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	222.49	218.06	6/1/2012
Single Level			
Level H: Aids	370.10	365.67	6/1/2012

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 using FYE 11/30/2012 C/R
 Rate Semester Change
 On FRV [2] as of 04/18/1991

Distribution:

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 No Change in Rate

Thomas Parker

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 R. Mark Cronquist
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Ocala Oaks Rehabilitation Center
 3930 E Silver Springs Blvd.
 Ocala FL 34470

Provider Number: 0 048611-00
 Date: 1/22/2014
 Fiscal Year End: 11/30/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>230.46</u>	<u>223.79</u>	<u>7/1/2012</u>
	Level H: Aids	<u>379.67</u>	<u>373.00</u>	<u>7/1/2012</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

Cost Settlement using FYE 11/30/2012 C/R

Rate Semester Change

On FRV [2] as of 04/18/1991

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Ocala Oaks Rehabilitation Center
 3930 E Silver Springs Blvd.
 Ocala FL 34470

Provider Number: 0 048611-00
 Date: 1/22/2014
 Fiscal Year End: 11/30/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>230.46</u>	<u>227.04</u>	<u>12/1/2012</u>
	Level H: Aids	<u>379.67</u>	<u>376.25</u>	<u>12/1/2012</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 | |

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 using FYE 11/30/2012 C/R
- Rate Semester Change
- On FRV [2] as of 04/18/1991

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Medicaid Reimbursement Per Diem Rates

Ocala Oaks Rehabilitation Center
 3930 E Silver Springs Blvd.
 Ocala FL 34470

Provider Number: 0 048611-00
 Date: 1/22/2014
 Fiscal Year End: 11/30/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>232.22</u>	<u>229.51</u>	<u>1/1/2013</u>
	Level H: Aids	<u>383.03</u>	<u>380.32</u>	<u>1/1/2013</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 |
| <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 using FYE 11/30/2012 C/R
 Rate Semester Change
 On FRV [2] as of 04/18/1991

Distribution:

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Medicaid Reimbursement Per Diem Rates

Ocala Oaks Rehabilitation Center
 3930 E Silver Springs Blvd.
 Ocala FL 34470

Provider Number: 0 048611-00
 Date: 1/22/2014
 Fiscal Year End: 11/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	236.82	235.10	7/1/2013

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:

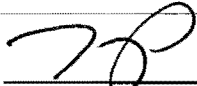
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 11/30/2012 C/R
- Rate Semester Change
- On FRV [2] as of 04/18/1991

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Medicaid Reimbursement Per Diem Rates

Ocala Oaks Rehabilitation Center
 3930 E Silver Springs Blvd.
 Ocala FL 34470

Provider Number: 0 048611-00
 Date: 1/22/2014
 Fiscal Year End: 11/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	236.15	235.87	1/1/2014

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 | |

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 using FYE 11/30/2012 C/R
- Rate Semester Change
- On FRV [2] as of 04/18/1991

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Medicaid Reimbursement Per Diem Rates

Calusa Harbour
 2525 E. First St.
 Fort Myers FL 33901

Provider Number: 0 059369-00
 Date: 1/22/2014
 Fiscal Year End: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	237.39	223.64	10/1/2012
	Level H: Aids	386.60	372.85	10/1/2012

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
 Cost Settlement using FYE 06/30/2013 C/R
 Rate Semester Change
 On FRV [2] as of 10/01/2012

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Calusa Harbour
 2525 E. First St.
 Fort Myers FL 33901

Provider Number: 0 059369-00
 Date: 1/22/2014
 Fiscal Year End: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	239.45	225.69	1/1/2013
Level H: Aids	390.26	376.50	1/1/2013

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 using FYE 06/30/2013 C/R**
- Rate Semester Change
- On FRV [2] as of 10/01/2012

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Medicaid Reimbursement Per Diem Rates

Calusa Harbour
 2525 E. First St.
 Fort Myers FL 33901

Provider Number: 0 059369-00
 Date: 1/22/2014
 Fiscal Year End: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	244.76	232.37	7/1/2013

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	

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"/> Cost Settlement using FYE 06/30/2013 C/R
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/2012

Distribution:

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- No Change in Rate

Home Office:

No Home Office

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Calusa Harbour
 2525 E. First St.
 Fort Myers FL 33901

Provider Number: 0 059369-00
 Date: 1/22/2014
 Fiscal Year End: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>239.36</u>	<u>239.37</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	

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"/> Cost Settlement using FYE 06/30/2013 C/R
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/2012

Distribution:

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Home Office: 1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

Stratford Court of Palm Harbor
 45 Katherine Blvd.
 Palm Harbor FL 34684

Provider Number: 0 059400-00
 Date: 2/19/2014
 Fiscal Year End: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	235.52	228.20	10/1/2012
	Level H: Aids	384.73	377.41	10/1/2012

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
 Cost Settlement FYE 6/30/2013
 Rate Semester Change
 On FRV [2] as of 02/12/1992

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Stratford Court of Palm Harbor
 45 Katherine Blvd.
 Palm Harbor FL 34684

Provider Number: 0 059400-00
 Date: 2/19/2014
 Fiscal Year End: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	238.94	230.15	1/1/2013
	Level H: Aids	389.75	380.96	1/1/2013

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 6/30/2013**
- Rate Semester Change
- On FRV [2] as of 02/12/1992

Distribution:

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Medicaid Reimbursement Per Diem Rates

Stratford Court of Palm Harbor
 45 Katherine Blvd.
 Palm Harbor FL 34684

Provider Number: 0 059400-00
 Date: 2/19/2014
 Fiscal Year End: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	245.46	236.98	7/1/2013

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
- Cost Settlement FYE 6/30/2013**
- Rate Semester Change
- On FRV [2] as of 02/12/1992

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Medicaid Reimbursement Per Diem Rates

Stratford Court of Palm Harbor
 45 Katherine Blvd.
 Palm Harbor FL 34684

Provider Number: 0 059400-00
 Date: 2/19/2014
 Fiscal Year End: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	241.11	241.16	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
- Cost Settlement FYE 6/30/2013
- Rate Semester Change
- On FRV [2] as of 02/12/1992

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Medicaid Reimbursement Per Diem Rates

Gardens of Port St. Lucie
 1699 SE Lyngate Drive
 Port St. Lucie FL 34952

Provider Number: 0 059404-00
 Date: 2/17/2014
 Fiscal Year End: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	234.38	232.62	10/1/2012
Level H: Aids	383.59	381.83	10/1/2012

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:

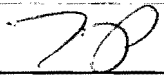
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement Using FYE 6/30/2013**
- Rate Semester Change
- On FRV [2] as of 10/18/1993

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Medicaid Reimbursement Per Diem Rates

Gardens of Port St. Lucie
 1699 SE Lyngate Drive
 Port St. Lucie FL 34952

Provider Number: 0 059404-00
 Date: 2/17/2014
 Fiscal Year End: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>236.49</u>	<u>234.74</u>	<u>1/1/2013</u>
	Level H: Aids	<u>387.30</u>	<u>385.55</u>	<u>1/1/2013</u>

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
 Cost Settlement Using FYE 6/30/2013
 Rate Semester Change
 On FRV [2] as of 10/18/1993

Distribution:

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Medicaid Reimbursement Per Diem Rates

Gardens of Port St. Lucie
 1699 SE Lyngate Drive
 Port St. Lucie FL 34952

Provider Number: 0 059404-00
 Date: 2/17/2014
 Fiscal Year End: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	240.48	241.46	7/1/2013

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 | |

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 Using FYE 6/30/2013
 Rate Semester Change
 On FRV [2] as of 10/18/1993

Distribution:

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Gardens of Port St. Lucie
 1699 SE Lyngate Drive
 Port St. Lucie FL 34952

Provider Number: 0 059404-00
 Date: 2/17/2014
 Fiscal Year End: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	243.91	245.08	1/1/2014

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	

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 Using FYE 6/30/2013
 Rate Semester Change
 On FRV [2] as of 10/18/1993

Distribution:

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Home Office: 1 - No Home Office

Thomas Parker
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Medicaid Reimbursement Per Diem Rates

Shoal Creek Rehabilitation Center
 500 Hospital Drive
 Crestview FL 32539

Provider Number: 0 059852-00
 Date: 2/4/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>173.21</u>	<u>181.51</u>	<u>2/1/2012</u>
	Level H: Aids	<u>320.82</u>	<u>329.12</u>	<u>2/1/2012</u>

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

Cost Settlement using FYE 7/31/2012 C/R

Rate Semester Change

On FRV [2] as of 04/27/2000

Distribution:

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No Change in Rate

Home Office:

CMC II, LLC

800 Concourse Parkway South
 Maitland FL 32751

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Shoal Creek Rehabilitation Center
 500 Hospital Drive
 Crestview Fl 32539

Provider Number: 0 059852-00
 Date: 2/4/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>177.51</u>	<u>186.80</u>	<u>7/1/2012</u>
	Level H: Aids	<u>326.72</u>	<u>336.01</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 |
| <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 using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 04/27/2000

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: CMC II, LLC
 800 Concourse Parkway South
 Maitland FL 32751



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Shoal Creek Rehabilitation Center
 500 Hospital Drive
 Crestview Fl 32539

Provider Number: 0 059852-00
 Date: 2/4/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>177.51</u>	<u>189.53</u>	<u>8/1/2012</u>
	Level H: Aids	<u>326.72</u>	<u>338.74</u>	<u>8/1/2012</u>

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
 Cost Settlement using FYE 7/31/2012 C/R
 Rate Semester Change
 On FRV [2] as of 04/27/2000

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 Maitland FL 32751



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Medicaid Reimbursement Per Diem Rates

Shoal Creek Rehabilitation Center
 500 Hospital Drive
 Crestview Fl 32539

Provider Number: 0 059852-00
 Date: 2/4/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>177.68</u>	<u>191.77</u>	<u>1/1/2013</u>
	Level H: Aids	<u>328.49</u>	<u>342.58</u>	<u>1/1/2013</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

Cost Settlement using FYE 7/31/2012 C/R

Rate Semester Change

On FRV [2] as of 04/27/2000

Distribution:

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Home Office: CMC II, LLC
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Maitland FL 32751



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Medicaid Reimbursement Per Diem Rates

Shoal Creek Rehabilitation Center
 500 Hospital Drive
 Crestview Fl 32539

Provider Number: 0 059852-00
 Date: 2/4/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>180.84</u>	<u>196.33</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 |
| <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 using FYE 7/31/2012 C/R
 Rate Semester Change
 On FRV [2] as of 04/27/2000

Distribution:

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Shoal Creek Rehabilitation Center
 500 Hospital Drive
 Crestview Fl 32539

Provider Number: 0 059852-00
 Date: 2/4/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	188.35	199.07	1/1/2014

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	

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"/> Cost Settlement using FYE 7/31/2012 C/R
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 04/27/2000

Distribution:

Contract Management / Fiscal Agent
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Thomas Parker
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Home Office: CMCH, LLC
 800 Concourse Parkway South
 Maitland FL 32751



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Medicaid Reimbursement Per Diem Rates

Englewood Healthcare & Rehabilitation Center
 1111 Drury Lane
 Englewood FL 34224

Provider Number: 0 059855-00
 Date: 1/22/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home			
Single Level	187.65	188.35	2/1/2012
Level H: Aids	335.26	335.96	2/1/2012

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 7/31/2012
 Rate Semester Change
 On FRV [2] as of 05/01/1993

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Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Englewood Healthcare & Rehabilitation Center
 1111 Drury Lane
 Englewood FL 34224

Provider Number: 0 059855-00
 Date: 1/22/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>192.03</u>	<u>193.62</u>	<u>7/1/2012</u>
	Level H: Aids	<u>341.24</u>	<u>342.83</u>	<u>7/1/2012</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
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 05/01/1993

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Medicaid Reimbursement Per Diem Rates

Englewood Healthcare & Rehabilitation Center
 1111 Drury Lane
 Englewood FL 34224

Provider Number: 0 059855-00
 Date: 1/22/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.03	194.86	8/1/2012
Level H: Aids	341.24	344.07	8/1/2012

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
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 05/01/1993

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Medicaid Reimbursement Per Diem Rates

Englewood Healthcare & Rehabilitation Center
 1111 Drury Lane
 Englewood FL 34224

Provider Number: 0 059855-00
 Date: 1/22/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.18	197.44	1/1/2013
	Level H: Aids	342.99	348.25	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
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 05/01/1993

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Medicaid Reimbursement Per Diem Rates

Englewood Healthcare & Rehabilitation Center
 1111 Drury Lane
 Englewood FL 34224

Provider Number: 0 059855-00
 Date: 1/22/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	195.50	202.57	7/1/2013

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	

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"/> Cost Settlement FYE 7/31/2012
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 05/01/1993

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Englewood Healthcare & Rehabilitation Center
1111 Drury Lane
Englewood FL 34224

Provider Number: 0 059855-00
 Date: 1/22/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>195.05</u>	<u>205.10</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	

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 7/31/2012
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Medicaid Reimbursement Per Diem Rates

Island Health and Rehabilitation Center
 125 Alma Boulevard
 Merritt Island FL 32953

Provider Number: 0 059866-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	185.00	184.94	2/1/2012
	Level H: Aids	332.61	332.55	2/1/2012

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

Cost Settlement FYE 7/31/2012

Rate Semester Change

On FRV [2] as of 04/01/1996

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Medicaid Reimbursement Per Diem Rates

Island Health and Rehabilitation Center
 125 Alma Boulevard
 Merritt Island FL 32953

Provider Number: 0 059866-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	189.45	190.37	7/1/2012
	Level H: Aids	338.66	339.58	7/1/2012

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"/> Cost Settlement FYE 7/31/2012
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 04/01/1996

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Island Health and Rehabilitation Center
 125 Alma Boulevard
 Merritt Island FL 32953

Provider Number: 0 059866-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	189.45	192.91	8/1/2012
	Level H: Aids	338.66	342.12	8/1/2012

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
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Island Health and Rehabilitation Center
 125 Alma Boulevard
 Merritt Island FL 32953

Provider Number: 0 059866-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	189.59	195.46	1/1/2013
	Level H: Aids	340.40	346.27	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

Cost Settlement FYE 7/31/2012

Rate Semester Change

On FRV [2] as of 04/01/1996

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Island Health and Rehabilitation Center
 125 Alma Boulevard
 Merritt Island FL 32953

Provider Number: 0 059866-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
192.91	200.62	7/1/2013

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
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 04/01/1996

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Island Health and Rehabilitation Center
 125 Alma Boulevard
 Merritt Island FL 32953

Provider Number: 0 059866-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	189.02	202.96	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
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 04/01/1996

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Medicaid Reimbursement Per Diem Rates

Evans Health Care
 3735 Evans Avenue
 Ft Myers FL 33901

Provider Number: 0 059873-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.13	198.78	2/1/2012
	Level H: Aids	349.74	346.39	2/1/2012

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:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input checked="" type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> Cost Settlement FYE 7/31/2012
<input type="checkbox"/> Desk audit - Interim Portion	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Desk Audit - Prospective portion	<input type="checkbox"/> On FRV [2] as of 12/14/1998

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Medicaid Reimbursement Per Diem Rates

Evans Health Care
 3735 Evans Avenue
 Ft Myers FL 33901

Provider Number: 0 059873-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.82	204.40	7/1/2012
	Level H: Aids	356.03	353.61	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

Cost Settlement FYE 7/31/2012

Rate Semester Change

On FRV [2] as of 12/14/1998

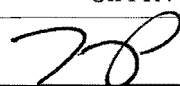
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Medicaid Reimbursement Per Diem Rates

Evans Health Care
 3735 Evans Avenue
 Ft Myers FL 33901

Provider Number: 0 059873-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.82	205.54	8/1/2012
	Level H: Aids	356.03	354.75	8/1/2012

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

Cost Settlement FYE 7/31/2012

Rate Semester Change

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Evans Health Care
 3735 Evans Avenue
 Ft Myers FL 33901

Provider Number: 0 059873-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.00	208.26	1/1/2013
	Level H: Aids	357.81	359.07	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

Cost Settlement FYE 7/31/2012

Rate Semester Change

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Evans Health Care
 3735 Evans Avenue
 Ft Myers FL 33901

Provider Number: 0 059873-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.55	213.67	7/1/2013

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:

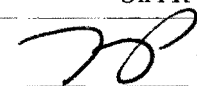
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

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- Usual and Customary Limitation
- Target Rate limitation change
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Evans Health Care
 3735 Evans Avenue
 Ft Myers FL 33901

Provider Number: 0 059873-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	200.88	215.54	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
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Medicaid Reimbursement Per Diem Rates

Sea Breeze Health Care
 1937 Jenks Avenue
 Panama City FL 32405

Provider Number: 0 059874-00
 Date: 2/18/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	179.88	175.67	2/1/2012
	Level H: Aids	327.49	323.28	2/1/2012

Rate Type : <input checked="" type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input checked="" type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data <input type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component	
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"/> Cost Settlement FYE 7/31/2012 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 12/01/2001

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Sea Breeze Health Care
 1937 Jenks Avenue
 Panama City FL 32405

Provider Number: 0 059874-00
 Date: 2/18/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	184.31	180.04	7/1/2012
	Level H: Aids	333.52	329.25	7/1/2012

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"/> Cost Settlement FYE 7/31/2012
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Sea Breeze Health Care
 1937 Jenks Avenue
 Panama City FL 32405

Provider Number: 0 059874-00
 Date: 2/18/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	184.31	184.11	8/1/2012
	Level H: Aids	333.52	333.32	8/1/2012

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:

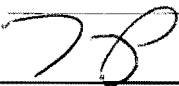
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Sea Breeze Health Care
 1937 Jenks Avenue
 Panama City FL 32405

Provider Number: 0 059874-00
 Date: 2/18/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	184.45	185.88	1/1/2013
	Level H: Aids	335.26	336.69	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

Cost Settlement FYE 7/31/2012

Rate Semester Change

On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Sea Breeze Health Care
 1937 Jenks Avenue
 Panama City FL 32405

Provider Number: 0 059874-00
 Date: 2/18/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	187.70	190.30	7/1/2013

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
- Cost Settlement FYE 7/31/2012
- Rate Semester Change
- On FRV [2] as of 12/01/2001

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Sea Breeze Health Care
 1937 Jenks Avenue
 Panama City FL 32405

Provider Number: 0 059874-00
 Date: 2/18/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	187.35	193.08	1/1/2014

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 | |

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 7/31/2012
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Spring Hill Health and Rehabilitation Center
12170 Cortez Boulevard
Brooksville FL 34613

Provider Number: 0 059877-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>193.48</u>	<u>190.41</u>	<u>2/1/2012</u>
	Level H: Aids	<u>341.09</u>	<u>338.02</u>	<u>2/1/2012</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:

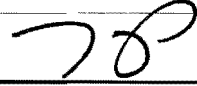
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 08/01/1997

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Medicaid Reimbursement Per Diem Rates

Spring Hill Health and Rehabilitation Center
 12170 Cortez Boulevard
 Brooksville FL 34613

Provider Number: 0 059877-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.90	195.93	7/1/2012
	Level H: Aids	348.11	345.14	7/1/2012

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 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 08/01/1997

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Spring Hill Health and Rehabilitation Center
 12170 Cortez Boulevard
 Brooksville FL 34613

Provider Number: 0 059877-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.90	196.95	8/1/2012
	Level H: Aids	348.11	346.16	8/1/2012

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

Cost Settlement FYE 7/31/2012

Rate Semester Change

On FRV [2] as of 08/01/1997


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Spring Hill Health and Rehabilitation Center
 12170 Cortez Boulevard
 Brooksville FL 34613

Provider Number: 0 059877-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.48	199.65	1/1/2013
	Level H: Aids	351.29	350.46	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
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 08/01/1997

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Medicaid Reimbursement Per Diem Rates

Spring Hill Health and Rehabilitation Center
 12170 Cortez Boulevard
 Brooksville FL 34613

Provider Number: 0 059877-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.98	204.91	7/1/2013

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
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 08/01/1997

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Spring Hill Health and Rehabilitation Center

 12170 Cortez Boulevard

 Brooksville FL 34613

Provider Number: 0 059877-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>199.02</u>	<u>205.41</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	

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"/> Cost Settlement FYE 7/31/2012
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 08/01/1997

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Medicaid Reimbursement Per Diem Rates

Emerald Shores Health and Rehabilitation
 626 North Tyndall Parkway
 Callaway FL 32404

Provider Number: 0 060972-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.89	195.27	2/1/2012
	Level H: Aids	351.50	342.88	2/1/2012

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 7/31/2012
 Rate Semester Change
 On FRV [2] as of 08/30/2000

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Medicaid Reimbursement Per Diem Rates

Emerald Shores Health and Rehabilitation
626 North Tyndall Parkway
Callaway Fl 32404

Provider Number: 0 060972-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>208.79</u>	<u>200.43</u>	<u>7/1/2012</u>
	Level H: Aids	<u>358.00</u>	<u>349.64</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 |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

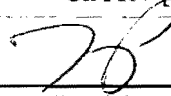
- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 08/30/2000

Distribution:

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Emerald Shores Health and Rehabilitation
626 North Tyndall Parkway
Callaway Fl 32404

Provider Number: 0 060972-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	208.79	201.78	8/1/2012
	Level H: Aids	358.00	350.99	8/1/2012

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 | |

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 7/31/2012
- Rate Semester Change
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Emerald Shores Health and Rehabilitation
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 Callaway Fl 32404

Provider Number: 0 060972-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.98	204.03	1/1/2013
	Level H: Aids	359.79	354.84	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
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Emerald Shores Health and Rehabilitation
626 North Tyndall Parkway
Callaway Fl 32404

Provider Number: 0 060972-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>212.54</u>	<u>208.82</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 |
| <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 7/31/2012
 Rate Semester Change
 On FRV [2] as of 08/30/2000

Distribution:

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Medicaid Reimbursement Per Diem Rates

Emerald Shores Health and Rehabilitation
626 North Tyndall Parkway
Callaway FL 32404

Provider Number: 0 060972-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>207.53</u>	<u>211.22</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 | |

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 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 08/30/2000

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Medicaid Reimbursement Per Diem Rates

University Hills Health and Rehabilitation
 10040 Hillview Road
 Pensacola FL 32514

Provider Number: 0 060993-00
 Date: 1/29/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.27	185.48	2/1/2012
	Level H: Aids	350.88	333.09	2/1/2012

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 7/31/2012
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

University Hills Health and Rehabilitation
 10040 Hillview Road
 Pensacola FL 32514

Provider Number: 0 060993-00
 Date: 1/31/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.25	190.47	7/1/2012
	Level H: Aids	358.46	339.68	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

Cost Settlement FYE 7/31/2012

Rate Semester Change

On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

University Hills Health and Rehabilitation
 10040 Hillview Road
 Pensacola FL 32514

Provider Number: 0 060993-00
 Date: 1/29/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.25	194.75	8/1/2012
	Level H: Aids	358.46	343.96	8/1/2012

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
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

University Hills Health and Rehabilitation
 10040 Hillview Road
 Pensacola FL 32514

Provider Number: 0 060993-00
 Date: 1/29/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.78	196.59	1/1/2013
	Level H: Aids	360.59	347.40	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
- Cost Settlement FYE 7/31/2012
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

University Hills Health and Rehabilitation
 10040 Hillview Road
 Pensacola FL 32514

Provider Number: 0 060993-00
 Date: 1/29/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	213.47	200.89	7/1/2013

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
- Cost Settlement FYE 7/31/2012
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

University Hills Health and Rehabilitation
 10040 Hillview Road
 Pensacola FL 32514

Provider Number: 0 060993-00
 Date: 1/29/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	195.55	203.20	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
- Cost Settlement FYE 7/31/2012
- Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Heritage Park Rehabilitation and Healthcare
 2826 Cleveland Avenue
 Ft. Myers FL 33901

Provider Number: 0 061095-00
 Date: 1/24/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.27	201.66	2/1/2012
	Level H: Aids	351.88	349.27	2/1/2012

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:

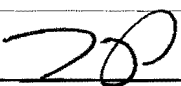
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/12**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Heritage Park Rehabilitation and Healthcare
 2826 Cleveland Avenue
 Ft. Myers FL 33901

Provider Number: 0 061095-00
 Date: 1/24/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.11	206.44	7/1/2012
	Level H: Aids	358.32	355.65	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

Cost Settlement using FYE 7/31/12

Rate Semester Change

On FRV [2] as of 10/01/1985

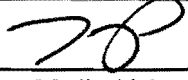
Distribution:

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Medicaid Reimbursement Per Diem Rates

Heritage Park Rehabilitation and Healthcare
 2826 Cleveland Avenue
 Ft. Myers FL 33901

Provider Number: 0 061095-00
 Date: 1/24/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>209.11</u>	<u>210.67</u>	<u>8/1/2012</u>
	Level H: Aids	<u>358.32</u>	<u>359.88</u>	<u>8/1/2012</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:

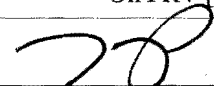
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/12
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Heritage Park Rehabilitation and Healthcare
 2826 Cleveland Avenue
 Ft. Myers FL 33901

Provider Number: 0 061095-00
 Date: 1/24/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.27	212.71	1/1/2013
	Level H: Aids	360.08	363.52	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
- Cost Settlement using FYE 7/31/12
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Heritage Park Rehabilitation and Healthcare
 2826 Cleveland Avenue
 Ft. Myers FL 33901

Provider Number: 0 061095-00
 Date: 1/24/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>212.93</u>	<u>217.74</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
<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"/> Cost Settlement using FYE 7/31/12
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Heritage Park Rehabilitation and Healthcare
 2826 Cleveland Avenue
 Ft. Myers FL 33901

Provider Number: 0 061095-00
 Date: 1/24/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.18	220.14	1/1/2014

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	

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"/> Cost Settlement using FYE 7/31/12
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Destin Healthcare and Rehabilitation Center
 195 Mattie M. Kelly Blvd.
 Destin FL 32541

Provider Number: 0 061101-00
 Date: 2/20/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	190.89	185.60	2/1/2012
	Level H: Aids	338.50	333.21	2/1/2012

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 using FYE 7/31/12**
- Rate Semester Change
- On FRV [2] as of 08/11/1994

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Medicaid Reimbursement Per Diem Rates

Destin Healthcare and Rehabilitation Center
 195 Mattie M. Kelly Blvd.
 Destin FL 32541

Provider Number: 0 061101-00
 Date: 2/20/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.50	190.71	7/1/2012
	Level H: Aids	344.71	339.92	7/1/2012

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

Cost Settlement using FYE 7/31/12

Rate Semester Change

On FRV [2] as of 08/11/1994

Distribution:

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Medicaid Reimbursement Per Diem Rates

Destin Healthcare and Rehabilitation Center
 195 Mattie M. Kelly Blvd.
 Destin FL 32541

Provider Number: 0 061101-00
 Date: 2/20/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.50	193.31	8/1/2012
	Level H: Aids	344.71	342.52	8/1/2012

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:

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- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/12
- Rate Semester Change
- On FRV [2] as of 08/11/1994

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Destin Healthcare and Rehabilitation Center
 195 Mattie M. Kelly Blvd.
 Destin FL 32541

Provider Number: 0 061101-00
 Date: 2/20/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.68	195.28	1/1/2013
	Level H: Aids	346.49	346.09	1/1/2013

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 | |

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 using FYE 7/31/12
 Rate Semester Change
 On FRV [2] as of 08/11/1994

Distribution:

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

Thomas Parker
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 Maitland FL 32751



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Medicaid Reimbursement Per Diem Rates

Destin Healthcare and Rehabilitation Center
 195 Mattie M. Kelly Blvd.
 Destin FL 32541

Provider Number: 0 061101-00
 Date: 2/20/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	199.15	199.93	7/1/2013

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
- Cost Settlement using FYE 7/31/12
- Rate Semester Change
- On FRV [2] as of 08/11/1994

Distribution:

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Medicaid Reimbursement Per Diem Rates

Destin Healthcare and Rehabilitation Center
195 Mattie M. Kelly Blvd.
Destin FL 32541

Provider Number: 0 061101-00
 Date: 2/20/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>191.23</u>	<u>202.28</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	

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"/> Cost Settlement using FYE 7/31/12
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 08/11/1994

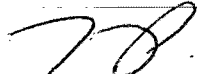
Distribution:

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Medicaid Reimbursement Per Diem Rates

SeaView Nursing and Rehabilitation Center
2401 NE 2nd Street
Pompano Beach FL 33062

Provider Number: 0 061107-00
 Date: 1/24/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.01</u>	<u>204.19</u>	<u>2/1/2012</u>
	Level H: Aids	<u>346.62</u>	<u>351.80</u>	<u>2/1/2012</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:

- 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 using FYE 7/31/12
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

SeaView Nursing and Rehabilitation Center
 2401 NE 2nd Street
 Pompano Beach FL 33062

Provider Number: 0 061107-00
 Date: 1/24/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.79	209.06	7/1/2012
	Level H: Aids	353.00	358.27	7/1/2012

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 using FYE 7/31/12**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

SeaView Nursing and Rehabilitation Center
2401 NE 2nd Street
Pompano Beach FL 33062

Provider Number: 0 061107-00
 Date: 1/24/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.79</u>	<u>215.04</u>	<u>8/1/2012</u>
	Level H: Aids	<u>353.00</u>	<u>364.25</u>	<u>8/1/2012</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 | |

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 using FYE 7/31/12**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

SeaView Nursing and Rehabilitation Center
 2401 NE 2nd Street
 Pompano Beach FL 33062

Provider Number: 0 061107-00
 Date: 1/24/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.94</u>	<u>217.20</u>	<u>1/1/2013</u>
	Level H: Aids	<u>354.75</u>	<u>368.01</u>	<u>1/1/2013</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 |
| <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 using FYE 7/31/12**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

SeaView Nursing and Rehabilitation Center
 2401 NE 2nd Street
 Pompano Beach FL 33062

Provider Number: 0 061107-00
 Date: 1/24/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.53	222.43	7/1/2013

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 | |

Basis:

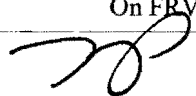
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/12
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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SeaView Nursing and Rehabilitation Center
2401 NE 2nd Street
Pompano Beach FL 33062

Provider Number: 0 061107-00
 Date: 1/24/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>217.97</u>	<u>225.86</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 | |

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 using FYE 7/31/12**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

Vista Manor
 1550 Jess Parrish Court
 Titusville FL 32796

Provider Number: 0 061109-00
 Date: 1/21/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	196.53	194.23	2/1/2012
	Level H: Aids	344.14	341.84	2/1/2012

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 using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 12/01/2001

Distribution:

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- No Change in Rate

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Vista Manor
 1550 Jess Parrish Court
 Titusville FL 32796

Provider Number: 0 061109-00
 Date: 1/21/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.18	198.84	7/1/2012
	Level H: Aids	350.39	348.05	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

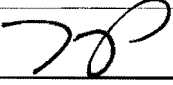
Cost Settlement using FYE 7/31/2012 C/R

Rate Semester Change

On FRV [2] as of 12/01/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

Vista Manor
 1550 Jess Parrish Court
 Titusville FL 32796

Provider Number: 0 061109-00
 Date: 1/21/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.18	201.36	8/1/2012
	Level H: Aids	350.39	350.57	8/1/2012

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
 Cost Settlement using FYE 7/31/2012 C/R
 Rate Semester Change
 On FRV [2] as of 12/01/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

Vista Manor
 1550 Jess Parrish Court
 Titusville FL 32796

Provider Number: 0 061109-00
 Date: 1/21/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.35	203.31	1/1/2013
	Level H: Aids	352.16	354.12	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
- Cost Settlement using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Vista Manor
 1550 Jess Parrish Court
 Titusville FL 32796

Provider Number: 0 061109-00
 Date: 1/21/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.87	208.12	7/1/2013

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
- Cost Settlement using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Vista Manor
 1550 Jess Parrish Court
 Titusville FL 32796

Provider Number: 0 061109-00
 Date: 1/21/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.85	210.46	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
- Cost Settlement using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 12/01/2001

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Lakeside Oaks Care Center
 1061 Virginia Street
 Dunedin FL 34698

Provider Number: 0 061140-00
 Date: 1/21/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.98</u>	<u>200.27</u>	<u>2/1/2012</u>
	Level H: Aids	<u>359.59</u>	<u>347.88</u>	<u>2/1/2012</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

Cost Settlement using FYE 7/31/2012 C/R

Rate Semester Change

On FRV [2] as of 01/01/1989

Distribution:

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

Home Office:

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 Maitland FL 32751

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Medicaid Reimbursement Per Diem Rates

Lakeside Oaks Care Center
 1061 Virginia Street
 Dunedin FL 34698

Provider Number: 0 061140-00
 Date: 1/21/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.89</u>	<u>206.03</u>	<u>7/1/2012</u>
	Level H: Aids	<u>366.10</u>	<u>355.24</u>	<u>7/1/2012</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
 Cost Settlement using FYE 7/31/2012 C/R
 Rate Semester Change
 On FRV [2] as of 01/01/1989

Distribution:

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 No Change in Rate

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 Maitland FL 32751



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Lakeside Oaks Care Center
 1061 Virginia Street
 Dunedin FL 34698

Provider Number: 0 061140-00
 Date: 1/21/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.89	208.43	8/1/2012
	Level H: Aids	366.10	357.64	8/1/2012

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
- Cost Settlement using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 01/01/1989

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Medicaid Reimbursement Per Diem Rates

Lakeside Oaks Care Center
 1061 Virginia Street
 Dunedin FL 34698

Provider Number: 0 061140-00
 Date: 1/21/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.05	211.00	1/1/2013
	Level H: Aids	367.86	361.81	1/1/2013

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 | |

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 using FYE 7/31/2012 C/R**
- Rate Semester Change
- On FRV [2] as of 01/01/1989

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Medicaid Reimbursement Per Diem Rates

Lakeside Oaks Care Center
 1061 Virginia Street
 Dunedin FL 34698

Provider Number: 0 061140-00
 Date: 1/21/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	220.82	216.78	7/1/2013

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
- Cost Settlement using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 01/01/1989

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Medicaid Reimbursement Per Diem Rates

Lakeside Oaks Care Center
1061 Virginia Street
Dunedin FL 34698

Provider Number: 0 061140-00
Date: 1/21/2014
Fiscal Year End: 7/31/2012
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>212.18</u>	<u>219.81</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 | |

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 using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 01/01/1989

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Medicaid Reimbursement Per Diem Rates

Atlantic Shores Nursing and Rehab
 4251 Stack Blvd.
 Melbourne FL 32901

Provider Number: 0 263389-00
 Date: 1/31/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>214.25</u>	<u>201.40</u>	<u>1/1/2014</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
- Retro FYE 12/31/2012**
- Rate Semester Change
- On FRV [2] as of 12/08/1995

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Medicaid Reimbursement Per Diem Rates

Bonifay Nursing and Rehab
306 West Brock Avenue
Bonifay FL 32425

Provider Number: 0 263443-00
 Date: 2/4/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>197.00</u>	<u>185.35</u>	<u>1/1/2014</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:

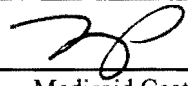
- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Retro for 1/14 RS using FYE 12/31/2012 CR
 Rate Semester Change
 On FRV [2] as of 10/01/2003

Distribution:

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Medicaid Reimbursement Per Diem Rates

Riviera Palms Rehabilitation Center
 926 Haben Blvd.
 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 2/4/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>217.21</u>	<u>208.69</u>	<u>1/1/2014</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:

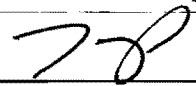
Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Retro for 1/14 RS using FYE 12/31/2012 CR
 Rate Semester Change
 On FRV [2] as of 03/07/1988

Distribution:

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Medicaid Reimbursement Per Diem Rates

Arbor Trail Nursing and Rehab
 611 Turner Camp Road
 Inverness FL 34453

Provider Number: 0 263478-00
 Date: 2/17/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.56	191.85	1/1/2014

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:

<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"/> Retro for 1/14 RS using FYE 12/31/2012 C/R
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 07/17/1987

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Medicaid Reimbursement Per Diem Rates

Pinellas Point Nursing and Rehab
 5601 31st Street South
 St. Petersburg FL 33712

Provider Number: 0 263486-00
 Date: 1/31/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	231.79	225.25	1/1/2014

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:

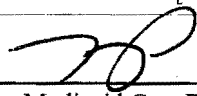
<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> 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"/> Retro for 1/14 RS using FYE 12/31/2012 CR
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 03/08/1995

Distribution:

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Medicaid Reimbursement Per Diem Rates

Jacksonville Nursing and Rehab
 4134 Dunn Ave.
 Jacksonville FL 32218

Provider Number: 0 263494-00
 Date: 1/29/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	216.32	212.72	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
- Retro for 1/14 using FYE 12/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 10/31/1990

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Medicaid Reimbursement Per Diem Rates

Port Orange Nursing and Rehab
 5600 Victory Gardens Blvd.
 Port Orange FL 32127

Provider Number: 0 263508-00
 Date: 1/29/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>222.84</u>	<u>218.96</u>	<u>1/1/2014</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
 Retro for 1/14 using FYE 12/31/2012 C/R
 Rate Semester Change
 On FRV [2] as of 10/09/1992

Distribution:

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Medicaid Reimbursement Per Diem Rates

Macclenny Nursing and Rehab
 755 South 5th Street
 MacClenny FL 32063

Provider Number: 0 263516-00
 Date: 1/29/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.42	196.25	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
- Retro for 1/14 using FYE 12/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 08/27/1990

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Medicaid Reimbursement Per Diem Rates

Medicana Nursing and Rehab
 1710 Lake Worth Road
 Lake Worth FL 33460

Provider Number: 0 263524-00
 Date: 1/29/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.03	205.51	1/1/2014

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
- Retro for 1/14 using FYE 12/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 02/01/1997

Distribution:

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Medicaid Reimbursement Per Diem Rates

Tiffany Hall Nursing and Rehab
 1800 SE Hillmoor Drive
 Port St. Lucie FL 34952

Provider Number: 0 263532-00
 Date: 2/3/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	216.98	201.33	1/1/2014

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:

<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"/> Retro for 1/14 R/S using FYE 12/31/2012 C/R
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 07/06/1993


Distribution:

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Medicaid Reimbursement Per Diem Rates

Metrowest Nursing and Rehab
 5900 West Gate Drive
 Orlando FL 32835

Provider Number: 0 263541-00
 Date: 2/3/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	226.59	214.31	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
- Retro for 1/14 R/S using FYE 12/31/12 C/R
- Rate Semester Change
- On FRV [2] as of 10/21/1994

Distribution:

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Medicaid Reimbursement Per Diem Rates

Moultrie Creek Nursing and Rehab
 200 Mariner Health Way
 St. Augustine FL 32086

Provider Number: 0 263559-00
 Date: 2/4/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.22	210.27	1/1/2014

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:


<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"/> Retro FYE 12/31/2012
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 05/01/1996

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 Thomas Parker
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Orange City Nursing and Rehab
 2810 Enterprise Road
 DeBary FL 32713

Provider Number: 0 263567-00
 Date: 2/4/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	217.44	210.20	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:

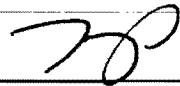
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro FYE 12/31/2012
- Rate Semester Change
- On FRV [2] as of 06/26/1991

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Medicaid Reimbursement Per Diem Rates

Royal Oaks Nursing and Rehab
 2225 Knox McRae Drive
 Titusville FL 32780

Provider Number: 0 263583-00
 Date: 2/5/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>204.50</u>	<u>196.52</u>	<u>1/1/2014</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:

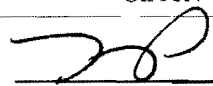
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro FYE 12/31/2012**
- Rate Semester Change
- On FRV [2] as of 04/09/1993

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Medicaid Reimbursement Per Diem Rates

Tuskawilla Nursing and Rehab
 1024 Willa Springs Drive
 Winter Springs FL 32708

Provider Number: 0 263591-00
 Date: 2/5/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	218.32	209.50	1/1/2014

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:

<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"/> Retro FYE 12/31/2012
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 11/07/1994

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Medicaid Reimbursement Per Diem Rates

Hunter's Creek Nursing and Rehab
 14155 Town Loop Blvd.
 Orlando FL 32837

Provider Number: 0 263605-00
 Date: 2/4/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	240.13	237.03	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:

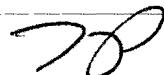
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 1/14 using FYE 12/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 05/26/1998

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Medicaid Reimbursement Per Diem Rates

Boulevard Rehabilitation Center
 2839 South Seacrest Boulevard
 Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 2/4/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.73	195.93	1/1/2014

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:

<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"/> Retro for 1/14 using FYE 12/31/2012 C/R
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 09/29/1988

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Medicaid Reimbursement Per Diem Rates

Palm City Nursing and Rehab
 2505 SW Martin Highway
 Palm City FL 34990

Provider Number: 0 263621-00
 Date: 2/11/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	222.86	213.81	1/1/2014

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
 Retro for 1/14 RS using FYE 12/31/2012 CR
 Rate Semester Change
 On FRV [2] as of 10/19/1993

Distribution:

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Medicaid Reimbursement Per Diem Rates

Jacaranda Manor
 4250 66th Street North
 St. Petersburg FL 33709

Provider Number: 0 281743-00
 Date: 2/6/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	172.18	168.00	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
- Retro for 1/14 RS using FYE 12/31/2012 CR**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

Kenilworth Care and Rehabilitation Center
 3011 Kenilworth Blvd.
 Sebring FL 33870

Provider Number: 0 324493-00
 Date: 2/4/2014
 Fiscal Year End: 9/30/2013
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	191.02	195.36	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
- Retro for 1/14 R/S using FYE 9/30/13 C/R
- Rate Semester Change
- On FRV [2] as of 07/01/1986

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 Julie Kleiser
 12201 Bluegrass Parkway
 Louisville KY 40299