

RICK SCOTT GOVERNOR ELIZABETH DUDEK SECRETARY

#### **MEMORANDUM**

Date:

February 27, 2014

To:

Gay Munyon, Bureau Chief, Medicaid Contract Management

From: Thomas Pa

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.

	Provider Name	<u>Provider</u> Number	Number of Rate Change Notices
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



Page 2 Retroactive Nursing Facility Per Diem Rates

	Provider Name	Provider	Number of Rate
		Number	Change Notices
26.	Arbor Trail Nursing and Rehab	0 263478-00	11
27.	Pinellas Point Nursing and Rehab	0 263486-00	1
28.	Jacksonville Nursing and Rehab	0 263494-00	1
29.	Port Orange Nursing and Rehab	0 263508-00	1
30.	Macclenny Nursing and Rehab	0 263516-00	1
31.	Medicana Nursing and Rehab	0 263524-00	1 ·
32.	Tiffany Hall Nursing and Rehab	0 263532-00	1
33.	Metrowest Nursing and Rehab	0 263541-00	1
34.	Moultrie Creek Nursing and Rehab	0 263559-00	1
35.	Orange City Nursing and Rehab	0 263567-00	. 1
36.	Royal Oaks Nursing and Rehab	0 263583-00	1
37.	Tuskawilla Nursing and Rehab	0 263591-00	1
38.	Hunter's Creek Nursing and Rehab	0 263605-00	1
39.	Boulevard Rehabilitation Center	0 263613-00	1
40.	Palm City Nursing and Rehab	0 263621-00	11
41.	Jacaranda Manor	0 281743-00	1
42.	Kenilworth Care and Rehabilitation Center	0 324493-00	1
		Total	131

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

TP/ab Attachments

		Single Level	Level H: AIDS	Single Level	Single Level		
	Effective						
Provider	Date Format	Intermediate I	Skilled AIDS	Intermediate II			Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	MCM number	Number
001908500	20140101 20140101	218.42 188.04	0.00 0.00	218.42	218.42	74882-14	
001928200	20140101	200.10	0.00	188.04 200.10	188.04 200.10	74882-14 74882-14	
001928400 004387600	20120201	196.79	344.40	196.79	196.79	74882-14	
004387600	20120201	201.70	350.91	201.70	201.70	74882-14	
004387600	20120701	205.30	354.51	205.30	205.30	74882-14	
004387600	20120001	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 005936900	20121001 20130101	223.64 225.69	372.85 376.50	223.64 225.69	223.64 225.69	74882-14	
005936900	20130101	232.37	0.00	232.37	232.37	74882-14 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 005985500	20120801 20130101	194.86 197.44	344.07 348.25	194.86 197.44	194.86 197.44	74882-14 74882-14	
005985500	20130101	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	

	Effective						
Provider	Date Format	Intermediate I	Skilled AIDS	Intermediate II			Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	MCM number	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	201.66 206.44	349.27	201.66	201.66	74882-14	
006109500	20120701	210.67	355.65	206.44 210.67	206.44 210.67	74882-14 74882-14	
006109500	20120801 20130101	212.71	359.88 363.52	210.67	212.71	74882-14	
006109500	20130101	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	<u> </u>
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	

	Effective						
Provider	Date Format	Intermediate I	Skilled AIDS	Intermediate II			Audit
Number	YYYYMMDD	(iN1)	(SKA)	(IN2)	Skilled (SKD)	MCM number	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	



Golfview Healthcare Cen	ter			Provider Number:	0 019085-00
3636 10th Avenue North				Date:	1/31/2014
St. Petersburg FL 33713				Fiscal Year End:	9/30/2013
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	Single Level		213.48		1/1/2014
Rate Type:		x	Prospective		
	Interim			Total Prospective	
	im Component			Prospective Adjusted f	
	ement based on costs Provider Prospective data			Total Prospective with	Interim Component
Basis:	ļ	Changes:	2000 (1 000000 at a 100000000000 at a 10000000000		
Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int Desk Audit - Pr Distribution:	erim portion ests	X	Usual and Target Ra FRVS Ch Retro FY Rate Seme	E 9/30/2013 ester Change 2] as of 12/15/1986	
Contract Managemer	at / Fiscal Agent		0-	Thomas Parker	
Permanent File For information	-	Med	licaid Cost	Reimbursement Plann	ing and Finance
No Change in	Rate				
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299	· <u> </u>	THE SELECTION OF THE SE		



Southern Pines Healthca	re Center			Provider Number:	0 019282-00
6140 Congress Street				Date:	2/14/2014
New Port Richey FL 346	553			Fiscal Year End:	9/30/2013
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Onaudited [5]
110 vider Type.		ı	Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		184.25	188.04	1/1/2014
Rate Type :		·			
Interim	17	X	Prospectiv		
	al Interim			Total Prospective Prospective Adjusted f	for New Costs
	rim Component lement based on costs			Frospective Adjusted 1 Total Prospective with	
	or Provider Prospective data			Total Trospective with	mermi component
	in Frovider Frospective data		T		
Basis:		Changes:			
				D. C. C.	
Budget		·		Rating Change	
Y Unaudited cos Field audited o				d Customary Limitation ate limitation change	1
			FRVS Ch	_	
Field audit - ir Desk audited o	<del>-</del>	<u> </u>		E 9/30/2013	
Desk audited e	· ·			ester Change	
	rospective portion	:		[2] as of 09/01/1987	
Distribution:			7		<del>_</del> · · · <del>_ · · · · · · · · · · · · · · · ·</del>
Contract Manageme	ent / Fiscal Agent		<u> </u>	Thomas Parker	
Permanent File		Med	dicaid Cost	Reimbursement Plann	ing and Finance
For information	on Only				
No Change in	·				
Home Office:	Signature Healthcare LLC				
	Julie Kleiser 12201 Bluegrass Parkway			:	
	Louisville KY 40299				



Signature HealthCAR	E of Jacksonville			Provider Number:	0 019284-00
2061 Hyde Park Rd				Date:	2/3/2014
Jacksonville FL 3221	0			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
			,		<u>.</u>
Rate Type:					
Interim		X	_ Prospective		
	otal Interim			Total Prospective	
	nterim Component			Prospective Adjusted f	
	ettlement based on costs for Provider Prospective data		J	Total Prospective with	Interim Component
	for Frovider Frospective data				
Basis:		Changes	<u>:</u>		
Budget	. }		Licensure	Rating Change	
X Unaudited co	osts			Customary Limitation	l .
Field audited	l costs		Target Rat	te limitation change	
Field audit -	interim portion		FRVS Cha	ange	
Desk audited		X		E 9/30/2013	
	Interim Portion Prospective portion	!		ster Change 2] as of 04/01/1993	
	Prospective portion		On PRV [2	2] 48 01 04/01/1993	
Distribution:	/Time! Arms		7	Thomas Parker	
Contract Manager	ient / Fiscal Agent	Mo	edicaid Cost I	Reimbursement Planni	ng and Finance
Permanent File	tion Outr				
For informat					
No Change	in Kate				
Home Office:	Signature Healthcare LLC		A PARIS CO.		
	Julie Kleiser				
	12201 Bluegrass Parkway Louisville KY 40299			1	
	Louisville IX I 40233			:	



Largo Rehab & Spa			Provider Number:	0 043876-00
9035 Bryan Dairy Road			Date:	1/21/2014
Largo FL 33777			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:			11000	
••	•	Current	New	Effective
N		Rate	Rate	Date
Nursing Home Single Level		199.02	<u> 196.79</u> _	2/1/2012
Level H: Aids		346.63	344.40	2/1/2012
Rate Type:				
X Interim Total Interim	<u></u>	Prospective		
Interim Component		************	Total Prospective Prospective Adjusted:	for New Costs
X Settlement based on costs			Total Prospective with	
Prior Provider Prospective data			1	1
Basis:	Changes:			
Budget	: ——		Rating Change	
X Unaudited costs Field audited costs			Customary Limitatio te limitation change	n
Field audit - interim portion		FRVS Ch	_	
Desk audited costs	X		lement FYE 7/31/201	12
Desk audit - Interim Portion	!		ester Change	
Desk Audit - Prospective portion		On FRV [	2] as of 01/01/1999	ANALANDANIANANANANANANANANANANANANANANANANAN
Distribution:		$\mathcal{H}$	Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Plant	ning and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: CMC II, LLC				
800 Concourse Parkway South Maitland FL 32751				



Largo Rehab & Spa			Provider Number:	0 043876-00		
9035 Bryan Dairy Road		Date:		1/21/2014		
Largo FL 33777			Fiscal Year End:	7/31/2012		
			Audit Status:	Unaudited [3]		
Provider Type:			Tuon outus.			
•	_	urrent	New	Effective		
	-	Rate	Rate	Date		
Nursing Home Single Level	- 2	203.67		7/1/2012		
Level H: Aids	3	52.88	350.91	7/1/2012		
Rate Type :						
X Interim	F	rospectiv				
Total Interim			Total Prospective			
Interim Component	Prospective Adjusted for New Costs					
X Settlement based on costs			Total Prospective with	Interim Component		
Prior Provider Prospective data						
Basis:	Changes:					
Pro Lot	; ;	Licencure	Rating Change			
Budget X Unaudited costs				n		
Field audited costs	Usual and Customary Limitation Target Rate limitation change					
Field audit - interim portion		FRVS Ch				
Desk audited costs	<u>X</u>	Cost Sett	lement FYE 7/31/201	2		
Desk audit - Interim Portion			ester Change			
Desk Audit - Prospective portion		On FRV [	2] as of 01/01/1999			
<u>Distribution:</u>		\Z	Thomas Parker			
Contract Management / Fiscal Agent	Medi	caid Cost	Reimbursement Plann	ning and Finance		
Permanent File						
For information Only						
No Change in Rate						
Home Office: CMC II, LLC						
800 Concourse Parkway South Maitland FL 32751	h					



Largo Rehab & Spa				Provider Number:	0 043876-00		
9035 Bryan Dairy Road				Date:	1/21/2014		
Largo FL 33777				Fiscal Year End:	7/31/2012		
				Audit Status:	Unaudited [3]		
Provider Type:				Tuan Suus.	0114401144 [5]		
-J.F.			Current	New	Effective		
		A-agint.	Rate	Rate	Date		
Nursing Home	Single Level	e and the age	203.67		8/1/2012		
	Level H: Aids		352.88	354.51	8/1/2012		
Rate Type :							
Interim		X	Prospectiv	9			
	tal Interim		-	Total Prospective			
	erim Component		·	Prospective Adjusted	for New Costs		
	tlement based on costs			Total Prospective with			
Pric	or Provider Prospective data						
Basis:		Changes:					
Budget			Licensure	Rating Change			
X Unaudited cos	sts		Usual and	d Customary Limitation	n		
Field audited	costs		Target Rate limitation change				
Field audit - in	nterim portion		FRVS Ch	nange			
Desk audited of	The state of the s	X		lement FYE 7/31/201	2		
Desk audit - Ir	· •			ester Change [2] as of 01/01/1999			
	Prospective portion			[2] as of 01/01/1999	uang ia hai ao iai ao iantri no jainn sano sano nang ang a najaan jainnia di no ao no ao t		
Distribution:			///	Thomas Parker			
Contract Manageme	ent / Fiscal Agent	Med	dicaid Cost	Reimbursement Plann	ning and Finance		
Permanent File					_		
For informati	·						
No Change in	n Rate						
Home Office:	CMC II, LLC	PETERNITE PERMITAKAN MINTEMAN MAMITIKAN	_ # _## # #	!			
	800 Concourse Parkway South Maitland FL 32751						
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Largo Rehab & Spa			Provider Number:	0 043876-00	
9035 Bryan Dairy Road			Date:	1/21/2014	
Largo FL 33777			Fiscal Year End:	7/31/2012	
			Audit Status:	Unaudited [3]	
Provider Type:			radit Sutus.		
2.5. A. J. P. J. P	(	Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Single Level		203.86		1/1/2013	
Level H: Aids	<u>.</u>	354.67	358.12	1/1/2013	
Rate Type:  Interim  Total Interim	X	Prospectiv	e Fotal Prospective		
Interim Component	Prospective Adjusted for New Costs				
X Settlement based on costs			Total Prospective with	Interim Component	
Prior Provider Prospective data					
Basis:	Changes:				
Budget		Licensure	Rating Change		
X Unaudited costs	,	Usual and	Customary Limitation	n	
Field audited costs	Target Rate limitation change				
Field audit - interim portion		FRVS Ch	-		
Desk audited costs	X		lement FYE 7/31/201	2	
Desk audit - Interim Portion  Desk Audit - Prospective portion			ester Change [2] as of 01/01/1999		
Distribution:			Thomas Parker		
Contract Management / Fiscal Agent		licaid Cost	Reimbursement Plann	ing and Finance	
Permanent File	Med	icaid Cost	remoursement i iam	ing and I mance	
For information Only					
No Change in Rate					
Home Office: CMC II, LLC					
800 Concourse Parkway South Maitland FL 32751	1		4		



Largo Rehab & Spa				Provider Number:	0 043876-00
9035 Bryan Dairy Road				Date:	2/21/2014
Largo FL 33777				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				<b>2</b>	
		(	Current	New	Effective
<b>*</b>	~		Rate	Rate	Date
Nursing Home	Single Level		207.41		7/1/2013
Rate Type :					
Interim		X	Prospectiv	re	
Tota	ıl Interim		•	Total Prospective	
Inter	rim Component			Prospective Adjusted f	or New Costs
X Settl	ement based on costs			Total Prospective with	Interim Component
Prior	r Provider Prospective data				
Basis:		Changes:	,		
D., J., .4	i	1	Licensura	e Rating Change	
Budget  X Unaudited costs	s !			d Customary Limitation	1
Field audited co	·			ate limitation change	
Field audit - in	terim portion		FRVS Ch	nange	
Desk audited co	-	X	Cost Sett	lement FYE 7/31/201	2 & AIDs IRR
Desk audit - Int		1		ester Change	
	rospective portion		On FRV	[2] as of 01/01/1999	Approximate 1998 and 2 1998 and 1998 an
Distribution:			イノ	Thomas Parker	
Contract Managemen	nt / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File					
For informatio	-				
No Change in	Rate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South				
	Maitland FL 32751			;	
	:				



Largo Rehab & Spa				Provider Number:	0 043876-00
9035 Bryan Dairy Road				Date:	2/21/2014
Largo FL 33777				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		206.10	215.35	1/1/2014
				-	
					•
Rate Type:					
Interim		X	Prospectiv	e	
	ıl Interim		<del>-</del>	Total Prospective	
Inter	rim Component			Prospective Adjusted f	or New Costs
X Settl	ement based on costs		-	Total Prospective with	Interim Component
Prior	r Provider Prospective data				
Basis:	; !	Changes:			
		1	1		
Budget	1	1	Licensure	Rating Change	
X Unaudited costs			_	d Customary Limitation	1
Field audited co	osts			ite limitation change	
Field audit - in		l	FRVS Cl	•	
Desk audited co		<u>X</u>		element FYE 7/31/201	2
Desk audit - Int	terim Portion cospective portion	1		ester Change [2] as of 01/01/1999	
				[2] as 01 01/01/1999	- Andrews Andrews Commerce - 1900 Commerce - 17 to 2000 c - 1900 c - 1
Distribution:			77/	Thomas Parker	
Contract Managemen	nt / Fiscal Agent	Me	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File					
For informatio	on Only				
No Change in	Rate				
Home Office:	CMC II, LLC			Andrew Committee Advanced Committee	
-	1			1	
	800 Concourse Parkway South			4	
	Maitland FL 32751				
	·				



North Florida Rehabilitation and Specialty Care		Provider Number:	0 043880-00		
6700 NW 10th Place		Date:	2/5/2014		
Gainesville FL 32605		Fiscal Year End:	7/31/2012		
		Audit Status:	Unaudited [3]		
Provider Type:		1			
••	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:					
X Interim	Prospective				
Total Interim	······································	otal Prospective	•		
Interim Component		rospective Adjusted	for New Costs		
X Settlement based on costs	Total Prospective with Interim Component				
Prior Provider Prospective data					
Basis: Ch	nanges:				
Budget	Licensure I	Rating Change			
X Unaudited costs		Customary Limitatio	n		
Field audited costs	Target Rate	e limitation change			
Field audit - interim portion	FRVS Cha	nge			
Desk audited costs		ement FYE 7/31/20	12		
Desk audit - Interim Portion		ster Change ] as of 12/01/2001			
Desk Audit - Prospective portion		] as of 12/01/2001			
<u>Distribution:</u>		Thomas Parker			
Contract Management / Fiscal Agent	Medicaid Cost F	Reimbursement Plan	ning and Finance		
Permanent File			<b>Q</b>		
For information Only					
No Change in Rate					
Home Office: CMC II, LLC					
800 Concourse Parkway South Maitland FL 32751					



North Florida Rehabilitation and Specialty Care			Provider Number:	0 043880-00
6700 NW 10th Place			Date:	2/5/2014
Gainesville FL 32605			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:			Audit Status.	Chaudicu [5]
110vider Typer	C	urrent	New	Effective
	]	Rate	Rate	Date
Nursing Home Single Level		96.29	196.50	7/1/2012
Level H: Aids		45.50	345.71	7/1/2012
Rate Type:		v		
X Interim	P	rospective	e	
Total Interim		-	Total Prospective	
Interim Component	•		Prospective Adjusted	for New Costs
X Settlement based on costs			Total Prospective with	h Interim Component
Prior Provider Prospective data				
Basis:	Changes:		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Budget	;	Licensure	Rating Change	
X Unaudited costs	1	Usual and	Customary Limitation	on
Field audited costs	***************************************	_	te limitation change	
Field audit - interim portion		FRVS Ch	e	
Desk audited costs			lement FYE 7/31/20	12
Desk audit - Interim Portion  Desk Audit - Prospective portion			ester Change 2] as of 12/01/2001	
<u>Distribution:</u>		$\bigcirc$	AND THE CONTRACTOR OF THE CONT	
Contract Management / Fiscal Agent		<u>)                                    </u>	Thomas Parker	
Permanent File	Medie	caid Cost	Reimbursement Plan	ning and Finance
For information Only				
No Change in Rate				
Home Office: CMC II, LLC	controls to repair a second .	And pay young and agreement	als ere alleganosses w and o	
800 Concourse Parkway South Maitland FL 32751				



North Florida Rehabilitation and Specialty Care			Provider Number:	0 043880-00	
6700 NW 10th Place			Date:	2/5/2014	
Gainesville FL 32605	<del></del>	Fiscal Year End:		7/31/2012	
			Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	_	Current Rate 196.29	New Rate 198.01	Effective Date 8/1/2012	
Level H: Aids	_	345.50	347.22	8/1/2012	
Rate Type:  Interim  Total Interim  Interim Component  X Settlement based on costs  Prior Provider Prospective data	X		e Total Prospective Prospective Adjusted Total Prospective with		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	Changes:	Licensure Usual and Target Ra FRVS CI	tlement FYE 7/31/201		
Desk audit - Interim Portion  Desk Audit - Prospective portion			nester Change [2] as of 12/01/2001		
Distribution:		アノ	Thomas Parker	A COMPANY OF THE COMP	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Me	dicaid Cos	Reimbursement Plan	ning and Finance	
Home Office: CMC II, LLC					
800 Concourse Parkway Maitland FL 32751	South				



North Florida Rehabilitation and Specialty Care		Provider Number:	0 043880-00	
6700 NW 10th Place	-	Date:	2/5/2014	
Gainesville FL 32605		Fiscal Year End:	7/31/2012	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	196.44	<u>199.94</u> _	1/1/2013	
Level H: Aids	347.25	350.75	1/1/2013	
Total Interim Interim Component	Pı	otal Prospective		
X Settlement based on costs Prior Provider Prospective data  Cha	nges:	otal Prospective with	n Interim Component	
Budget X Unaudited costs Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	Usual and of Target Rate FRVS Cha X Cost Settle Rate Semes	Rating Change Customary Limitation a limitation change ange ament FYE 7/31/20 ater Change as of 12/01/2001		
Distribution:	76	Thomas Parker		
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate	Medicaid Cost F	Reimbursement Plan	ning and Finance	
Home Office: CMC II, LLC  800 Concourse Parkway South Maitland FL 32751	<u> </u>	· :		



North Florida Rehabilitation and Specialty Care		Provider Number	0 043880-00
6700 NW 10th Place		Date	2/5/2014
Gainesville FL 32605		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Curre Rat 199.	e Rate	Effective
Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costs Prior Provider Prospective data	X Pros	pective Total Prospective Prospective Adjuste Total Prospective w	d for New Costs ith Interim Component
Basis:	Changes:	The second of th	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usi Tai FR X Co	ensure Rating Change all and Customary Limitat get Rate limitation change VS Change st Settlement FYE 7/31/2 e Semester Change FRV [2] as of 12/01/2001	012
Distribution:	7	Thomas Parker	AN 2220 21 THE
Contract Management / Fiscal Agent Permanent File For information Only	Medicai	d Cost Reimbursement Pla	anning and Finance
No Change in Rate			
Home Office: CMC II, LLC	ANNUAL CONTRACTOR CONT		
800 Concourse Parkway South Maitland FL 32751		÷	



orth Florida Rehabilitation and Specialty Care			Provider Number:	0 043880-00
700 NW 10th Place			Date:	2/5/2014
ainesville FL 32605			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
rovider Type:				
	(	Current	New Rate	Effective
Jursing Home Single Level	****	Rate 198.24	207.01	Date 1/1/2014
ursing frome Single Level	<u></u>	170.24		1/1/2014
Interim  Total Interim  Interim Component  Settlement based on costs	X		re Total Prospective Prospective Adjusted f Total Prospective with	
Prior Provider Prospective data  Basis:	Changes:			- Marie
Budget			e Rating Change	
X Unaudited costs Field audited costs			d Customary Limitation ate limitation change	n
Field audit - interim portion	i	FRVS CI		
Desk audited costs	: <b>X</b>		tlement FYE 7/31/201	2
Desk audit - Interim Portion			nester Change	
Desk Audit - Prospective portion		On FRV	[2] as of 12/01/2001	
Distribution:		7	Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost	t Reimbursement Planr	ning and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: CMC II, LLC	- Annual Victor - Annual Victor -	etrolomica r	- minimizer of membranes of a minimizer	
800 Concourse Parkway South Maitland FL 32751				



## Medicaid Reimbursement Per Diem Rates

Ocala Oaks Rehabilitation Center		Provider Number:	0 048611-00
3930 E Silver Springs Blvd.		Date:	1/22/2014
Ocala FL 34470		Fiscal Year End:	11/30/2012
		Audit Status:	Unaudited [3]
Provider Type:			
•	Current Rate	New Rate	Effective Date
Nursing Home Single Level	222.49	218.06	6/1/2012
Level H: Aids	370.10	365.67	6/1/2012
Rate Type:  X Interim  Total Interim  Interim Component  X Settlement based on costs  Prior Provider Prospective data	P	otal Prospective rospective Adjusted f otal Prospective with	
Basis: Chang	ges:		
Budget  X Unaudited costs  Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	Usual and Target Rat FRVS Cha Cost Settle Rate Seme	Rating Change Customary Limitation e limitation change unge ement using FYE 11 ster Change as of 04/18/1991	
Distribution:	-D	Thomas Parker	
Permanent File  For information Only  No Change in Rate  Home Office: Southern HealthCare Management, LLC	Medicaid Cost I	Reimbursement Plann	ing and Finance
R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328			

V7.018.1.2:79V9V Report Calculated: 1/22/2014 Report Printed: 1/22/2014 Book:0 ID:193650486112012060120140122103211



Ocala Oaks Rehabilitation Center		Provider Number:	0 048611-00
3930 E Silver Springs Blvd.		Date:	1/22/2014
Ocala FL 34470		Fiscal Year End:	11/30/2012
		Audit Status:	Unaudited [3]
Provider Type:			
	Current Rate	New	Effective
Nursing Home Single Level	230.46	Rate	Date 7/1/2012
	250.40	<u> </u>	77172012
Level H: Aids	379.67	373.00	7/1/2012
Rate Type:	,		
X Interim	Prospective		
Total Interim	T	otal Prospective	
Interim Component	P	rospective Adjusted f	for New Costs
X Settlement based on costs	T	otal Prospective with	Interim Component
Prior Provider Prospective data			
Basis: Cha	anges:		
	Ligangura	Pating Change	
Budget  X Unaudited costs	****	Rating Change Customary Limitation	_
Field audited costs		e limitation change	u.
Field audit - interim portion	FRVS Cha	<del>-</del>	
Desk audited costs		ement using FYE 11.	/30/2012 C/R
Desk audit - Interim Portion		ster Change	
Desk Audit - Prospective portion	On FRV [2	[] as of 04/18/1991	
Distribution:	78	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost I	Reimbursement Plann	ing and Finance
Permanent File			
For information Only		•	
No Change in Rate			
Home Office: Southern HealthCare Management, L.	IC		
R. Mark Cronquist		:	
5887 Glenridge Drive, Suite 150			
Atlanta GA 30328		• • • • • • • • • • • • • • • • • • •	
		······	



Ocala Oaks Rehabilitation Center			Provider Number:	0 048611-00
3930 E Silver Springs Blvd.			Date:	1/22/2014
Ocala FL 34470			Fiscal Year End:	11/30/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
Nursing Home Single Level	-	Rate	Rate	Date 12/1/2012
Nursing Home Single Level	-	230.46		12/1/2012
Level H: Aids		379.67	376.25	12/1/2012
		······································		
Rate Type:				
Interim	X	Prospective	e	
Total Interim		***************************************	Total Prospective	_
Interim Component			Prospective Adjusted	
X Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes	<u>:</u>		
<b>5.</b>		Licensura	Rating Change	
Budget  X Unaudited costs			Customary Limitation	n
Field audited costs	-		te limitation change	li
Field audit - interim portion		FRVS Ch	•	
Desk audited costs	<u> X</u>		lement using FYE 11	/30/2012 C/R
Desk audit - Interim Portion			ester Change	, 50, 20 X 20 / 2 X
Desk Audit - Prospective portion	1	On FRV [	2] as of 04/18/1991	
Distribution:		7/	Thomas Parker	
Contract Management / Fiscal Agent	M	edicaid Cost	Reimbursement Plann	ning and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: Southern HealthCare Management	ent, LLC			
R. Mark Cronquist			i	
5887 Glenridge Drive, Suite 150	)		1	
Atlanta GA 30328			:	
1				



Ocala Oaks Rehabilitation Center		Provider Number:	0 048611-00
3930 E Silver Springs Blvd.	_	Date:	1/22/2014
Ocala FL 34470	_	Fiscal Year End:	11/30/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	232.22		1/1/2013
Level H: Aids	383.03	380.32	1/1/2013
Rate Type: InterimTotal InterimInterim Component X Settlement based on costs	X Prospecti	ve Total Prospective Prospective Adjusted f Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Usual an Target R FRVS C X Cost Set Rate Sen	tlement using FYE 11	
Desk Audit - Prospective portion	On FRV	[2] as of 04/18/1991	
Distribution:	77/	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only	Medicaid Cos	t Reimbursement Plann	ing and Finance
No Change in Rate			
Home Office: Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328			



Ocala Oaks Rehabilitation	on Center			Provider Number:	0 048611-00
3930 E Silver Springs B	lvd.			Date:	1/22/2014
Ocala FL 34470				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	4.4.	X	Prospective		
	al Interim			Total Prospective Prospective Adjusted f	on New Costs
	rim Component lement based on costs			Total Prospective with	
	r Provider Prospective data			otal Prospective with	internii Component
Basis:		Changes	ij		
Budget	1		Licensure	Rating Change	
X Unaudited cost	s	1		Customary Limitation	1
Field audited c	osts		_	te limitation change	
Field audit - in			FRVS Ch	_	
Desk audited co		<u>X</u>		ement using FYE 11/ ester Change	/30/2012 C/R
	rospective portion		_	2] as of 04/18/1991	
Distribution:				Thomas Parker	The second section of the sect
Contract Managemen	nt / Fiscal Agent		<i>(</i> )		· 1 T'
Permanent File		Me	edicaid Cost	Reimbursement Plann	ing and Finance
For informatio	n Only				
No Change in	Rate				
Home Office:	Southern HealthCare Manager	nent, LLC		!	
	R. Mark Cronquist 5887 Glenridge Drive, Suite 15 Atlanta GA 30328	0			



## Medicaid Reimbursement Per Diem Rates

Ocala Oaks Rehabilitation Center			Provider Number:	0 048611-00
3930 E Silver Springs Blvd.	•		Date:	1/22/2014
Ocala FL 34470			Fiscal Year End:	11/30/2012
			Audit Status:	Unaudited [3]
Provider Type:			Addit Status.	Onadarica [5]
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		236.15	235.87	1/1/2014
		*		
Rate Type:				
Interim	X	Prospectiv	e	•
Total Interim		•	Total Prospective	
Interim Component		]	Prospective Adjusted f	or New Costs
X Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Budget	and the same of th	Licensure	Rating Change	
X Unaudited costs		_	Customary Limitation	1
Field audited costs			te limitation change	
Field audit - interim portion		FRVS Ch	•	
Desk audited costs  Desk audit - Interim Portion	X		lement using FYE 11, ester Change	/30/2012 C/R
Desk Audit - Prospective portion			2] as of 04/18/1991	!
Distribution:	<u> </u>	<b>7</b>		
Contract Management / Fiscal Agent		10	Thomas Parker	
Permanent File	Me	dicaid Cost	Reimbursement Plann	ing and Finance
For information Only				
No Change in Rate				
***************************************				
Home Office: Southern HealthCare Manag	ement, LLC	***************************************		
R. Mark Cronquist 5887 Glenridge Drive, Suite	150			
Atlanta GA 30328	1.50		:	

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Provider Type:   Prospective   Prospective
Fiscal Year End: 6/30/2013  Audit Status: Unaudited [3]  Provider Type:    Current Rate Rate Rate Date Date Rate Rate Rate Date Date Provider H: Aids   Audit Status Date Rate Rate Rate Rate Date Date Date Date Rate Rate Rate Date Date Rate Rate Date Date Date Representation of the Prospective Rate Rate Rate Date Date Rate Rate Date Date Date Rate Type:
Provider Type:    Current Rate   Rate   Rate   Date
Provider Type:    Nursing Home   Single Level   237.39   223.64   10/1/2012     Level H: Aids   386.60   372.85   10/1/2012     Rate Type :
Nursing Home  Single Level  Level H: Aids  386.60  372.85  10/1/2012    Rate Type:   X
Rate Type :   X
Rate Type:  X Interim Prospective  Total Interim Total Prospective Interim Component Prospective Adjusted for New Costs X Settlement based on costs Prior Provider Prospective data  Basis:  Changes:  Budget X Unaudited costs Usual and Customary Limitation
Total Interim
Total Interim Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data  Changes:  Budget X Unaudited costs Usual and Customary Limitation  Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Licensure Rating Change Usual and Customary Limitation
Total Interim Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data  Changes:  Budget Budget Unaudited costs Usual and Customary Limitation  Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Total Prospective Adjusted for New Costs  Total Prospective Adjusted for New Costs  Total Prospective Adjusted for New Costs  Total Prospective Adjusted for New Costs  Total Prospective Adjusted for New Costs  Total Prospective Adjusted for New Costs  Total Prospective Adjusted for New Costs  Total Prospective Adjusted for New Costs  Total Prospective Adjusted for New Costs  Total Prospective Adjusted for New Costs  Total Prospective Adjusted for New Costs  Total Prospective Adjusted for New Costs  Total Prospective Adjusted for New Costs  Total Prospective Adjusted for New Costs  Total Prospective Adjusted for New Costs  Total Prospective Adjusted for New Costs  Total Prospective Adjusted for New Costs  Total Prospective Adjusted for New Costs  Total Prospective Adjusted for New Costs
Total Prospective with Interim Component Prior Provider Prospective data
Prior Provider Prospective data    Basis:
Basis:  Changes:  Licensure Rating Change  X Unaudited costs Usual and Customary Limitation
Budget Licensure Rating Change  X Unaudited costs Usual and Customary Limitation
Budget Licensure Rating Change  X Unaudited costs Usual and Customary Limitation
X Unaudited costs Usual and Customary Limitation
Field audited costs I arget Rate limitation change
Field audit - interim portion FRVS Change
Desk audited costs  Desk audit - Interim Portion  X Cost Settlement using FYE 06/30/2013 C/R Rate Semester Change
Desk Audit - Prospective portion  On FRV [2] as of 10/01/2012
Distribution: Thomas Parker
Contract Management / Fiscal Agent
Permanent File  Medicaid Cost Reimbursement Planning and Finance
For information Only
No Change in Rate
Home Office: 1 - No Home Office



Calusa Harbour		Provider Numb	per: 0 059369-00
2525 E. First St.		Da	ate: 1/22/2014
Fort Myers FL 33901		Fiscal Year Er	
		Audit Sta	
Provider Type:			
V 1	Curi	rent New	Effective
	Ra		Date
Nursing Home Single Level		225.69	1/1/2013
Level H: Aids	_ 390	2.26 376.50	1/1/2013
Rate Type:  X Interim Total Interim Interim Component X Settlement based on costs	Pro:		sted for New Costs with Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Us Ta FR X Co	censure Rating Change ual and Customary Limit rget Rate limitation chan XVS Change est Settlement using FY te Semester Change FRV [2] as of 10/01/20	nge E 06/30/2013 C/R
Distribution:		Thomas Parke	
Contract Management / Fiscal Agent	Madia	d Cost Reimbursement	
Permanent File	Medical	d Cost Reimbursement	rianning and Finance
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office			



Calusa Harbour				Provider Number:	0 059369-00
2525 E. First St.		_		Date:	1/22/2014
Fort Myers FL 33901				Fiscal Year End:	6/30/2013
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	- Ontario (5)
Lyps		(	Current	New	Effective
			Rate	Rate	Date
Nursing Home Single Lev	/el	***************************************	244.76		7/1/2013
			*		
Rate Type :					
Interim		X	Prospectiv	·e	
Total Interim			-	Total Prospective	
Interim Compon	ent			Prospective Adjusted f	for New Costs
X Settlement based				Total Prospective with	
Prior Provider Pr	rospective data			•	-
Basis:	<u> </u>	Changes:	7.11		
Duois.		Changes.			
Budget	·	j	Licensure	Rating Change	
X Unaudited costs				d Customary Limitation	n
Field audited costs	:			ate limitation change	
Field audit - interim portion	1	i	FRVS Cl	nange	
Desk audited costs		X		lement using FYE 06	/30/2013 C/R
Desk audit - Interim Portion				ester Change	
Desk Audit - Prospective po	ortion	at anyong children	On FRV	[2] as of 10/01/2012	
<u>Distribution:</u>			ーイノ	Thomas Parker	
Contract Management / Fiscal Ag	gent	Med	icaid Cost	Reimbursement Plann	aing and Finance
Permanent File					
For information Only					
No Change in Rate					
Home Office: T - No H	Iome Office				
Home Office.					
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Calusa Harbour				Provider Number:	0 059369-00
2525 E. First St.				Date:	1/22/2014
Fort Myers FL 33901		•		Fiscal Year End:	6/30/2013
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Onaddied [5]
		(	Current	New	Effective
			Rate	Rate	Date
Nursing Home Sing	gle Level		239.36		1/1/2014
	Component	X	I	Total Prospective Prospective Adjusted f	
***************************************	nt based on costs vider Prospective data		J	Total Prospective with	Interim Component
Basis:	Troopeout C unio	Changes:			
Dasis.	:	Changes.			
Budget X Unaudited costs Field audited costs Field audit - interim Desk audit - Interim Desk Audit - Prospe	Portion	X	Usual and Target Ra FRVS Ch Cost Settl Rate Seme	Rating Change Customary Limitation te limitation change ange lement using FYE 06. ester Change 2] as of 10/01/2012	
Distribution:	ective portion		OHTKV		
Contract Management / F	Sicoal Agent		2	Thomas Parker	
Permanent File  For information Or  No Change in Rate	ıly	Med	icaid Cost	Reimbursement Plann	ing and Finance
Home Office:	- No Home Office				
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	▼ 180/A (900000000000000 11 111				



Stratford Court of Palm Harbor		Provider Number:	0 059400-00
45 Katherine Blvd.		Date:	2/19/2014
Palm Harbor FL 34684		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:			L J
	Current	New	Effective
North Harris City	Rate	Rate	Date
Nursing Home Single Level	235.52		10/1/2012
Level H: Aids	384.73	377.41	10/1/2012
Data Towns			
Rate Type:  X Interim	Prospective		
Total Interim		Total Prospective	
Interim Component	***************************************	Prospective Adjusted :	for New Costs
X Settlement based on costs	7	Total Prospective with	Interim Component
Prior Provider Prospective data	<del></del>		
Basis:	hanges:	42	·
	I i a a u a u u a	Pating Change	
Budget X Unaudited costs		Rating Change Customary Limitatio	<b>n</b>
Field audited costs		te limitation change	и
Field audit - interim portion	FRVS Ch		
Desk audited costs	X Cost Settl	lement FYE 6/30/201	3
Desk audit - Interim Portion		ester Change	
Desk Audit - Prospective portion	On FRV	2] as of 02/12/1992	
Distribution:	7/	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plant	ning and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office			
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Stratford Court of Pal	lm Harbor			Provider Number:	0 059400-00	
45 Katherine Blvd.			Date:		2/19/2014	
Palm Harbor FL 3468	34			Fiscal Year End:	6/30/2013	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	238.94	230.15	1/1/2013	
runsing nome	Single Devel	_	230.74		1/1/2013	
	Level H: Aids		389.75	380.96	1/1/2013	
Rate Type :			·		, and a second of the second o	
X Interim			Prospective	e		
	Total Interim		<del></del>	Total Prospective	,	
	nterim Component			Prospective Adjusted t		
	Settlement based on costs			Total Prospective with	Interim Component	
ŀ	Prior Provider Prospective data	·				
Basis:		Changes	:			
Budget			Licensure	Rating Change		
X Unaudited of	•			Customary Limitatio	n	
Field audite				te limitation change		
Desk audit	- interim portion	<u> </u>	FRVS Ch	lange lement FYE 6/30/201	2	
	- Interim Portion			ester Change	.5	
	- Prospective portion	<u></u>		2] as of 02/12/1992		
Distribution:	7		7/	Thomas Parker	• • • • • • • • • • • • • • • • • • • •	
•	ement / Fiscal Agent		edicaid Cost	Reimbursement Plann	ning and Finance	
Permanent File	ather Oute					
For inform	•					
No Change	e in Rate					
Home Office:	1 - No Home Office		W. 1486	4		
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Stratford Court of Palm Harbor		Provider Number:	0 059400-00
45 Katherine Blvd.		Date:	2/19/2014
Palm Harbor FL 34684		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 245.46	New Rate 236.98	Effective Date 7/1/2013
Rate Type:Interim	X Prospectiv	e	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted f	
Settlement based on costs  Prior Provider Prospective data		Total Prospective with	Interim Component
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch  X Cost Sett Rate Sem	e Rating Change I Customary Limitation ate limitation change nange lement FYE 6/30/201 ester Change [2] as of 02/12/1992	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate	Medicaid Cost	Reimbursement Plann	ning and Finance
Home Office: 1 - No Home Office			
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Stratford Court of Palm H	Iarbor			Provider Number:	0 059400-00
45 Katherine Blvd.		_		Date:	2/19/2014
Palm Harbor FL 34684		_		Fiscal Year End:	6/30/2013
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	_	241.11	<b>241.16</b>	1/1/2014
_		_			
		<del> </del>			<u>.                                    </u>
Rate Type :					
Interim		X	Prospectiv	⁄e	
Tota	l Interim			Total Prospective	
	im Component			Prospective Adjusted f	
	ement based on costs			Total Prospective with	Interim Component
Prior	Provider Prospective data				
Basis:		Changes:			
Budget		 	Licensure	e Rating Change	
X Unaudited costs	1		•	d Customary Limitation	1
Field audited co	1	<del></del>		ate limitation change	
Field audit - int	erim portion		FRVS CI	hange	
Desk audited co		X		tlement FYE 6/30/ <b>2</b> 01	3
Desk audit - Int	1	-		nester Change	
<del></del>	ospective portion	·	On FRV	[2] as of 02/12/1992	
<u>Distribution:</u>			//)-	Thomas Parker	
Contract Managemer	nt / Fiscal Agent	Me	dicaid Cost	t Reimbursement Plann	ing and Finance
Permanent File					
For information	-				
No Change in	Rate				
Home Office:	1 - No Home Office				
	i				
				:	
	<u> </u>				



Gardens of Port St. Lucie		Provider Number:	0 059404-00
1699 SE Lyngate Drive		Date:	2/17/2014
Port St. Lucie FL 34952		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:			
•	Current	New	Effective
Nursing Home Single Level	Rate 234.38	Rate	Date 10/1/2012
Nursing frome Single Level		232.02	10/1/2012
Level H: Aids	383.59	381.83	10/1/2012
Rate Type:  X Interim  Total Interim Interim Component X Settlement based on costs		ve Total Prospective Prospective Adjusted Total Prospective with	
Prior Provider Prospective data  Basis:	Changes:		STATE OF THE PROPERTY OF THE P
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Cost Set Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange tlement Using FYE 6 nester Change [2] as of 10/18/1993	
Distribution:	72	Thomas Parker	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos	t Reimbursement Plan	ning and Finance



Gardens of Port St. Lucie		Provider Number:	0 059404-00		
1699 SE Lyngate Drive		Date:	2/17/2014		
Port St. Lucie FL 34952	Fiscal Year End:		6/30/2013		
		Audit Status:	Unaudited [3]		
Provider Type:					
	Curre		Effective		
Name of the Circle Level	Rate		Date		
Nursing Home Single Level		<u> 234.74</u>	1/1/2013		
Level H: Aids	387.	30 385.55	1/1/2013		
Rate Type:  X Interim	Prosi	pective	<u> </u>		
Total Interim	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component				
Interim Component					
X Settlement based on costs					
Prior Provider Prospective data			30/11 W 40/11 V 40/11		
Basis:	Changes:				
Budget	Lice	ensure Rating Change			
X Unaudited costs		al and Customary Limitation	on		
Field audited costs		get Rate limitation change			
Field audit - interim portion		VS Change			
Desk audited costs  Desk audit - Interim Portion	X Cost Settlement Using FYE 6/30/2013 Rate Semester Change				
Desk Audit - Prospective portion	On FRV [2] as of 10/18/1993				
Distribution:	77	Thomas Parker			
Contract Management / Fiscal Agent	Medicaio	Cost Reimbursement Plan	ming and Finance		
Permanent File	Musical	Coot Remoursement Flan	and I mance		
For information Only					
No Change in Rate					
Home Office: 1 - No Home Office	* ************************************				
		\$ i			



Gardens of Port St. Lucie		Provider Number:	0 059404-00	
1699 SE Lyngate Drive		Date:	2/17/2014	
Port St. Lucie FL 34952		Fiscal Year End:	6/30/2013	
		Audit Status:	Unaudited [3]	
Provider Type:		Audit Status.	Ollaudited [5]	
110vider Type.	Current	New	Effective	
	Rate	Rate	Date	
Nursing Home Single Level	240.48	241.46	7/1/2013	
Rate Type:		The state of the s	ent concern a manager ( ) consistence describe angue ( ) consistence	
Interim	X Prospectiv			
Total Interim	***************************************	Total Prospective	C. M. O	
Interim Component  X Settlement based on costs	Prospective Adjusted for New Costs  Total Prospective with Interim Compone			
Prior Provider Prospective data		rotar r rospective with	memi component	
	<u> </u>	Address Annual Control of the Contro		
Basis:	Changes:			
Budget	Licensure	e Rating Change		
X Unaudited costs		d Customary Limitatio	n	
Field audited costs		ate limitation change		
Field audit - interim portion	FRVS Cl	nange		
Desk audited costs		tlement Using FYE 6	30/2013	
Desk audit - Interim Portion  Desk Audit - Prospective portion		ester Change [2] as of 10/18/1993		
Distribution:		Thomas Parker	THE PERSON NAMED IN COLUMN THE TAX TO SEE THE TAX T	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plant	ning and Finance	
Permanent File	Wedicald Cost	. Remoursement I fam	ing and i mance	
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				
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### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Gardens of Port St. Lucie		Provider Number:	0 059404-00
699 SE Lyngate Drive		Date:	2/17/2014
Port St. Lucie FL 34952		Fiscal Year End:	6/30/2013
		Audit Status:	Unaudited [3]
Provider Type:			
•	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	243.91		1/1/2014
Rate Type:  Interim  Total Interim  Interim Component  X Settlement based on costs  Prior Provider Prospective data	F	otal Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		
Budget	Licensure	Rating Change	
X Unaudited costs		Customary Limitatio	n
Field audited costs		te limitation change	
Field audit - interim portion	FRVS Ch	-	
Desk audited costs  Desk audit - Interim Portion		ement Using FYE 6/ ester Change	30/2013
Desk Audit - Prospective portion		2] as of 10/18/1993	
<u>Distribution:</u>	77	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plant	ing and Finance
Permanent File	modicard Cost	Comodiscincin i fam	ing and I manee
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office		and the same of th	



Shoal Creek Rehabilitat	ion Center			Provider Number:	0 059852-00	
500 Hospital Drive				Date:	2/4/2014	
Crestview Fl 32539				Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:						
• • • • • • • • • • • • • • • • • • • •			Current	New	Effective	
	O1 1 T 1		Rate	Rate	Date	
Nursing Home	Single Level		173.21	<u> 181.51</u> _	2/1/2012	
	Level H: Aids	_	320.82	329.12	2/1/2012	
Rate Type :		1,000,000	***************************************			
X Interim			Prospectiv	e		
	tal Interim			Total Prospective		
	erim Component			Prospective Adjusted f		
	tlement based on costs	Total Prospective with Interim Component				
Pric	or Provider Prospective data					
Basis:		Changes				
- 4	1		Liaanave	Rating Change		
Budget  N Unaudited cos	to.			Rating Change  Customary Limitation		
Field audited				te limitation change	1	
Field audit - in	1		FRVS Ch	<del>-</del>		
Desk audited of	_ :	X	-	lement using FYE 7/3	31/2012 C/R	
Desk audit - In				ester Change		
Desk Audit - P	Prospective portion			2] as of 04/27/2000		
<b>Distribution:</b>			R	Thomas Parker		
Contract Manageme	ent / Fiscal Agent		dicaid Cost	Reimbursement Plann	ing and Finance	
Permanent File		1110	areara cost		1115 1111111111111111111111111111111111	
For information	on Only					
No Change in	n Rate					
Home Office:	CMC II, LLC					
	800 Concourse Parkway South					
	Maitland FL 32751			:		



Shoal Creek Rehabilitation Center		Provider Number:	0 059852-00		
500 Hospital Drive		Date:	2/4/2014		
Crestview Fl 32539		Fiscal Year End:	7/31/2012		
		Audit Status:	Unaudited [3]		
Provider Type:					
	Current	New	Effective		
Nursing Home Single Level	Rate	Rate	Date 7/1/2012		
Nursing Home Single Level	<u> 177.51</u>	<u> 186.80</u> _	7/1/2012		
Level H: Aids	326.72	336.01	7/1/2012		
Rate Type :					
X Interim	Prospectiv		·		
Total Interim	And the second s	Total Prospective			
Interim Component  X Settlement based on costs	Prospective Adjusted for New Costs  Total Prospective with Interim Component				
X Settlement based on costs Prior Provider Prospective data		Total Flospective with	merm Component		
Basis:	Changes:				
Budget	Licensure	e Rating Change			
X Unaudited costs		d Customary Limitation	n		
Field audited costs	Target Ra	ate limitation change			
Field audit - interim portion	FRVS Ch	<del>-</del>			
Desk audited costs  Desk audit - Interim Portion		dement using FYE 7/3 ester Change	31/2012 C/R		
Desk Audit - Prospective portion		[2] as of 04/27/2000			
Distribution:	78	Thomas Parker			
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plann	ing and Finance		
Permanent File					
For information Only					
No Change in Rate					
Home Office: CMC II, LLC	A	:			
800 Concourse Parkway South Maitland FL 32751					



Shoal Creek Rehabilita	tion Center			Provider Number:	0 059852-00
500 Hospital Drive				Date:	2/4/2014
Crestview Fl 32539				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
<b>NY</b>	Charles Town	_	Rate	Rate	Date
Nursing Home	Single Level		177.51		8/1/2012
	Level H: Aids		326.72	338.74	8/1/2012
Rate Type :			***************************************	- Marian	And a state of
		v	D		
Interim	tal Interim	X	Prospective	otal Prospective	
	erim Component			rospective Adjusted f	for New Costs
	tlement based on costs			otal Prospective with	
	or Provider Prospective data			<b>F</b>	
Basis:		Changes:	1		
Dasis.	1	Changes.	J		
Budget	! !		Licensure	Rating Change	
X Unaudited cos	sts		•	Customary Limitation	1
Field audited				e limitation change	- -
Field audit - i	nterim portion		FRVS Cha	ange	
Desk audited		X		ement using FYE 7/3	31/2012 C/R
Desk audit - In				ster Change	
	Prospective portion		On FRV [	2] as of 04/27/2000	
<b>Distribution:</b>			20	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File					
For informati	-				
No Change in	n Rate				
Home Office:	CMC II, LLC			The state of the s	
				<u> </u>	
	800 Concourse Parkway South Maitland FL 32751				
	IVIAILIAIIQ FL 32/31			· •	



Shoal Creek Rehabilitat	tion Center			Provider Number:	0 059852-00
500 Hospital Drive				Date:	2/4/2014
Crestview F1 32539				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level	-	Rate 177.68	Rate	Date 1/1/2013
real sing frome	Single Level		1//.00		1/1/2013
	Level H: Aids		328.49	342.58	1/1/2013
Data Type		Application of the second of t			
Rate Type:		X	Prospective	2	
	tal Interim		_	Total Prospective	
Inte	erim Component			Prospective Adjusted f	or New Costs
X Sett	tlement based on costs			Total Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:			
Dudget		}	Licensure	Rating Change	
Budget  X Unaudited cos	ıts			Customary Limitation	1
Field audited				te limitation change	•
Field audit - in	nterim portion		FRVS Ch	ange	
Desk audited of		X		ement using FYE 7/3	31/2012 C/R
Desk audit - In				ester Change	
	Prospective portion		On FRV	2] as of 04/27/2000	}
<u>Distribution:</u>			7)	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File					
For information	•				
No Change in	n Rate				
Home Office:	CMC II, LLC		anner yannishiriidhada annersen ee yanni sidda aa kansaan ee	į	
	800 Concourse Parkway South Maitland FL 32751				
	The second secon				



Shoal Creek Rehabilitation Co	enter			Provider Number:	0 059852-00
500 Hospital Drive				Date:	2/4/2014
Crestview Fl 32539				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:	de Land		Current Rate	New Rate	Effective Date
Nursing Home Sing	gle Level	**********	180.84	196.33	7/1/2013
Rate Type :					
		<b>1</b> 127			
Interim Total Inte	nui an	<u>X</u>	Prospective T		
	Component			otal Prospective rospective Adjusted for	or New Costs
	nt based on costs			otal Prospective with	
***************************************	vider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
X Unaudited costs				Customary Limitation	1
Field audited costs			-	e limitation change	
Field audit - interim	portion		FRVS Cha		4 (0.040, 67 (7)
Desk audited costs Desk audit - Interim	Portion	<u>X</u>		ement using FYE 7/3 ster Change	01/2012 C/R
Desk Audit - Prospe				as of 04/27/2000	
Distribution:			5	Thomas Parker	
Contract Management / F.	iscal Agent	Med	icaid Cost I	Reimbursement Planni	ing and Finance
Permanent File		MICU	icaid Cost i	Centioursement Plann	ing and i mance
For information On	ly				
No Change in Rate					
Home Office:	MC II, LLC	-	- 24 × 2 Annual (1997)		
	00 Concourse Parkway South aitland FL 32751				



Shoal Creek Rehabilitat	ion Center			Provider Number:	0 059852-00
500 Hospital Drive					2/4/2014
Crestview Fl 32539				Date:	
				Fiscal Year End:	7/31/2012
n •1 m				Audit Status:	Unaudited [3]
Provider Type:	Single I aval	_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		188.35	<u> 199.07</u> _	1/1/2014
			·		
Rate Type :				(AS)	
Interim		X	Prospectiv	e	
	al Interim			Total Prospective	
	erim Component			Prospective Adjusted f	
	element based on costs			Total Prospective with	Interim Component
	or Provider Prospective data			11000	1100
Basis:		Changes:	_		
	:		T !	Ded's of	
Budget  Vinaudited cos			•	Rating Change	_
Field audited cos	1	!		l Customary Limitation te limitation change	1
Field audit - in			FRVS Ch		
Desk audited o	-	<u>X</u>	•	lement using FYE 7/3	31/2012 C/R
Desk audit - In	terim Portion		Rate Sem	ester Change	
	rospective portion	Lar	On FRV [	2] as of 04/27/2000	
Distribution:			7//	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Me	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File		2.22			
For information	on Only		f		
No Change in	ı Rate				
Home Office:	CMC II, LLC		*Accessor	,	
	800 Concourse Parkway South Maitland FL 32751				



Englewood Healthcare &	Rehabilitation Center			Provider Number:	0 059855-00
1111 Drury Lane				Date:	1/22/2014
Englewood FL 34224				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
		•	Current	New	Effective
	,	**********	Rate	Rate	Date
Nursing Home S	Single Level		187.65	188.35	2/1/2012
I	evel H: Aids		335.26	335.96	2/1/2012
Rate Type :					
			<b>.</b>		
X Interim	1 ****	-	Prospective.		
	l Interim im Component			Fotal Prospective Prospective Adjusted f	or New Costs
	ement based on costs		***************************************	Total Prospective with	
	Provider Prospective data		·	rotar r rospective with	intering Component
		W			
Basis:		Changes:			
Dudos			Licensure	Rating Change	
Budget X Unaudited costs				Customary Limitation	1
Field audited costs	1			te limitation change	
Field audit - int			FRVS Ch		
Desk audited co	-	X		lement FYE 7/31/201	2
Desk audit - Inte				ester Change	<del>-</del>
Desk Audit - Pro	ospective portion			2] as of 05/01/1993	
Distribution:	. (72)	7	0	Thomas Parker	11
Contract Managemen	it / Fiscal Agent	Med	icaid Cost	Reimbursement Plann	ing and Finance
Permanent File	01				
For information	•				
No Change in I	Rate				
Home Office:	CMC II, LLC	_			
	800 Concourse Parkway South			!	
	Maitland FL 32751			1	



Date   Date   Date   1/22/2014   Fiscal Year End:   7/31/2012   Addit Status:   Unaudited [3]	Englewood Healthcare &	&Rehabilitation Center			Provider Number:	0 059855-00
Provider Type:    Current   Rate   Rate   Rate   Date	1111 Drury Lane				Date:	1/22/2014
Provider Type:    Current   Rate   Rate   Date	Englewood FL 34224				Fiscal Year End:	7/31/2012
Nursing Home Single Level 192.03 193.62 7/1/2012  Level H: Aids 341.24 342.83 7/1/2012  Rate Type:  X Interim Prospective Interim Omponent Prospective Adjusted for New Costs Total Prospective with Interim Component Prospective with Interim Component					Audit Status:	Unaudited [3]
Rate Type:  X Interim	Provider Type:				- · <del>*</del> · ·	
Rate Type:  X	Nursing Home	Single Level	_	192.03	193.62	7/1/2012
Total Interim		Level H: Aids		341.24	342.83	7/1/2012
Total Interim						
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data    Basis:	Rate Type:				•	
Interim Component X Settlement based on costs Prior Provider Prospective data    Basis:				_		
Budget   Licensure Rating Change     X Unaudited costs   Usual and Customary Limitation     Field audited costs   Target Rate limitation change     Field audit - interim portion     Desk audit d costs   X Cost Settlement FYE 7/31/2012     Desk audit - Prospective portion     Distribution:   Thomas Parker     Contract Management / Fiscal Agent     Permanent File     For information Only     No Change in Rate     Home Office:   CMC II, LLC     800 Concourse Parkway South					•	
Budget X Unaudited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Prior Provider Prospective data  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 05/01/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance		•			= =	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  CMC II, LLC  S00 Concourse Parkway South  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Usual and Customary Limitation Target Rate limitation change FRVS Change  FRVS Change  On FRV [2] as of 05/01/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance					Total Prospective with	Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change  A Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 05/01/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance	Pric	or Provider Prospective data				
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Usual and Customary Limitation Target Rate limitation change FRVS Change  X Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 05/01/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance	Basis:		Changes:			
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Usual and Customary Limitation Target Rate limitation change FRVS Change  X Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 05/01/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance				T :	Patina Change	
Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  CMC II, LLC  Target Rate limitation change  FRVS Change  X Cost Settlement FYE 7/31/2012  Rate Semester Change  On FRV [2] as of 05/01/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance						
Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  CMC II, LLC  FOR SCHARGE  X Cost Settlement FYE 7/31/2012  Rate Semester Change  On FRV [2] as of 05/01/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance					<del>-</del>	1
Desk audit costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 05/01/1993  Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance			-	_		
Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Rate Semester Change On FRV [2] as of 05/01/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance					_	•
Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  CMC II, LLC  800 Concourse Parkway South		i i i i i i i i i i i i i i i i i i i				2
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  CMC II, LLC  800 Concourse Parkway South						
Permanent File For information OnlyNo Change in Rate  Home Office:  CMC II, LLC  800 Concourse Parkway South	Distribution:			2/	Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate  Home Office: CMC II, LLC  800 Concourse Parkway South	Contract Manageme	ent / Fiscal Agent	Med	icaid Cost	Reimbursement Plann	ing and Finance
No Change in Rate  Home Office: CMC II, LLC  800 Concourse Parkway South	Permanent File		2120			
Home Office: CMC II, LLC 800 Concourse Parkway South	For information	on Only				
800 Concourse Parkway South	No Change in	ı Rate				
-	Home Office:	CMC II, LLC				
-		800 Concourse Parkway South			1	



Total   Prospective   Prospe	Englewood Healthcare	&Rehabilitation Center			Provider Number:	0 059855-00
Provider Type:    Current   New   Effective   Date					Date:	1/22/2014
Provider Type:    Current   New   Rate   Rate   Date	Englewood FL 34224				Fiscal Year End:	7/31/2012
Nursing Home Single Level 192.03 194.86 8/1/2012  Level H: Aids 341.24 344.07 8/1/2012  Rate Type:  Interim		,			Audit Status:	Unaudited [3]
Rate Type:  Interim Total Interim Interim Component Interim Component Interim Provider Prospective data  Basis:  Changes:  Budget X Unaudited costs Field audit- interim Portion Desk audit- Interim Portion Desk Audit- Prospective portion Desk Audit- Special Agent Permanent File For information Only No Change in Rate Home Office:  Rate Type:  X Prospective Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component  Total Prospective Prospective with Interim Component  Total Prospective Usual and Customary Limitation Target Rate limitation change FRVS Change Target Rate limitation change FRVS Change On FRV [2] as of 05/01/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance	Provider Type:					
Rate Type :						
Rate Type:	Nursing Home	Single I aval	***************************************			
Interim X Prospective  Total Interim Total Interim Total Prospective Interim Component Prior Provider Prospective data  Basis:    Budget	runsing frome	Single Level		192.03		6/1/2012
Interim X Prospective  Total Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data    Budget		Level H: Aids		341.24	344.07	8/1/2012
Interim X Prospective  Total Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data    Budget						
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data    Basis:	Rate Type :					
Interim Component X Settlement based on costs Prior Provider Prospective data    Basis:	***************************************		X			
Budget   Licensure Rating Change   Usual and Customary Limitation   Target Rate limitation change   Field audited costs   Total Prospective with Interim Component					<del></del>	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audite - Interim Portion Desk audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  V Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 05/01/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance		•			•	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  VX Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 05/01/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance					total Prospective with	Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 05/01/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance		or Frovider Frospective data			***************************************	AL SILVER
X Unaudited costs	Basis:		Changes:			
X Unaudited costs	D 1 .	1	;	Licaneura	Pating Change	
Field audited costs  Field audit - interim portion  Desk audited costs  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Medicaid Cost Reimbursement Planning and Finance  Source CMC II, LLC  800 Concourse Parkway South		ete				•
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  CMC II, LLC  800 Concourse Parkway South					•	•
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  CMC II, LLC  800 Concourse Parkway South	Field audit - i	nterim portion		FRVS Ch	ange	
Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  CMC II, LLC  800 Concourse Parkway South		t t	X	Cost Settl	ement FYE 7/31/201	2
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  CMC II, LLC  800 Concourse Parkway South			i —			
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  CMC II, LLC  800 Concourse Parkway South		Prospective portion		On FRV [.	2] as of 05/01/1993	
Permanent File For information OnlyNo Change in Rate  Home Office:  CMC II, LLC  800 Concourse Parkway South	·			7	Thomas Parker	
For information OnlyNo Change in Rate  Home Office: CMC II, LLC  800 Concourse Parkway South	_	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
No Change in Rate  Home Office: CMC II, LLC  800 Concourse Parkway South						-
Home Office: CMC II, LLC 800 Concourse Parkway South	<del></del>	•				
800 Concourse Parkway South	No Change in	n Rate				
	Home Office:	CMC II, LLC		7	,	
		800 Concourse Parkway South			*	
		•				



Englewood Healthcare	e &Rehabilitation Center			Provider Number:	0 059855-00
1111 Drury Lane				Date:	1/22/2014
Englewood FL 34224				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
II X So	otal Interim nterim Component ettlement based on costs	X	I	e Fotal Prospective Prospective Adjusted fotal Prospective with	
Basis:	rior Provider Prospective data	Changes:		****	
Desk audited Desk audit -	d costs interim portion		Usual and Target Ra FRVS Cha Cost Settl Rate Seme	Rating Change Customary Limitation te limitation change ange ement FYE 7/31/201: ester Change 2] as of 05/01/1993	
Distribution:			28	Thomas Parker	
Contract Manager Permanent File For informa No Change Home Office:	·	Med	icaid Cost	Reimbursement Plann	ing and Finance



Englewood Healthcare & Rehabilitation Center	er		Provider Number:	0 059855-00
1111 Drury Lane			Date:	1/22/2014
Englewood FL 34224	·		Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level		Current Rate 195.50	New Rate 202.57	Effective Date 7/1/2013
Rate Type:				
Interim	X	Prospective		
Total Interim			Total Prospective	
Interim Component  Settlement based on costs			Prospective Adjusted for Total Prospective with	
X Settlement based on costs Prior Provider Prospectiv			total Prospective with	merm Component
				4
Basis:	Change	es:		
Dudget		Licensure	Rating Change	
Budget  X Unaudited costs	-		Customary Limitation	1
Field audited costs			te limitation change	
Field audit - interim portion		FRVS Ch	ange	
Desk audited costs	X		ement FYE 7/31/201	2
Desk audit - Interim Portion  Desk Audit - Prospective portion			ester Change 2] as of 05/01/1993	
		7 -/2	2] as of 05/01/1993	
Distribution:		10	Thomas Parker	
Contract Management / Fiscal Agent	<u> </u>	Medicaid Cost	Reimbursement Plann	ing and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: CMC II, LLC		The same state of the same sta	,	
800 Concourse Pa Maitland FL 3275	•			



Englewood Healthcare	&Rehabilitation Center		Provider Number:	0 059855-00
1111 Drury Lane			Date:	1/22/2014
Englewood FL 34224			Fiscal Year End:	7/31/2012
,			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate	Rate	Effective Date 1/1/2014
ival sing from	/		203.10	1/1/2014
	tal Interim	X Prospe	Total Prospective	Can Navy Cooks
X Set	erim Component tlement based on costs or Provider Prospective data	Changes:	Prospective Adjusted 1 Total Prospective with	
Budget X Unaudited cos Field audited Field audit - is Desk audited Desk audit - Ir	ots costs nterim portion costs	Licent Usual Targe FRVS X Cost S	sure Rating Change and Customary Limitation t Rate limitation change 5 Change Settlement FYE 7/31/201 Semester Change EV [2] as of 05/01/1993	
Distribution:		7	Thomas Parker	
Contract Managemer Permanent File For informati No Change in	on Only	Medicaid C	Cost Reimbursement Plann	ing and Finance
Home Office:	CMC II, LLC 800 Concourse Parkway South Maitland FL 32751			



Island Health and Rehabilitation Center	Provider Number: 0 05986			0 059866-00		
125 Alma Boulevard			Date:	1/23/2014		
Merritt Island FL 32953			Fiscal Year End:	7/31/2012		
			Audit Status:	Unaudited [3]		
Provider Type:			Twoit Status.			
• •	,	Current	New	Effective		
		Rate	Rate	Date		
Nursing Home Single Level		185.00	184.94	2/1/2012		
Level H: Aids		332.61	332.55	2/1/2012		
Rate Type :						
X Interim Total Interim		Prospective	otal Prospective			
Interim Component		-	rospective Adjusted t	for New Costs		
X Settlement based on costs		Total Prospective with Interim Component				
Prior Provider Prospective data						
Basis:	Changes:					
Dasis.	Changes.					
Budget		Licensure	Rating Change			
X Unaudited costs			Customary Limitation	n		
Field audited costs			e limitation change			
Field audit - interim portion		FRVS Cha	ange			
Desk audited costs	<u> </u>		ement FYE 7/31/201	2		
Desk audit - Interim Portion  Desk Audit - Prospective portion			ster Change 2] as of 04/01/1996			
			1) as 01 04/01/1990			
Distribution:			Thomas Parker			
Contract Management / Fiscal Agent	Med	icaid Cost l	Reimbursement Plann	ing and Finance		
Permanent File						
For information Only						
No Change in Rate						
Home Office: CMC II, LLC						
800 Concourse Parkway South Maitland FL 32751			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			



Island Health and Rehabilitation Center			Provider Number:	0 059866-00	
125 Alma Boulevard .			Date:	1/23/2014	
Merritt Island FL 32953			Fiscal Year End:	7/31/2012	
			Audit Status:	Unaudited [3]	
Provider Type:	_	Current Rate	New Rate	Effective Date	
Nursing Home Single Level		189.45	190.37	7/1/2012	
Level H: Aids		338.66	339.58	7/1/2012	
Rate Type :	-	***************************************			
X Interim		Prospective			
Total Interim			Total Prospective		
Interim Component  Settlement based on costs	Prospective Adjusted for New Costs  Total Prospective with Interim Component				
X Settlement based on costs Prior Provider Prospective data		1	otal Prospective with	interm Component	
		1		AT AREA THE	
Basis:	Changes:				
Budget		Licensure	Rating Change		
X Unaudited costs		Usual and	Customary Limitation	n	
Field audited costs		_	te limitation change		
Field audit - interim portion		FRVS Cha	<del>-</del> .		
Desk audited costs Desk audit - Interim Portion	X		ement FYE 7/31/201	2	
Desk Audit - Prospective portion	:		ster Change 2] as of 04/01/1996		
Distribution:		2/			
Contract Management / Fiscal Agent		10	Thomas Parker	············	
Permanent File	Med	icaid Cost l	Reimbursement Plann	ing and Finance	
For information Only					
No Change in Rate					
	Vancation and the same of the				
Home Office: CMC II, LLC			i :		
800 Concourse Parkway South Maitland FL 32751					



Island Health and Rehabilitation Center 125 Alma Boulevard Merritt Island FL 32953				Provider Number:	0 059866-00	
			Date: Fiscal Year End:		1/23/2014	
					7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:						
• •			Current	New	Effective	
.,		HAND COLUMN	Rate	Rate	Date	
Nursing Home	Single Level		189.45	192.91	8/1/2012	
1	Level H: Aids		338.66	342.12	8/1/2012	
Rate Type:						
Interim		X	Prospective	e		
Tota	al Interim		7	Total Prospective		
Inte	rim Component		I	Prospective Adjusted f	or New Costs	
X Sett	lement based on costs		7	Total Prospective with	Interim Component	
Prio	r Provider Prospective data					
Basis:		Changes:				
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Budget X Unaudited cost		-		Customary Limitation		
Field audited cost				te limitation change	1	
Field audit - in	†		FRVS Cha			
Desk audited c	_	X		lement FYE 7/31/201	•	
Desk audit - In				ester Change	4	
	rospective portion			2] as of 04/01/1996		
Distribution:	n allemation - sold und some control and sold sold and allemation under sold and and allematical sold and all all allematical sold and		2	Thomas Parker		
Contract Manageme	nt / Fiscal Agent		ingid Coat	Reimbursement Plann	ing and Finance	
Permanent File		Med	icaid Cost	Remioursement Flann	ing and r mance	
For information	on Only					
No Change in	Rate					
Home Office:	CMC II, LLC			3		
	1					
	800 Concourse Parkway South			ii 4 *		
	Maitland FL 32751			 		



Island Health and Rehal			Provider Number:	0 059866-00	
125 Alma Boulevard				Date:	1/23/2014
Merritt Island FL 32953	}		Fiscal Year End:		7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				2 lugit Sutus.	Office (5)
-VP			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		X	Prospective	e	
	tal Interim			Total Prospective	
	erim Component			Prospective Adjusted f	
	tlement based on costs			Total Prospective with	Interim Component
Pric	or Provider Prospective data		and the second s	4	
Basis:		Changes:	]		
			<b>.</b> .		
Budget				Rating Change	
X Unaudited cos				Customary Limitation te limitation change	1
Field audit - in			FRVS Ch	<del>-</del>	
Desk audited o	1	<u>x</u>		ement FYE 7/31/201	•
Desk audit - In				ester Change	-
Desk Audit - P	rospective portion		On FRV	2] as of 04/01/1996	
Distribution:			7/	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File					<b></b>
For information	on Only				
No Change in	n Rate				
Home Office:	CMC II, LLC			!	
	: : :			,	
	800 Concourse Parkway South Maitland FL 32751				



Island Health and Rehal			Provider Number:	0 059866-00		
125 Alma Boulevard Merritt Island FL 32953				Date:	1/23/2014	
			Fiscal Year		7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:				Table Stavasi		
• •			Current	New	Effective	
		_	Rate	Rate	Date	
Nursing Home	Single Level		192.91		7/1/2013	
	,					
Rate Type:						
Interim		X	Prospective	a		
	al Interim		-	Fotal Prospective		
	erim Component			Prospective Adjusted for	or New Costs	
	element based on costs			Total Prospective with		
Prio	or Provider Prospective data			•	-	
Basis:	***************************************	Changes:				
Dusis.		Changes.	j			
Budget			Licensure	Rating Change		
X Unaudited cos	ts			Customary Limitation		
Field audited of	costs			te limitation change		
Field audit - ir	nterim portion		FRVS Ch	ange		
Desk audited c	4	X		ement FYE 7/31/2012	2	
Desk audit - In	rospective portion			ester Change 2] as of 04/01/1996		
	Tospective portion		OHTKV	) as 01 04/01/1990	<b>4</b>	
Distribution:			15	Thomas Parker		
Contract Manageme	ent / Fiscal Agent	Med	icaid Cost	Reimbursement Planni	ng and Finance	
Permanent File						
For information	-					
No Change in	Rate					
Home Office:	CMC II, LLC	794 A 1944 A A 11 44 A A				
	!			a description		
	800 Concourse Parkway South			İ		
	Maitland FL 32751					



Island Health and Rehabi	ilitation Center			Provider Number:	0 059866-00
125 Alma Boulevard				Date:	1/23/2014
Merritt Island FL 32953				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:		X	Prospective	2	
	l Interim		-	Total Prospective	
Inter	rim Component			Prospective Adjusted for	or New Costs
X Settle	ement based on costs			Total Prospective with	Interim Component
Prior	Provider Prospective data				
Basis:		Changes:			
			l		
Budget			Licensure	Rating Change	
X Unaudited costs	•			Customary Limitation	ı
Field audited co	osts		-	te limitation change	
Field audit - int	_		FRVS Ch	ange	
Desk audited co		X		ement FYE 7/31/2017	2
Desk audit - Int	i i			ester Change	
	ospective portion	1	On FRV [.	2] as of 04/01/1996	
Distribution:			フイノ	Thomas Parker	
Contract Managemer	nt / Fiscal Agent	Med	icaid Cost	Reimbursement Planni	ng and Finance
Permanent File					· ·
For information	n Only				
No Change in	Rate				
Home Office:	CMC II, LLC		A. S		
	800 Concourse Parkway South Maitland FL 32751				



Evans Health Care				Provider Number:	0 0598 <b>7</b> 3-00	
3735 Evans Avenue		Date:		1/23/2014		
Ft Myers FL 33901				Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:			*			
			Current	New	Effective	
Nursing Home	Cingle Level		Rate	Rate	Date 2/1/2012	
Nursing Home	Single Level		202.13	<u> 198.78</u> _	2/1/2012	
	Level H: Aids		349.74	346.39	2/1/2012	
		,				
Rate Type:			<b>.</b>			
X Interim	tal Interim		Prospective	e Fotal Prospective		
	erim Component			Prospective Adjusted f	for New Costs	
	tlement based on costs			Total Prospective with		
	or Provider Prospective data			•	· •	
Basis:		Changes:				=
			J			
Budget			Licensure	Rating Change		
X Unaudited cos				Customary Limitation	n	
Field audited			_	te limitation change		
Field audit - in			FRVS Ch	•	_	
Desk audited of Desk audit - Ir		<u>X</u>		ement FYE 7/31/201 ester Change	2	
	Prospective portion	1		2] as of 12/14/1998		
Distribution:	A		5	Thomas Parker		
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance	
Permanent File						
For information	on Only			`		
No Change in	n Rate					
Home Office:	CMC II, LLC					
	800 Concourse Parkway South Maitland FL 32751					



Evans Health Care			Provider Number:	0 059873-00	
3735 Evans Avenue			Date:	1/23/2014	
Ft Myers FL 33901			Fiscal Year End:	7/31/2012	,
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home Single Level		206.82		7/1/2012	
Level H: Aids		356.03	353.61	7/1/2012	
Rate Type:					
X Interim		Prospective	;		
Total Interim			otal Prospective		
Interim Component		P	rospective Adjusted f	or New Costs	
X Settlement based on costs		1	otal Prospective with	Interim Component	
Prior Provider Prospective data					
Basis:	Changes:				
Budget		Licensure	Rating Change		
X Unaudited costs			Customary Limitation	1	
Field audited costs			e limitation change	•	
Field audit - interim portion		FRVS Cha	-		
Desk audited costs	<u>X</u>		ement FYE 7/31/201	2	
Desk audit - Interim Portion		Rate Seme	ster Change		
Desk Audit - Prospective portion		On FRV [2	2] as of 12/14/1998		
Distribution:			Thomas Parker		
Contract Management / Fiscal Agent	Med	icaid Cost I	Reimbursement Plann	ing and Finance	
Permanent File					
For information Only					
No Change in Rate					
Home Office: CMC II, LLC		AND THE PROPERTY OF THE PROPER			
800 Concourse Parkway South Maitland FL 32751					



Evans Health Care			Provider Number:	0 059873-00
3735 Evans Avenue			Date:	1/23/2014
Ft Myers FL 33901		,	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
Interim  Total Interim Interim Component X Settlement based on costs	X	H	e Total Prospective Prospective Adjusted for the Prospective Adjusted for the Prospective with	
Prior Provider Prospective data			•	-
Basis:	Changes	<u>:</u>		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual and Target Ra FRVS Characteristics Cost Settl Rate Seme	Rating Change Customary Limitation te limitation change ange ement FYE 7/31/2019 ester Change 2] as of 12/14/1998	
Distribution:	en oncorbed between en	28	Thomas Parker	
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate	Ma	edicaid Cost	Reimbursement Plann	ing and Finance
Home Office: CMC II, LLC  800 Concourse Parkway Maitland FL 32751	South			



Evans Health Care				Provider Number:	0 059873-00
3735 Evans Avenue				Date:	1/23/2014
Ft Myers FL 33901				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
		· .	207.00		XI XI ZU XU
	Level H: Aids	-	357.81	359.07	1/1/2013
Rate Type :					
Interim		X	Prospective	e	
	tal Interim			Total Prospective	
	erim Component			Prospective Adjusted f	
	tlement based on costs			Total Prospective with	Interim Component
Pric	or Provider Prospective data	-			
Basis:		Changes	:		
<b>7</b> . ( .			Licangura	Rating Change	
Budget  X Unaudited cos	ta			Customary Limitation	
Field audited of	,			te limitation change	1
Field audit - in	t		FRVS Ch		
Desk audited o	•	<u> X</u>	-	ement FYE 7/31/201	2
Desk audit - In	ž	i	_	ester Change	-
Desk Audit - P	Prospective portion		On FRV [	2] as of 12/14/1998	
<b>Distribution:</b>			26	Thomas Parker	·
Contract Manageme	ent / Fiscal Agent		edicaid Cost	Reimbursement Plann	ing and Finance
Permanent File		****			
For information	on Only				
No Change in	n Rate				
Home Office:	CMC II, LLC				
1110V,	İ			:	
	800 Concourse Parkway South			}	
	Maitland FL 32751			1	



Evans Health Care				Provider Number:	0 059873-00
3735 Evans Avenue				Date:	1/23/2014
Ft Myers FL 33901				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level	_	Rate 210.55	Rate	7/1/2013
ruising Home	Single Level	*****	210.55		//1/2013
	A CONTRACTOR OF THE CONTRACTOR				
Rate Type :		4			
Interim		X	Prospectiv	e	
	otal Interim		****	Total Prospective	
	terim Component			Prospective Adjusted for	
	ettlement based on costs			Total Prospective with	Interim Component
Pr	ior Provider Prospective data		Marie difficulties		
Basis:		Changes:			
			* •	n d of	
Budget  Number of the second s				Rating Change	
Field audited	1	-		Customary Limitation te limitation change	l
	interim portion		FRVS Ch	-	
Desk audited		X		lement FYE 7/31/2012	2
	Interim Portion			ester Change	
Desk Audit -	Prospective portion		On FRV [	2] as of 12/14/1998	
<b>Distribution:</b>		7	5	Thomas Parker	
Contract Managem	nent / Fiscal Agent		icaid Cost	Reimbursement Planni	ing and Finance
Permanent File		14100	icaia Cost	Reimoursement i janni	ing and I manec
For informat	tion Only				
No Change	in Rate				
Home Office:	CMC II, LLC			:	
Home Office.					
	800 Concourse Parkway South Maitland FL 32751			1	



Evans Health Care			Provider Number:	0 059873-00
3735 Evans Avenue			Date:	1/23/2014
Ft Myers FL 33901			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:	. <del>-</del>	Current Rate	New Rate	Effective Date
Nursing Home Single Level		200.88		1/1/2014
Rate Type:				
	<b>5</b> 7	Th		
Interim Total Interim	X	Prospectiv	e Total Prospective	
Interim Component		***************************************	Prospective Adjusted f	or New Costs
X Settlement based on costs			Total Prospective with	
Prior Provider Prospective data				<b>-</b>
Basis:	Changes:			
Dasis.	Changes.	J		
Budget		Licensure	Rating Change	
X Unaudited costs			Customary Limitation	1
Field audited costs			ite limitation change	
Field audit - interim portion		FRVS Ch	ange	
Desk audited costs	X		lement FYE 7/31/201	2
Desk audit - Interim Portion  Desk Audit - Prospective portion	<u> </u>		ester Change 2] as of 12/14/1998	
Distribution:		Olitical	2 j dS 01 12/14/1998	
Contract Management / Fiscal Agent		0-	Thomas Parker	
Permanent File	Med	licaid Cost	Reimbursement Plann	ing and Finance
For information Only				
No Change in Rate				
Home Office: CMC II, LLC	———————————————————————————————————————	· · · · · · · · · · · · · · · · · · ·		
800 Concourse Parkway South Maitland FL 32751				



Sea Breeze Health Care			Provider Number:	0 059874-00
1937 Jenks Avenue			Date:	2/18/2014
Panama City FL 32405			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:			riddit Status.	Omadica [5]
	(	Current	New	Effective
	M	Rate	Rate	Date
Nursing Home Single Level	***************************************	179.88		2/1/2012
Level H: Aids		327.49	323.28	2/1/2012
Rate Type:				
X Interim	]	Prospectiv	e	
Total Interim		-	Total Prospective	
Interim Component		]	Prospective Adjusted	for New Costs
X Settlement based on costs		,	Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:	11111111111111111111111111111111111111		
		•		
Budget			Rating Change	
X Unaudited costs			Customary Limitation	n
Field audited costs		FRVS Ch	ite limitation change	
Field audit - interim portion  Desk audited costs			lange lement FYE 7/31/201	2
Desk audited costs  Desk audit - Interim Portion			ester Change	<i>L</i>
Desk Audit - Prospective portion			[2] as of 12/01/2001	
Distribution:		7	Thomas Parker	
Contract Management / Fiscal Agent		icaid Cost	Reimbursement Planr	uing and Finance
Permanent File	17100	ioura cost	Acimoursoment Fiam	ang una i mance
For information Only				
No Change in Rate				
Home Office: CMC II, LLC				
800 Concourse Parkway South Maitland FL 32751				



Sea Breeze Health Care		Provider Number:	0 059874-00
1937 Jenks Avenue		Date:	2/18/2014
Panama City FL 32405		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	184.31		7/1/2012
Level H: Aids	333.52	329.25	7/1/2012
Rate Type:			
X Interim	Prospecti	ve	
Total Interim		Total Prospective	,
Interim Component		Prospective Adjusted	for New Costs
X Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		nd Customary Limitation	n
Field audited costs	<del>-</del>	tate limitation change	
Field audit - interim portion	FRVS C	_	
Desk audited costs  Desk audit - Interim Portion		ttlement FYE 7/31/201 nester Change	2
Desk Audit - Prospective portion		[2] as of 12/01/2001	
<u>Distribution:</u>	7/	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Planr	ning and Finance
Permanent File	Wicdicald Cos	n Reimoursement i ian	ing and i mance
For information Only			
No Change in Rate			
Home Office: CMC II, LLC			
800 Concourse Parkway South Maitland FL 32751			



Sea Breeze Health Care			Provider Number:	0 059874-00
1937 Jenks Avenue			Date:	2/18/2014
Panama City FL 32405			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		184.31		8/1/2012
Level H: Aids	_	333.52	333.32	8/1/2012
Rate Type :	X	Prospectiv	e	
Total Interim		~	Total Prospective	
Interim Component			Prospective Adjusted t	
X Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
		Licensure	Rating Change	
Budget X Unaudited costs			Rating Change  Customary Limitation	n
Field audited costs			ite limitation change	•
Field audit - interim portion		FRVS Ch	ange	
Desk audited costs	X		lement FYE 7/31/201	2
Desk audit - Interim Portion  Desk Audit - Prospective portion			ester Change [2] as of 12/01/2001	
Distribution:	-			
Contract Management / Fiscal Agent		$\mathcal{L}$	Thomas Parker	
Permanent File	Med	licaid Cost	Reimbursement Plann	ning and Finance
For information Only				
No Change in Rate				
Home Office: CMC II, LLC				
800 Concourse Parkway South Maitland FL 32751				



Sea Breeze Health Care			Provider Number:	0 059874-00
1937 Jenks Avenue			Date:	2/18/2014
Panama City FL 32405			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:			Tradit Danson	
• •	C	Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		184.45		1/1/2013
Level H: Aids	_3	335.26	336.69	1/1/2013
Rate Type :				
Interim	X F	Prospective	a.	
Total Interim		_	Total Prospective	
Interim Component			Prospective Adjusted f	for New Costs
X Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:	- April		
Budget		Licensure	Rating Change	
X Unaudited costs			Customary Limitation	n
Field audited costs		Target Ra	te limitation change	
Field audit - interim portion		FRVS Ch	•	
Desk audited costs			lement FYE 7/31/201	2
Desk audit - Interim Portion  Desk Audit - Prospective portion			ester Change 2] as of 12/01/2001	İ
Distribution:		5	Thomas Parker	
Contract Management / Fiscal Agent		1/		* 15'
Permanent File	Medi	icaid Cost	Reimbursement Plann	ing and rinance
For information Only				
No Change in Rate				
Home Office: CMC II, LLC				
800 Concourse Parkway South Maitland FL 32751	ı		i	



Sea Breeze Health Care				Provider Number:	0 059874-00
1937 Jenks Avenue				Date:	2/18/2014
Panama City FL 32405				Fiscal Year End:	7/31/2012
•				Audit Status:	Unaudited [3]
Provider Type:				* *** ** ** ****	
••	•		Current	New	Effective
N	2		Rate	Rate	Date
Nursing Home S	Single Level		187.70		7/1/2013
					•
		7/1/200			
Rate Type :					
Interim		X	Prospectiv	e	
Total	l Interim			Total Prospective	
Inter	im Component			Prospective Adjusted f	for New Costs
X Settle	ement based on costs			Total Prospective with	Interim Component
Prior	Provider Prospective data				
Basis:		Changes:	1		
	1		J		
Budget			Licensure	e Rating Change	
X Unaudited costs				d Customary Limitation	n
Field audited co	osts	1	_	ate limitation change	
Field audit - int	-		FRVS C	-	
Desk audited co	:	<u>X</u>		lement FYE 7/31/201	2
Desk audit - Inte				ester Change [2] as of 12/01/2001	
	ospective portion			)	
<b>Distribution:</b>			トナノ	Thomas Parker	
Contract Managemer	nt / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ning and Finance
Permanent File					C
For information	n Only				
No Change in	Rate				
Home Office:	CMC II, LLC				
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	800 Concourse Parkway South				
	Maitland FL 32751				
	Total Control of the				



Sea Breeze Health Care				Provider Number:	0 059874-00
1937 Jenks Avenue				Date:	2/18/2014
Panama City FL 32405				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level		***************************************	Current Rate	New Rate 193.08	Effective
Rate Type:					
Interim		X	Prospectiv	e	
Total Interim	•		,	Total Prospective	
Interim Component				Prospective Adjusted f	or New Costs
X Settlement based on costs				Total Prospective with	Interim Component
Prior Provider Prospective data					
Basis:		Changes:			
Budget				Rating Change	
X Unaudited costs	1			Customary Limitation	1
Field audited costs	1		_	ite limitation change	
Field audit - interim portion		*7	FRVS Ch	•	•
Desk audited costs  Desk audit - Interim Portion		X		lement FYE 7/31/201 ester Change	2
Desk Audit - Prospective portion				[2] as of 12/01/2001	
Distribution:			7/	Thomas Parker	
Contract Management / Fiscal Agent					· 1 T
Permanent File		Med	icaid Cost	Reimbursement Plann	ing and Finance
For information Only					
No Change in Rate					
Home Office: CMC II, LLC	or on the Middlehouse		The state of the s		
800 Concourse Parkway Maitland FL 32751	South				



Spring Hill Health and R	ehabilitation Center			Provider Number:	0 059877-00
12170 Cortez Boulevard				Date:	1/23/2014
Brooksville FL 34613				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		193.48	190.41	2/1/2012
I	Level H: Aids		341.09	338.02	2/1/2012
Inter X Settle	al Interim rim Component ement based on costs r Provider Prospective data	]	I	e Fotal Prospective Prospective Adjusted f Fotal Prospective with	
Basis:		Changes:			, , , , , , , , , , , , , , , , , , ,
Budget X Unaudited costs Field audited co Field audit - int Desk audit - Int Desk Audit - Pr	osts terim portion osts		Usual and Target Ra FRVS Cha Cost Settl Rate Seme	Rating Change Customary Limitation te limitation change ange ement FYE 7/31/201 ester Change 2] as of 08/01/1997	
<b>Distribution:</b>			イノ	Thomas Parker	
Contract Managemer Permanent File For information No Change in	n Only	Med	icaid Cost	Reimbursement Plann	ing and Finance
***************************************					
Home Office:	CMC II, LLC 800 Concourse Parkway South Maitland FL 32751				



Spring Hill Health and F	Rehabilitation Center			Provider Number:	0 059877-00
12170 Cortez Boulevaro	1			Date:	1/23/2014
Brooksville FL 34613				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:					
X Interim			Prospective	;	
Total	al Interim		Т	otal Prospective	
Inte	erim Component		P	rospective Adjusted f	or New Costs
X Sett	lement based on costs		Т	otal Prospective with	Interim Component
Prio	or Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
X Unaudited cost	ts		Usual and	Customary Limitation	1 ·
Field audited o	costs		Target Rat	e limitation change	
Field audit - in	iterim portion		FRVS Cha	inge	
Desk audited c		X		ement FYE 7/31/201	2
Desk audit - In	,	!		ster Change	
	rospective portion		On FRY [2	2] as of 08/01/1997	
Distribution:		<u>つ</u>	グ	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	icaid Cost I	Reimbursement Plann	ing and Finance
Permanent File	- 4				
For information	•				
No Change in	Rate				
Home Office:	CMC II, LLC	· ·	The dead and the second		
	800 Concourse Parkway South Maitland FL 32751				
		* ***			



Spring Hill Health and	Rehabilitation Center			Provider Number:	0 059877-00
12170 Cortez Boulevar	d			Date:	1/23/2014
Brooksville FL 34613				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level		Rate	Rate	Date
Nursing Home	Single Level	******	198.90	<u> 196.95</u> _	8/1/2012
	Level H: Aids	_	348.11	346.16	8/1/2012
Rate Type:					
Interim		X	Prospective	2	
	tal Interim			Total Prospective	
***************************************	erim Component			Prospective Adjusted f	
-	tlement based on costs or Provider Prospective data			Total Prospective with	interim Component
	Trovider Prospective data		1		
Basis:		Changes:	_		
Budget			Licensure	Rating Change	
X Unaudited cos	ts .			Customary Limitation	1
Field audited	costs		Target Ra	te limitation change	
	nterim portion		FRVS Ch	ange	
Desk audited of		X		ement FYE 7/31/2012	2
Desk audit - Ir	rospective portion			ester Change 2] as of 08/01/1997	
Distribution:	Topodive portion				
	A / This will A		7	Thomas Parker	
Contract Manageme	ent / Piscai Agent	Med	licaid Cost	Reimbursement Planni	ing and Finance
Permanent File For information	on Only				
No Change in	•				
No Change if	i Kate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South			1	
	Maitland FL 32751				
	:				



Spring Hill Health and I	Rehabilitation Center			Provider Number:	0 059877-00	
12170 Cortez Boulevard				Date:	1/23/2014	
Brooksville FL 34613				Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:					L. J.	
			Current	New	Effective	
Name a Home	Circle I and		Rate	Rate	Date	
Nursing Home	Single Level		200.48	199.65	1/1/2013	
	Level H: Aids	_	351.29	350.46	1/1/2013	
Rate Type :				<b>3.1</b>		
Interim		X	Prospective	•		
Tot	al Interim	-	-	Total Prospective		
Inte	erim Component	Prospective Adjusted for New Costs				
X Sett	lement based on costs		7	otal Prospective with	Interim Component	
Prio	or Provider Prospective data					
Basis:		Changes:				
<b>D</b> 1			Licensure	Rating Change		
Budget  Vinaudited cost	ts			Customary Limitation	1	
Field audited of				te limitation change	•	
Field audit - in	nterim portion		FRVS Ch	ange		
Desk audited c	osts	X	Cost Settl	ement FYE 7/31/201	2	
Desk audit - In				ester Change		
	rospective portion		On FRV [.	2] as of 08/01/1997		
Distribution:			7	Thomas Parker		
Contract Manageme	ent / Fiscal Agent	Med	icaid Cost	Reimbursement Planni	ing and Finance	
Permanent File	0.1.					
For information	•					
No Change in	ı Kate					
Home Office:	CMC II, LLC		A			
	800 Concourse Parkway South Maitland FL 32751			1		



Spring Hill Health and Rehabilitation Center		Provider Number:	0 059877-00
12170 Cortez Boulevard		Date:	1/23/2014
Brooksville FL 34613		Fiscal Year End:	7/31/2012
		Audit Status:	
Provider Type:		riun siiius.	011111111111111111111111111111111111111
	Curre Rat		Effective Date
Nursing Home Single Level	204.	98 204,91	7/1/2013
•			
Rate Type:			14.44
	V Due or		
Interim Total Interim	X Prosp	pective Total Prospective	
Interim Component	***************************************	Prospective Adjusted	I for New Costs
X Settlement based on costs		· · ·	th Interim Component
Prior Provider Prospective data		•	*
Basis:	Changes		
Dasis.	Changes:		
Budget	Lice	ensure Rating Change	
X Unaudited costs		al and Customary Limitati	on
Field audited costs		get Rate limitation change	
Field audit - interim portion	FRV	S Change	
Desk audited costs		t Settlement FYE 7/31/20	012
Desk audit - Interim Portion		Semester Change	
Desk Audit - Prospective portion		FRV [2] as of 08/01/1997	
Distribution:	77-75-	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid	Cost Reimbursement Plan	ning and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: CMC II, LLC			
800 Concourse Parkway South			
Maitland FL 32751		i I	



Spring Hill Health and Rehabilitation	on Center			Provider Number:	0 059877-00
12170 Cortez Boulevard				Date:	1/23/2014
Brooksville FL 34613				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Ollaudited [5]
110videi 1ype.			Current	New	Effective
			Rate	Rate	Date
Nursing Home Single La	evel		199.02	205.41	1/1/2014
•					
Rate Type :	***************************************		references ***		.,440
Interim		X	Prospective		
Total Interim				otal Prospective	- NT - C - 4
Interim Compo			******	rospective Adjusted f	
X Settlement base			1	otal Prospective with	Interim Component
Phor Provider	Prospective data				
Basis:		Changes:			
Budget				Rating Change	
				Customary Limitation e limitation change	t .
**************************************			FRVS Cha	· ·	
Field audit - interim portion  Desk audited costs	on			inge ement FYE 7/31/2012	,
Desk audit - Interim Portio	nn l			ster Change	•
Desk Audit - Prospective	1 1			2] as of 08/01/1997	
Distribution:	· · · · · · · · · · · · · · · · · · ·		$\gamma \sim 2$		
Contract Management / Fiscal A	Agent		$^{\prime}\mathcal{O}_{-}$	Thomas Parker	
Permanent File	-8	Med	icaid Cost l	Reimbursement Planni	ng and Finance
For information Only					
No Change in Rate					
Home Office: CMC I	I, LLC	The second secon	· · · · · · · · · · · · · · · · · · ·	4	
900 G	acourse Parkway South			2	
	d FL 32751			!	
1414111111	G 1 1 J W 1 V 1				



Emerald Shores Health and Rehabilitation		Provider Number:	0 060972-00
626 North Tyndall Parkway	rth Tyndall Parkway Date:		1/23/2014
Callaway Fl 32404	Fiscal Year End:		7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 203.89	New Rate 195.27	Effective Date 2/1/2012
Level H: Aids	351.50	342.88	2/1/2012
Rate Type:  X Interim  Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data		e Fotal Prospective Prospective Adjusted f Fotal Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch  X Cost Sett Rate Sem	Rating Change I Customary Limitation the limitation change hange lement FYE 7/31/201 ester Change [2] as of 08/30/2000	
Distribution:	72	Thomas Parker	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  CMC II, LLC	Medicaid Cost	Reimbursement Plann	ning and Finance
800 Concourse Parkway South Maitland FL 32751		:	



Emerald Shores Health and Rehabilit	ation			Provider Number:	0 060972-00
626 North Tyndall Parkway		 		1/23/2014	
Callaway Fl 32404				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				radit Satus.	Official Control
		C	Current	New	Effective
			Rate	Rate	Date
Nursing Home Single Lev	vel	2	208.79	200.43	7/1/2012
Level H: Aid	s	_3	358.00	349.64	7/1/2012
Rate Type :			<u></u>	AND THE STREET STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,	The second secon
X Interim		I	Prospective		
Total Interim	_		To	otal Prospective	
Interim Compon	ent			ospective Adjusted	
X Settlement based			To	otal Prospective with	Interim Component
Prior Provider Pr	rospective data				
Basis:		Changes:			
Budget			Licensure F	Rating Change	
X Unaudited costs				Customary Limitation	n
Field audited costs	***		Target Rate	limitation change	
Field audit - interim portion	n		FRVS Char	nge	
Desk audited costs	_			ment FYE 7/31/201	12
Desk audit - Interim Portion  Desk Audit - Prospective po	_		Rate Semes	ter Change as of 08/30/2000	
Distribution:			579	1 43 01 00/30/2000	
		` ,	/1)	Thomas Parker	
Contract Management / Fiscal A	gent	Med	icaid Cost R	eimbursement Plant	ning and Finance
Permanent File					
For information Only					
No Change in Rate					
Home Office: CMC II	, LLC				
	course Parkway South			· ·	



Emerald Shores Health	and Rehabilitation			Provider Number:	0 060972-00
626 North Tyndall Park	way		Date:		1/23/2014
Callaway Fl 32404			Fiscal Year End:		7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		208.79		8/1/2012
	Level H: Aids	_	358.00	350.99	8/1/2012
Into X Set	tal Interim erim Component tlement based on costs	X		e Total Prospective Prospective Adjusted t Total Prospective with	
	or Provider Prospective data		2 1 1		
Basis:		Changes			
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Distribution:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	フイ	Thomas Parker	A STATE OF THE STA
Contract Managem Permanent File For informate No Change i	ion Only	Me	edicaid Cost	Reimbursement Plana	ning and Finance
Home Office:	CMC II, LLC				
<b></b>	800 Concourse Parkway South Maitland FL 32751				
	Market			same on management same of the first state of	



Emerald Shores Health ar	nd Rehabilitation			Provider Number:	0 060972-00
626 North Tyndall Parkw	ay			Date:	1/23/2014
Callaway Fl 32404				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				Trout Same.	Official Control (5)
-101-00-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	-	208.98	204.03	1/1/2013
I	evel H: Aids	_	359.79	354.84	1/1/2013
Rate Type:			er to sensor		
Interim		X	Prospectiv	e	
Tota	l Interim			Total Prospective	
	rim Component			Prospective Adjusted	
	ement based on costs			Total Prospective with	Interim Component
Prior Prior	Provider Prospective data				
Basis:		Changes:			
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Field audited co	;		•	ate limitation change	
Field audit - in	<del>-</del>		FRVS Cl		_
Desk audited co		X	_	lement FYE 7/31/201 ester Change	12
The state of the s	ospective portion			[2] as of 08/30/2000	
Distribution:		,	ライ	) Thomas Parker	
Contract Managemen	nt / Fiscal Agent	Me	dicaid Cost	Reimbursement Plant	ning and Finance
Permanent File		***			
For informatio	n Only				
No Change in	Rate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South Maitland FL 32751				
				and the second	



Emerald Shores Health a	nd Rehabilitation			Provider Number:	0 060972-00
626 North Tyndall Parkv	vay			Date:	1/23/2014
Callaway Fl 32404				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 212.54	New Rate 208.82	Effective Date 7/1/2013
Inte X Sett	al Interim rim Component lement based on costs r Provider Prospective data	X		e Fotal Prospective Prospective Adjusted t Fotal Prospective with	
Basis:		Changes:			Parameter Communication Commun
Budget			Licensure	Rating Change	
X Unaudited cost	ts			l Customary Limitation	n
Field audited of	costs			ite limitation change	
Field audit - in	nterim portion		FRVS Cl	ange	
Desk audited c		X		Iement FYE 7/31/201	2
Desk audit - In	rospective portion			ester Change [2] as of 08/30/2000	
Distribution:	A COLOR OF MARKET		2	Thomas Parker	The state of the s
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Plant	ing and Finance
Permanent File		WICK	neard Cost	Kemibursement i iain	mig and i mance
For information	on Only				
No Change in	n Rate				
Home Office:	CMC II, LLC	- 19974 1 1921			
	800 Concourse Parkway South Maitland FL 32751				



Emerald Shores Health and Rehabilitation			Provider Number:	0 060972-00
626 North Tyndall Parkway			Date:	1/23/2014
Callaway Fl 32404			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	R	tate 07.53	New Rate 211.22	Effective Date 1/1/2014
Rate Type: Interim Total Interim	XPr	ospective To	otal Prospective	
Interim Component		Pr	rospective Adjusted t	for New Costs
X Settlement based on costs		To	otal Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	UTFXCR	Isual and Carget Rate RVS Char Iost Settle ate Semes	Rating Change Customary Limitation climitation change nge ment FYE 7/31/201 ter Change as of 08/30/2000	
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medica	aid Cost R	eimbursement Plann	ing and Finance
Home Office: CMC II, LLC	7 - 9			
800 Concourse Parkway South Maitland FL 32751				



University Hills Health and Rehabilitation			Provider Number:	0 060993-00
10040 Hillview Road			Date:	1/29/2014
Pensacola FL 32514		Fiscal Year End:		7/31/2012
خد			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:  X Interim  Total Interim Interim Component X Settlement based on costs  Prior Presides Proposition dates			e Total Prospective Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data  Basis:	Changes:			
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Desk Audit - Prospective portion		On FRV	21 as of 10/01/1985	
Distribution:		)	Thomas Parker	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Med	licaid Cost	Reimbursement Plann	ning and Finance
Home Office: CMC II, LLC		•		
800 Concourse Parkway South Maitland FL 32751			!	



University Hills Health	and Rehabilitation		٠	Provider Number:	0 060993-00
10040 Hillview Road				Date:	1/31/2014
Pensacola FL 32514				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
		•	Current	New	Effective
Nursing Home	Single Level	*******	Rate 209.25	Rate	Date
runsing nome	Single Level		209.25		//1/2012
	Level H: Aids		358.46	339.68	7/1/2012
Rate Type:			Prospective	<b>a</b>	
	tal Interim		_	Total Prospective	
Inte	erim Component		I	Prospective Adjusted	for New Costs
X Sett	tlement based on costs			Total Prospective with	Interim Component
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Basis:		Changes:		¥	
Budget			Licensure	Rating Change	
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Field audit - in	-		FRVS Ch		
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	Prospective portion			ester Change 2] as of 10/01/1985	
Distribution:			TH	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Plans	ning and Finance
Permanent File					
For informati					
No Change in	n Rate				
Home Office:	CMC II, LLC			**************************************	
	800 Concourse Parkway South				
	Maitland FL 32751			į	
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University Hills Health and Rehabilitation			Provider Number:	0 060993-00
10040 Hillview Road			Date:	1/29/2014
Pensacola FL 32514			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:			radii Satus.	Chaudited [5]
	(	Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		209.25		8/1/2012
Level H: Aids	,	358.46	343.96	8/1/2012
Rate Type :				1°
Interim	X	Prospective	e	
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted	
X Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				. A WALLEY A WALLEY AND A STATE OF THE STATE
Basis:	Changes:			
Budget		Licensure	Rating Change	
X Unaudited costs			Customary Limitation	n
Field audited costs	1		te limitation change	
Field audit - interim portion		FRVS Ch	ange	
Desk audited costs	X		lement FYE 7/31/201	2
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion		On FRV	2] as of 10/01/1985	
Distribution:		7)	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cost	Reimbursement Plant	ning and Finance
Permanent File				
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No Change in Rate				
Home Office: CMC II, LLC				
800 Concourse Parkway South Maitland FL 32751			: : : : : : : : : : : : : : : : : : : :	



University Hills Health ar	nd Rehabilitation			Provider Number:	0 060993-00
10040 Hillview Road				Date:	1/29/2014
Pensacola FL 32514				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>				Audit Status.	Onaudica [5]
110viuoi 1ype.			Current	New	Effective
Nursing Home S	Single Level	_	Rate 209.78	Rate	Date 1/1/2013
ransing mome	Single Level		207.70		1/1/2013
I	Level H: Aids	-	360.59	347.40	1/1/2013
Rate Type:		X	Prospective	e	
	ıl Interim			Total Prospective	
	rim Component			Prospective Adjusted	
	ement based on costs			Total Prospective with	Interim Component
	r Provider Prospective data			17.00	
Basis:		Changes	<u>:</u>		
Budget			Licensure	Rating Change	
X Unaudited costs	s			Customary Limitatio	n
Field audited co			<del></del>	te limitation change	
Field audit - in	7		FRVS Ch	•	
Desk audited co		X	_	lement FYE 7/31/201 ester Change	12
	rospective portion			2] as of 10/01/1985	
Distribution:			7/-	Thomas Parker	
Contract Managemen	nt / Fiscal Agent		edicaid Cost	Reimbursement Planr	ning and Finance
Permanent File					
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No Change in	Rate				
Home Office:	-CMC II, LLC		TTS - WART-WARTERS AND ADDRESS		
	800 Concourse Parkway South Maitland FL 32751			; ; ;	



University Hills Health and Rehabilitation			Provider Number:	0 060993-00
10040 Hillview Road			Date:	1/29/2014
Pensacola FL 32514			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:			Tiudit Julius.	
V-1		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		213.47		7/1/2013
				-
Rate Type :				
Interim	X	Prospectiv	e	
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted f	for New Costs
X Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:		`	
Budget	,	Licensure	Rating Change	
Unaudited costs			Customary Limitation	n
Field audited costs		_	te limitation change	
Field audit - interim portion		FRVS Cl	-	_
Desk audited costs Desk audit - Interim Portion	X		lement FYE 7/31/201 ester Change	2
Desk Audit - Prospective portion	-		[2] as of 10/01/1985	
Distribution:				
Contract Management / Fiscal Agent		0-	Thomas Parker	
Permanent File	Med	licaid Cost	Reimbursement Plann	ing and Finance
For information Only				
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Home Office: CMC II, LLC	e today i servicioni. I			
800 Concourse Parkway South			1	
Maitland FL 32751				



University Hills Health and Rehabilitation			Provider Number:	0 060993-00
10040 Hillview Road			Date:	1/29/2014
Pensacola FL 32514			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level		Current Rate 195.55	New Rate	Effective Date 1/1/2014
Rate Type:	<u>X</u>	Prospectiv		
Total Interim Interim Component			Fotal Prospective Prospective Adjusted f	or New Costs
X Settlement based on costs			Total Prospective with	
Prior Provider Prospective data				
Basis:	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual and Target Ra FRVS Ch Cost Sett Rate Sem	Rating Change Customary Limitation te limitation change ange lement FYE 7/31/201 ester Change 2] as of 10/01/1985	
<u>Distribution:</u>		7/1-	Thomas Parker	
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate	Med	licaid Cost	Reimbursement Plann	ing and Finance
Home Office: CMC II, LLC				
800 Concourse Parkway South Maitland FL 32751			į	



Heritage Park Rehabilita	ation and Healthcare			Provider Number:	0 061095-00
2826 Cleveland Avenue				Date:	1/24/2014
Ft. Myers FL 33901				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
		•	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<del></del>	204.27	201.66	2/1/2012
J	0				
	Level H: Aids		351.88	349.27	2/1/2012
Rate Type :					,
X Interim		-	Prospective		
Tota	al Interim		=	otal Prospective	
Inte	rim Component		P	rospective Adjusted f	or New Costs
X Sett	lement based on costs		T	otal Prospective with	Interim Component
Prio	r Provider Prospective data				
Basis:		Changes:			A Committee of the Comm
,					
Budget			Licensure !	Rating Change	
Unaudited cost	· ·			Customary Limitation	1
Field audited c	!			e limitation change	
Field audit - in	-		FRVS Cha	•	
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	rospective portion			ster Change [] as of 10/01/1985	
Distribution:				Thomas Parker	
Contract Management	nt / Fiscal Agent	Med	icaid Cost F	Reimbursement Planni	ing and Finance
Permanent File					
For information	on Only				
No Change in	Rate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South			4	
	Maitland FL 32751			; ; ;	i,



Heritage Park Rehabilitat	ion and Healthcare			Provider Number:	0 06109	95-00
2826 Cleveland Avenue				Date:	1/24/2	014
Ft. Myers FL 33901				Fiscal Year End:	7/31/2	012
				Audit Status:	Unaudit	ed [3]
Provider Type:						<u> </u>
			Current	New	Effective	
Name II	Mara I. T. am. I		Rate	Rate	Date	1
Nursing Home S	Single Level	***************************************	209.11		7/1/2012	
L	evel H: Aids		358.32	355.65	7/1/2012	
Rate Type:				AND THE STREET		
X Interim			Prospective	;		
Total	Interim		1	otal Prospective		
	im Component			rospective Adjusted f		
	ement based on costs		T	otal Prospective with	Interim Compo	onent
Prior	Provider Prospective data		1112		4,4	
Basis:		Changes:				
Dudget			Licensure	Rating Change		
Budget  Vinaudited costs				Customary Limitation	1	
Field audited co	<u> </u>			e limitation change	•	
Field audit - inte	erim portion		FRVS Cha	inge		
Desk audited co		X	Cost Settle	ement using FYE 7/3	31/12	
Desk audit - Inte	1			ster Change		
	ospective portion		On FRV [2	2] as of 10/01/1985		
Distribution:				Thomas Parker		
Contract Managemen	t / Fiscal Agent	Med	icaid Cost I	Reimbursement Plann	ing and Finance	<del></del>
Permanent File						
For information	•					
No Change in I	Rate					
Home Office:	CMC II, LLC		*	-		
	800 Concourse Parkway South Maitland FL 32751			2 4 1		
		· · · · · · · · · · · · · · · · · · ·				



Nursing Home   Single Level   Single S	Heritage Park Rehabilitati	on and Healthcare			Provider Number:	0 061095-00
Provider Type:    Current   New   Effective   Date					Date:	1/24/2014
Provider Type:    Nursing Home   Single Level   209.11   210.67   8/1/2012     Level H: Aids   358.32   359.88   8/1/2012	Ft. Myers FL 33901				Fiscal Year End:	7/31/2012
Provider Type:    Nursing Home   Single Level   209.11   210.67   8/1/2012     Level H: Aids   358.32   359.88   8/1/2012					Audit Status:	Unaudited [3]
Rate Type:  Interim	Provider Type:					
Rate Type :		•	1			
Rate Type :	N to a Head of G					
Interim	Nursing Home S	ingle Level	•	209.11		8/1/2012
Interim X Prospective  Total Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data    Basis:	Le	evel H: Aids		358.32	359.88	8/1/2012
Interim X Prospective  Total Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data    Basis:						
Total Interim	Rate Type :					
Interim Component X Settlement based on costs Prior Provider Prospective data    Basis:	Interim		X	Prospective		
Total Prospective with Interim Component					•	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Cst Settlement using FYE 7/31/12 Rate Semester Change On FRV [2] as of 10/01/1985  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance		-			-	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  CMC II, LLC  Budget Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Cost Settlement using FYE 7/31/12 Rate Semester Change On FRV [2] as of 10/01/1985  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance				T	otal Prospective with	Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Prospective portion Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Cost Settlement using FYE 7/31/12 Rate Semester Change On FRV [2] as of 10/01/1985  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance	Prior :	Provider Prospective data				
Valuation   Valu	Basis:	·	Changes:	_		
Valuation   Valu						
Field audited costs  Field audit - interim portion  Desk audited costs  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Target Rate limitation change  FRVS Change  X Cost Settlement using FYE 7/31/12  Rate Semester Change  On FRV [2] as of 10/01/1985  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance		*			-	
Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion  Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  FOMC II, LLC  800 Concourse Parkway South		,	:			1
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  CMC II, LLC  800 Concourse Parkway South						
Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  CMC II, LLC  800 Concourse Parkway South					_	11/13
Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  CMC II, LLC  800 Concourse Parkway South						71/12
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  CMC II, LLC  800 Concourse Parkway South	A STATE OF THE PARTY OF THE PAR	i i				
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  CMC II, LLC  800 Concourse Parkway South	Distribution:			1	Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate  Home Office: CMC II, LLC  800 Concourse Parkway South	Contract Management	t / Fiscal Agent		$\mathcal{O}_{-}$		· 15'
No Change in Rate  Home Office: CMC II, LLC  800 Concourse Parkway South	Permanent File	-	Med	icaia Cost K	eimbursement Plann	ing and Finance
Home Office: CMC II, LLC 800 Concourse Parkway South	For information	Only				
800 Concourse Parkway South		•				
800 Concourse Parkway South	Home Office:	CMC II, LLC	- Table 1900 - Tab			
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Heritage Park Rehabilitation and Healthcare			Provider Number:	0 061095-00
2826 Cleveland Avenue			Date:	1/24/2014
Ft. Myers FL 33901			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
	•	Current	New	Effective
Nursing Home Single Level		Rate	Rate	Date 1/1/2013
Nursing Home Single Level		209.27		1/1/2013
Level H: Aids	_	360.08	363.52	1/1/2013
Rate Type :	-			
Interim	X	Prospective	;	
Total Interim		_	otal Prospective	
Interim Component			rospective Adjusted f	
X Settlement based on costs		1	otal Prospective with	Interim Component
Prior Provider Prospective data			MARINE PARTICIPATION AND ADDRESS OF THE PARTICIPATION ADDRESS OF THE PARTICIPATION AND ADDRESS OF T	
Basis:	Changes:			
Budget		Licensure	Rating Change	
X Unaudited costs			Customary Limitation	1
Field audited costs		Target Rat	e limitation change	
Field audit - interim portion		FRVS Cha	_	
Desk audited costs  Desk audit - Interim Portion	X		ement using FYE 7/3	31/12
Desk Audit - Prospective portion			ster Change 2] as of 10/01/1985	
Distribution:				
Contract Management / Fiscal Agent		0	Thomas Parker	
Permanent File	Med	icaid Cost I	Reimbursement Plann	ing and Finance
For information Only				
No Change in Rate				
Home Office: CMC II, LLC				
800 Concourse Parkway South Maitland FL 32751				



Heritage Park Rehabilitation	on and Healthcare			Provider Number:	0 061095-00
2826 Cleveland Avenue				Date:	1/24/2014
Ft. Myers FL 33901				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Si	ingle Level		Current Rate 212.93	New Rate 217.74	Effective Date 7/1/2013
Rate Type:					
Interim		X	Prospective	e	
	Interim			Total Prospective	
	n Component			Prospective Adjusted f	
**************************************	ment based on costs			Total Prospective with	Interim Component
Prior I	Provider Prospective data				
Basis:	i	Changes:			
			_		
Budget		1	Licensure	Rating Change	
X Unaudited costs			Usual and	Customary Limitation	ı
Field audited cos	sts		Target Ra	te limitation change	
Field audit - inte	rim portion		FRVS Ch	ange	
Desk audited cos		X	Cost Settl	ement using FYE 7/3	31/12
Desk audit - Inter				ester Change	
Desk Audit - Pro	spective portion		On FRV [	2] as of 10/01/1985	
<b>Distribution:</b>				Thomas Parker	
Contract Management	/ Fiscal Agent	Med	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File					
For information	Only				
No Change in R	ate				
Home Office:	CMC II, LLC			i	
	800 Concourse Parkway South Maitland FL 32751			: :	



Heritage Park Rehabilit	tation and Healthcare			Provider Number:	0 061095-00	
2826 Cleveland Avenue	e			Date:	1/24/2014	
Ft. Myers FL 33901				Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		207.18		1/1/2014	
Rate Type:						
Interim		X	Prospective	e		
	tal Interim			Total Prospective		
	erim Component			Prospective Adjusted for		
	ttlement based on costs			Total Prospective with	Interim Component	
Pri	or Provider Prospective data					
Basis:		Changes:	]			
Budget		1	Licensure	Rating Change		
X Unaudited cos	sts			Customary Limitation	1	
Field audited	costs		_	te limitation change		
	nterim portion	-	FRVS Ch	-		
Desk audited of Desk audit - Ir		<u>X</u>		ement using FYE 7/3	1/12	:
	Prospective portion			ester Change 21as of 10/01/1985		
Distribution:		<u></u>	2/-	Thomas Parker		
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Planni	ng and Finance	
Permanent File		14100	noute Cost	remoursement rann	ing and i manee	
For informati	ion Only					
No Change in	n Rate					
Home Office:	CMC II, LLC		***************************************	1		
	800 Concourse Parkway South Maitland FL 32751					



Destin Healthcare and Reh	nabilitation Center			Provider Number:	0 061101-00
195 Mattie M. Kelly Blvd.				Date:	2/20/2014
Destin FL 32541	MATERIAL CONTRACTOR OF THE PROPERTY OF THE PRO			Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level		190.89	185.60	2/1/2012
Le	evel H: Aids	<u> </u>	338.50	333.21	2/1/2012
Interi	Interim m Component ment based on costs		]	e  Total Prospective  Prospective Adjusted to the contract of	
Prior	Provider Prospective data			The second secon	
Basis:		Changes:			
Budget X Unaudited costs Field audited cost Field audit - inte Desk audited cost Desk Audit - Inte Desk Audit - Pro	erim portion sts crim Portion	X	Usual and Target Ra FRVS Ch Cost Sett Rate Sem	Rating Change I Customary Limitation the limitation change thange lement using FYE 7/2 ester Change [2] as of 08/11/1994	
Distribution:	717	-		Thomas Parker	
Contract Management Permanent File For information No Change in F	ı Only	Med	icaid Cost	Reimbursement Plann	ning and Finance
Home Office:	CMC II, LLC			The second of th	
	800 Concourse Parkway South Maitland FL 32751		,	,	



Destin Healthcare and Rehabilitation Center		Provider Number:	0 061101-00
195 Mattie M. Kelly Blvd.		Date:	2/20/2014
Destin FL 32541		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:			
X Interim	Prospective		
Total Interim		Total Prospective	C. M. C.
Interim Component  Settlement based on costs		Prospective Adjusted a Fotal Prospective with	
X Settlement based on costs Prior Provider Prospective data		Total I Tospective with	i interim Component
Basis: Char	nges:		
Budget	Licensure	Rating Change	
X Unaudited costs		Customary Limitation	n
Field audited costs		te limitation change	
Field audit - interim portion	FRVS Ch	•	***
Desk audited costs  Desk audit - Interim Portion		lement using FYE 7/2 ester Change	31/12
Desk Audit - Prospective portion		[2] as of 08/11/1994	
Distribution:	フイナ	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plann	ning and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: CMC II, LLC			
800 Concourse Parkway South Maitland FL 32751			



Destin Healthcare and Rehabilitation Center			Provider Number:	0 061101-00	
195 Mattie M. Kelly Blvd.			Date:	2/20/2014	
Destin FL 32541			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	X	Prospectiv	e		
Total Interim		_	Total Prospective		
Interim Component			Prospective Adjusted	for New Costs	
X Settlement based on costs			Total Prospective with	Interim Component	
Prior Provider Prospective data					
Basis:	Changes:				
Budget	į.	Licensure	Rating Change		
X Unaudited costs	-		Customary Limitatio	n	
Field audited costs	!		te limitation change		
Field audit - interim portion	!	FRVS Ch	ange		
Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	<u>X</u>	Rate Sem	lement using FYE 7/ ester Change 2] as of 08/11/1994	31/12	
Distribution:		R	Thomas Parker		
Contract Management / Fiscal Agent		licaid Cost	Reimbursement Plans	aing and Finance	
Permanent File	Mou	ilcaid Cost	Reimoursement i iain	inig and i manee	
For information Only					
No Change in Rate					
Home Office: CMC II, LLC	The second secon				
800 Concourse Parkway South Maitland FL 32751					



Destin Healthcare and R	Rehabilitation Center			Provider Number:	0 061101-00	
195 Mattie M. Kelly Bl	vd.			Date:	2/20/2014	
Destin FL 32541				Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:						
		(	Current	New	Effective	
Nursing Home	Cinala Laval		Rate	Rate	Date	
Nursing nome	Single Level		195.68		1/1/2013	
	Level H: Aids		346.49	346.09	1/1/2013	
Rate Type :						
Interim		X	Prospective	e		
Tot	tal Interim			Total Prospective		
	erim Component		-	Prospective Adjusted f		
Table 1 and	tlement based on costs			Total Prospective with	Interim Component	
Pric	or Provider Prospective data					
Basis:		Changes:				
The desired			Licaneura	Rating Change		
Budget  X Unaudited cos	ats			Customary Limitation	n	
Field audited		Target Rate limitation change				
Field audit - i	nterim portion		FRVS Ch	ange		
Desk audited	· ·	· X		ement using FYE 7/3	31/12	
Desk audit - In		1		ester Change		
Distribution:	Prospective portion			2] as of 08/11/1994		
Contract Manageme	ant / Eisaal Agant		/7)	Thomas Parker		
Permanent File	ent/Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance	
For informati	on Only					
No Change is	•					
Home Office:	CMC II, LLC		a se announced y y to the	Annual 14 198 Annual 1		
				1 .		
	800 Concourse Parkway South			i		
	Maitland FL 32751			1	•	



Destin Healthcare and I	Rehabilitation Center			Provider Number:	0 061101-00
195 Mattie M. Kelly Bl	lvd.			Date:	2/20/2014
Destin FL 32541				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NY	Ct l. Tl		Rate	Rate	Date
Nursing Home	Single Level		199.15	199.93	7/1/2013
Rate Type :		-			
Interim		. <u>X</u>	Prospectiv		
	otal Interim			Total Prospective	
	terim Component			Prospective Adjusted 1	
	ttlement based on costs ior Provider Prospective data			Total Prospective with	interim Component
	Tior riovider riospective data				
Basis:	İ	Changes:	]		
D., 4	I		Licensur	e Rating Change	
Budget  X Unaudited co	ete	!		d Customary Limitation	n
Field audited				ate limitation change	
Field audit -:	interim portion		FRVS CI		
Desk audited	-	X	Cost Sett	lement using FYE 7/3	31/12
	Interim Portion	ĺ		ester Change	
	Prospective portion		On FRV	[2] as of 08/11/1994	
<b>Distribution:</b>	,	• /	ノベノ	Thomas Parker	
Contract Managem	nent / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File					Ü
For informat	•				
No Change	in Rate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South Maitland FL 32751				



Destin Healthcare and Rehabilita	tion Center			Provider Number:	0 061101-00
195 Mattie M. Kelly Blvd.				Date:	2/20/2014
Destin FL 32541				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single	Level		Current Rate 191.23	New Rate 202.28	Effective Date 1/1/2014
Rate Type: Interim Total Interim Com X Settlement b		X	P	otal Prospective rospective Adjusted for all Prospective with	
	er Prospective data				•
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim po Desk audited costs Desk audit - Interim Po Desk Audit - Prospecti	ortion	X	Usual and Target Rat FRVS Cha Cost Settl Rate Seme	Rating Change Customary Limitation e limitation change ange ement using FYE 7/3 ster Change 2] as of 08/11/1994	
Distribution:			-8	Thomas Parker	
Contract Management / Fisc Permanent File For information Only No Change in Rate	al Agent	Med	icaid Cost	Reimbursement Plann	ing and Finance
800	C II, LLC  Concourse Parkway South land FL 32751			:	



SeaView Nursing and R	Rehabilitation Center			Provider Number:	0 061107-00
2401 NE 2nd Street				Date:	1/24/2014
Pompano Beach FL 330	062			Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					<u></u>
			Current	New	Effective
		·	Rate	Rate	Date
Nursing Home	Single Level	******	199.01	204.19	2/1/2012
	Level H: Aids		346.62	351.80	2/1/2012
Rate Type :	•				
X Interim			Prospective	9	
To	tal Interim		-	Total Prospective	
Inte	erim Component		]	Prospective Adjusted f	or New Costs
X Set	tlement based on costs	,		Total Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:			
			•		
Budget			Licensure	Rating Change	
X Unaudited cos	· · · · · · · · · · · · · · · · · · ·			Customary Limitation	1
Field audited			-	te limitation change	
Field audit - in	-		FRVS Ch	_	
Desk audited of		<u>X</u>		ement using FYE 7/3	1/12
Desk audit - Ir	Prospective portion			ester Change 2] as of 10/01/1985	
Distribution:	Tospective portion				
Contract Manageme	ont / Eigaal Agant		0	Thomas Parker	
<del>-</del> ,	ent / Fiscal Agent	Med	icaid Cost	Reimbursement Plann	ing and Finance
Permanent File	an Only				
For information	•				
No Change in	n Kate	*			
Home Office:	CMC II, LLC		· · · · · · · · · · · · · · · · · · ·	1	
	800 Concourse Parkway South			· · ·	٥
	Maitland FL 32751			1	*
				*	



SeaView Nursing and Rehabilitation Center			Provider Number:	0 061107-00	
2401 NE 2nd Street			Date:	1/24/2014	
Pompano Beach FL 33062			Fiscal Year End:	7/31/2012	
			Audit Status:	Unaudited [3]	
Provider Type:			Addit Status.	Onaddica [5]	
		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Single Level		203.79		7/1/2012	
Level H: Aids		353.00	358.27	7/1/2012	
Rate Type:					
X Interim		Prospective	,		
Total Interim		<del>-</del>	Total Prospective		
Interim Component		F	rospective Adjusted f	or New Costs	
X Settlement based on costs		1	otal Prospective with	Interim Component	
Prior Provider Prospective data					
Basis:	Changes:				
		T	D. dee Class		
Budget			Rating Change		
X Unaudited costs Field audited costs		Usual and Customary Limitation Target Rate limitation change			
	:	FRVS Cha	=		
Field audit - interim portion  Desk audited costs	<u> </u>		mge ement using FYE 7/3	11/17	
Desk audited costs  Desk audit - Interim Portion			ster Change	1/12	
Desk Audit - Prospective portion			2] as of 10/01/1985		
Distribution:		2	Thomas Parker		
Contract Management / Fiscal Agent	Mod	ionid Cost I	Reimbursement Plann	ing and Finance	
Permanent File	Wicu	icaid Cost i	comparsement Frami	ing and i mance	
For information Only					
No Change in Rate					
Home Office: CMC II, LLC		name walkers	,		
800 Concourse Parkway South Maitland FL 32751			; ;		



SeaView Nursing and Re	ehabilitation Center			Provider Number:	0 061107-00	
2401 NE 2nd Street				Date:	1/24/2014	
Pompano Beach FL 3306	52			Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:						
	•		Current	New	Effective	
Nursing Home	Single Level	_	Rate 203.79	Rate	Date 8/1/2012	
Trui sing Hone	Shighe Devel		203.19		0/1/2012	
I	Level H: Aids		353.00	364.25	8/1/2012	
Rate Type :	,					
Interim		X	Prospective	<b>:</b>		
	al Interim			Total Prospective		
	rim Component			rospective Adjusted f		
	ement based on costs		T	otal Prospective with	Interim Component	
Prior	r Provider Prospective data		* A MARION TO THE PARTY OF THE			
Basis:		Changes:				
			· .	n		
Budget				Rating Change		
X Unaudited costs			Usual and Customary Limitation Target Rate limitation change			
	İ		FRVS Cha			
Field audit - into Desk audited co	-	<u>X</u>		mge ement using FYE 7/3	1/12	
Desk audit - Int				ster Change	,1,12	
Desk Audit - Pr	rospective portion			2] as of 10/01/1985		
Distribution:		7	$\prec \nearrow$	Thomas Parker		
Contract Managemen	nt / Fiscal Agent	Mad	icaid Cost l	Reimbursement Plann	ing and Finance	
Permanent File		MICC	icaid Cost i	xemioursement i iaini	ing and i manee	
For informatio	n Only					
No Change in	Rate					
Home Office:	CMC II, LLC					
ALVING CHIEF,				į		
	800 Concourse Parkway South Maitland FL 32751			1		



SeaView Nursing and Re	ehabilitation Center			Provider Number:	0 061107-00
2401 NE 2nd Street		,		Date:	1/24/2014
Pompano Beach FL 330	62			Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				Tuan Status.	
• •			Current	New	Effective
			Rate	<u>Rate</u>	Date
Nursing Home	Single Level		203.94	<u>217.20</u> _	1/1/2013
1	Level H: Aids	_	354.75	368.01	1/1/2013
Rate Type :					
Interim		X	Prospective	<b>;</b>	
Tota	al Interim	***	_	Cotal Prospective	
Inte	rim Component		F	rospective Adjusted t	for New Costs
X Settl	lement based on costs		1	otal Prospective with	Interim Component
Prio	r Provider Prospective data				
Basis:		Changes:			
	;		•		
Budget				Rating Change	
X Unaudited cost Field audited c		1		Customary Limitation change	1
Field audited e	1	i ———	FRVS Cha	_	
Desk audited co	_	<u> X</u>		go ement using FYE 7/3	81/12
Desk audit - Int		1		ster Change	/ <b>1</b> / <b>1 2</b>
Desk Audit - Pr	rospective portion		On FRV [2	2] as of 10/01/1985	
Distribution:		7	(D)	Thomas Parker	
Contract Managemen	nt / Fiscal Agent	Med	icaid Cost I	Reimbursement Plann	ing and Finance
Permanent File					
For informatio	•				
No Change in	Rate				
Home Office:	CMC II, LLC			1	
	800 Concourse Parkway South Maitland FL 32751				



2401 NE 2nd Street				
			Date:	1/24/2014
Pompano Beach FL 33062			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:	•			
•		Current	New	Effective
N II. G		Rate	Rate	Date
Nursing Home Single Level		207.53		7/1/2013
Rate Type:				
Interim	X	Prospective		
Total Interim	···		otal Prospective	
Interim Component			rospective Adjusted f	
Settlement based on costs		Te	otal Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
D. J. J.		Licansura	Rating Change	
Budget X Unaudited costs			Customary Limitation	<b>,</b>
Field audited costs			e limitation change	•
Field audit - interim portion		FRVS Char	nge	
Desk audited costs	X		ment using FYE 7/3	1/12
Desk audit - Interim Portion  Desk Audit - Prospective portion		Rate Semes	ter Change as of 10/01/1985	
			as 01 10/01/1985	
Distribution:		0-	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cost R	eimbursement Planni	ing and Finance
Permanent File For information Only			•	
No Change in Rate				
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Home Office: CMC II, LLC				
800 Concourse Parkway South Maitland FL 32751			· · · · · · · · · · · · · · · · · · ·	



SeaView Nursing and Rehabilitation Center			Provider Number:	0 061107-00
2401 NE 2nd Street	<u>.</u>		Date:	1/24/2014
Pompano Beach FL 33062	-		Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:		_		77.00
		Current Rate	New Rate	Effective Date
Nursing Home Single Level		217.97	225.86	1/1/2014
	**************************************			
•				
Rate Type:				
Interim	X	Prospectiv	e	
Total Interim			Total Prospective	
Interim Component		]	Prospective Adjusted for	or New Costs
X Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data		*		
Basis:	Changes:			v
Budget		Licensure	Rating Change	
X Unaudited costs			Customary Limitation	•
Field audited costs		Target Ra	te limitation change	
Field audit - interim portion		FRVS Ch	ange	
Desk audited costs	X		lement using FYE 7/3	1/12
Desk audit - Interim Portion	;		ester Change	
Desk Audit - Prospective portion		On FRV	2] as of 10/01/1985	
<u>Distribution:</u>		///	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cost	Reimbursement Planni	ng and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: CMC II, LLC				
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800 Concourse Parkway Sout	th		i I	
Maitland FL 32751			:	



Vista Manor				Provider Number:	0 061109-00
1550 Jess Parrish Court				Date:	1/21/2014
Titusville FL 32796				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
•			Current	New	Effective
Muuning Hama	Cimala I and	_	Rate	Rate	Date
Nursing Home	Single Level	*********	196.53		2/1/2012
	Level H: Aids	_	344.14	341.84	2/1/2012
					4
Data Truna a	· · · · · · · · · · · · · · · · · · ·				
Rate Type:					
X Interim			Prospective		
	al Interim		***************************************	Total Prospective	
***************************************	rim Component			Prospective Adjusted f	
	lement based on costs			Total Prospective with	Interim Component
Prio	or Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
X Unaudited cost	ts			Customary Limitation	
Field audited o				te limitation change	·
Field audit - in	aterim portion		FRVS Cha		
Desk audited co	-	<u> X</u>	Cost Settl	ement using FYE 7/3	1/2012 C/R
Desk audit - In	terim Portion			ester Change	
Desk Audit - P	rospective portion		On FRY [2	2] as of 12/01/2001	1
Distribution:			1	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	icaid Cost	Reimbursement Planni	ng and Finance
Permanent File					Ç
For information	on Only				
No Change in	Rate				
Home Office:	CMC II, LLC				
TAVALLE GILLOU,				r :	
	800 Concourse Parkway South			t 1	
	Maitland FL 32751			i	



Vista Manor				Provider Number:	0 061109-00
1550 Jess Parrish Court				Date:	1/21/2014
Titusville FL 32796				Fiscal Year End:	7/31/2012
	·			Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home Sing	le Level		201.18	198.84	7/1/2012
	,		201.10		7
Level	H: Aids		350.39	348.05	7/1/2012
Rate Type:					
X Interim	•		Prospective		
Total Inte				otal Prospective	
	omponent at based on costs			rospective Adjusted to	Interim Component
	vider Prospective data		1	otal i lospective with	mermi component
Basis:		Changes		-	
Dasis:		Changes:			
Budget			Licensure I	Rating Change	
X Unaudited costs				Customary Limitation	n
Field audited costs			_	e limitation change	
Field audit - interim	portion		FRVS Cha	<del>-</del>	
Desk audited costs Desk audit - Interim	Dortion	X		ement using FYE 7/3 ster Change	31/2012 C/R
Desk Audit - Prospec				as of 12/01/2001	
Distribution:					
Contract Management / Fi	scal Agent		<u>)                                    </u>	Thomas Parker	
Permanent File		Med	icaid Cost R	Reimbursement Plann	ing and Finance
For information Onl	ly				
No Change in Rate					
Home Office:	MC II, LLC				
and the second s	0 Concourse Parkway South aitland FL 32751				



Vista Manor				Provider Number:	0 061109-00
1550 Jess Parrish Court				Date:	1/21/2014
Titusville FL 32796			Fiscal Year End:		7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				ruan Suus.	
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	- -	201.18		8/1/2012
,	Level H: Aids	,	350.39	350.57	8/1/2012
Rate Type:					
Interim		<b>X</b> -	Prospective	e	
To	tal Interim		1	Total Prospective	
Int	erim Component			Prospective Adjusted f	
	ttlement based on costs			Total Prospective with	Interim Component
Pri	or Provider Prospective data				
Basis:		Changes	:		
Budget			Licensure	Rating Change	
X Unaudited cos	sts			Customary Limitation	1
Field audited	costs		Target Ra	te limitation change	
	nterim portion		FRVS Ch	ange	·
Desk audited	i	X		ement using FYE 7/3	31/2012 C/R
	nterim Portion Prospective portion		_	ester Change 2] as of 12/01/2001	
Distribution:	riospourio portion		2		
	and / Cinnal Assess	/	0	Thomas Parker	
Contract Managem	ent / Fiscal Agent	Me	edicaid Cost	Reimbursement Plann	ing and Finance
Permanent File For informati	ion Only				
***************************************	-				,
No Change i	п кан				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South				
	Maitland FL 32751			į	
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Vista Manor				Provider Number:	0 061109-00	
1550 Jess Parrish Court				Date:	1/21/2014	
Titusville FL 32796				Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
No	C2 1 - T 1		Rate	Rate	Date	
Nursing Home	Single Level		201.35		1/1/2013	
1	Level H: Aids	-	352.16	354.12	1/1/2013	
Rate Type :						
Interim		X	Prospective	•		
Tota	al Interim			Total Prospective		
	rim Component	Prospective Adjusted for New Costs				
	ement based on costs		7	Total Prospective with	Interim Component	
Prior	r Provider Prospective data					
Basis:		Changes	<u>:</u>	-		
Dudaat		To the state of th	Licensure	Rating Change		
Budget  Vinaudited cost	s	-	<del>-</del>	Customary Limitation	1	
Field audited c			_	te limitation change	•	
Field audit - in	terim portion		FRVS Cha	ange		
Desk audited co	· · · · · · · · · · · · · · · · · · ·	X		ement using FYE 7/3	1/2012 C/R	
Desk audit - Int	1	1	_	ster Change	i i	
	rospective portion		On FRV [	2] as of 12/01/2001		
Distribution:			70	Thomas Parker		
Contract Managemen	nt / Fiscal Agent	Me	dicaid Cost	Reimbursement Plann	ing and Finance	
Permanent File	O1					
For informatio	·					
No Change in	Kate					
Home Office:	CMC II, LLC			!		
	800 Concourse Parkway South		•			
	Maitland FL 32751			:		
	i					



1550 Jess Parrish Court Titusville FL 32796  Provider Type: Nursing Home Single Level	Current Rate 204.87	Date: Fiscal Year End: Audit Status: New Rate	1/21/2014 7/31/2012 Unaudited [3]
Provider Type:	Rate	Fiscal Year End: Audit Status: New	Unaudited [3]
	Rate	New	
	Rate		Effective
Nursing Home Single Level	Rate		Effective
Nursing Home Single Level		ixaic	Date
		208.12	7/1/2013
Rate Type:			
Interim X	Prospective	<b>e</b> .	
Total Interim		Total Prospective	
Interim Component	-	Prospective Adjusted for	
X Settlement based on costs	7	Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis: Change	s:		
Budget	Licensure	Rating Change	
X Unaudited costs	— Usual and	Customary Limitation	l
Field audited costs	Target Ra	te limitation change	
Field audit - interim portion	FRVS Ch	-	
Desk audited costsX		ement using FYE 7/3	1/2012 C/R
Desk audit - Interim Portion  Desk Audit - Prospective portion		ester Change 2] as of 12/01/2001	
Distribution:	7/2	Thomas Parker	
Contract Management / Fiscal Agent	(1)	- <del></del>	1 T'
Permanent File	ledicald Cost	Reimbursement Planni	ing and Finance
For information Only			
No Change in Rate			
Home Office: CMC II, LLC		:	
Azonic Onico.			
800 Concourse Parkway South Maitland FL 32751			



Vista Manor			Provider Number:	0 061109-00
1550 Jess Parrish Court			Date:	1/21/2014
Titusville FL 32796			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:		Current	New	Effective
Nursing Home Single Level		Rate 202.85	Rate	Date 1/1/2014
Rate Type: Interim	X	Prospectiv	e	
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted for	
X Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Budget		Licensure	Rating Change	
X Unaudited costs		Usual and	Customary Limitation	· L
Field audited costs		Target Ra	te limitation change	-
Field audit - interim portion		FRVS Ch	ange	į
Desk audited costs	X		lement using FYE 7/3	1/2012 C/R
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion  Distribution:			2] as of 12/01/2001	-
Contract Management / Fiscal Agent		0	Thomas Parker	
Permanent File	Med	icaid Cost	Reimbursement Planni	ing and Finance
For information Only				
-				
No Change in Rate				
Home Office: CMC II, LLC	*			
800 Concourse Parkway South Maitland FL 32751				



Lakeside Oaks Care Center			Provider Number:	0 061140-00		
1061 Virginia Street	-		Date:	1/21/2014		
Dunedin FL 34698	-		Fiscal Year End:	7/31/2012		
			Audit Status:	Unaudited [3]		
Provider Type:		Current	New	Effective		
Nursing Home Single Level		Rate 211.98	200.27	Date		
Single Level		211.70		2/1/2012		
Level H: Aids		359.59	347.88	2/1/2012		
Rate Type:	,					
X Interim		Prospective	e			
Total Interim			Total Prospective			
Interim Component			Prospective Adjusted 1			
X Settlement based on costs			Total Prospective with	Interim Component		
Prior Provider Prospective data						
Basis:	Changes:					
Budget		Licensure	Rating Change			
X Unaudited costs		-	Customary Limitation	n		
Field audited costs			te limitation change			
Field audit - interim portion		FRVS Ch	ange			
Desk audited costs	X		lement using FYE 7/3	31/2012 C/R		
Desk audit - Interim Portion		Rate Semester Change				
Desk Audit - Prospective portion		On FRV	2] as of 01/01/1989			
Distribution:		0	Thomas Parker			
Contract Management / Fiscal Agent	Me	dicaid Cost	Reimbursement Plann	ing and Finance		
Permanent File						
For information Only						
No Change in Rate						
Home Office: CMC II, LLC	<u> </u>	*	, , , , , , , , , , , , , , , , , , ,			
800 Concourse Parkway Sou	th		:			
Maitland FL 32751						



Lakeside Oaks Care Ce	nter			Provider Number:	0 061140-00
1061 Virginia Street				Date:	1/21/2014
Dunedin FL 34698				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level	-	Rate 216.89	Rate	Date 7/1/2012
rursing frome	Single Level	_	210.09		//1/2012
	Level H: Aids	_	366.10	355.24	7/1/2012
Rate Type :					
X Interim			Prospectiv	e	
· · · · · · · · · · · · · · · · · · ·	tal Interim			Total Prospective	
Inte	erim Component			Prospective Adjusted f	or New Costs
X Set	tlement based on costs			Total Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes	•		
Budget			Licensure	Rating Change	
X Unaudited cos	sts			Customary Limitation	1
Field audited	costs	-		te limitation change	
Field audit - in	nterim portion		FRVS Ch	ange	
Desk audited of	1	X	_	lement using FYE 7/3	1/2012 C/R
Desk audit - Ir	:			ester Change	
Distribution:	Prospective portion	· —		2] as of 01/01/1989	
Contract Manageme	ent / Fiscal Agent		0_	Thomas Parker	
Permanent File	: - <b>^~~~~ ^~~</b>	Mε	dicaid Cost	Reimbursement Planni	ing and Finance
For informati	on Only				
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-					
Home Office:	CMC II, LLC				
	800 Concourse Parkway South				
	Maitland FL 32751			: i	
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Lakeside Oaks Care Center			Provider Number:	0 061140-00
1061 Virginia Street			Date:	1/21/2014
Dunedin FL 34698			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
Alumaina Hama Single Lavel		Rate	Rate	Date O/1/2012
Nursing Home Single Level		216.89	208.43	8/1/2012
Level H: Aids		366.10	357.64	8/1/2012
Rate Type:				
Interim	X	Prospective		
Total Interim			otal Prospective	
Interim Component			rospective Adjusted f	
X Settlement based on costs	data	1	otal Prospective with	Interim Component
Prior Provider Prospective			-	V Control of the cont
Basis:	Change	es:		
Budget		Licensure	Rating Change	
X Unaudited costs			Customary Limitation	1
Field audited costs			e limitation change	
Field audit - interim portion		FRVS Cha	inge	j
Desk audited costs	X		ement using FYE 7/3	31/2012 C/R
Desk audit - Interim Portion			ster Change	!
Desk Audit - Prospective portion		Oll FRV [2	as of 01/01/1989	-
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	<u></u>	Medicaid Cost I	Reimbursement Plann	ing and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: CMC II, LLC				
800 Concourse Parl Maitland FL 32751	•	·		



Lakeside Oaks Care Cent	er			Provider Number:	0 061140-00		
1061 Virginia Street				Date:	1/21/2014		
Dunedin FL 34698	***************************************			Fiscal Year End:	7/31/2012		
				Audit Status:	Unaudited [3]		
Provider Type:			Current Rate	New Rate	Effective Date		
Nursing Home S	Single Level		217.05	211.00	1/1/2013		
L	evel H: Aids	_	367.86	361.81	1/1/2013		
				1.			
Rate Type:					***************************************		
Interim		<u> </u>	Prospective	:			
	l Interim			otal Prospective			
· · · · · · · · · · · · · · · · · · ·	im Component			rospective Adjusted f			
	ement based on costs		T	otal Prospective with	Interim Component		
Prior	Provider Prospective data						
Basis:		Changes:		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
Budget			Licensure	Rating Change			
X Unaudited costs				Customary Limitation	1		
Field audited co			Target Rate limitation change				
Field audit - inte	erim portion		FRVS Cha	inge			
Desk audited co	-	X					
Desk audit - Inte		Rate Semester Change					
	ospective portion		On FRV [2	2] as of 01/01/1989			
Distribution:	· / Pi	7	7	Thomas Parker			
Contract Managemen	t / Fiscal Agent	Med	icaid Cost I	Reimbursement Plann	ing and Finance		
Permanent File	0.1						
For information	•						
No Change in I	Rate						
Home Office:	CMC II, LLC						
	800 Concourse Parkway South Maitland FL 32751						



Lakeside Oaks Care Cent	er			Provider Number:	0 061140-00	
1061 Virginia Street				Date:	1/21/2014	
Dunedin FL 34698	***************************************			Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:					L J	
			Current	New	Effective	
Manager II	Y' I I I		Rate	Rate	Date	
Nursing Home S	Single Level	_	220.82		7/1/2013	
			20.000			
Rate Type:						
Interim		X	Prospectiv	e		
Total	Interim			Total Prospective		
	im Component			Prospective Adjusted f		
	ement based on costs			Total Prospective with	Interim Component	
Prior	Provider Prospective data					
Basis:		Changes:				
Budget				Rating Change		
Y Unaudited costs Field audited co	1	Usual and Customary Limitation Target Rate limitation change				
Field audit - into	!		FRVS Ch	_		
Desk audited co	-	X	Cost Sett	lement using FYE 7/3	1/2012 C/R	
Desk audit - Inte	ı	Rate Semester Change				
	ospective portion		On FRV	2] as of 01/01/1989		
Distribution:			ナノノ	Thomas Parker		
Contract Managemen	t / Fiscal Agent	Med	icaid Cost	Reimbursement Planni	ng and Finance	
Permanent File						
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No Change in I	Rate					
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· ·						
	800 Concourse Parkway South Maitland FL 32751			i		
	ivialitatic FL 32/31					



Lakeside Oaks Care Center			Provider Number:	0 061140-00
1061 Virginia Street			Date:	1/21/2014
Dunedin FL 34698	•		Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
Nuncing Home Cincle Level		Rate	Rate	Date 1/1/2014
Nursing Home Single Level	-	212.18	<u>219.81</u> _	1/1/2014
			***************************************	·
Rate Type :				
Interim	X	Prospectiv	e	
Total Interim		-	Total Prospective	
Interim Component			Prospective Adjusted f	or New Costs
X Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
		_		
Budget			Rating Change	*
X Unaudited costs	***************************************		Customary Limitation	1
Field audited costs		_	te limitation change	
Field audit - interim portion		FRVS Ch	-	11/2014 C/D
Desk audited costs  Desk audit - Interim Portion	<u>X</u>		lement using FYE 7/3 ester Change	1/2012 C/R
Desk Audit - Prospective portion			2] as of 01/01/1989	
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent		$\mathcal{O}_{-}$		
Permanent File	Med	icaid Cost	Reimbursement Plann	ing and Finance
For information Only				
No Change in Rate				
Home Office: CMC II, LLC	TORONO W. SALE	VIII	***************************************	
800 Concourse Parkway Sout	th			
Maitland FL 32751			1	



Atlantic Shores Nursing	and Rehab			Provider Number:	0 263389-00
4251 Stack Blvd.				Date:	1/31/2014
Melbourne FL 32901				Fiscal Year End:	12/31/2012
	•			Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		214.25	201.40	1/1/2014
Rate Type:					
Interim		X	Prospectiv	e	
Tot	tal Interim		-	Total Prospective	
Inte	erim Component			Prospective Adjusted f	or New Costs
Sett	tlement based on costs			Total Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:		TO THE PARTY OF TH	
Budget			•	Rating Change	
X Unaudited cos				l Customary Limitation te limitation change	1
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Desk audited	- · · · · · · · · · · · · · · · · · · ·	X		E 12/31/2012	
Desk audit - Ir				ester Change	
Desk Audit - F	Prospective portion		On FRV	2] as of 12/08/1995	
<b>Distribution:</b>			7	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Me	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File	0.1				
For informati	•				
No Change in	n Kate				
Home Office:	Southern HealthCare Manageme	ent, LLC			
	R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328			:	



Bonifay Nursing and Rehab				Provider Number:	0 263443-00
306 West Brock Avenue				Date:	2/4/2014
Bonifay FL 32425				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single La	evel		Current Rate 197.00	New Rate 185.35	Effective Date 1/1/2014
Rate Type : InterimTotal InterimInterim Compo	ed on costs	X		e Fotal Prospective Prospective Adjusted to the prospective of the prospective with	
Basis:	Prospective data	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim porti Desk audited costs Desk audit - Interim Porti Desk Audit - Prospective	on	X	Usual and Target Ra FRVS Ch Retro for Rate Sem	Rating Change Customary Limitation Relimitation change Rating FYE Rester Change Relimitation of 10/01/2003	
Distribution:			20	Thomas Parker	
Contract Management / Fiscal Permanent File For information Only No Change in Rate	Agent	Me	dicaid Cost	Reimbursement Plann	ning and Finance
R. Mar 5887 G	ern HealthCare Manageme k Cronquist Henridge Drive, Suite 150 GA 30328		an processing the second of the second	:	



Riviera Palms Rehabilitation	on Center			Provider Number:	0 263451-00
926 Haben Blvd.				Date:	2/4/2014
Palmetto FL 34221				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Si	ingle Level		Current Rate 217.21	New Rate 208.69	Effective Date 1/1/2014
Rate Type:					1.0
Interim	Total and the	X	Prospective		
	Interim n Component			Fotal Prospective Prospective Adjusted f	or New Costs
	ment based on costs			Total Prospective with	
	Provider Prospective data			•	•
Basis:		Changes:			
Dardana		:	Licensure	Rating Change	
Budget  X Unaudited costs	1			Customary Limitation	1
Field audited cos	sts			te limitation change	-
Field audit - inte	rim portion		FRVS Ch	ange	
Desk audit - Inter Desk Audit - Pro	rim Portion	X Retro for 1/14 RS using FYE 12/31/2012 CR Rate Semester Change On FRV [2] as of 03/07/1988			
Distribution:		7	-	Thomas Parker	
Contract Management	/ Fiscal Agent	Med	icaid Cost	Reimbursement Plann	ing and Finance
Permanent File		2120			
For information	-				
No Change in R	Late				
Home Office:	Southern HealthCare Managen	nent, LLC		Management of the second of th	
	R. Mark Cronquist 5887 Glenridge Drive, Suite 15 Atlanta GA 30328	0			



Arbor Trail Nursing ar	nd Rehab			Provider Number:	0 263478-00	
611 Turner Camp Roa	d			Date:	2/17/2014	
Inverness FL 34453	44			Fiscal Year End:	12/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:				riudit Status.		
			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level	*****	202.56	<u> 191.85</u> _	1/1/2014	
				<b></b>		
	The control of the co		to distribution of the second		3	
Rate Type :						
Interim		X	Prospectiv	re		
T	otal Interim		-	Total Prospective		
In	nterim Component			Prospective Adjusted 1	for New Costs	
	ettlement based on costs			Total Prospective with		
PI	rior Provider Prospective data			-	-	
Basis:		Changes	•			
Dasis.		Changes	<u>.</u>			
Budget			Licensure	Rating Change		
X Unaudited co	osts	·	- Usual and	Customary Limitation	n	
Field audited	d costs	i		ate limitation change		
Field audit -	interim portion		FRVS Ch	nange		
Desk audited	costs	X	Retro for	1/14 RS using FYE	12/31/2012 C/R	
	Interim Portion	Rate Semester Change				
Desk Audit -	Prospective portion		On FRV	[2] as of 07/17/1987		
<b>Distribution:</b>			2	Thomas Parker		
Contract Manager	ment / Fiscal Agent		edicaid Cost	Reimbursement Plann	ing and Finance	
Permanent File		141	culcalu Cost	. Keimoursement i iain.	ing and i mance	
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No Change	in Rate					
Home Office:	Southern HealthCare Managem	ent, LLC		* MONOTONIO 1-10 MA 1 MANAGEMENT MATERIAL		
Home Office.	R. Mark Cronquist	-,		į		
	5887 Glenridge Drive, Suite 150	)		;		
	Atlanta GA 30328			1		



Pinellas Point Nursing and Rehab			Provider Number:	0 263486-00
5601 31st Street South			Date:	1/31/2014
St. Petersburg FL 33712			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:				
Interim	X	Prospective	e	
Total Interim			Total Prospective	
Interim Component		-	Prospective Adjusted for	
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:	]		
Budget		Licensure	Rating Change	
X Unaudited costs			Customary Limitation	ı.
Field audited costs		=	te limitation change	
Field audit - interim portion		FRVS Ch	•	
Desk audited costs	<u>X</u>		1/14 RS using FYE 1	2/31/2012 CR
Desk audit - Interim Portion  Desk Audit - Prospective portion			ester Change 2] as of 03/08/1995	
Distribution:	-	7	Thomas Parker	1
Contract Management / Fiscal Agent	Med	icaid Cost	Reimbursement Planni	ng and Finance
Permanent File	Mod	icaia cost.	Combursement I faiun	ing and I mance
For information Only				
No Change in Rate				
Home Office: Southern HealthCare Managem	ent, LLC			
R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328				



### Medicaid Reimbursement Per Diem Rates

Jacksonville Nursing and	l Rehab			Provider Number:	0 263494-00
4134 Dunn Ave.				Date:	1/29/2014
Jacksonville FL 32218				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
Inte	al Interim rim Component Iement based on costs	X		e Total Prospective Prospective Adjusted t Total Prospective with	
Prio	r Provider Prospective data		-		
Basis:		Changes:			
Budget X Unaudited cost Field audited cost Field audit - in Desk audited cost Desk audit - In Desk Audit - P	costs aterim portion osts	X	Usual and Target Ra FRVS Ch Retro for Rate Sem	Rating Change I Customary Limitation ate limitation change hange 1/14 using FYE 12/3 ester Change 2] as of 10/31/1990	
Distribution:			2	Thomas Parker	
Contract Manageme Permanent File For information No Change in	on Only	Med	icaid Cost	Reimbursement Plann	ing and Finance
Home Office:	Southern HealthCare Managemer R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328				

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Report Calculated: 1/29/2014 Report Printed: 1/29/2014 Book:0 ID:193652634942014010120140129143454



Port Orange Nursing and Re	ehab			Provider Number:	0 263508-00
5600 Victory Gardens Blvd				Date:	1/29/2014
Port Orange FL 32127	AU. 4.1.			Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Sin	ngle Level		Current Rate 222.84	New Rate 218.96	Effective
Rate Type :					AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
Interim		X	Prospectiv	ve	
Total I	nterim		X	Total Prospective	
	Component			Prospective Adjusted f	
	nent based on costs		****	Total Prospective with	Interim Component
	rovider Prospective data				
Basis:		Changes:			
Dudant	•		Licensur	e Rating Change	
Budget  Vinaudited costs				d Customary Limitation	1
Field audited cost	ds .			ate limitation change	,
Field audit - inter	im portion		FRVS C	hange	
Desk audited cost		X		r 1/14 using FYE 12/3	1/2012 C/R
Desk audit - Inter				nester Change [2] as of 10/09/1992	
Distribution:	- Address - Addr		20		
Contract Management	Fiscal Agent		0	Thomas Parker	
Permanent File		Med	licaid Cos	t Reimbursement Plann	ing and Finance
For information	Only				
No Change in Ra	nte				
Home Office:	Southern HealthCare Manage	ement, LLC		- · · · · · · · · · · · · · · · · · · ·	
Tionic Office.	R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328				



Provider Type:   Current Rate Rate Date   1/29/2014	Macclenny Nursing and Rehab			Provider Number:	0 263516-00
Provider Type:    Rate Type :	755 South 5th Street			Date:	1/29/2014
Provider Type:    Rate Type:	MacClenny FL 32063			Fiscal Year End:	12/31/2012
Rate Type:					
Rate Type:  Interim Total Interim Total Interim Interim Settlement based on costs Prior Provider Prospective data    Changes:	Provider Type:	•			
Rate Type:  Interim Total Interim Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audited costs Field audited rinterim portion Desk audit- Interim Portion Desk audit- Interim Portion Desk audit- Interim Portion Desk Audit- Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist S887 Glenridge Drive, Suite 150	•				
Interim		_			
Interim X Prospective  Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data    Basis:   Changes:	Nursing Home Single Level	_	208.42	<u> 196.25</u> _	1/1/2014
Interim X Prospective  Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data    Basis:   Changes:					
Interim X Prospective  Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data    Basis:   Changes:					
Interim X Prospective  Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data    Basis:   Changes:					
Interim X Prospective  Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data    Basis:   Changes:					
Interim X Prospective  Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data    Basis:   Changes:					
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data    Basis:	Rate Type:				
Interim Component Settlement based on costs Prior Provider Prospective data    Budget	Interim	X	Prospectiv	re	
Basis:  Changes:  Budget X Unaudited costs Field audit - interim portion Desk audited costs Desk audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Target Rate limitation change FRVS Change On FRV [2] as of 08/27/1901  Medicaid Cost Reimbursement Planning and Finance	Total Interim		X	Total Prospective	
Budget X Unaudited costs Field audited costs Target Rate limitation change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Interim Component			= =	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Vs. Retro for 1/14 using FYE 12/31/2012 C/R Rate Semester Change On FRV [2] as of 08/27/1990  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance	Settlement based on costs	•		Total Prospective with	Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Rate Semester Change On FRV [2] as of 08/27/1990  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance	Prior Provider Prospective da	ıta			
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150  Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 08/27/1901  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance	Basis:	Changes:			
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150  Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 08/27/1901  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance					
Variable Costs   Usual and Customary Limitation	Budget		Licensure	e Rating Change	
Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Field audit - Interim portion  FRVS Change  X Retro for 1/14 using FYE 12/31/2012 C/R  Rate Semester Change  On FRV [2] as of 08/27/1990  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance  Example 1/2		•	Usual and	d Customary Limitatio	n
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150  X Retro for 1/14 using FYE 12/31/2012 C/R Rate Semester Change On FRV [2] as of 08/27/1990  Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Field audited costs		Target Ra	ate limitation change	
Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Field audit - interim portion	:	FRVS Cl	nange	
Desk Audit - Prospective portion  On FRV [2] as of 08/27/1990  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Desk audited costs	X	Retro for	r 1/14 using FYE 12/3	31/2012 C/R
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Southern HealthCare Management, LLC  R. Mark Cronquist 5887 Glenridge Drive, Suite 150		i			
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Southern HealthCare Management, LLC  R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Desk Audit - Prospective portion		On FRV	[2] as of 08/27/1990	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Southern HealthCare Management, LLC  R. Mark Cronquist  5887 Glenridge Drive, Suite 150	<b>Distribution:</b>			Thomas Parker	
Permanent File For information Only No Change in Rate  Home Office:  Southern HealthCare Management, LLC  R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Contract Management / Fiscal Agent		dicaid Cost	Reimbursement Plant	ning and Finance
No Change in Rate  Home Office: Southern HealthCare Management, LLC  R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Permanent File	IVIC	dicaid Cost	i Kennoursement i iain	ing and i mance
Home Office: Southern HealthCare Management, LLC  R. Mark Cronquist 5887 Glenridge Drive, Suite 150	For information Only				
R. Mark Cronquist 5887 Glenridge Drive, Suite 150	No Change in Rate				
R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Homo Office: Southern HealthCare	Management LLC			
5887 Glenridge Drive, Suite 150	Home office.				
<del>-</del>		e, Suite 150			
	<del>-</del>				



Medicana Nursing and R	ehab			Provider Number:	0 263524-00
710 Lake Worth Road				Date:	1/29/2014
Lake Worth FL 33460				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
Inter	ıl Interim rim Component	X		Total Prospective Prospective Adjusted f	
	ement based on costs r Provider Prospective data			Total Prospective with	Interim Component
Basis:		Changes:		- Andrews - Andr	Hamiltonian and Hamiltonian an
Budget X Unaudited cost Field audited c Field audit - in Desk audit - In Desk Audit - Pr	osts terim portion osts	X	Usual and Target Ra FRVS Ch Retro for Rate Sem	Rating Change d Customary Limitation ate limitation change hange 1/14 using FYE 12/3 ester Change [2] as of 02/01/1997	
Distribution:			250	Thomas Parker	
Contract Manageme Permanent File For information No Change in	on Only	Me	dicaid Cost	Reimbursement Plann	ing and Finance
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	150	. 11 17 //		



Tiffany Hall Nursing an	d Rehab			Provider Number:	0 263532-00
1800 SE Hillmoor Drive	9			Date:	2/3/2014
Port St. Lucie FL 34952				Fiscal Year End:	12/31/2012
			•	Audit Status:	Unaudited [3]
Provider Type:				Addit Status.	Olludated [3]
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	,	216.98		1/1/2014
					***************************************
Rate Type :					
Interim		X	Prospective	2	
	al Interim		-	Total Prospective	
Inte	erim Component			Prospective Adjusted f	or New Costs
Sett	lement based on costs		بر	Total Prospective with	Interim Component
Prio	or Provider Prospective data				
Basis:		Changes:			
			•		
Budget	Ì			Rating Change	
Unaudited cost	i			Customary Limitation	1
Field audited o			FRVS Ch	te limitation change	
Field audit - in  Desk audited c	_			ange 1/14 R/S using FYE	12/21/2012 C/D
Desk audit - In		A		ester Change	12/31/2012 C/R
	rospective portion			2] as of 07/06/1993	
Distribution:	1111		2	Thomas Parker	7.00
Contract Manageme	ent / Fiscal Agent		0		1.5.
Permanent File	C	Med	icaid Cost	Reimbursement Planni	ing and Finance
For information	on Only				
No Change in	Rate				
II 0.00	Southern HealthCare Manageme	ent TTC			
Home Office:	R. Mark Cronquist	vastų šušulė			
	5887 Glenridge Drive, Suite 150			:	
	Atlanta GA 30328				
	The second secon			:	



Metrowest Nursing and Rehab			Provider Number:	0 263541-00
5900 West Gate Drive			Date:	2/3/2014
Orlando FL 32835			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	X	Prospective		
Total Interim			Fotal Prospective	ion Novy Coats
Interim Component  Settlement based on costs			Prospective Adjusted for Foral Prospective with	
Prior Provider Prospective data			rotar rrospective with	
Basis:	Changes:			
Budget	!	Licensure	Rating Change	
X Unaudited costs			Customary Limitation	1
Field audited costs			te limitation change	
Field audit - interim portion		FRVS Ch	•	
Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	X	Rate Seme	1/14 R/S using FYE ester Change 2] as of 10/21/1994	12/31/12 C/R
Distribution:		1	Thomas Parker	<u>-</u>
Contract Management / Fiscal Agent	Mad	liggid Cost	Reimbursement Plann	ing and Finance
Permanent File	Mec	iicaiu Cost	Kemioursement Flam	ing and Finance
For information Only				
No Change in Rate				
Home Office: Southern HealthCare Manag	gement, LLC			
R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	150		:	



Moultrie Creek Nursing	g and Rehab			Provider Number:	0 263559-00
00 Mariner Health Wa				Date:	2/4/2014
t. Augustine FL 32086	)			Fiscal Year End:	12/31/2012
	·			Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Onaddica [5]
Tovider Type.			Current	New	Effective
		_	Rate	Rate	Date
lursing Home	Single Level	_	211.22	210.27	1/1/2014
					-
Rate Type :					
Interim		X	_ Prospectiv		
	tal Interim			Total Prospective	For Mayy Costs
	erim Component ttlement based on costs			Prospective Adjusted f  Fotal Prospective with	
	or Provider Prospective data			Total Prospective with	mierim component
	,		.T		5
Basis:		Changes			
Budget			Licensure	Rating Change	
X Unaudited co.	sts	i		Customary Limitation	n
Field audited			_	ite limitation change	
Field audit - i	interim portion	:	FRVS Ch	ange	
Desk audited	· · · · · · · · · · · · · · · · · · ·	X		E 12/31/2012	
	nterim Portion			ester Change	
	Prospective portion	İ	On FRV [	[2] as of 05/01/1996	
<b>Distribution:</b>			ノイ	Thomas Parker	
Contract Managem	ent / Fiscal Agent	M	edicaid Cost	Reimbursement Plann	ing and Finance
Permanent File			# # DE		
For informat	ion Only				
No Change i	n Rate				
Home Office:	Southern HealthCare Manageme	ent, LLC			
Tionic Office.	R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328				



Orange City Nursing and	Rehab			Provider Number:	0 263567-00
2810 Enterprise Road				Date:	2/4/2014
DeBary FL 32713				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home S	ingle Level	_	Current Rate 217.44	New Rate 210.20	Effective Date 1/1/2014
***************************************	Interim	X		Total Prospective	,
***************************************	m Component			Prospective Adjusted f	
***************************************	ement based on costs			Cotal Prospective with	Interim Component
Prior	Provider Prospective data				
Basis:		Changes:			
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Distribution:	**************************************		5	Thamas Baulan	MANAGEMENT OF THE PROPERTY OF
Contract Managemen	t / Fiscal Agent		0	Thomas Parker	
Permanent FileFor information	-	Мед	icaid Cost	Reimbursement Plann	ing and Finance
No Change in l	Rate				
Home Office:	Southern HealthCare Manageme R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328				



Royal Oaks Nursing and	d Rehab			Provider Number:	0 263583-00
2225 Knox McRae Driv	'e			Date:	2/5/2014
Titusville FL 32780				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				Tauti Status	
V .			Current	New	Effective
	~		Rate	Rate	Date
Nursing Home	Single Level		204.50	<u>196.52</u> _	1/1/2014
Rate Type :				LANGE CONTRACTOR OF THE PARTY O	97.
<u> </u>		• •	<b>.</b>		
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	erim Component			Total Prospective Prospective Adjusted t	For New Costs
	tlement based on costs			Total Prospective with	
	or Provider Prospective data			rotal riospective with	interm component
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Field audited	1			ite limitation change	II.
	nterim portion		FRVS C	-	
Desk audited	-	X	-	E 12/31/2012	
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Desk Audit - l	Prospective portion		On FRV	[2] as of 04/09/1993	- 4
<b>Distribution:</b>				Thomas Parker	
Contract Managem	ent / Fiscal Agent		dissid Cost		ing and Finance
Permanent File		17/10	euicaiu Cost	Reimbursement Plann	mig and rmance
For informat	ion Only				
No Change i	n Rate				
Home Office:	Southern HealthCare Manager	ment. LLC			
nome Office:	R. Mark Cronquist	, 220			
	5887 Glenridge Drive, Suite 15	50			
	Atlanta GA 30328				



Tuskawilla Nursing and Rehab			Provider Number:	0 263591-00
1024 Willa Springs Drive			Date:	2/5/2014
Winter Springs FL 32708			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 :			•	
Interim	X	Prospectiv		
Total Interim			Total Prospective	
Interim Component	•		Prospective Adjusted f	
Settlement based on costs Prior Provider Prospective data		-	Total Prospective with	Interim Component
Basis:	Changes:			100
Budget		Licensure	e Rating Change	
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Field audited costs			ate limitation change	
Field audit - interim portion		FRVS Cl	nange	
Desk audited costs	X		Æ 12/31/2012	
Desk audit - Interim Portion  Desk Audit - Prospective portion			lester Change [2] as of 11/07/1994	
Distribution:				
Contract Management / Fiscal Agent		<u>0</u>	Thomas Parker	
Permanent File	Med	dicaid Cost	Reimbursement Planni	ing and Finance
For information Only				
No Change in Rate				
Home Office:  Southern HealthCare Manage  R. Mark Cronquist 5887 Glenridge Drive, Suite 1:  Atlanta GA 30328				



Hunter's Creek Nursing and Rehab			Provider Number:	0 263605-00
14155 Town Loop Bovd.	•		Date:	2/4/2014
Orlando FL 32837			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	-	Current Rate	New Rate 237.03	Effective Date 1/1/2014
Rate Type :	X	Prospectiv	e	
Total Interim		X	Total Prospective	
Interim Component			Prospective Adjusted 1	
Settlement based on costs		-	Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes	<b>:</b>		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual and Target Ra FRVS CI Retro for	e Rating Change I Customary Limitation ate limitation change nange r 1/14 using FYE 12/3 ester Change [2] as of 05/26/1998	
Distribution:		フィノ		A second distribution of the second distribution
Contract Management / Fiscal Agent Permanent File For information Only	M	edicaid Cost	Thomas Parker Reimbursement Plann	ing and Finance
No Change in Rate				
Home Office: Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Boulevard Rehabilitation	n Center		Provider Number:	0 263613-00			
2839 South Seacrest Boulevard			Date:	2/4/2014			
Boynton Beach FL 3343	35		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			
D.A. Town		- Andrew Company Compa					
Rate Type:							
Interim	al Interim	X Prospective					
	arim Component	Total Prospective  Prospective Adjusted for New Costs					
	Element based on costs	Total Prospective with Interim Component					
	or Provider Prospective data		<b></b>	1			
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Budget		Licensure	e Rating Change				
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Field audited	costs	Target Rate limitation change					
Field audit - in	nterim portion	FRVS Cl	nange				
Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion		Rate Sem	Retro for 1/14 using FYE 12/31/2012 C/R Rate Semester Change On FRV [2] as of 09/29/1988				
Distribution:		20	Thomas Parker				
Contract Manageme	ent / Fiscal Agent —	<u> </u>		' 1E'			
Permanent File	-	Medicaid Cost	Reimbursement Plann	ning and Finance			
For informati	on Only						
No Change in	ı Rate						
Home Office:	Southern HealthCare Management, LL	C	- • •				
	R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328		!				



Palm City Nursing and Reh	ab			Provider Number:	0 263621-00		
2505 SW Martin Highway				Date:	2/11/2014		
Palm City FL 34990			-	Fiscal Year End:	12/31/2012		
				Audit Status:	Unaudited [3]		
Provider Type:  Nursing Home Single Level			Current Rate	New Rate 213.81	Effective Date 1/1/2014		
Settlen	nterim  1 Component  1 cont based on costs  1 rovider Prospective data	X		e Total Prospective Prospective Adjusted f Total Prospective with			
Basis:		Changes:					
Budget  X Unaudited costs  Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion		X	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				
<b>Distribution:</b>	• • • • • • • • • • • • • • • • • • • •		1	Thomas Parker			
Contract Management Permanent File For information No Change in R	Only	Med	icaid Cost	Reimbursement Plann	ing and Finance		
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328						



Jacaranda Manor 4250 66th Street North St. Petersburg FL 33709				Provider Number:	0 281743-00		
			Date: Fiscal Year End:		2/6/2014 12/31/2012		
				Audit Status:	Unaudited [3]		
Provider Type:  Nursing Home Single Level		Current Rate 172.18		New Rate 168.00	Effective Date 1/1/2014		
Rate Type:  Interim Tot	al Interim	X	Prospectiv X	e Total Prospective	;		
Inte	erim Component	Prospective Adjusted for New Costs Total Prospective with Interim Component					
	element based on costs						
Pric	or Provider Prospective data						
Basis:		Changes:					
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		X	Licensure Rating Change  Usual and Customary Limitation Target Rate limitation change FRVS Change  X Retro for 1/14 RS using FYE 12/31/2012 CR Rate Semester Change On FRV [2] as of 10/01/1985				
Distribution:			1	Thomas Parker			
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance					
Permanent File	0.1			,			
For information	-						
No Change in	ı Rate			•			
Home Office:	Grace Healthcare, Inc Randy Martin 7201 Shallowford Rd, STE 200 Chattanooga TN 37421						



Kenilworth Care and Rehabilitation Center 3011 Kenilworth Blvd.				Provider Number:	0 324493-00		
				Date:	2/4/2014		
Sebring FL 33870				Fiscal Year End:	9/30/2013		
				Audit Status:	Unaudited [3]		
Provider Type:  Nursing Home Single Level			Current Rate	New Rate 195.36	Effective Date 1/1/2014		
Data Tyme							
Rate Type:							
Interim	1 Textender	<u>X</u>	Prospectiv				
	l Interim im Component	Total Prospective  Prospective Adjusted for New Costs					
	ement based on costs			Total Prospective with			
	Provider Prospective data			Total Prospective with	merm component		
	Trovider Prospective data						
Basis:		Changes:					
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Budget			Licensure Rating Change				
X Unaudited costs	1		Usual and Customary Limitation				
Field audited costs			Target Rate limitation change				
Field audit - int	- r		FRVS Change				
Desk audited costs		<u>X</u>					
Desk audit - Interim Portion  Desk Audit - Prospective portion			Rate Semester Change On FRV [2] as of 07/01/1986				
Distribution:	ospective portion						
Contract Management / Fiscal Agent			0	Thomas Parker			
Permanent File		Med	dicaid Cost	Reimbursement Plann	ing and Finance		
For information	n Only						
No Change in	·						
Home Office:	Signature Healthcare LLC						
nome Office:	Julie Kleiser 12201 Bluegrass Parkway			! ! !			
	Louisville KY 40299			i			