




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: April 30, 2014
To: Gay Munyon, Bureau Chief, Medicaid Contract Management
From:  Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement
Subject: Retroactive Nursing Facility Per Diem Rates

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

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
1.	Heartland of Boca Raton FL, LLC	0 011997-00	10
2.	The Groves Center	0 080062-00	1
3.	Miami Jewish Health Systems	0 200506-00	2
4.	Baldomero Lopez State Veterans' Nursing Home	0 214914-00	2
5.	Winter Haven Health and Rehab Center	0 228702-00	1
6.	Alexander Nininger State Veterans' Nursing Home	0 229849-00	2
7.	Avante at Ormond Beach	0 252034-00	1
8.	Clifford Chester Sims State Veterans' Nursing Home	0 264491-00	4
9.	Douglas Jacobson State Veterans Nursing Home	0 269492-00	6
		Total	29

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

TP/ab
Attachments



Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
001199700	20090805	208.66	349.01	208.66	208.66	75382-14	NH12-073W
001199700	20100101	210.16	352.08	210.16	210.16	75382-14	NH12-073W
001199700	20100701	211.57	354.91	211.57	211.57	75382-14	NH12-073W
001199700	20110101	215.49	360.35	215.49	215.49	75382-14	NH12-073W
001199700	20110701	206.57	352.77	206.57	206.57	75382-14	NH12-073W
001199700	20120101	209.06	356.67	209.06	209.06	75382-14	NH12-073W
001199700	20120701	215.56	364.77	215.56	215.56	75382-14	NH12-073W
001199700	20130101	212.95	363.76	212.95	212.95	75382-14	NH12-073W
001199700	20130701	218.97	0.00	218.97	218.97	75382-14	NH12-073W
001199700	20140101	215.89	0.00	215.89	215.89	75382-14	NH12-073W
008006200	20140101	185.20	0.00	185.20	185.20	75382-14	
020050600	20090701	224.36	364.71	224.36	224.36	75382-14	NH12-065W
020050600	20100101	225.71	367.63	225.71	225.71	75382-14	NH12-065W
021491400	20100701	220.91	364.25	220.91	220.91	75382-14	NH11-056L
021491400	20110101	223.67	368.53	223.67	223.67	75382-14	NH11-056L
022870200	20130101	183.85	334.66	183.85	183.85	75382-14	
022984900	20100701	220.78	364.12	220.78	220.78	75382-14	NH11-052L
022984900	20110101	224.00	368.86	224.00	224.00	75382-14	NH11-052L
025203400	20130101	220.58	371.39	220.58	220.58	75382-14	
026449100	20100701	212.00	355.34	212.00	212.00	75382-14	NH11-054L
026449100	20110101	215.23	360.09	215.23	215.23	75382-14	NH11-054L
026449100	20120701	221.20	370.41	221.20	221.20	75382-14	NH11-054L
026449100	20130701	228.66	0.00	228.66	228.66	75382-14	NH11-054L
026949200	20100701	228.56	371.90	228.56	228.56	75382-14	NH11-058L
026949200	20110101	232.54	377.40	232.54	232.54	75382-14	NH11-058L
026949200	20120101	214.53	362.14	214.53	214.53	75382-14	NH11-058L
026949200	20130101	225.00	375.81	225.00	225.00	75382-14	NH11-058L
026949200	20130701	229.68	0.00	229.68	229.68	75382-14	NH11-058L
026949200	20140101	229.99	0.00	229.99	229.99	75382-14	NH11-058L



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Heartland of Boca Raton FL, LLC
 7225 Boca Del Mar Drive
 Boca Raton FL 33433

Provider Number: 0 011997-00
 Date: 4/10/2014
 Fiscal Year End: 12/31/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>210.57</u>	<u>208.66</u>	<u>8/5/2009</u>
	Level H: Aids	<u>350.92</u>	<u>349.01</u>	<u>8/5/2009</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH12-073W FYE 12/31/2010**
- Rate Semester Change
- On FRV [2] as of 08/05/2009

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: HCR Manor Care
 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604



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Heartland of Boca Raton FL, LLC
 7225 Boca Del Mar Drive
 Boca Raton FL 33433

Provider Number: 0 011997-00
 Date: 4/10/2014
 Fiscal Year End: 12/31/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.09	210.16	1/1/2010
	Level H: Aids	354.01	352.08	1/1/2010

Rate Type :

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

Basis:

- Budget
- Unaudited costs
- Field audited costs
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Changes:

- Licensure Rating Change
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Medicaid Reimbursement Per Diem Rates

Heartland of Boca Raton FL, LLC
 7225 Boca Del Mar Drive
 Boca Raton FL 33433

Provider Number: 0 011997-00
 Date: 4/10/2014
 Fiscal Year End: 12/31/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.60	211.57	7/1/2010
	Level H: Aids	356.94	354.91	7/1/2010

Rate Type :

Interim

- Total Interim
- Interim Component
- Settlement based on costs
- Prior Provider Prospective data

Prospective

- Total Prospective
- Prospective Adjusted for New Costs
- Total Prospective with Interim Component

Basis:

- Budget
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- Field audited costs
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- Desk audited costs
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- Desk Audit - Prospective portion

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Heartland of Boca Raton FL, LLC
 7225 Boca Del Mar Drive
 Boca Raton FL 33433

Provider Number: 0 011997-00
 Date: 4/10/2014
 Fiscal Year End: 12/31/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.54	215.49	1/1/2011
	Level H: Aids	362.40	360.35	1/1/2011

Rate Type :

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

Basis:

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- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

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- Usual and Customary Limitation
- Target Rate limitation change
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- Field Audit NH12-073W FYE 12/31/2010**
- Rate Semester Change
- On FRY-[2] as of 08/05/2009

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 Boca Raton FL 33433

Provider Number: 0 011997-00
 Date: 4/10/2014
 Fiscal Year End: 12/31/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.49	206.57	7/1/2011
	Level H: Aids	354.69	352.77	7/1/2011

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH12-073W FYE 12/31/2010
 Rate Semester Change
 On FRV [2] as of 08/05/2009

Distribution:

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 Boca Raton FL 33433

Provider Number: 0 011997-00
 Date: 4/10/2014
 Fiscal Year End: 12/31/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.88	209.06	1/1/2012
	Level H: Aids	358.49	356.67	1/1/2012

Rate Type :

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

Basis:


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

Changes:

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- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH12-073W FYE 12/31/2010**
- Rate Semester Change
- On FRV [2] as of 08/05/2009

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Heartland of Boca Raton FL, LLC
 7225 Boca Del Mar Drive
 Boca Raton FL 33433

Provider Number: 0 011997-00
 Date: 4/10/2014
 Fiscal Year End: 12/31/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>217.54</u>	<u>215.56</u>	<u>7/1/2012</u>
	Level H: Aids	<u>366.75</u>	<u>364.77</u>	<u>7/1/2012</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH12-073W FYE 12/31/2010
 Rate Semester Change
 On FRV [2] as of 08/05/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

Heartland of Boca Raton FL, LLC
 7225 Boca Del Mar Drive
 Boca Raton FL 33433

Provider Number: 0 011997-00
 Date: 4/10/2014
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.24	212.95	1/1/2013
	Level H: Aids	364.05	363.76	1/1/2013

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH12-073W FYE 12/31/10
 Rate Semester Change
 On FRV [2] as of 08/05/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

Heartland of Boca Raton FL, LLC
 7225 Boca Del Mar Drive
 Boca Raton FL 33433

Provider Number: 0 011997-00
 Date: 4/10/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	216.19	215.89	1/1/2014

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH12-073W FYE 12/31/10
- Rate Semester Change
- On FRV [2] as of 08/05/2009

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Miami Jewish Health Systems
 5200 N.E. 2nd Avenue
 Miami FL 33137

Provider Number: 0 200506-00
 Date: 2/10/2014
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	225.11	224.36	7/1/2009
	Level H: Aids	365.46	364.71	7/1/2009

Rate Type :

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

Basis:


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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH12-065W FYE 6/30/2008
- Rate Semester Change

Distribution:

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


 Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: - No Home Office



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Miami Jewish Health Systems
 5200 N.E. 2nd Avenue
 Miami FL 33137

Provider Number: 0 200506-00
 Date: 2/10/2014
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	226.45	225.71	1/1/2010
	Level H: Aids	368.37	367.63	1/1/2010

Rate Type :

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

Basis:

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

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 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH12-065W FYE 6/30/2008
 Rate Semester Change

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Home Office: Home Office No Home Office



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Medicaid Reimbursement Per Diem Rates

Baldomero Lopez State Veterans' Nursing Home
6919 Parkway Blvd.
Land O Lakes FL 34639

Provider Number: 0 214914-00
 Date: 2/11/2014
 Fiscal Year End: 6/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>223.99</u>	<u>220.91</u>	<u>7/1/2010</u>
	Level H: Aids	<u>367.33</u>	<u>364.25</u>	<u>7/1/2010</u>

Rate Type :

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

Basis:


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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH11-056L FYE 6/30/2009**
- Rate Semester Change
- On FRV [2] as of 05/07/1999

Distribution:

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- Permanent File
- For information Only
- No Change in Rate


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Florida Dept. of Veterans Affairs
Walter Gilchrist
11351 Ulmerton Road, Room 332-I
Largo Fl 33778-1630



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Baldomero Lopez State Veterans' Nursing Home
6919 Parkway Blvd.
Land O Lakes FL 34639

Provider Number: 0 214914-00
 Date: 2/11/2014
 Fiscal Year End: 6/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>227.10</u>	<u>223.67</u>	<u>1/1/2011</u>
	Level H: Aids	<u>371.96</u>	<u>368.53</u>	<u>1/1/2011</u>

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
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- Usual and Customary Limitation
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- FRVS Change
- Field Audit NH11-056L FYE 6/30/2009**
- Rate Semester Change
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Largo Fl 33778-1630



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Medicaid Reimbursement Per Diem Rates

Winter Haven Health and Rehab Center
 202 Avenue O North East
 Winter Haven FL 33881

Provider Number: 0 228702-00
 Date: 4/16/2014
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	183.87	183.85	1/1/2013
	Level H: Aids	334.68	334.66	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Ratings Days Correction**
- Rate Semester Change
- On FRV [2] as of 01/01/2001

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: 1 - No Home Office



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Alexander Nininger State Veterans' Nursing Home
 8401 West Cypress Drive
 Pembroke Pines Fl 33025

Provider Number: 0 229849-00
 Date: 2/6/2014
 Fiscal Year End: 6/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.45</u>	<u>220.78</u>	<u>7/1/2010</u>
	Level H: Aids	<u>370.79</u>	<u>364.12</u>	<u>7/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-052L FYE 6/30/2009**
- Rate Semester Change
- On FRV [2] as of 09/06/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

Alexander Nininger State Veterans' Nursing Home
 8401 West Cypress Drive
 Pembroke Pines Fl 33025

Provider Number: 0 229849-00
 Date: 2/6/2014
 Fiscal Year End: 6/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>231.30</u>	<u>224.00</u>	<u>1/1/2011</u>
	Level H: Aids	<u>376.16</u>	<u>368.86</u>	<u>1/1/2011</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-052L FYE 6/30/2009**
- Rate Semester Change
- On FRV [2] as of 09/06/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

Avante at Ormond Beach
 170 North Kings Road
 Ormond Beach FL 32807

Provider Number: 0 252034-00
 Date: 4/16/2014
 Fiscal Year End: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	221.12	220.58	1/1/2013
	Level H: Aids	371.93	371.39	1/1/2013

Rate Type :

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

Basis:

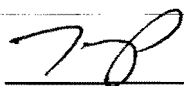
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Rating Days Correction for 1/13**
- Rate Semester Change
- On FRV [2] as of 04/01/1992

Distribution:

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Medicaid Reimbursement Per Diem Rates

Clifford Chester Sims State Veterans' Nursing Home
4419 Tram Road
Springfield FL 32404

Provider Number: 0 264491-00
 Date: 2/11/2014
 Fiscal Year End: 6/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	212.33	212.00	7/1/2010
	Level H: Aids	355.67	355.34	7/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH11-054L FYE 6/30/09**
- Rate Semester Change
- On FRV [2] as of 11/05/2003

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Medicaid Reimbursement Per Diem Rates

Clifford Chester Sims State Veterans' Nursing Home
 4419 Tram Road
 Springfield FL 32404

Provider Number: 0 264491-00
 Date: 2/11/2014
 Fiscal Year End: 6/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	215.92	215.23	1/1/2011
	Level H: Aids	360.78	360.09	1/1/2011

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH11-054L FYE 6/30/09**
- Rate Semester Change
- On FRV [2] as of 11/05/2003

Distribution:

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Medicaid Reimbursement Per Diem Rates

Clifford Chester Sims State Veterans' Nursing Home
 4419 Tram Road
 Springfield FL 32404

Provider Number: 0 264491-00
 Date: 2/11/2014
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	221.19	221.20	7/1/2012
	Level H: Aids	370.40	370.41	7/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit NH11-054L FYE 6/30/09
- Rate Semester Change
- On FRV [2] as of 11/05/2003

Distribution:

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Medicaid Reimbursement Per Diem Rates

Clifford Chester Sims State Veterans' Nursing Home
 4419 Tram Road
 Springfield FL 32404

Provider Number: 0 264491-00
 Date: 2/11/2014
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	228.65	228.66	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit NH11-054L FYE 6/30/09
- Rate Semester Change
- On FRV [2] as of 11/05/2003

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Medicaid Reimbursement Per Diem Rates

Douglas Jacobson State Veterans Nursing Home
 21281 Grayton Terrance
 Port Charlotte FL 33954

Provider Number: 0 269492-00
 Date: 2/11/2014
 Fiscal Year End: 6/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	228.40	228.56	7/1/2010
	Level H: Aids	371.74	371.90	7/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11- 058L FYE 6/30/2009
 Rate Semester Change
 On FRV [2] as of 06/07/2004

Distribution:

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Medicaid Reimbursement Per Diem Rates

Douglas Jacobson State Veterans Nursing Home
21281 Grayton Terrance
Port Charlotte FL 33954

Provider Number: 0 269492-00
 Date: 2/11/2014
 Fiscal Year End: 6/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>232.77</u>	<u>232.54</u>	<u>1/1/2011</u>
	Level H: Aids	<u>377.63</u>	<u>377.40</u>	<u>1/1/2011</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11- 058L FYE 6/30/2009
 Rate Semester Change
 On FRV [2] as of 06/07/2004

Distribution:

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Douglas Jacobson State Veterans Nursing Home
21281 Grayton Terrance
Port Charlotte FL 33954

Provider Number: 0 269492-00
 Date: 2/11/2014
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.52</u>	<u>214.53</u>	<u>1/1/2012</u>
	Level H: Aids	<u>362.13</u>	<u>362.14</u>	<u>1/1/2012</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit #NH11- 058L FYE 6/30/2009
 Rate Semester Change
 On FRV [2] as of 06/07/2004

Distribution:

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Medicaid Reimbursement Per Diem Rates

Douglas Jacobson State Veterans Nursing Home
21281 Grayton Terrance
Port Charlotte FL 33954

Provider Number: 0 269492-00
 Date: 2/11/2014
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>224.99</u>	<u>225.00</u>	<u>1/1/2013</u>
	Level H: Aids	<u>375.80</u>	<u>375.81</u>	<u>1/1/2013</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit #NH11- 058L FYE 6/30/2009
 Rate Semester Change
 On FRV [2] as of 06/07/2004

Distribution:

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Medicaid Reimbursement Per Diem Rates

Douglas Jacobson State Veterans Nursing Home
21281 Grayton Terrance
Port Charlotte FL 33954

Provider Number: 0 269492-00
 Date: 2/11/2014
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	229.67	229.68	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11- 058L FYE 6/30/2009**
- Rate Semester Change
- On FRV [2] as of 06/07/2004

Distribution:

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- For information Only
- No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Douglas Jacobson State Veterans Nursing Home
 21281 Grayton Terrance
 Port Charlotte FL 33954

Provider Number: 0 269492-00
 Date: 2/11/2014
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	229.98	229.99	1/1/2014

Rate Type :

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

Basis:

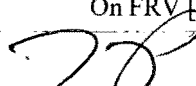
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11- 058L FYE 6/30/2009
- Rate Semester Change
- On FRV [2] as of 06/07/2004

Distribution:

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