

MEMORANDUM

Date:

August 28, 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.

	Provider Name	Provider	Number of Rate
		<u>Number</u>	Change Notices
1.	North Campus Rehabilitation and Health Center	0 031880-00	1
2.	Countryside Rehab and Healthcare Center	0 043872-00	3
3.	Consulate Health Care of Winter Haven	0 080434-00	1
4.	Cross Gardens Care Center	0 088049-00	5
5.	Comprehensive Healthcare of Clearwater	0 200956-00	2
6.	Kissimmee Good Samaritan	0 205303-00	10
7.	Lakeside Health Center	0 207683-00	2
8.	Manor Oaks Nursing & Rehab Center	0 256935-00	1
9.	Life Care Center of New Port Richey	0 259357-00	4
10.	Good Samaritan Center	0 268763-00	3
11.	Palm Terrace of St. Petersburg	0 282537-00	2
12.	The Court at Palm-Aire	0 318795-00	8
13.	St. Andrew's Bay Skilled Nursing and Rehabilitation	0 323799-00	1
		Total	43

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		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
003188000	20140101	230.81	0.00	230.81	230.81	75983-14	
004387200	20130701	204.87	0.00	204.87	204.87	75983-14	
004387200	20140101	206.77	0.00	206.77	206.77	75983-14	
004387200	20140701	215.77	0.00	215.77	215.77	75983-14	
008043400	20130101	193.05	343.86	193.05	193.05	75983-14	
008804900	20121011	243.42	392.63	243.42	243.42	75983-14	
008804900	20130101	245.78	396.59	245.78	245.78	75983-14	
008804900	20130501	251.81	402.62	251.81	251.81	75983-14	
008804900	20130701	257.80	0.00	257.80	257.80	75983-14	
008804900	20140101	257.99	0.00	257.99	257.99	75983-14	
020095600	20110701	230.50	376.70	230.50	230.50	75983-14	NH13-011W
020095600	20120101	232.52	380.13	232.52	232.52	75983-14	NH13-011W
020530300	20100101	197.39	339.31	197.39	197.39	75983-14	NH11-140L
020530300	20100701	200.82	344.16	200.82	200.82	75983-14	NH11-140L
020530300	20110101	203.98	348.84	203.98	203.98	75983-14	NH11-140L
020530300	20110701	197.63	343.83	197.63	197.63	75983-14	NH11-140L
020530300	20120101	199.83	347.44	199.83	199.83	75983-14	NH11-140L
020530300	20120701	202.45	351.66	202.45	202.45	75983-14	NH11-140L
020530300	20130101	204.25	355.06	204.25	204.25	75983-14	NH11-140L
020530300	20130701	209.61	0.00	209.61	209.61	75983-14	NH11-140L
020530300	20140101	214.10	0.00	214.10	214.10	75983-14	NH11-140L
020530300	20140701	219.69	0.00	219.69	219.69	75983-14	NH11-140L
020768300	20100101	208.27	350.19	208.27	208.27	75983-14	NH11-149C
020768300	20100701	211.97	355.31	211.97	211.97	75983-14	NH11-149C
025693500	20130701	217.12	0.00	217.12	217.12	75983-14	
025935700	20100101	191.19	333.11	191.19	191.19	75983-14	NH11-145C
025935700	20100701	193.29	336.63	193.29	193.29	75983-14	NH11-145C
025935700	20130701	209.17	0.00	209.17	209.17	75983-14	NH11-145C
025935700	20140101	212.01	0.00	212.01	212.01	75983-14	NH11-145C
026876300	20120101	186.29	333.90	186.29	186.29	75983-14	NH13-111C
026876300	20120701	191.84	341.05	191.84	191.84	75983-14	NH13-111C
026876300	20130101	193.89	344.70	193.89	193.89	75983-14	NH13-111C
028253700	20140422	248.49	0.00	248.49	248.49	75983-14	
028253700	20140701	252.42	0.00	252.42	252.42	75983-14	
031879500	20110101	232.95	377.81	232.95	232.95	75983-14	NH13-009W
031879500	20110701	223.65	369.85	223.65	223.65	75983-14	NH13-009W
031879500	20120101	225.54	373.15	225.54	225.54	75983-14	NH13-009W
031879500	20120701	233.23	382.44	233.23	233.23	75983-14	NH13-009W
031879500	20130101	237.15	387.96	237.15	237.15	75983-14	NH13-009W
031879500	20130701	237.54	0.00	237.54	237.54	75983-14	NH13-009W
031879500	20140101	241.23	0.00	241.23	241.23	75983-14	NH13-009W
031879500	20140701	249.57	0.00	249.57	249.57	75983-14	NH13-009W
032379900	20130701	216.87	0.00	216.87	216.87	75983-14	



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

Tallahassee, Florida 32308

NORTH CAMPUS REHABILITATION AND HEALTH CENTER	Provider Number:			
700 N PALMETTO ST	Deter	-	0 031880	-00
700 N FALMETTO ST	Date:		7/29/20	14
LEESBURG, FL 34748	Fiscal Year End:			
	A D. C.		2/28/20	
	Audit Status:		Unaudit	ed
Provider Type: Nursing Home Single Level		Date: 7/29/ Fiscal Year End: 2/28/ Audit Status: Unau Current New Rate Rate Rate		Effective <u>Date</u> 1/1/2014
Rate Type:				
Kate Type.				
Interim				
Total Interim		•		~
Interim Component Settlement based on cost	Tota	l Prospective	with Interim (Component
Prior Provider Prospective data				
Thor Hovider Hospective data				
Basis: Budget	Rate Semes	-	Bed Reductio	n
X Unaudited costs				
Field audited costs Desk audited costs				
Distribution:				
	\sim			
Contract Management / Fiscal Agent				
Permanent File	Medicaid Cost Reim	ibursement Pl	anning and Fi	nance
For Information Only				
No Change in Rate				
Home Office:				



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Tallahassee, Florida 32308

COUNTRYSIDE REHAB AND HEALTHCARE CENTER			Provider Number:		0 043872-00			
3825 COUNT	RYSIDE BLVD I	N .		Date:		7/23/2014 7/31/2012		
PALM HARB	OR, FL 34684		Fiscal Year End:					
			_	Audit Status:		Unaudit	ed	
Provider T	ype:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Single	Level			<u>202.82</u>	204.87	7/1/2013	
Rate	Туре:	7						
- Itali	турс.							
***************************************	Interim		X	Prospective				
		Total Interim			al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data						
Basis:			Cha	nges:	utar Changa			
	Budget			Rate Semes Retro to gr	ant AIDS IRR	beginning 7/	13	
X	Unaudited co	sts	***************************************	<u></u>				
	Field audited	costs						
	Desk audited	costs						
<u>Distribution</u>	<u>n:</u>			78 T	homas Parke	r .		
Contract Mana	igement / Fiscal A	Agent		Medicaid Cost Rein	nbursement Pl	anning and Fi	nance	
Permanent File	e							
For In	formation Only							
No Cha	inge in Rate							
Но	me Office:	CMC II, LLC						
		800 Concourse Parkway South Maitland, FL 32751						



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Tallahassee, Florida 32308

COUNTRYSIDE REHAB AND HEALTHCARE CENTER			Provider Number		0 043872-00			
3825 COUNTRY	SIDE BLVD	N		Date: 7/2			7/23/2014	
PALM HARBOR	R, FL 34684		Fiscal Year End:			7/31/2012		
				Audit Status:		Unaudit	ed	
Provider Typ	e:							
					Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Hom	e Sinole	e Level			204.73	206.77	1/1/2014	
Tital Sing Home	e omgi				204175			
					·			
Rate T	ype:							
I	nterim		X	Prospective				
_		Total Interim			al Prospective		~	
_	3.7	Interim Component		Tot	al Prospective	with Interim	Component	
	X	Settlement based on cost						
_		Prior Provider Prospective data						
Basis:] '		Cha	nges:				
	J			'	ster Change			
	Budget				rant AIDS IRF	R beginning 7/	13	
X	Unaudited co	osts						
	Field audited	costs						
	Desk audited	costs						
				\bigcirc \bigcirc				
Distribution:					homas Parke	r		
Contract Manage	ment / Fiscal A	Agent		Medicaid Cost Rein	nbursement Pl	anning and Fi	inance	
Permanent File								
For Infor	mation Only							
No Chang	e in Rate							
Home	Office:	CMC II, LLC					•	
1101110		800 Concourse Parkway South					1	
		Maitland, FL 32751						



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Tallahassee, Florida 32308

COUNTRYSII	DE REHAB ANI	D HEALTHCARE CENTER		Provider Number:		0 043872	0 043872-00	
3825 COUNTI	RYSIDE BLVD	N	·*************************************	Date:		7/23/2014		
PALM HARB	OR, FL 34684			Fiscal Year End:		7/31/20	12	
				Audit Status:		Unaudit	ed	
Provider Ty	ype:							
					Current	New	Effective	
N I • TT	C ! 1	T 1			Rate	<u>Rate</u>	<u>Date</u>	
Nursing Ho	me Single	e Level			<u>213.66</u>	<u>215.77</u>	7/1/2014	
	4							
•		-						
Rate	туре:	_						
	Interim		X	Prospective				
		Total Interim			l Prospective			
		Interim Component			-	with Interim	Component	
	X	Settlement based on cost		***************************************	•		•	
		Prior Provider Prospective data						
D .			CI.	,				
Basis:			Cna	nges:	tan Chaman			
	Budget			Rate Semest	_	R beginning 7	/13	
X	Unaudited co	osts	***************************************	A red to give	HDO HH	Coopmany "		
	Field audited							
	Desk audited	costs						
				\sim				
Distribution	<u>n:</u>			`/ <i>/</i> / TI	iomas Parke	r		
Contract Mana	gement / Fiscal A	Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance	
Permanent File	2							
For In	formation Only	,						
No Cha	inge in Rate							
Но	me Office:	CMC II, LLC						
		800 Concourse Parkway South						
		Maitland, FL 32751				Ţ.		



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Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF WINTER HAVEN			Provider Number:		0 080434-00			
2701 LAKE A	LFRED RD			Date:		8/6/2014		
WINTER HAV	/EN, FL 33881			Fiscal Year End:		12/31/20	011	
				Audit Status:		Unaudit	ted	
Provider Ty	pe:							
					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Singl	e Level			<u>193.09</u>	<u>193.05</u>	1/1/2013	
	Level	H: Aids			343.90	<u>343.86</u>	1/1/2013	
Rate	Type:							
	Interim		X	Prospective				
	-	Total Interim		_	I Prospective			
		Interim Component			=	with Interim	Component	
		Settlement based on cost			•			
		Prior Provider Prospective data						
Basis:			Char	nges:				
				Rate Semes	ter Change			
	Budget			Ratings Day	ys Correction			
X	Unaudited c	osts						
	Field audited							
	Desk audited	d costs						
Distribution) P TI	iomas Parke	·r		
Contract Manag	gement / Fiscal	Agent	1	Medicaid Cost Reim	bursement Pl	anning and F	inance	
Permanent File								
For Infe	ormation Only							
No Char	nge in Rate							
Hor	ne Office:	Consulate Management Company 800 Concourse Parkway South Maitland, FL 32751						



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Medicaid Reimbursement Per Diem Rates

CROSS GAI	RDENS CARE CEN	TER	Provider Number:		0 08804	9-00
190 NE 1918	ST STREET		Date:		7/23/20	014
MIAMI	, FL 33179		Fiscal Year End:		4/30/2	013
			Audit Status:		Unaud	ited
Provider 1	Гуре:					
				Current	New	Effective
				Rate	Rate 243.42 392.63 e e with Interim	<u>Date</u>
Nursing H	ome Single l	Level		<u>243.79</u>	<u>243.42</u>	10/11/2012
	Level H	I: Aids		<u>393.00</u>	<u>392.63</u>	10/11/2012
Par	te Type:					
1141	te Type.					
X	Interim		Prospective			
		Total Interim	Tota	al Prospective		
		Interim Component	Tota	al Prospective	with Interim	Component
•	X	Settlement based on cost				
	***************************************	Prior Provider Prospective data				
Basis:			Changes:	•		
1			Rate Semes	ter Change		
	Budget		X Cost Settle	ment using FY	TE 4/30/13 C	:/R
X	Unaudited costs	S				1
	Field audited co				r	
	Desk audited co	osts				
Distributio	n.				_	
	nagement / Fiscal Ag	ent		homas Parke		inonaa
Permanent Fil	_		Medicald Cost Relin	ouisement Pl	mmig anu r	щанос
	nformation Only					
	nange in Rate					
	ome Office:					
110						

Report Printed:7/23/2014



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Tallahassee, Florida 32308

CROSS GAR	DENS CARE CENTER	Provider Number	er:	0 088049	9-00
190 NE 191ST	T STREET	Date:		7/23/20	14
MIAMI	,FL 33179	Fiscal Year End	:	4/30/20	113
	······	Audit Status:		Unaudi	ted
Provider T	vpe:				
	<i>V</i> F	,	Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Ho	ome Single Level		<u>246.15</u>	<u>245.78</u>	1/1/2013
	Level H: Aids		<u>396.96</u>	<u>396.59</u>	1/1/2013
Rate	e Type:				
X	Interim	Prospective			
	Total Interim		otal Prospective	•	
	Interim Component		otal Prospective		Component
	X Settlement based on cost				•
	Prior Provider Prospective da	uta			
	· · · · · · · · · · · · · · · · · · ·	•		÷, ,	
Basis:		Changes:			
,			ester Change		
	Budget	X Cost Sett	lement using F	YE 4/30/13 C	/R
X	Unaudited costs				
	Field audited costs				
	Desk audited costs				:
	•				
Distribution	1:		Thomas Parke		
	ugement / Fiscal Agent	Medicaid Cost Re			nance
Permanent File		modella Cost Ro	GALUWIII I II		
	formation Only				
	inge in Rate				
Hor	me Office:				



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Tallahassee, Florida 32308

CROSS GARDENS CARE CENTER	Provider Number:	0 08804	9-00	
190 NE 191ST STREET	Date:	7/23/2014		
MIAMI , FL 33179	Fiscal Year End:	4/30/2	013	
	Audit Status:	Unaud	ited	
Provider Type:	Curr		Effective	
	Ra		<u>Date</u>	
Nursing Home Single Level	<u>246</u>	.15 251.81	5/1/2013	
Level H: Aids	<u>396.</u>	<u>.96</u> <u>402.62</u>	5/1/2013	
Rate Type:		•		
Interim	X Prospective			
Total Interim	Total Prosp	ective		
Interim Component	Total Prosp	ective with Interim	Component	
X Settlement based on cost				
Prior Provider Prospective data		•		
Basis:	Changes:			
	Rate Semester Cha	_		
Budget	X Cost Settlement us	sing FYE 4/30/13 C	C/R	
X Unaudited costs				
Field audited costs				
Desk audited costs				
	\sim			
Distribution:	Thomas	Parker		
Contract Management / Fiscal Agent	Medicaid Cost Reimbursem	ent Planning and F	inance	
Permanent File				
For Information Only				
No Change in Rate				
Home Office:				



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Tallahassee, Florida 32308

CROSS GAR	DENS CARE CI	ENTER		Provider Number:		0 088049	00-00	
190 NE 191S	T STREET			Date:		7/23/2014		
MIAMI	, FL 33179			Fiscal Year End:		4/30/20	13	
				Audit Status:	***************************************	Unaudi	ted	
Provider T	vne:			•				
110,1001 1	J PC.				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Single	e Level			252.00	<u>257.80</u>	7/1/2013	
						,		
		••••						
Rate	е Туре:							
	_ Interim		X	Prospective				
		Total Interim			al Prospective		~	
		Interim Component		Tota	al Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
Dugig.			Cha	Rate Semes	ter Change			
	Budget				ment using FY	YE 4/30/13 C	R .	
X	Unaudited co	osts			Ü			
	Field audited	costs						
	Desk audited	costs						
	•							
				\bigcirc				
Distribution	<u>n:</u>		_	フグノ т	homas Parke	r		
Contract Mana	gement / Fiscal A	Agent		Medicaid Cost Reim			nance	
Permanent File	e					8		
	formation Only							
	inge in Rate							
Ho	me Office:							



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Tallahassee, Florida 32308

CROSS GAR	RDENS CARE CENTER		Provider Number:		0 088049	0-00
190 NE 191S	T STREET		Date:		7/23/20	14
MIAMI	, FL 33179		Fiscal Year End:		4/30/20	13
			Audit Status:		Unaudi	ted
Provider T	Cype:					
				Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing H	ome Single Level			<u>252.77</u>	<u>257.99</u>	1/1/2014
			,			
		•				
Dot	Type:					
Nat	te Type:					
	Interim	X	Prospective			
	Total Interim	***************************************		Prospective		•
	Interim Component		***************************************	_	with Interim	Component
	X Settlement based on cost					
	Prior Provider Prospective data	a				
	<u> </u>					
Basis:		Cha	nges:	C1		
	Dudget	,	Rate Semest	_	(E 4/30/13 C	'P
X	Budget Unaudited costs		X Cost Settlen	ient asing 1.	(E 4/30/13 C/	
	Field audited costs					
	Desk audited costs					
			\sim			
Distributio	n:	•	7/ Th	omas Parke	r	
	agement / Fiscal Agent	***	Medicaid Cost Reimb			nance
Permanent Fil			Widdle Cost Rolling	, un de mont i n		
	oformation Only					
	,					
	ange in Rate					
Но	ome Office:					



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Tallahassee, Florida 32308

COMPREHEN	NSIVE HEALT	THCARE OF CLEARWATER	Provider Number:					0 200956-00		
2055 PALMETTO ST CLEARWATER, FL 33765				Date:			8/6/2014			
				Fisca	il Year l	End:	8/31/2010			
				Audit Status:		:		Field Au	dited	
Provider Ty	ype:									
•	, .						Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Sing	le Level					<u>231.17</u>	<u>230.50</u>	<u>7/1/2011</u>	
	Leve	el H: Aids					<u>377.37</u>	<u>376.70</u>	7/1/2011	
			4							
Data	Type:									
Race	1 ype.								,	
	Interim		X	Pros	pective					
		Total Interim			x		Prospective			
		Interim Component				Total	Prospective	with Interim	Component	
		Settlement based on cost								
		Prior Provider Prospective data							:	
Basis:			Chai	nges:	7		-		; }	
					_	Semest	er Change		•	
	Budget			X	Field	Audit	NH13-011W	FYE 8/31/20	10	
	Unaudited of	costs								
X	Field audite	d costs								
	Desk audite	d costs								
					/	7	Ÿ			
Distribution	<u>:</u>		_	$\overline{}$	-X-	Th.	omas Parkei	•		
Contract Manag	gement / Fiscal	Agent	1	Medica	id Cost			nning and Fi	nance	
Permanent File										
For Info	ormation Only									
No Char	nge in Rate									
Hon	ne Office:	Lyric Healthcare Holdings III, Inc								
		1423 Clarkview Road								
		Suite 500								
		Baltimore MD 21090								



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Tallahassee, Florida 32308

COMPREHENSIVE H	EALTHCARE OF CLEARWATER	Provider Number	*	0 200956-00 8/6/2014		
2055 PALMETTO ST		Date:				
CLEARWATER, FL 3	33765	Fiscal Year End:		8/31/2010		
		Audit Status:		Field Audited		
Provider Type:			•			
V 1			Current <u>Rate</u>	New <u>Rate</u>	Effective Date	
Nursing Home	Single Level	,	<u>233.15</u>	<u>232.52</u>	1/1/2012	
	Level H: Aids		<u>380.76</u>	380.13	1/1/2012	
Rate Type:					***	
Interim		X Prospective				
	Total Interim		al Prospective			
	Interim Component	Tot	al Prospective	with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:				
Duois.		·	ster Change			
Budg	et		it NH13-011W	FYE 8/31/20	010	
	dited costs					
X Field	audited costs					
Desk	audited costs				•	
				*		
•		α				
Distribution:		7	homas Parke	r		
Contract Management /	Fiscal Agent	Medicaid Cost Rein	nbursement Pl	anning and Fi	nance	
Permanent File						
For Information	Only					
No Change in Ra	ate					
Home Office	e: Lyric Healthcare Holdings III, Inc	i i i i i i i i i i i i i i i i i i i				
	1423 Clarkview Road					
	Suite 500					
	Baltimore, MD 21090					



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Tallahassee, Florida 32308

KISSIMMEE GOOD SAMARITAN		ΓAN		Provider Number:	0 205303-00			
				Date:	•	7/31/20	14	
Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost				Fiscal Year End:		7/31/2009		
				Audit Status:		Field Aud	lited	
Provider Type:								
V					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Home	Single	Level			<u>197.48</u>	<u>197.39</u>	1/1/2010	
	Level I	H: Aids			339.40	339.31	1/1/2010	
					,			
	,							
Rate Tvr	e:]						
	Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective dat Basis: Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Interior Component Settlement based on cost Prior Provider Prospective dat Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Interior Provider Prospective dat Budget Unaudited costs Estribution: Interior Provider Prospective dat Estr							
Inte	erim		X	Prospective				
	Interim Total Interim Interim Component Settlement based on cost			X Tota	l Prospective		v	
****				Tota	l Prospective	with Interim	Component	
***************************************		•						
		Prior Provider Prospective data					,	
Dagia			Cha					
Dasis:			Спа	nges:	ton Chaman			
R	ndaet			Rate Semes Field Audit	NH11-140L	EVE 7/31/20	n o	
	_	ts		A Trota ridan	THILL THE	1 12 //3//20	0,	
				\sim				
Distribution:			-	~ TI	nomas Parke	r		
Contract Manageme	nt / Fiscal A	gent		Medicaid Cost Reim			nance	
Permanent File		-			,			
For Information	tion Only							
	*							
Home Of	ffice:	Evangelical Lutheran Good Sama	ritan					
1101110 01		-						
		Sioux Falls, SD 57117						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

KISSIMMEE GOOD SAMARITAN			Provider Number:		0 205303-00 7/31/2014		
1500 SOUTHGATE DRIVE KISSIMMEE, FL 34746				Date:			
				Fiscal Year End:		7/31/20	09
				Audit Status:		Field Aud	lited
Provider Ty	ype:				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	me Singl	e Level			<u>200.90</u>	<u>200.82</u>	<u>7/1/2010</u>
	Leve	l H: Aids			344.24	344.16	7/1/2010
Rate	е Туре:						
	Interim	·	X	Prospective			
		Total Interim	-	X Tota	al Prospective		
		Interim Component		Tota	ıl Prospective	with Interim	Component
		Settlement based on cost					
	•	Prior Provider Prospective data					
Basis:			Cha	nges:	to Change		
	Budget			Rate Semes Field Audit	t NH11-140L	FYE 7/31/20	09
***************************************	Unaudited c	eosts		*************************************			
X	Field audite						
	Desk audite	d costs					
<u>Distribution</u>				7 , 7	homas Parke	r	
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance
Permanent File	;						
For Inf	formation Only						
No Cha	inge in Rate						
Hor	me Office:	Evangelical Lutheran Good Sama 4800 West 57th Street	ritan				



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

KISSIMMEE GOOD SAMARITAN 1500 SOUTHGATE DRIVE				Provider Number:		0 205303-00		
				Date:	7/31/2014			
KISSIMMEE, FL 34746				Fiscal Year End:	****	7/31/2010		
				Audit Status:		Unaudit	ed	
Provider Ty	pe:							
	•				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Singl	le Level			<u>203.85</u>	<u>203.98</u>	<u>1/1/2011</u>	
	Leve	l H: Aids			<u>348.71</u>	<u>348.84</u>	1/1/2011	
		•						
Rate	Type:							
	Interim		X	Prospective				
	_	Total Interim			al Prospective			
	······································			***************************************	al Prospective		Component	
	*	Settlement based on cost						
		Prior Provider Prospective data		,				
Basis:			Cha	inges:				
,					ster Change			
	Budget			X Effects of	FA NH11-140	L FYE 7/31/2	2009	
X	Unaudited of							
	Field audite							
	Desk audite	d costs						
Distribution								
Distribution					homas Parke			
Contract Mana		Agent		Medicaid Cost Rein	nbursement Pl	anning and Fi	inance	
Permanent File								
For Inf	ormation Only	•						
No Cha	nge in Rate							
Hor	me Office:	Evangelical Lutheran Good Samari 4800 West 57th Street	tan					
		Sioux Falls, SD 57117						

Y737R Rep

Report Calculated: 7/31/2014 9:24:50 AM

Report Printed:7/31/2014

ID: 205303073120100801200910202010131436



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Tallahassee, Florida 32308

KISSIMMEE GOOD SAMARITAN			Provider Number:	0 205303-00			
1500 SOUTH	GATE DRIVE			Date:	7/31/2014		14
KISSIMMEE,	FL 34746			Fiscal Year End:		7/31/20	10
	Son SOUTHGATE DRIVE ITSSIMMEE, FL 34746 Provider Type: Level H: Aids			Audit Status:		Unaudit	ted
Provider Ty	ype:						
	-				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Sing	le Level			<u>197.51</u>	<u>197.63</u>	7/1/2011
	Leve	el H: Aids			343.71	343.83	7/1/2011
Rate	e 1 ype:						
	Interim		X	Prospective			
		Total Interim		XTota	l Prospective		
				Tota	l Prospective	with Interim	Component
		Prior Provider Prospective data					
Basis:			Cha	nges:			
<u></u>				Rate Semes	ter Change		
	Budget			X Effects of F	FA NH11-140	L FYE 7/31/2	2009
X							

	Desk audite	ed costs					
Distribution	<u>n:</u>		•		homas Parke	er	
Contract Mana	agement / Fiscal	Agent	***************************************	Medicaid Cost Reim	bursement Pl	anning and F	inance
Permanent File	e						
For In:	formation Only						
No Cha	ange in Rate						
Но	ome Office:	Evangelical Lutheran Good Sama	ritan				
		4800 West 57th Street					
		Sioux Falls SD 57117					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

KISSIMMEE	GOOD SAMAI	RITAN		Provider Number:		0 205303-00		
1500 SOUTHGATE DRIVE KISSIMMEE, FL 34746				Date:	7/31/2014			
KISSIMMEE,	FL 34746			Fiscal Year End:		7/31/2010		
				Audit Status:		Unaudit	ted	
Provider T	vpe:							
•	v 1				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sing	le Level			<u>199.71</u>	<u>199.83</u>	1/1/2012	
	Leve	l H: Aids			347.32	347.44	1/1/2012	
Rate	е Туре:							
	Interim		X	Prospective				
		Total Interim			al Prospective			
	***************************************	Interim Component			al Prospective		Component	
		Settlement based on cost		-	•		•	
		Prior Provider Prospective data						
Basis:			Cha	nges:				
	Budget		***		ster Change FA NH11-140	J FVE 7/31/	2009	
X	Unaudited of	costs		A Entend of	17111111111111	ETTE WOIN	500)	
	Field audite							
	Desk audite							
Distribution	n:			7P 1	`homas Parke	r		
Contract Mana	agement / Fiscal	Agent		Medicaid Cost Reir	nbursement Pl	anning and Fi	inance	
Permanent File	e					Č		
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	Evangelical Lutheran Good Sama 4800 West 57th Street	ritan					



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Tallahassee, Florida 32308

KISSIMMEE GOOD SAMARITAN 1500 SOUTHGATE DRIVE KISSIMMEE, FL 34746				Provider Number:		0 205303-00		
				Date:	7/31/2014			
KISSIMMEE,	, FL 34746			Fiscal Year End:		7/31/20	11	
				Audit Status:		Unaudit	ted	
Provider T	ype:							
					Current	New	Effective	
				•	<u>Rate</u>	<u>Rate</u>	<u>Date</u>	
Nursing Ho	ome Single	e Level			<u>202.33</u>	<u>202.45</u>	7/1/2012	
	Level	H: Aids			<u>351.54</u>	<u>351.66</u>	7/1/2012	
Rate	е Туре:							
	Interim		X	Prospective				
	Interim Total Interim Interim Component Settlement based on cost				1 Prospective			
Interim Component				Tota	l Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:	-			
				Rate Semes	ter Change			
	Budget			X Effects of F	FA NH11-140	L FYE 7/31/2	2009	
X	Unaudited co							
	Field audited							
	Desk audited	l costs						
5 1 . 11								
Distributio					nomas Parke			
	agement / Fiscal A	Agent		Medicaid Cost Reim	bursement Pl	anning and Fi	inance	
Permanent Fil-	e							
For In	formation Only							
No Ch	ange in Rate					- ,		
Но	ome Office:	Evangelical Lutheran Good Samar	ritan					
		4800 West 57th Street						
		Sioux Falls, SD 57117						



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Tallahassee, Florida 32308

KISSIMMEE GOOD SAMARITAN				Provider Number		0 205303-00		
1500 SOUTH	500 SOUTHGATE DRIVE					7/31/2014		
KISSIMMEE, FL 34746				Fiscal Year End:		7/31/20	12	
				Audit Status:		Unaudi	ted	
Provider T	vpe:							
	. I				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sing	le Level			<u>204.14</u>	204.25	1/1/2013	
	Leve	l H: Aids			<u>354.95</u>	<u>355.06</u>	1/1/2013	
			,					
Rat	e Type:							
	Interim		X	Decompositivo				
		Total Interim		$\frac{-\frac{\text{Prospective}}{X} - \frac{1}{X}}{X}$	tal Prospective			
	Total Interim Interim Component				tal Prospective		Component	
Interim Component Settlement based on cost					ar i rospeeme	***************************************	Component	
		Prior Provider Prospective data						
Basis:			Cha	inges:				
				Rate Seme	ster Change			
	Budget			X Effects of	FA NH11-140	L FYE 7/31/	2009	
X	Unaudited of							
·	Field audite							
——————————————————————————————————————	Desk audite	ed costs						
				~~				
Distributio				<u> </u>	Thomas Parke	r		
	agement / Fiscal	Agent		Medicaid Cost Rein	mbursement Pl	anning and F	inance	
Permanent Fil	e							
For In	formation Only							
No Ch	ange in Rate							
Но	ome Office:	Evangelical Lutheran Good Sama	ritan					
		4800 West 57th Street					,	
		Sioux Falls, SD 57117						



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Tallahassee, Florida 32308

KISSIMMEE G	OOD SAMARI	TAN		Provider Nu	mber:		0 205303-00		
500 SOUTHGATE DRIVE				Date:		7/31/2014			
KISSIMMEE, FL 34746			Fiscal Year	Fiscal Year End:		7/31/2012			
	***************************************			Audit Status	:		Unaudit	ed	
Provider Ty Nursing Hor	-	Level				Current <u>Rate</u> 209.49	New <u>Rate</u> 209.61	Effective <u>Date</u> 7/1/2013	
_	Ü								
Rate	Туре:								
	Interim		X	Prospective					
		_ Total Interim		X	_	1 Prospective			
		Interim Component			_ Total	l Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data							
Basis:			Chai	nges:	Semest	er Change			
	Budget			X Effec	cts of F	A NH11-140	L FYE 7/31/2	2009	
X	Unaudited cos								
	Field audited Desk audited								
Distribution	<u>:</u>		-	7K-) Th	iomas Parke	r		
	– gement / Fiscal A	agent		Medicaid Cos				inance	
Permanent File									
For Info	ormation Only								
	nge in Rate								
Hon	ne Office:	Evangelical Lutheran Good Samar 4800 West 57th Street Sioux Falls, SD 57117	ritan						



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Tallahassee, Florida 32308

KISSIMMEE GOOD SAMARITAN				Provider Number	:	0 205303-00 7/31/2014		
1500 SOUTH	500 SOUTHGATE DRIVE LISSIMMEE, FL 34746			Date:				
KISSIMMEE,				Fiscal Year End:		7/31/20	12	
RISSIMMEE GOOD SAMARITAN 1500 SOUTHGATE DRIVE KISSIMMEE, FL 34746 Provider Type: Nursing Home Single Level Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective de Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs			Audit Status:	****	Unaudit	ted		
Provider T	ype:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Single	e Level			213.98	214.10	1/1/2014	
	0							
	•							
Rate	e Type:							
	- J F							
	_Interim		X	Prospective				
		Total Interim		X To	tal Prospective			
				To	tal Prospective	with Interim	Component	
	<u></u>	Prior Provider Prospective data						
Basis:			Cha	nges:				
					ester Change			
	Budget				FA NH11-140	L FYE 7/31/2	2009	
X	Unaudited co	osts						
	Field audited	d costs						
	Desk audited	d costs						
					Thomas Parke	r		
	igement / Fiscal	Agent		Medicaid Cost Rei		anning and F	inance	
Permanent File								
	formation Only							
No Cha	ange in Rate							
Но	me Office:	Evangelical Lutheran Good Samar	ritan					
		4800 West 57th Street						
		Sioux Falls, SD 57117						



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Tallahassee, Florida 32308

KISSIMMEE O	GOOD SAMAR	ITAN		Provider Number:		0 205303-00		
				Date:	7/31/2014			
KISSIMMEE,	FL 34746			Fiscal Year End:	7/31/2013			
KISSIMMEE GOOD SAMARITAN 1500 SOUTHGATE DRIVE KISSIMMEE, FL 34746 Provider Type: Nursing Home Single Level Rate Type: Interim Total Interim Component Settlement based on cost Prior Provider Prospective de Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk audited costs Desk audited costs Desk audited costs Desk audited costs Desk audited costs			Audit Status:		Unaudit	æd		
_					Current Rate	New Rate	Effective Date	
Nursing Ho	me Single	e Level			219.57	219.69	7/1/2014	
Rate	Type:							
,	Interim		X	Prospective				
		_			al Prospective			
	Interim Component			Tota	al Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data						
Basis:	Budget			Rate Semes X Effects of I	iter Change FA NH11-140	DL FYE 7/31/2	2009	
X	Unaudited co	ests						
				7-0 T	homas Parke	er		
	-	Agent		Medicaid Cost Reim	bursement Pl	anning and Fi	inance	
Permanent File								
For Inf	ormation Only							
No Cha	nge in Rate							
Hor	me Office:	Evangelical Lutheran Good Sama 4800 West 57th Street Sioux Falls, SD 57117	ritan					



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Tallahassee, Florida 32308

LAKESIDE H	LAKESIDE HEALTH CENTER		Provider Number:	0 207683-00			
2501 N AUST	RALIAN AVI	ENUE		Date:	8/1/2014 7/31/2009		
WEST PALM	BEACH, FL	33407		Fiscal Year End:			
				Audit Status:		Field Aug	lited
Provider T	ype:						
					Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Sing	le Level			<u>209.28</u>	<u>208.27</u>	<u>1/1/2010</u>
	Leve	el H: Aids			<u>351.20</u>	<u>350.19</u>	1/1/2010
·				•			
Rate	e Type:	\neg					
			-				
**************************************	Interim	Total Intonius	<u>X</u>	Prospective	.l. D		
		Total Interim Interim Component			al Prospective	with Interim	Component
	*****	Settlement based on cost		100	n i iospective	with interim	Component
		Prior Provider Prospective data					
Basis:			Cha	nges:			
				Rate Semes	ter Change		
	Budget				-149C FYE 7	/31/2009	
	Unaudited	costs					
X	Field audit	ed costs					
	Desk audit	ed costs					
<u>Distribution</u>	<u>n:</u>			ファ TI	homas Parke	er	•
Contract Mana	agement / Fisca	l Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance
Permanent File	e						
For In	formation Only	,					
No Cha	ange in Rate						
Но	me Office:	Life Care Centers Of America					
		3570 NW Keith Street					
		Cleveland, TN 37312					



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Tallahassee, Florida 32308

LAKESIDE HEALTH CENTER	Provider Number:			0 207683-00				
2501 N AUST	RALIAN AVE	NUE		Date: Fiscal Year End:		8/1/2014		
WEST PALM	BEACH, FL 3	33407				7/31/2009		
				Audit Status:		Field Aud	dited	
Provider Ty	vpe:							
	, F • •				Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	me Sing	le Level			212.98	<u>211.97</u>	7/1/2010	
	Leve	el H: Aids			356.32	<u>355.31</u>	<u>7/1/2010</u>	
		·						
Rate	Type:							
	Interim		X	Prospective				
		Total Interim	71		al Prospective			
		Interim Component			al Prospective		Component	
		Settlement based on cost					-	
		Prior Provider Prospective data						
D!-			Clin					
Basis:			Cna	nges:				
	Budget			Rate Semes FA #NH11	iter Change -149C FYE 7	/31/2000		
	Unaudited	poete		X IA #NIIII	-149C F 1 L 7	131/2009		
X	Field audite							
	Desk audite							
	DCSK dddid	u (0313						
<u>Distributio</u>	<u>1:</u>				homas Parke	r		
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Reim			inance	
Permanent File	•						-	
For Int	formation Only							
	inge in Rate							
Но	me Office:	Life Care Centers Of America 3570 NW Keith Street						



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Tallahassee, Florida 32308

MANOR OAKS NURSING & REHAB CENTER			Provider Number:		0 256935-00		
2121 E COMM	IERCIAL BLV	D		Date:	8/20/2014 8/31/2012		
FORT LAUDE	ERDALE, FL 3	3308		Fiscal Year End:			
				Audit Status:		Unaudit	ed
Provider Ty					Current Rate	New Rate	Effective Date
Nursing Ho	me Singl	e Level			<u>217.15</u>	<u>217.12</u>	7/1/2013
Rate	Туре:						
,	Interim		X	Prospective			
		Total Interim			l Prospective		
		Interim Component		X Tota	l Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:	tor Change		
	Budget			Rate Semes Ratings Day	ter Change ys Retro for 7	7/13	
X	Unaudited c	osts			,		
,	Field audite		•				•
-	Desk audite	d costs					
Distribution				TI CO	iomas Parke	er	
	gement / Fiscal	Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance
Permanent File	2						
For Inf	formation Only						
No Cha	inge in Rate						
Ho	me Office:	1601 Management, LLC. 1701 N.E. 26th Street Wilton Manors, FL 33305					



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Tallahassee, Florida 32308

LIFE CARE C	ENTER OF N	EW PORT RICHEY		Provider Number:		0 259357	-00
7400 TROUB	LE CREEK RO)AD		Date:	8/1/2014		
NEW PORT R	RICHEY, FL 3	4653		Fiscal Year End:	8/31/2009		09
				Audit Status:		Field Auc	lited
Provider T	ype:						
•					Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Sing	le Level			<u>192.85</u>	<u>191.19</u>	<u>1/1/2010</u>
	Leve	el H: Aids			334.77	333.11	1/1/2010
			,				
		<u>.</u>					
Rate	e Type:						
	Interim		X	Prospective.			
		Total Interim	-	X Tota	al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
	***************************************	Prior Provider Prospective data					v
Basis:			Cha	nges:			
				Rate Semes			
	Budget			X Field Audi	t NH11-145C	FYE 8/31/20	09
V	Unaudited of						
X	Field audite Desk audite						
	Desk addite	ed costs					
		· · · · · · · · · · · · · · · · · · ·					-
Distribution	<u>n:</u>			\mathcal{T} $_{\mathrm{T}}$	homas Parke	r	
Contract Mana	igement / Fiscal	Agent		Medicaid Cost Rein	ibursement Pl	anning and Fi	nance
Permanent File	e						
For In	formation Only						
No Cha	ange in Rate				•		
Но	me Office:	Life Care Centers Of America					
		3570 NW Keith Street					
		Cleveland, TN 37312					



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Tallahassee, Florida 32308

LIFE CARE C	LIFE CARE CENTER OF NEW PORT RICHEY		Provider Number:		0 259357-00			
7400 TROUB	LE CREEK RO	OAD		Date:	8/1/2014			
NEW PORT R	UCHEY, FL 34	4653		Fiscal Year End:		8/31/2009		
				Audit Status:		Field Aud	lited	
Provider Ty	ype:			•				
•	•				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Sing	le Level			<u>194.96</u>	193.29	<u>7/1/2010</u>	
	Leve	el H: Aids			338.30	336.63	7/1/2010	
	^							
Rate	Type:	7						
			•		•			
	_Interim	Total Interim	X	Prospective	al Dunamantina			
		Interim Component			al Prospective al Prospective		Component	
		Settlement based on cost		1002	ii i iospective	with interim	Component	
		Prior Provider Prospective data						
Basis:			Cha	inges:				
	T. 1			Rate Semes	_	EXTE 0/21/20		
	Budget Unaudited of			X Field Audi	t NH11-145C	FYE 8/31/20	09	
X	Field audited							
	Desk audite							
		V V V S S S S S S S S S S						
		•		\sim			•	
Distribution	n:				homas Parke	_		
Contract Mana		Agent		Medicaid Cost Reim			Inance	
Permanent File				Wedtend Cost Rem	ioursement 1 1	animing and 11	nance	
For Inf	formation Only							
	inge in Rate							
Hor	me Office:	Life Care Centers Of America						
		3570 NW Keith Street						
		Cleveland, TN 37312						



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Tallahassee, Florida 32308

LIFE CARE C	ENTER OF NE	EW PORT RICHEY		Provider Number:		0 259357	-00
7400 TROUB	LE CREEK RO	AD		Date:	8/1/2014		
NEW PORT R	RICHEY, FL 34	1653		Fiscal Year End:		8/31/20	12
				Audit Status:		Unaudit	ied
Provider T	ype:				Current	New	Effective
Nunsing Uo	ma Sinal	lo Loval			Rate	<u>Rate</u> 209.17	<u>Date</u> 7/1/2013
Nursing Ho	ime Singi	le Level			<u>209.16</u>	<u> 209.1 /</u>	<u>//1/2013</u>
×							
Rate	е Туре:						
	Interim		v	Dungangativa			
	_ mem	Total Interim	X	Prospective X Tota	l Prospective		
		Interim Component			l Prospective		Component
	·	Settlement based on cost			2 x 100p 2 2 11 / 2		o vinip o iiviii
		Prior Provider Prospective data					
Basis:			Cha	nges:			
	70 1	•		Rate Semes	_	CITY OAL	00
v	Budget			X Effects of F	A NH11-145	CFYE 8/31/0)9
X	Unaudited of Field audite						
	Desk audite						
	Desk addite	a costs					
				0			
Distribution	n:		,		ıomas Parke	r	
	gement / Fiscal	Agent		Medicaid Cost Reim			nance
Permanent File	e					<i>8</i> ······	
For Inf	formation Only						
	ange in Rate						
Ho	me Office:	Life Care Centers Of America					
. 10		3570 NW Keith Street					
		Cleveland TN 37312					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE O	CENTER OF NE	W PORT RICHEY		Provider Number:		0 259357	-00	
7400 TROUB	LE CREEK ROA	AD	Date:		8/1/2014			
NEW PORT I	RICHEY, FL 34	653		Fiscal Year End:		8/31/2012		
				Audit Status:		Unaudit	ted	
Provider T	ype:							
					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Singl	e Level			<u>212.00</u>	<u>212.01</u>	<u>1/1/2014</u>	
		•						
Rate	e Type:			*				
L								
	Interim		X	Prospective				
		Total Interim			al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
Dasis .				Rate Semes	ter Change			
	Budget		***************************************		FA NH11-145	C FYE 8/31/	09	
X	Unaudited co	osts						
	Field audited	d costs						
	Desk audited	d costs		•				
				\sim 0				
Distributio				<u> </u>	homas Parke	r		
	agement / Fiscal	Agent		Medicaid Cost Reim	bursement Pl	anning and Fi	inance	
Permanent File	e			•				
For In	formation Only			•				
No Cha	ange in Rate							
Но	me Office:	Life Care Centers Of America						
		3570 NW Keith Street						
		Cleveland, TN 37312						



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Tallahassee, Florida 32308

GOOD SAMA	ARITAN CENTER	Provider Number	:	0 268763	i-00	
10676 MARV	IN JONES BLVD	Date:	Date: 8/5/2014			
LIVE OAK, F	L 32060	Fiscal Year End:		6/30/2011		
		Audit Status:		Field Au	dited	
Provider Ty	vpe:					
	, F		Current	New	Effective	
			<u>Rate</u>	<u>Rate</u>	<u>Date</u>	
Nursing Ho	me Single Level		<u>187.65</u>	<u>186.29</u>	1/1/2012	
	Level H: Aids		<u>335.26</u>	333.90	1/1/2012	
			,			
Rate	e Type:					
	_ Interim	X Prospective				
	Total Interim		tal Prospective			
	Interim Compone		tal Prospective	with Interim	Component	
	Settlement based					
	Prior Provider Pr	ective data				
Basis:		Changes:				
		***************************************	ester Change			
	Budget	X Field Aud	lit #NH13-111	C FYE 6/30/2	2011	
	Unaudited costs					
X	Field audited costs					
	Desk audited costs					
D: 4-9 4		\rightarrow				
Distribution			Thomas Park	er		
	gement / Fiscal Agent	Medicaid Cost Rein	mbursement P	lanning and F	inance	
Permanent File						
For In	formation Only					
No Cha	inge in Rate					
Но	me Office:					



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Tallahassee, Florida 32308

GOOD SAMA	ARITAN CENTE	R		Provider Number:		0 268763	-00	
10676 MARV	IN JONES BLVI)		Date: 8/5/2)14	
LIVE OAK, F	L 32060			Fiscal Year End:		11		
				Audit Status:		Field Aud	lited	
Provider Ty	ype:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Single	Level			193.23	<u>191.84</u>	<u>7/1/2012</u>	
	Level	H: Aids			342.44	<u>341.05</u>	7/1/2012	
Rate	Type:	7						
	Interim	-	X	Prospective				
	#	_ Total Interim			ıl Prospective			
		Interim Component		Tota	il Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data						
		_ Thoi Flovidei Flospeetive data						
Basis:			Cha	nges:		-		
				Rate Semes				
	Budget			X Field Audit	t #NH13-1110	C FYE 6/30/2	011	
37	Unaudited co							
X	Field audited Desk audited							
	Dosk dudited	00313						
Distribution			_	76 TI	homas Parke	er		
Contract Mana	agement / Fiscal A	Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance	
Permanent File	e							
For In	formation Only							
No Cha	ange in Rate							
Но	ome Office:							



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

Tallahassee, Florida 32308

GOOD SAMARITAN CENTER						
10676 MARVIN JONES BLVD		Provider Number: 0 26876				
LIVE OAK, FL 32060	Date:		8/5/2014			
	Fiscal Year End:	***************************************	6/30/20			
	Audit Status:		Field Auc	lited		
Provider Type: Nursing Home Single Level		Current Rate 195.31	New <u>Rate</u> 193.89	Effective <u>Date</u> 1/1/2013		
Level H: Aids		346.12	344.70	1/1/2013		
Rate Type:						
Interim	X Prospective					
Total Interim		al Prospective		_		
Interim Component	Tot	al Prospective	with Interim (Component		
Settlement based on cost Prior Provider Prospective d	lata					
	·····					
Basis:	Changes:					
		ster Change				
Budget Unaudited costs	X Field Audi	t #NH13-111C	FYE 6/30/20	11		
X Field audited costs						
Desk audited costs						
Distribution:						
Contract Management / Fiscal Agent		Thomas Parker Medicaid Cost Reimbursement Planning and Finance				
Permanent File	wiculcald Cost Rel	mouisement F1	ammig and Fi	nance		
For Information Only						
No Change in Rate						
Home Office:						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALM TERRACE OF ST. PETERSBURG			Provider Number:		0 282537-00		
521 69TH AV	EN		Date:		8/1/2014		
SAINT PETEI	RSBURG, FL 3:	3702		Fiscal Year End:	6/30/2012		
				Audit Status:		Unaudi	ted
Provider T	ype:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	ome Single	e Level			240.49	<u>248.49</u>	4/22/2014
Rate	e Type:						
	Interim		X	Prospective			
•		Total Interim		Tota	1 Prospective		
	***************************************	Interim Component		X Tota	1 Prospective	with Interim	Component
		Settlement based on cost Prior Provider Prospective data					
Basis:			Cha	nges:	4. C)		
	Budget			Rate Semes IRR Effecti	ter Change ive 4/22/2014	1	
X	Unaudited co	osts	-	7			
	Field audited	l costs					
	Desk audited	l costs					
Distribution					nomas Parke		
	agement / Fiscal	Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance
Permanent File							
	formation Only						
No Cha	ange in Rate						
Но	me Office:	Cypress Administrative Services, 4 West Red Oak Lane, Suite 201 White Plains, NY 10604	LLC				



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Tallahassee, Florida 32308

PALM TERRA	ACE OF ST. PE	TERSBURG		Provider Number:		0 282537	-00	
521 69TH AV	EN			Date:		8/1/2014		
SAINT PETER	RSBURG, FL 3	3702		Fiscal Year End:		6/30/20	13	
				Audit Status:		Unaudit	ted	
Provider Ty	vpe:							
•	, 1				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Single	e Level			<u>247.01</u>	<u>252.42</u>	<u>7/1/2014</u>	
		\neg						
Rate	e Type:							
	_Interim	— ••••	X	Prospective				
		Total Interim			al Prospective			
		Interim Component		XTot	al Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
D #313.			Cha		ster Change			
	Budget		-		tive 4/22/2014	,		
- X	Unaudited c	osts	***************************************	 				
	Field audited							
	Desk audited	d costs						
	-							
Distribution	n:		v	$ \sim \sim$	homas Parke	ar .		
Contract Mana	agement / Fiscal	Agent	**************************************	Medicaid Cost Reir			inance	
Permanent File	-							
	formation Only							
	·							
No Cha	ange in Rate							
Но	me Office:	Cypress Administrative Services,	LLC					
		4 West Red Oak Lane, Suite 201						
		White Plains, NY 10604						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE COURT AT PALM-AIRE 2701 N COURSE DR POMPANO BEACH, FL 33069-3058				Provider Number:		0 318795-00 8/7/2014		
				Date:				
			Fiscal Year End:			6/30/2010		
			Audit Status:		Field Aud	dited		
Provider Ty	pe:							
•	•				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Sing	le Level			<u>239.56</u>	232.95	<u>1/1/2011</u>	
	Leve	el H: Aids			384.42	377.81	1/1/2011	
Rate	Type:							
	Interim		X	Prospective				
	-	Total Interim			l Prospective			
		Interim Component			l Prospective		Component	
		Settlement based on cost			•		-	
		Prior Provider Prospective data						
Basis:			Cha	nges:	a:•			
	Budget			Rate Semes Field Audit	ter Change : NH13-009W	FYF 6/30/20	010	
	Unaudited	costs		1101011001		112000	3.10	
X	Field audite							
	Desk audite	ed costs						
Distribution	ı <u>:</u>			7/) TI	homas Parke	r		
Contract Manag		l Agent		Medicaid Cost Reim			inance	
Permanent File			•					
For Info	ormation Only							
	nge in Rate							
400 Centre Street		FiveStar Quality Care Inc 400 Centre Street						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE COURT AT PALM-AIRE 2701 N COURSE DR POMPANO BEACH, FL 33069-3058				Provider Number:		0 318795-00 8/7/2014		
				Date:				
				Fiscal Year End:		6/30/2010		
				Audit Status:		Field Aud	lited	
Provider Ty	pe:							
					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Single	e Level			<u>230.33</u>	<u>223.65</u>	7/1/2011	
	Level	H: Aids			<u>376.53</u>	<u>369.85</u>	7/1/2011	
Pate	Туре:	¬						
Nate	Type.	J						
	Interim		X	Prospective				
	-	Total Interim		-	al Prospective			
		Interim Component			al Prospective		Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
D 43131			<u> </u>	Rate Semes	ter Change			
	Budget				t NH13-009W	FYE 6/30/20	010	
	Unaudited co	osts						
X	Field audited	costs						
	Desk audited	costs						
Distribution	1:		~		homas Parke			
Contract Management / Fiscal Agent				Medicaid Cost Reim			inance	
Permanent File	_			Tribula Coll Items	iouisomoni i	ammig und 1		
For Inf	ormation Only							
	nge in Rate							
Hor	ne Office:	FiveStar Quality Care Inc						
		400 Centre Street						
		Newton, MA 02458						



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Tallahassee, Florida 32308

THE COURT AT PALM-AIRE				Provider Number	•	0 318795-00		
2701 N COURS	SE DR			Date:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8/7/2014		
POMPANO BEACH, FL 33069-3058				Fiscal Year End:		6/30/2010		
				Audit Status:		Field Aud	lited	
Provider Ty	pe:							
2.					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Hor	ne Singl	e Level			232.53	<u>225.54</u>	1/1/2012	
	Leve	l H: Aids			<u>380.14</u>	<u>373.15</u>	1/1/2012	
					¢			
Rate	Туре:							
	Interim		X	Prospective				
		Total Interim	***************************************	X Tot	tal Prospective			
		Interim Component		Tot	tal Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:	7		Cha	nges:				
1543131	J		Cita		ster Change			
	Budget				it NH13-009W	FYE 6/30/20	010	
	Unaudited c	osts						
X	Field audited	d costs						
	Desk audited	d costs						
Distribution :	<u>.</u>	·		761 I	Thomas Parke	r		
Contract Manag	ement / Fiscal	Agent	***************************************	Medicaid Cost Rein			inance	
Permanent File						J		
For Info	rmation Only							
No Chan	ige in Rate							
Hom	e Office:	FiveStar Quality Care Inc		• .				
		400 Centre Street						
		Newton, MA 02458						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE COURT AT PALM-AIRE	Provider Number: 0 318795-00
2701 N COURSE DR	Date: 8/7/2014
POMPANO BEACH, FL 33069-3058	Fiscal Year End: 6/30/2011
	Audit Status: Unaudited
Provider Type:	
	Current New Effectiv Rate Rate Date
Nursing Home Single Level	<u>233.26</u> <u>233.23</u> <u>7/1/201</u>
Level H: Aids	<u>382.47</u> <u>382.44</u> <u>7/1/201</u>
Rate Type:	
Interim	X Prospective
Total Interim	X Total Prospective
Interim Component	Total Prospective with Interim Componer
Settlement based on cos	
Prior Provider Prospecti	ive data
Basis:	Changes:
2400	Rate Semester Change
Budget	X Effects of Field Audit NH13-009W FYE
X Unaudited costs	6/30/2010
Field audited costs	
Desk audited costs	
Distribution:	Thomas Parker
Contract Management / Fiscal Agent Permanent File	Medicaid Cost Reimbursement Planning and Finance
For Information Only	
No Change in Rate	
Home Office: FiveStar Quality Care Inc	c
400 Centre Street	
Newton, MA 02458	



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Tallahassee, Florida 32308

THE COURT AT PALM-AIRE 2701 N COURSE DR POMPANO BEACH, FL 33069-3058			Provider Number: Date:				0 318795-00		
						8/7/2014			
			Fiscal Year End		End:		6/30/20	11	
				Audit Status	:		Unaudit	ed	
Provider Type:	:								
						Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home	Single	Level				<u>237.18</u>	<u>237.15</u>	<u>1/1/2013</u>	
	Level	H: Aids				<u>387.99</u>	<u>387.96</u>	1/1/2013	
							,		
Rate Ty	pe:								
Int	terim		X	_ Prospective	;				
		Total Interim		X		Prospective			
		Interim Component			_ Total	Prospective	with Interim	Component	
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	nges:					
					Semeste	er Change			
I	Budget					eld Audit N	H13-009W F	YE	
X	Unaudited co	ests		6/30/	/2010				
	Field audited								
I	Desk audited	costs							
					.				
Distribution:			,	75	/ Th	omas Parke	r		
Contract Managem	ent / Fiscal A	Agent		Medicaid Cos	t Reimb	oursement Pl	anning and Fi	nance	
Permanent File									
For Inform	ation Only								
No Change	in Rate								
Home (Office:	FiveStar Quality Care Inc							
		400 Centre Street							
		Newton, MA 02458							



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE COURT AT PALM-AIRE 2701 N COURSE DR POMPANO BEACH, FL 33069-3058			Pro	ovider Number	r:	0 318795-00 8/7/2014 6/30/2012		
			Da	ite:				
			Fis	scal Year End:				
			Au	idit Status:		Unaudit	ed	
Provider Ty	ype:							
•	•				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Sing	le Level			<u>237.57</u>	<u>237.54</u>	7/1/2013	
Data	Type:	_						
Kate	Type.	<u> </u>						
	Interim		XP	rospective				
		Total Interim		****	otal Prospective			
		Interim Component	*****	To	otal Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Change	es:				
<u> </u>				Rate Sem	ester Change			
	Budget		X		f Field Audit N	H13-009W F	YE	
X	Unaudited of	costs		6/30/201	U			
	Field audite							
	Desk audite	ed costs			-			
Distribution	1:			7 /	Thomas Parke			
Contract Management / Fiscal Agent			Med		imbursement P		inance	
Permanent File	•							
For Inf	formation Only							
No Cha	inge in Rate							
Ног	me Office:	FiveStar Quality Care Inc						
		400 Centre Street						
		Newton, MA 02458						



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Tallahassee, Florida 32308

THE COURT AT PALM-AIRE				Provider Number:		0 318795-00		
2701 N COURS	E DR			Date:		8/7/2014		
POMPANO BEA	ACH, FL 330	69-3058	Fiscal Year End:		***************************************	6/30/2012		
				Audit Status:		Unaudit	ed	
Provider Typ	e:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Hon	ie Singl	e Level			241.26	241.23	1/1/2014	
				·				
Rate	Гуре:						•	
	Interim		X	Prospective				
		Total Interim		X Tot	al Prospective			
_		Interim Component		Tota	al Prospective	with Interim	Component	
-		Settlement based on cost Prior Provider Prospective data						
Basis:			Cha	nges:				
	Budget				ster Change Field Audit N	H13-009W F	YE	
X	_ Unaudited c	osts		6/30/2010	1010111010101			
	Field audited	d costs						
	Desk audited	d costs						
Distribution:			_	78 T	homas Parke	r		
Contract Manage	ement / Fiscal	Agent		Medicaid Cost Rein			nance	
Permanent File						Ü		
For Info	rmation Only							
No Chang	ge in Rate							
Home	e Office:	FiveStar Quality Care Inc 400 Centre Street Newton, MA 02458						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE COURT AT PALM-AIRE 2701 N COURSE DR POMPANO BEACH, FL 33069-3058			Provider Number: Date:			0 318795-00 8/7/2014		
			d.			Au	ıdit Status:	
Provider Ty	pe:							
					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Sing	gle Level			<u>249.59</u>	<u>249.57</u>	<u>7/1/2014</u>	
		•						
Data	Т						-	
Kate	Type:							
	Interim	*	X P	rospective				
	***************************************	Total Interim		•	otal Prospective			
		Interim Component	*******		otal Prospective		Component	
		Settlement based on cost	-		•			
		Prior Provider Prospective data						
Basis:			Change					
			***************************************		nester Change			
	Budget		X	Effects 6/30/20	of Field Audit N. 10	H13-009W F	YE	
X	Unaudited			0,00,20	- •			
	Field audit Desk audit							
	Desk addit	ed costs						
				_				
Distribution	1.			ンメノ	701 B. I			
Contract Mana		al Agent		li a i d Ga at B	Thomas Parke			
Permanent File		n rigone	Med	ncaia Cost Ri	eimbursement Pl	anning and r	inance	
	formation Only							
	-	y						
No Cha	inge in Rate							
Hoi	me Office:	FiveStar Quality Care Inc						
		400 Centre Street						
	,	Newton, MA 02458						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ST. ANDREW'S BAY SKILLED NURSING AND REHABILITATION 2100 JENKS AVE				Provider Number:	0 323799-00			
				Date:	8/20/2014			
PANAMA CITY, FL 32405 Provider Type: Nursing Home Single Level			Fiscal Year End:	12/31/2012				
				Audit Status:		Unaudit	ed	
					Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
					217.09	<u>216.87</u>	7/1/2013	
						٠.		
Rate	e Type:							
	Interim		X	Prospective				
		Total Interim			l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data						
Basis:	Budget			Rate Semess X Ratings Da	_			
X	Unaudited co	asts		A Radings Da	ys Redo			
,	Field audited							
	Desk audited	costs						
Distribution			_	78 TI	iomas Parke	r		
	igement / Fiscal /	Agent		Medicaid Cost Reim	bursement Pl	anning and Fi	nance	
Permanent File				•				
	formation Only							
No Cha	ange in Rate							
Но	ome Office:	Preferred Care, Inc. 5420 West Plano Parkway Plano, TX 75093			**			