




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: September 29, 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.	Lake Bennett Health and Rehabilitation	0 017301-00	1
2.	Willowbrooke Court at Azalea Trace	0 096150-00	4
3.	The Terrace of St. Cloud	0 102419-00	3
4.	The Palace at Kendall Nursing and Rehab Center	0 203327-00	2
5.	Morton Plant Rehabilitation Center	0 206431-00	4
6.	Saint Andrews Estates North	0 206521-00	2
7.	Life Care Center of Orlando	0 213403-00	10
8.	Ocala Health & Rehabilitation Center	0 217395-00	11
9.	Health Center of Coconut Creek	0 226581-00	2
10.	Forum at Deer Creek	0 253481-00	8
11.	Edgewood Nursing Center	0 254878-00	2
12.	The Nursing Center at University Village	0 259462-00	2
13.	Crestwood Nursing Center	0 312274-00	7
		Total	58

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)		
001730100	20130701	211.04	0.00	211.04	211.04	76156-14	
009615000	20130101	211.01	361.82	211.01	211.01	76156-14	NH13-033C
009615000	20130701	215.32	0.00	215.32	215.32	76156-14	NH13-033C
009615000	20140101	216.34	0.00	216.34	216.34	76156-14	NH13-033C
009615000	20140701	224.17	0.00	224.17	224.17	76156-14	NH13-033C
010241900	20131201	205.72	0.00	205.72	205.72	76156-14	
010241900	20140101	207.90	0.00	207.90	207.90	76156-14	
010241900	20140701	216.99	0.00	216.99	216.99	76156-14	
020332700	20100701	215.27	358.61	215.27	215.27	76156-14	NH11-005C
020332700	20110101	218.76	363.62	218.76	218.76	76156-14	NH11-005C
020643100	20130101	227.53	378.34	227.53	227.53	76156-14	
020643100	20130701	233.01	0.00	233.01	233.01	76156-14	
020643100	20140101	228.42	0.00	228.42	228.42	76156-14	
020643100	20140701	238.29	0.00	238.29	238.29	76156-14	
020652100	20130101	227.11	377.92	227.11	227.11	76156-14	NH13-032C
020652100	20130701	231.69	0.00	231.69	231.69	76156-14	NH13-032C
021340300	20100101	195.40	337.32	195.40	195.40	76156-14	NH11-151C
021340300	20100701	197.55	340.89	197.55	197.55	76156-14	NH11-151C
021340300	20110101	204.15	349.01	204.15	204.15	76156-14	NH11-151C
021340300	20110701	196.11	342.31	196.11	196.11	76156-14	NH11-151C
021340300	20120101	199.86	347.47	199.86	199.86	76156-14	NH11-151C
021340300	20120701	206.50	355.71	206.50	206.50	76156-14	NH11-151C
021340300	20130101	209.39	360.20	209.39	209.39	76156-14	NH11-151C
021340300	20130701	205.14	0.00	205.14	205.14	76156-14	NH11-151C
021340300	20140101	210.11	0.00	210.11	210.11	76156-14	NH11-151C
021340300	20140701	218.17	0.00	218.17	218.17	76156-14	NH11-151C
021739500	20090701	180.81	321.16	180.81	180.81	76156-14	NH11-134G
021739500	20100101	185.60	327.52	185.60	185.60	76156-14	NH11-134G
021739500	20100701	189.23	332.57	189.23	189.23	76156-14	NH11-134G
021739500	20110101	193.42	338.28	193.42	193.42	76156-14	NH11-134G
021739500	20110701	186.94	333.14	186.94	186.94	76156-14	NH11-134G
021739500	20120101	188.27	335.88	188.27	188.27	76156-14	NH11-134G
021739500	20120701	193.74	342.95	193.74	193.74	76156-14	NH11-134G
021739500	20130101	195.81	346.62	195.81	195.81	76156-14	NH11-134G
021739500	20130701	196.27	0.00	196.27	196.27	76156-14	NH11-134G
021739500	20140101	198.98	0.00	198.98	198.98	76156-14	NH11-134G
021739500	20140701	207.80	0.00	207.80	207.80	76156-14	NH11-134G
022658100	20100101	228.26	370.18	228.26	228.26	76156-14	NH11-019C
022658100	20100701	231.67	375.01	231.67	231.67	76156-14	NH11-019C
025348100	20110101	239.75	384.61	239.75	239.75	76156-14	NH13-008W
025348100	20110701	229.92	376.12	229.92	229.92	76156-14	NH13-008W
025348100	20120101	242.41	390.02	242.41	242.41	76156-14	NH13-008W
025348100	20120701	249.64	398.85	249.64	249.64	76156-14	NH13-008W
025348100	20130101	253.73	404.54	253.73	253.73	76156-14	NH13-008W
025348100	20130701	249.77	0.00	249.77	249.77	76156-14	NH13-008W
025348100	20140101	259.04	0.00	259.04	259.04	76156-14	NH13-008W
025348100	20140701	269.68	0.00	269.68	269.68	76156-14	NH13-008W
025487800	20110701	178.22	324.42	178.22	178.22	76156-14	NH13-151L
025487800	20120101	179.76	327.37	179.76	179.76	76156-14	NH13-151L
025946200	20130101	212.77	363.58	212.77	212.77	76156-14	NH13-016W
025946200	20130701	217.30	0.00	217.30	217.30	76156-14	NH13-016W
031227400	20110701	174.73	320.93	174.73	174.73	76156-14	NH13-153L
031227400	20120101	175.55	323.16	175.55	175.55	76156-14	NH13-153L
031227400	20120701	181.11	330.32	181.11	181.11	76156-14	NH13-153L
031227400	20130101	183.15	333.96	183.15	183.15	76156-14	NH13-153L
031227400	20130701	187.70	0.00	187.70	187.70	76156-14	NH13-153L
031227400	20140101	185.50	0.00	185.50	185.50	76156-14	NH13-153L
031227400	20140701	200.68	0.00	200.68	200.68	76156-14	NH13-153L



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

LAKE BENNETT HEALTH AND REHABILITATION	Provider Number:	0 017301-00
1091 KELTON AVE	Date:	8/20/2014
OCOEE, FL 34761	Fiscal Year End:	6/30/2012
	Audit Status:	Desk Audited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>212.62</u>	<u>211.04</u>	<u>7/1/2013</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"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input checked="" type="checkbox"/> Desk audited costs


Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Desk Audit #DR13-181 FYE 6/30/2012

Distribution:

Contract Management / Fiscal Agent
 Permanent File
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 No Change in Rate
 Home Office:

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance





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Medicaid Reimbursement Per Diem Rates

WILLOWBROOKE COURT AT AZALEA TRACE
10100 HILLVIEW DR
PENSACOLA, FL 32514

Provider Number: 0 096150-00
Date: 8/12/2014
Fiscal Year End: 12/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.55</u>	<u>211.01</u>	<u>1/1/2013</u>
	Level H: Aids	<u>362.36</u>	<u>361.82</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"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-033C FYE 12/31/2011

Distribution:

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No Change in Rate

Thomas Parker

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Home Office: Acts, Inc
375 Morris Road
West Point, PA 19486



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Medicaid Reimbursement Per Diem Rates

WILLOWBROOKE COURT AT AZALEA TRACE
10100 HILLVIEW DR
PENSACOLA, FL 32514

Provider Number: 0 096150-00
Date: 8/12/2014
Fiscal Year End: 12/31/2011
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>215.87</u>	<u>215.32</u>	<u>7/1/2013</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"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-033C FYE 12/31/2011

Distribution:

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Permanent File

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No Change in Rate

Thomas Parker

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Home Office: Acts, Inc
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Medicaid Reimbursement Per Diem Rates

<u>WILLOWBROOKE COURT AT AZALEA TRACE</u>	Provider Number:	<u>0 096150-00</u>
<u>10100 HILLVIEW DR</u>	Date:	<u>8/12/2014</u>
<u>PENSACOLA, FL 32514</u>	Fiscal Year End:	<u>12/31/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>216.31</u>	<u>216.34</u>	<u>1/1/2014</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u>Total Interim</u>	<u>X</u>	<u>Total Prospective</u>
<u>Interim Component</u>		<u>Total Prospective with Interim Component</u>
<u>Settlement based on cost</u>		
<u>Prior Provider Prospective data</u>		

Basis:

<u>Budget</u>
<u>X</u> <u>Unaudited costs</u>
<u>Field audited costs</u>
<u>Desk audited costs</u>

Changes:

<u>Rate Semester Change</u>
<u>X</u> <u>Effects of Field Audit #NH13-033C FYE</u>
<u>12/31/2011</u>

Distribution:

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Home Office: Acts, Inc
 375 Morris Road
 West Point, PA 19486

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Medicaid Reimbursement Per Diem Rates

WILLOWBROOKE COURT AT AZALEA TRACE

10100 HILLVIEW DR

PENSACOLA, FL 32514

Provider Number:

0 096150-00

Date:

8/12/2014

Fiscal Year End:

12/31/2012

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

224.13

224.17

7/1/2014

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH13-033C FYE
12/31/2011

Distribution:

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No Change in Rate

Home Office: Acts, Inc
375 Morris Road
West Point, PA 19486

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Medicaid Reimbursement Per Diem Rates

THE TERRACE OF ST. CLOUD
3855 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769

Provider Number: 0 102419-00
Date: 9/11/2014
Fiscal Year End: 10/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>205.65</u>	<u>205.72</u>	<u>12/1/2013</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Change to full FRVS 12/1/2013

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

THE TERRACE OF ST. CLOUD
3855 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769

Provider Number: 0 102419-00
Date: 9/11/2014
Fiscal Year End: 10/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 207.80 New Rate: 207.90 Effective Date: 1/1/2014

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Change to full FRVS 12/1/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE TERRACE OF ST. CLOUD
3855 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769

Provider Number: 0 102419-00
Date: 9/11/2014
Fiscal Year End: 10/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
216.82	216.99	7/1/2014

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Change to full FRVS 12/1/2013

Distribution:

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 No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

THE PALACE AT KENDALL NURSING AND REHAB CENTER
11215 SW 84TH STREET
MIAMI, FL 33173

Provider Number: 0 203327-00
Date: 8/5/2014
Fiscal Year End: 7/31/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>219.56</u>	<u>215.27</u>	<u>7/1/2010</u>
	Level H: Aids	<u>362.90</u>	<u>358.61</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"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit and Revised FA NH11-005C FYE 7/31/2009

Distribution:

Contract Management / Fiscal Agent
Permanent File
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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

THE PALACE AT KENDALL NURSING AND REHAB CENTER
11215 SW 84TH STREET
MIAMI, FL 33173

Provider Number: 0 203327-00
Date: 8/5/2014
Fiscal Year End: 7/31/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.11</u>	<u>218.76</u>	<u>1/1/2011</u>
	Level H: Aids	<u>367.97</u>	<u>363.62</u>	<u>1/1/2011</u>

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:


Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit and Revised FA NH11-005C FYE 7/31/2009

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance


Home Office: Professional Care I, Inc.
 10850 SW 113th Place
 Miami, FL 33176



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Medicaid Reimbursement Per Diem Rates

MORTON PLANT REHABILITATION CENTER
400 CORBETT ST
BELLEAIR, FL 33756

Provider Number: 0 206431-00
Date: 8/27/2014
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	227.40	227.53	1/1/2013
	Level H: Aids	378.21	378.34	1/1/2013

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Retro to pick up late C/R changes

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Baycare Health System
2985 Drew Street
Clearwater, FL 33759



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

MORTON PLANT REHABILITATION CENTER
400 CORBETT ST
BELLEAIR, FL 33756

Provider Number: 0 206431-00
Date: 8/27/2014
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>232.87</u>	<u>233.01</u>	<u>7/1/2013</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"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Retro to pick up late C/R changes

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Baycare Health System
2985 Drew Street
Clearwater, FL 33759



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MORTON PLANT REHABILITATION CENTER
400 CORBETT ST
BELLEAIR, FL 33756

Provider Number: 0 206431-00
Date: 8/27/2014
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
238.15	238.29	7/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Retro to pick up late C/R changes

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Baycare Health System
2985 Drew Street
Clearwater, FL 33759



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

SAINT ANDREWS ESTATES NORTH
6152 N VERDE TRAIL
BOCA RATON, FL 33433

Provider Number: 0 206521-00
Date: 8/7/2014
Fiscal Year End: 12/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	227.32	227.11	1/1/2013
	Level H: Aids	378.13	377.92	1/1/2013

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-032C FYE 12/31/2011

Distribution:

Contract Management / Fiscal Agent
 Permanent File
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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

SAINT ANDREWS ESTATES NORTH
6152 N VERDE TRAIL
BOCA RATON, FL 33433

Provider Number: 0 206521-00
Date: 8/7/2014
Fiscal Year End: 12/31/2011
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>231.90</u>	<u>231.69</u>	<u>7/1/2013</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-032C FYE 12/31/2011

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Acts, Inc
 375 Morris Road
 West Point, PA 19486



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

<u>LIFE CARE CENTER OF ORLANDO</u>	Provider Number:	<u>0 213403-00</u>
<u>3211 ROUSE ROAD</u>	Date:	<u>8/5/2014</u>
<u>ORLANDO , FL 32817</u>	Fiscal Year End:	<u>7/31/2009</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>196.62</u>	<u>195.40</u>	<u>1/1/2010</u>
	Level H: Aids	<u>338.54</u>	<u>337.32</u>	<u>1/1/2010</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> X Total Prospective with Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Prior Provider Prospective data			

Basis:

<u> </u> Budget	<u> </u> Unaudited costs
<u> X </u> Field audited costs	<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Field Audit #NH11-151C FYE 7/31/2009

Distribution:

Contract Management / Fiscal Agent

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 No Change in Rate

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

Thomas Parker

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2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

<u>LIFE CARE CENTER OF ORLANDO</u>	Provider Number:	<u>0 213403-00</u>
<u>3211 ROUSE ROAD</u>	Date:	<u>8/5/2014</u>
<u>ORLANDO , FL 32817</u>	Fiscal Year End:	<u>7/31/2009</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>198.78</u>	<u>197.55</u>	<u>7/1/2010</u>
	Level H: Aids	<u>342.12</u>	<u>340.89</u>	<u>7/1/2010</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> X	<u> </u> Total Prospective with Interim Component
<u> </u> Prior Provider Prospective data			

Basis:

<u> </u> Budget
<u> </u> Unaudited costs
<u> X </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Field Audit #NH11-151C FYE 7/31/2009

Distribution:

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Thomas Parker
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ORLANDO
3211 ROUSE ROAD
ORLANDO , FL 32817

Provider Number: 0 213403-00
Date: 8/5/2014
Fiscal Year End: 7/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>196.15</u>	<u>196.11</u>	<u>7/1/2011</u>
	Level H: Aids	<u>342.35</u>	<u>342.31</u>	<u>7/1/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of Field Audit #NH11-151C FYE 7/31/2009

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ORLANDO
3211 ROUSE ROAD
ORLANDO , FL 32817

Provider Number: 0 213403-00
Date: 8/5/2014
Fiscal Year End: 7/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.90</u>	<u>199.86</u>	<u>1/1/2012</u>
	Level H: Aids	<u>347.51</u>	<u>347.47</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"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of Field Audit #NH11-151C FYE 7/31/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ORLANDO
3211 ROUSE ROAD
ORLANDO , FL 32817

Provider Number: 0 213403-00
Date: 8/5/2014
Fiscal Year End: 7/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>206.54</u>	<u>206.50</u>	<u>7/1/2012</u>
	Level II: Aids	<u>355.75</u>	<u>355.71</u>	<u>7/1/2012</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"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH11-151C FYE 7/31/2009

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ORLANDO
3211 ROUSE ROAD
ORLANDO , FL 32817

Provider Number: 0 213403-00
Date: 8/5/2014
Fiscal Year End: 7/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>209.43</u>	<u>209.39</u>	<u>1/1/2013</u>
	Level H: Aids	<u>360.24</u>	<u>360.20</u>	<u>1/1/2013</u>

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of Field Audit #NH11-151C FYE 7/31/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ORLANDO	Provider Number:	0 213403-00
3211 ROUSE ROAD	Date:	8/5/2014
ORLANDO , FL 32817	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>205.17</u>	<u>205.14</u>	<u>7/1/2013</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"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:


<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit #NH11-151C FYE 7/31/2009

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ORLANDO
3211 ROUSE ROAD
ORLANDO , FL 32817

Provider Number: 0 213403-00
Date: 8/5/2014
Fiscal Year End: 7/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
210.15 **210.11** **1/1/2014**

Rate Type:

Interim
Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
Total Prospective
Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of Field Audit #NH11-151C FYE 7/31/2009

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>LIFE CARE CENTER OF ORLANDO</u>	Provider Number:	<u>0 213403-00</u>
<u>3211 ROUSE ROAD</u>	Date:	<u>8/5/2014</u>
<u>ORLANDO , FL 32817</u>	Fiscal Year End:	<u>7/31/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

	Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level	<u>218.20</u>	<u>218.17</u>	<u>7/1/2014</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> X	<u> </u> Total Prospective with Interim Component
<u> </u> Prior Provider Prospective data			

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit #NH11-151C FYE 7/31/2009

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Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OCALA HEALTH & REHABILITATION CENTER
1201 SE 24TH RD
OCALA, FL 34471

Provider Number: 0 217395-00
Date: 8/27/2014
Fiscal Year End: 6/30/2008
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	181.81	180.81	7/1/2009
	Level H: Aids	322.16	321.16	7/1/2009

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH11-134G FYE 6/30/2008

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: NHS Management
 931 Fairfax Park
 Tuscaloosa, AL 35406



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

OCALA HEALTH & REHABILITATION CENTER

1201 SE 24TH RD

OCALA, FL 34471

Provider Number:

0 217395-00

Date:

8/27/2014

Fiscal Year End:

6/30/2009

Audit Status:

Unaudited

Provider Type:

Nursing Home

Single Level

Current
Rate

New
Rate

Effective
Date

185.75

185.60

1/1/2010

Level H: Aids

327.67

327.52

1/1/2010

Rate Type:

 Interim

 X Prospective

 Total Interim

 X Total Prospective

 Interim Component

 Total Prospective with Interim Component

 Settlement based on cost

 Prior Provider Prospective data

Basis:

 Budget

 X Unaudited costs

 Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X Effects of FA & RFA #NH11-134G FYE
6/30/2008

Distribution:

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 No Change in Rate

Home Office: NHS Management
931 Fairfax Park
Tuscaloosa, AL 35406

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>OCALA HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 217395-00</u>
<u>1201 SE 24TH RD</u>	Date:	<u>8/27/2014</u>
<u>OCALA, FL 34471</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>189.38</u>	<u>189.23</u>	<u>7/1/2010</u>
	Level H: Aids	<u>332.72</u>	<u>332.57</u>	<u>7/1/2010</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> X	<u> </u> Total Prospective with Interim Component
<u> </u> Prior Provider Prospective data			

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA #NH11-134G FYE 6/30/2008

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Home Office: NHS Management
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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OCALA HEALTH & REHABILITATION CENTER
1201 SE 24TH RD
OCALA, FL 34471

Provider Number: 0 217395-00
Date: 8/27/2014
Fiscal Year End: 6/30/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.58	193.42	1/1/2011
	Level H: Aids	338.44	338.28	1/1/2011

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH11-134G FYE 6/30/2008

Distribution:

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Home Office: NHS Management
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Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OCALA HEALTH & REHABILITATION CENTER
1201 SE 24TH RD
OCALA, FL 34471

Provider Number: 0 217395-00
Date: 8/27/2014
Fiscal Year End: 6/30/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>187.09</u>	<u>186.94</u>	<u>7/1/2011</u>
	Level H: Aids	<u>333.29</u>	<u>333.14</u>	<u>7/1/2011</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"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH11-134G FYE 6/30/2008

Distribution:

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No Change in Rate

Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OCALA HEALTH & REHABILITATION CENTER
1201 SE 24TH RD
OCALA, FL 34471

Provider Number: 0 217395-00
Date: 8/27/2014
Fiscal Year End: 6/30/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	188.42	188.27	1/1/2012
	Level H: Aids	336.03	335.88	1/1/2012

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"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH11-134G FYE 6/30/2008

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

OCALA HEALTH & REHABILITATION CENTER

1201 SE 24TH RD

OCALA, FL 34471

Provider Number:

0 217395-00

Date:

8/27/2014

Fiscal Year End:

6/30/2011

Audit Status:

Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>193.90</u>	<u>193.74</u>	<u>7/1/2012</u>
	Level H: Aids	<u>343.11</u>	<u>342.95</u>	<u>7/1/2012</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"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NHI1-134G FYE 6/30/2008

Distribution:

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For Information Only

No Change in Rate

Home Office: NHS Management
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Tuscaloosa, AL 35406

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OCALA HEALTH & REHABILITATION CENTER
1201 SE 24TH RD
OCALA, FL 34471

Provider Number: 0 217395-00
Date: 8/27/2014
Fiscal Year End: 6/30/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>195.97</u>	<u>195.81</u>	<u>1/1/2013</u>
	Level H: Aids	<u>346.78</u>	<u>346.62</u>	<u>1/1/2013</u>

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH11-134G FYE 6/30/2008

Distribution:

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No Change in Rate

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Tuscaloosa, AL 35406

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Medicaid Reimbursement Per Diem Rates

OCALA HEALTH & REHABILITATION CENTER

1201 SE 24TH RD

OCALA, FL 34471

Provider Number:

0 217395-00

Date:

8/27/2014

Fiscal Year End:

6/30/2012

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

196.43

196.27

7/1/2013

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH11-134G FYE
6/30/2008

Distribution:

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No Change in Rate

Home Office: NHS Management
931 Fairfax Park
Tuscaloosa, AL 35406

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OCALA HEALTH & REHABILITATION CENTER

1201 SE 24TH RD

OCALA, FL 34471

Provider Number:

0 217395-00

Date:

8/27/2014

Fiscal Year End:

6/30/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
199.15	198.98	1/1/2014

Rate Type:

 Interim

 Total Interim

 Interim Component

 Settlement based on cost

 Prior Provider Prospective data

 X Prospective

 Total Prospective

 Total Prospective with Interim Component

Basis:

 Budget

 X Unaudited costs

 Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X Effects of FA & RFA #NH11-134G FYE
6/30/2008

Distribution:

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 No Change in Rate

Home Office: NHS Management
931 Fairfax Park
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Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OCALA HEALTH & REHABILITATION CENTER
1201 SE 24TH RD
OCALA, FL 34471

Provider Number: 0 217395-00
Date: 8/27/2014
Fiscal Year End: 6/30/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 207.97 New Rate: 207.80 Effective Date: 7/1/2014

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH11-134G FYE 6/30/2008

Distribution:

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 No Change in Rate

Home Office: NHS Management
931 Fairfax Park
Tuscaloosa, AL 35406

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HEALTH CENTER OF COCONUT CREEK	Provider Number:	0 226581-00
4125 WEST SAMPLE RD	Date:	8/8/2014
COCONUT CREEK , FL 33073	Fiscal Year End:	12/31/2008
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>228.67</u>	<u>228.26</u>	<u>1/1/2010</u>
	Level H: Aids	<u>370.59</u>	<u>370.18</u>	<u>1/1/2010</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"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH11-019C FYE 12/31/2008

Distribution:

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 Home Office:

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Medicaid Reimbursement Per Diem Rates

HEALTH CENTER OF COCONUT CREEK
4125 WEST SAMPLE RD
COCONUT CREEK , FL 33073

Provider Number: 0 226581-00
Date: 8/8/2014
Fiscal Year End: 12/31/2008
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>232.30</u>	<u>231.67</u>	<u>7/1/2010</u>
	Level H: Aids	<u>375.64</u>	<u>375.01</u>	<u>7/1/2010</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH11-019C FYE 12/31/2008

Distribution:

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 No Change in Rate
 Home Office:

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Medicaid Reimbursement Per Diem Rates

FORUM AT DEER CREEK
3001 DEER CREEK COUNTRY CLUB
DEERFIELD BEACH, FL 33442

Provider Number: 0 253481-00
Date: 9/10/2014
Fiscal Year End: 6/30/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	246.84	239.75	1/1/2011
	Level II: Aids	391.70	384.61	1/1/2011

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit NH13-008W FYE 6/30/2010

Distribution:

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 No Change in Rate

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: FiveStar Quality Care Inc
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FORUM AT DEER CREEK	Provider Number:	0 253481-00
3001 DEER CREEK COUNTRY CLUB	Date:	9/10/2014
DEERFIELD BEACH , FL 33442	Fiscal Year End:	6/30/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>236.67</u>	<u>229.92</u>	<u>7/1/2011</u>
	Level H: Aids	<u>382.87</u>	<u>376.12</u>	<u>7/1/2011</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"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit NH13-008W FYE 6/30/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

FORUM AT DEER CREEK	Provider Number:	0 253481-00
3001 DEER CREEK COUNTRY CLUB	Date:	9/10/2014
DEERFIELD BEACH , FL 33442	Fiscal Year End:	6/30/2011
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>242.45</u>	<u>242.41</u>	<u>1/1/2012</u>
	Level H: Aids	<u>390.06</u>	<u>390.02</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"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit NH13-008W FYE 6/30/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

FORUM AT DEER CREEK

3001 DEER CREEK COUNTRY CLUB

DEERFIELD BEACH, FL 33442

Provider Number:

0 253481-00

Date:

9/10/2014

Fiscal Year End:

6/30/2011

Audit Status:

Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>249.68</u>	<u>249.64</u>	<u>7/1/2012</u>
	Level H: Aids	<u>398.89</u>	<u>398.85</u>	<u>7/1/2012</u>

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit NH13-008W FYE 6/30/2010

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

FORUM AT DEER CREEK	Provider Number:	0 253481-00
3001 DEER CREEK COUNTRY CLUB	Date:	9/10/2014
DEERFIELD BEACH , FL 33442	Fiscal Year End:	6/30/2011
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>253.77</u>	<u>253.73</u>	<u>1/1/2013</u>
	Level H: Aids	<u>404.58</u>	<u>404.54</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"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit NH13-008W FYE 6/30/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

FORUM AT DEER CREEK
3001 DEER CREEK COUNTRY CLUB
DEERFIELD BEACH , FL 33442

Provider Number: 0 253481-00
Date: 9/10/2014
Fiscal Year End: 6/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 249.81
New Rate: 249.77
Effective Date: 7/1/2013

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of Field Audit NH13-008W FYE 6/30/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

FORUM AT DEER CREEK	Provider Number:	0 253481-00
3001 DEER CREEK COUNTRY CLUB	Date:	9/10/2014
DEERFIELD BEACH , FL 33442	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	259.08	259.04	1/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:


<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit NH13-008W FYE 6/30/2010

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Medicaid Reimbursement Per Diem Rates

FORUM AT DEER CREEK	Provider Number:	0 253481-00
3001 DEER CREEK COUNTRY CLUB	Date:	9/10/2014
DEERFIELD BEACH , FL 33442	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>269.73</u>	<u>269.68</u>	<u>7/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit NH13-008W FYE 6/30/2010

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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 Newton, MA 02458



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Medicaid Reimbursement Per Diem Rates

EDGEWOOD NURSING CENTER
1771 EDGEWOOD AVE W
JACKSONVILLE, FL 32208

Provider Number: 0 254878-00
Date: 9/15/2014
Fiscal Year End: 12/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>179.17</u>	<u>178.22</u>	<u>7/1/2011</u>
	Level H: Aids	<u>325.37</u>	<u>324.42</u>	<u>7/1/2011</u>

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:


Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit NH13-151L FYE 12/31/2010

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance


Home Office: Putnam Council, Inc.
 16 Norcross Street
 Roswell, GA 30075



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

EDGEWOOD NURSING CENTER	Provider Number:	0 254878-00
1771 EDGEWOOD AVE W	Date:	9/15/2014
JACKSONVILLE, FL 32208	Fiscal Year End:	12/31/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>180.72</u>	<u>179.76</u>	<u>1/1/2012</u>
	Level H: Aids	<u>328.33</u>	<u>327.37</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"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit NH13-151L FYE 12/31/2010

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office: Putnam Council, Inc.
16 Norcross Street
Roswell, GA 30075

Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE NURSING CENTER AT UNIVERSITY VILLAGE
12250 N 22ND ST
TAMPA, FL 33612-4955

Provider Number: 0 259462-00
Date: 8/29/2014
Fiscal Year End: 12/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>213.85</u>	<u>212.77</u>	<u>1/1/2013</u>
	Level H: Aids	<u>364.66</u>	<u>363.58</u>	<u>1/1/2013</u>

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:


Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit NH13-016W FYE 12/31/2011

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance


Home Office: John A. McCoy, Inc.
 3391 Cypress Gardens Road
 Winter Haven, FL 33884



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE NURSING CENTER AT UNIVERSITY VILLAGE
12250 N 22ND ST
TAMPA, FL 33612-4955

Provider Number: 0 259462-00
Date: 8/29/2014
Fiscal Year End: 12/31/2011
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
218.41	217.30	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"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit NH13-016W FYE 12/31/2011

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

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Medicaid Cost Reimbursement Planning and Finance

Home Office: John A. Mccoy, Inc.
3391 Cypress Gardens Road
Winter Haven, FL 33884



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Medicaid Reimbursement Per Diem Rates

CRESTWOOD NURSING CENTER

501 S PALM AVE

PALATKA, FL 32177

Provider Number:

0 312274-00

Date:

8/28/2014

Fiscal Year End:

12/31/2010

Audit Status:

Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>174.72</u>	<u>174.73</u>	<u>7/1/2011</u>
	Level H: Aids	<u>320.92</u>	<u>320.93</u>	<u>7/1/2011</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"/>	Total Prospective with Interim Component
<input type="checkbox"/>	Settlement based on cost		
<input type="checkbox"/>	Prior Provider Prospective data		

Basis:

<input type="checkbox"/>	Budget
<input type="checkbox"/>	Unaudited costs
<input checked="" type="checkbox"/>	Field audited costs
<input type="checkbox"/>	Desk audited costs

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Field Audit NH13-153L FYE 12/31/2010

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office: Putnam Council, Inc.
16 Norcross Street
Roswell, GA 30075

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

CRESTWOOD NURSING CENTER

501 S PALM AVE

PALATKA, FL 32177

Provider Number:

0 312274-00

Date:

8/28/2014

Fiscal Year End:

12/31/2010

Audit Status:

Field Audited

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current
Rate

175.78

New
Rate

175.55

Effective
Date

1/1/2012

323.39

323.16

1/1/2012

Rate Type:

 Interim

 Total Interim

 Interim Component

 Settlement based on cost

 Prior Provider Prospective data

 X Prospective

 X Total Prospective

 Total Prospective with Interim Component

Basis:

 Budget

 Unaudited costs

 X Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X Field Audit NH13-153L FYE 12/31/2010

Distribution:

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 For Information Only

 No Change in Rate

Home Office: Putnam Council, Inc.
16 Norcross Street
Roswell, GA 30075

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

CRESTWOOD NURSING CENTER

501 S PALM AVE

PALATKA, FL 32177

Provider Number:

0 312274-00

Date:

8/28/2014

Fiscal Year End:

12/31/2010

Audit Status:

Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>181.92</u>	<u>181.11</u>	<u>7/1/2012</u>
	Level H: Aids	<u>331.13</u>	<u>330.32</u>	<u>7/1/2012</u>

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit NH13-153L FYE 12/31/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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16 Norcross Street
Roswell, GA 30075

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Medicaid Reimbursement Per Diem Rates

CRESTWOOD NURSING CENTER

501 S PALM AVE

PALATKA, FL 32177

Provider Number:

0 312274-00

Date:

8/28/2014

Fiscal Year End:

12/31/2011

Audit Status:

Unaudited

Provider Type:

Nursing Home

Single Level

Current
Rate

182.50

New
Rate

183.15

Effective
Date

1/1/2013

Level H: Aids

333.31

333.96

1/1/2013

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit NH13-153L FYE
12/31/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Putnam Council, Inc.

16 Norcross Street

Roswell, GA 30075

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CRESTWOOD NURSING CENTER

501 S PALM AVE

PALATKA, FL 32177

Provider Number:

0 312274-00

Date:

8/28/2014

Fiscal Year End:

12/31/2011

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

187.03

187.70

7/1/2013

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit NH13-153L FYE
12/31/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Putnam Council, Inc.
16 Norcross Street
Roswell, GA 30075

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CRESTWOOD NURSING CENTER

501 S PALM AVE

PALATKA, FL 32177

Provider Number:

0 312274-00

Date:

8/28/2014

Fiscal Year End:

12/31/2012

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

184.85

New
Rate

185.50

Effective
Date

1/1/2014

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit NH13-153L FYE
12/31/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Putnam Council, Inc.
16 Norcross Street
Roswell, GA 30075

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CRESTWOOD NURSING CENTER

501 S PALM AVE

PALATKA, FL 32177

Provider Number:

0 312274-00

Date:

8/28/2014

Fiscal Year End:

12/31/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

200.00

New
Rate

200.68

Effective
Date

7/1/2014

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit NH13-153L FYE
12/31/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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16 Norcross Street
Roswell, GA 30075

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance