




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

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

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

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
1.	ROSEWOOD MANOR	0 017223-00	10
2.	THE PARK SUMMIT AT CORAL SPRINGS	0 018066-00	2
3.	WHITEHALL OF BOCA RATON, LLC	0 071884-00	5
4.	OLDS HALL GOOD SAMARITAN	0 204391-00	2
5.	VILLAGE ON THE ISLE	0 210463-00	2
6.	LAUREL POINTE HEALTH AND REHABILITATION	0 211516-00	7
7.	FLORIDA LUTHERAN RETIREMENT CENTER	0 212792-00	5
8.	FLORIDA PRESBYTERIAN HOMES, INC	0 212971-00	5
9.	WEST JACKSONVILLE HEALTH & REHABILITATION CENTER	0 218171-00	7
10.	AVANTE AT ORLANDO	0 223808-00	1
11.	HAWTHORNE HEALTH & REHAB OF BRANDON	0 261670-00	2
12.	SUSANNA WESLEY HEALTH CENTER	0 268062-00	2
13.	PORT CHARLOTTE REHABILITATION CENTER	0 319325-00	16
14.	ZEPHYR HAVEN HEALTH & REHAB CENTER, INC.	0 320391-00	1
15.	SUNBELT HEALTH & REHAB CENTER-APOPKA, INC.	0 320412-00	1
16.	EAST ORLANDO HEALTH & REHAB CENTER, INC	0 320421-00	1
		Total	69

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)		
001722300	20100101	206.72	348.64	206.72	206.72	76291-14	NH12-052C
001722300	20100701	212.67	356.01	212.67	212.67	76291-14	NH12-052C
001722300	20110101	215.66	360.52	215.66	215.66	76291-14	NH12-052C
001722300	20110701	207.80	354.00	207.80	207.80	76291-14	NH12-052C
001722300	20120101	208.76	356.37	208.76	208.76	76291-14	NH12-052C
001722300	20120701	215.46	364.67	215.46	215.46	76291-14	NH12-052C
001722300	20130101	205.78	356.59	205.78	205.78	76291-14	NH12-052C
001722300	20130701	210.60	0.00	210.60	210.60	76291-14	NH12-052C
001722300	20140101	205.74	0.00	205.74	205.74	76291-14	NH12-052C
001722300	20140701	214.50	0.00	214.50	214.50	76291-14	NH12-052C
001806600	20110101	216.11	360.97	216.11	216.11	76291-14	NH13-010W
001806600	20110701	205.83	352.03	205.83	205.83	76291-14	NH13-010W
007188400	20130101	229.68	380.49	229.68	229.68	76291-14	
007188400	20130701	235.37	0.00	235.37	235.37	76291-14	
007188400	20130802	235.37	0.00	235.37	235.37	76291-14	
007188400	20140101	241.19	0.00	241.19	241.19	76291-14	
007188400	20140701	247.78	0.00	247.78	247.78	76291-14	
020439100	20110701	210.62	356.82	210.62	210.62	76291-14	NH13-090C
020439100	20120101	213.61	361.22	213.61	213.61	76291-14	NH13-090C
021046300	20100101	239.21	381.13	239.21	239.21	76291-14	NH11-101W
021046300	20100701	240.19	383.53	240.19	240.19	76291-14	NH11-101W
021151600	20110701	185.24	331.44	185.24	185.24	76291-14	NH13-013W
021151600	20120101	186.39	334.00	186.39	186.39	76291-14	NH13-013W
021151600	20120701	208.14	357.35	208.14	208.14	76291-14	NH13-013W
021151600	20130101	211.62	362.43	211.62	211.62	76291-14	NH13-013W
021151600	20130701	201.96	0.00	201.96	201.96	76291-14	NH13-013W
021151600	20140101	205.52	0.00	205.52	205.52	76291-14	NH13-013W
021151600	20140701	198.43	0.00	198.43	198.43	76291-14	NH13-013W
021279200	20120701	186.63	335.84	186.63	186.63	76291-14	NH13-088C
021279200	20130101	192.53	343.34	192.53	192.53	76291-14	NH13-088C
021279200	20130701	196.93	0.00	196.93	196.93	76291-14	NH13-088C
021279200	20140101	200.73	0.00	200.73	200.73	76291-14	NH13-088C
021279200	20140701	208.31	0.00	208.31	208.31	76291-14	NH13-088C
021297100	20120101	192.22	339.83	192.22	192.22	76291-14	NH13-022W
021297100	20120701	196.79	346.00	196.79	196.79	76291-14	NH13-022W
021297100	20130701	205.45	0.00	205.45	205.45	76291-14	NH13-022W
021297100	20140101	206.12	0.00	206.12	206.12	76291-14	NH13-022W
021297100	20140701	213.25	0.00	213.25	213.25	76291-14	NH13-022W
021817100	20110701	189.15	335.35	189.15	189.15	76291-14	NH13-015W
021817100	20120101	191.28	338.89	191.28	191.28	76291-14	NH13-015W
021817100	20120701	199.55	348.76	199.55	199.55	76291-14	NH13-015W
021817100	20130101	202.74	353.55	202.74	202.74	76291-14	NH13-015W
021817100	20130701	196.24	0.00	196.24	196.24	76291-14	NH13-015W
021817100	20140101	199.75	0.00	199.75	199.75	76291-14	NH13-015W
021817100	20140701	209.64	0.00	209.64	209.64	76291-14	NH13-015W
022380800	20141001	239.04	0.00	239.04	239.04	76291-14	
026167000	20110101	191.96	336.82	191.96	191.96	76291-14	NH13-021W
026167000	20110701	185.38	331.58	185.38	185.38	76291-14	NH13-021W
026806200	20100701	214.18	357.52	214.18	214.18	76291-14	NH13-059C
026806200	20110101	217.02	361.88	217.02	217.02	76291-14	NH13-059C
031932500	20080101	177.09	311.09	177.09	177.09	76291-14	NH11-127C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
031932500	20080701	186.77	323.05	186.77	186.77	76291-14	NH11-127C
031932500	20090101	185.51	323.86	185.51	185.51	76291-14	NH11-127C
031932500	20090301	169.96	308.31	169.96	169.96	76291-14	NH11-127C
031932500	20090401	209.22	347.57	209.22	209.22	76291-14	NH11-127C
031932500	20090701	218.37	358.72	218.37	218.37	76291-14	NH11-127C
031932500	20100101	214.36	356.28	214.36	214.36	76291-14	NH11-127C
031932500	20100701	212.92	356.26	212.92	212.92	76291-14	NH11-127C
031932500	20110101	215.87	360.73	215.87	215.87	76291-14	NH11-127C
031932500	20110701	215.58	361.78	215.58	215.58	76291-14	NH11-127C
031932500	20120101	218.05	365.66	218.05	218.05	76291-14	NH11-127C
031932500	20120701	225.35	374.56	225.35	225.35	76291-14	NH11-127C
031932500	20130101	221.78	372.59	221.78	221.78	76291-14	NH11-127C
031932500	20130701	227.52	0.00	227.52	227.52	76291-14	NH11-127C
031932500	20140101	227.79	0.00	227.79	227.79	76291-14	NH11-127C
031932500	20140701	243.04	0.00	243.04	243.04	76291-14	NH11-127C
032039100	20140101	201.30	0.00	201.30	201.30	76291-14	
032041200	20140101	212.22	0.00	212.22	212.22	76291-14	
032042100	20140101	238.00	0.00	238.00	238.00	76291-14	



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ROSEWOOD MANOR
3107 NORTH H STREET
PENSACOLA, FL 32501-1043

Provider Number: 0 017223-00
Date: 9/8/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.16	206.72	1/1/2010
	Level H: Aids	350.08	348.64	1/1/2010

Rate Type:

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

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-052C FYE 6/30/2010

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Pensacola Administrative Services, LLC
 2 North Palafox Street
 Pensacola, FL 32502



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Medicaid Reimbursement Per Diem Rates

ROSEWOOD MANOR
3107 NORTH H STREET
PENSACOLA, FL 32501-1043

Provider Number: 0 017223-00
Date: 9/8/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>213.84</u>	<u>212.67</u>	<u>7/1/2010</u>
<u>357.18</u>	<u>356.01</u>	<u>7/1/2010</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" 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
 FA & RFA #NH12-052C FYE 6/30/2010

Distribution:

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ROSEWOOD MANOR
3107 NORTH H STREET
PENSACOLA, FL 32501-1043

Provider Number: 0 017223-00
Date: 9/8/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.98</u>	<u>215.66</u>	<u>1/1/2011</u>
	Level H: Aids	<u>361.84</u>	<u>360.52</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

FA & RFA #NH12-052C FYE 6/30/2010

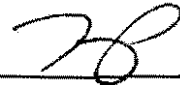
Distribution:

Contract Management / Fiscal Agent

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ROSEWOOD MANOR
3107 NORTH H STREET
PENSACOLA, FL 32501-1043

Provider Number: 0 017223-00
Date: 9/8/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>209.10</u>	<u>207.80</u>	<u>7/1/2011</u>
<u>355.30</u>	<u>354.00</u>	<u>7/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" 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
 FA & RFA #NH12-052C FYE 6/30/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

ROSEWOOD MANOR
3107 NORTH H STREET
PENSACOLA, FL 32501-1043

Provider Number: 0 017223-00
Date: 9/8/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.08	208.76	1/1/2012
	Level H: Aids	357.69	356.37	1/1/2012

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 #NH12-052C FYE 6/30/2010

Distribution:

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ROSEWOOD MANOR
3107 NORTH H STREET
PENSACOLA, FL 32501-1043

Provider Number: 0 017223-00
Date: 9/8/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.80	215.46	7/1/2012
	Level H: Aids	366.01	364.67	7/1/2012

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 #NH12-052C FYE 6/30/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

ROSEWOOD MANOR
3107 NORTH H STREET
PENSACOLA, FL 32501-1043

Provider Number: 0 017223-00
Date: 9/8/2014
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.84	205.78	1/1/2013
	Level H: Aids	356.65	356.59	1/1/2013

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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 #NH12-052C FYE 6/30/2010

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

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Pensacola, FL 32502



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Medicaid Reimbursement Per Diem Rates

ROSEWOOD MANOR
3107 NORTH H STREET
PENSACOLA, FL 32501-1043

Provider Number: 0 017223-00
Date: 9/8/2014
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
205.79	205.74	1/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> 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 FA & RFA #NH12-052C FYE 6/30/2010

Distribution:

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

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Medicaid Cost Reimbursement Planning and Finance

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2 North Palafox Street
Pensacola, FL 32502



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Medicaid Reimbursement Per Diem Rates

ROSEWOOD MANOR
3107 NORTH H STREET
PENSACOLA, FL 32501-1043

Provider Number: 0 017223-00
Date: 9/8/2014
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
214.55	214.50	7/1/2014

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 FA & RFA #NH12-052C FYE 6/30/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Pensacola Administrative Services, LLC
2 North Palafox Street
Pensacola, Fl 32502

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Medicaid Reimbursement Per Diem Rates

THE PARK SUMMIT AT CORAL SPRINGS
8500 ROYAL PALM BLVD
CORAL SPRINGS, FL 33065

Provider Number: 0 018066-00
Date: 8/18/2014
Fiscal Year End: 6/30/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	220.62	216.11	1/1/2011
	Level H: Aids	365.48	360.97	1/1/2011

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 NH13-010W FYE 6/30/2010

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: FiveStar Quality Care Inc
 400 Centre Street
 Newton, MA 02458



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE PARK SUMMIT AT CORAL SPRINGS
8500 ROYAL PALM BLVD
CORAL SPRINGS, FL 33065

Provider Number: 0 018066-00
Date: 8/18/2014
Fiscal Year End: 6/30/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>210.10</u>	<u>205.83</u>	<u>7/1/2011</u>
	Level H: Aids	<u>356.30</u>	<u>352.03</u>	<u>7/1/2011</u>

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

 Unaudited costs

 X Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X Field Audit NH13-010W FYE 6/30/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

Home Office: FiveStar Quality Care Inc
400 Centre Street
Newton, MA 02458

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

WHITEHALL OF BOCA RATON, LLC
7300 DEL PRADO CIRCLE SOUTH
BOCA RATON, FL 33433

Provider Number: 0 071884-00
Date: 9/29/2014
Fiscal Year End: 8/1/2013
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	227.56	229.68	1/1/2013
	Level H: Aids	378.37	380.49	1/1/2013

Rate Type:

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

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 8/1/2013

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Vanguard Healthcare, LLC
6 Cadillac Drive
Suite 310
Brentwood, TN 37027



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

WHITEHALL OF BOCA RATON, LLC
7300 DEL PRADO CIRCLE SOUTH
BOCA RATON, FL 33433

Provider Number: 0 071884-00
Date: 9/29/2014
Fiscal Year End: 8/1/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
233.22	235.37	7/1/2013

Rate Type:

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

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 8/1/2013

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Vanguard Healthcare, LLC
6 Cadillac Drive
Suite 310
Brentwood, TN 37027



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

WHITEHALL OF BOCA RATON, LLC
7300 DEL PRADO CIRCLE SOUTH
BOCA RATON, FL 33433

Provider Number: 0 071884-00
Date: 9/29/2014
Fiscal Year End: 8/1/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
233.22	235.37	8/2/2013

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 8/1/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

WHITEHALL OF BOCA RATON, LLC
7300 DEL PRADO CIRCLE SOUTH
BOCA RATON, FL 33433

Provider Number: 0 071884-00
Date: 9/29/2014
Fiscal Year End: 8/1/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>238.89</u>	<u>241.19</u>	<u>1/1/2014</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

Cost Settlement FYE 8/1/2013

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

WHITEHALL OF BOCA RATON, LLC
7300 DEL PRADO CIRCLE SOUTH
BOCA RATON, FL 33433

Provider Number: 0 071884-00
Date: 9/29/2014
Fiscal Year End: 8/1/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
245.42	247.78	7/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" 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

Cost Settlement FYE 8/1/2013

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OLDS HALL GOOD SAMARITAN
325 S SEGRAVE STREET
DAYTONA BEACH, FL 32114

Provider Number: 0 204391-00
Date: 9/10/2014
Fiscal Year End: 12/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.42	210.62	7/1/2011
	Level H: Aids	356.62	356.82	7/1/2011

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 #NH13-090C FYE 12/31/2010

Distribution:

Contract Management / Fiscal Agent
Permanent File

For Information Only
 No Change in Rate

Home Office: Evangelical Lutheran Good Samaritan
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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Djem Rates

OLDS HALL GOOD SAMARITAN
325 S SEGRAVE STREET
DAYTONA BEACH, FL 32114

Provider Number: 0 204391-00
Date: 9/10/2014
Fiscal Year End: 12/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>213.34</u>	<u>213.61</u>	<u>1/1/2012</u>
	Level H: Aids	<u>360.95</u>	<u>361.22</u>	<u>1/1/2012</u>

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

 Unaudited costs

 X Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X Field Audit #NH13-090C FYE 12/31/2010

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VILLAGE ON THE ISLE
910 TAMiami TRAIL SOUTH
VENICE, FL 34285

Provider Number: 0 210463-00
Date: 9/11/2014
Fiscal Year End: 12/31/2008
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	242.80	239.21	1/1/2010
	Level H: Aids	384.72	381.13	1/1/2010

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> 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 & Revised Field Audit NH11-101W
 FYE 12/31/2008

Distribution:

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Home Office:


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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VILLAGE ON THE ISLE
910 TAMiami TRAIL SOUTH
VENICE, FL 34285

Provider Number: 0 210463-00
Date: 9/11/2014
Fiscal Year End: 12/31/2008
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>243.27</u>	<u>240.19</u>	<u>7/1/2010</u>
	Level H: Aids	<u>386.61</u>	<u>383.53</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 & Revised Field Audit NH11-101W
FYE 12/31/2008

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

LAUREL POINTE HEALTH AND REHABILITATION

703 SOUTH 29TH STREET

FORT PIERCE, FL 34947

Provider Number:

0 211516-00

Date:

8/7/2014

Fiscal Year End:

8/31/2010

Audit Status:

Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.91	185.24	7/1/2011
	Level H: Aids	342.11	331.44	7/1/2011

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 NH13-013W FYE 8/31/10

Distribution:

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No Change in Rate

Home Office: Lyric Healthcare Holdings III, Inc
1423 Clarkview Road
Suite 500
Baltimore, MD 21090

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAUREL POINTE HEALTH AND REHABILITATION
703 SOUTH 29TH STREET
FORT PIERCE, FL 34947

Provider Number: 0 211516-00
Date: 8/7/2014
Fiscal Year End: 8/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.93	186.39	1/1/2012
	Level H: Aids	345.54	334.00	1/1/2012

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 NH13-013W FYE 8/31/10

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAUREL POINTE HEALTH AND REHABILITATION

703 SOUTH 29TH STREET

FORT PIERCE, FL 34947

Provider Number:

0 211516-00

Date:

8/7/2014

Fiscal Year End:

8/31/2011

Audit Status:

Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.18	208.14	7/1/2012
	Level H: Aids	357.39	357.35	7/1/2012

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 NH13-013W FYE 8/31/10

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

LAUREL POINTE HEALTH AND REHABILITATION
703 SOUTH 29TH STREET
FORT PIERCE, FL 34947

Provider Number: 0 211516-00
Date: 8/7/2014
Fiscal Year End: 8/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.66	211.62	1/1/2013
	Level H: Aids	362.47	362.43	1/1/2013

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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 NH13-013W FYE 8/31/10

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

LAUREL POINTE HEALTH AND REHABILITATION

703 SOUTH 29TH STREET

FORT PIERCE, FL 34947

Provider Number:

0 211516-00

Date:

8/7/2014

Fiscal Year End:

8/31/2012

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
202.01	201.96	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 NH13-013W FYE 8/31/10

Distribution:

Contract Management / Fiscal Agent

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

LAUREL POINTE HEALTH AND REHABILITATION

703 SOUTH 29TH STREET

FORT PIERCE, FL 34947

Provider Number:

0 211516-00

Date:

8/7/2014

Fiscal Year End:

8/31/2012

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
205.56	205.52	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 FA NH13-013W FYE 8/31/10

Distribution:

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No Change in Rate

Home Office: Lyric Healthcare Holdings III, Inc
1423 Clarkview Road
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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

LAUREL POINTE HEALTH AND REHABILITATION
703 SOUTH 29TH STREET
FORT PIERCE, FL 34947

Provider Number: 0 211516-00
Date: 8/7/2014
Fiscal Year End: 8/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
198.47	198.43	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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA NH13-013W FYE 8/31/10

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

FLORIDA LUTHERAN RETIREMENT CENTER

450 NORTH MCDONALD AVENUE

DELAND , FL 32724

Provider Number:

0 212792-00

Date:

9/8/2014

Fiscal Year End:

6/30/2011

Audit Status:

Field Audited

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current
Rate

188.88

New
Rate

186.63

Effective
Date

7/1/2012

338.09

335.84

7/1/2012

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 #NH13-088C, FYE 6/30/2011

Distribution:

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Permanent File

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 No Change in Rate

Home Office: Evangelical Lutheran Good Samaritan
4800 West 57th Street
Sioux Falls, SD 57117

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

FLORIDA LUTHERAN RETIREMENT CENTER
450 NORTH MCDONALD AVENUE
DELAND , FL 32724

Provider Number: 0 212792-00
Date: 9/8/2014
Fiscal Year End: 6/30/2012
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>193.55</u>	<u>192.53</u>	<u>1/1/2013</u>
	Level H: Aids	<u>344.36</u>	<u>343.34</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

Effects of Field Audit #NH13-088C, FYE 6/30/2011


Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate


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Medicaid Reimbursement Per Diem Rates

FLORIDA LUTHERAN RETIREMENT CENTER
450 NORTH MCDONALD AVENUE
DELAND , FL 32724

Provider Number: 0 212792-00
Date: 9/8/2014
Fiscal Year End: 6/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
197.97	196.93	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

Effects of Field Audit #NH13-088C, FYE 6/30/2011

Distribution:

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

FLORIDA LUTHERAN RETIREMENT CENTER
450 NORTH MCDONALD AVENUE
DELAND , FL 32724

Provider Number: 0 212792-00
Date: 9/8/2014
Fiscal Year End: 6/30/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
201.78	200.73	1/1/2014

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 Field Audit #NH13-088C, FYE 6/30/2011

Distribution:

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

FLORIDA LUTHERAN RETIREMENT CENTER
450 NORTH MCDONALD AVENUE
DELAND , FL 32724

Provider Number: 0 212792-00
Date: 9/8/2014
Fiscal Year End: 6/30/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
209.41	208.31	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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of Field Audit #NH13-088C, FYE 6/30/2011

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office: Evangelical Lutheran Good Samaritan
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Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FLORIDA PRESBYTERIAN HOMES, INC.
909 LAKESIDE AVE
LAKELAND, FL 33803

Provider Number: 0 212971-00
Date: 9/12/2014
Fiscal Year End: 12/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.59	192.22	1/1/2012
	Level H: Aids	348.20	339.83	1/1/2012

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 NH13-022W FYE 12/31/10

Distribution:

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No Change in Rate

Home Office:

Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FLORIDA PRESBYTERIAN HOMES, INC.
909 LAKESIDE AVE
LAKELAND, FL 33803

Provider Number: 0 212971-00
Date: 9/12/2014
Fiscal Year End: 12/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.36	196.79	7/1/2012
	Level H: Aids	354.57	346.00	7/1/2012

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 NH13-022W FYE 12/31/10

Distribution:

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 No Change in Rate

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

FLORIDA PRESBYTERIAN HOMES, INC.

909 LAKESIDE AVE

LAKELAND, FL 33803

Provider Number:

0 212971-00

Date:

9/12/2014

Fiscal Year End:

12/31/2011

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
205.46	205.45	7/1/2013

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

Effects of FA NH13-022W FYE 12/31/10

Distribution:

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Home Office:

Thomas Parker

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FLORIDA PRESBYTERIAN HOMES, INC.
909 LAKESIDE AVE
LAKELAND, FL 33803

Provider Number: 0 212971-00
Date: 9/12/2014
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
206.13	206.12	1/1/2014

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 FA NH13-022W FYE 12/31/10

Distribution:

Contract Management / Fiscal Agent
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Thomas Parker

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Home Office:



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Medicaid Reimbursement Per Diem Rates

FLORIDA PRESBYTERIAN HOMES, INC.
909 LAKESIDE AVE
LAKELAND, FL 33803

Provider Number: 0 212971-00
Date: 9/12/2014
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
213.26	213.25	7/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ X 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 FA NH13-022W FYE 12/31/10

Distribution:

Contract Management / Fiscal Agent
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 _____ No Change in Rate

Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>WEST JACKSONVILLE HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 218171-00</u>
<u>1650 FOURAKER ROAD</u>	Date:	<u>8/12/2014</u>
<u>JACKSONVILLE , FL 32221</u>	Fiscal Year End:	<u>8/31/2010</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>192.87</u>	<u>189.15</u>	<u>7/1/2011</u>
	Level H: Aids	<u>339.07</u>	<u>335.35</u>	<u>7/1/2011</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 NH13-015W FYE 8/31/2010

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

WEST JACKSONVILLE HEALTH AND REHABILITATION CENTER
1650 FOURAKER ROAD
JACKSONVILLE , FL 32221

Provider Number: 0 218171-00
Date: 8/12/2014
Fiscal Year End: 8/31/2010
Audit Status: Field Audited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>195.02</u>	<u>191.28</u>	<u>1/1/2012</u>
	Level H: Aids	<u>342.63</u>	<u>338.89</u>	<u>1/1/2012</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:


 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Field Audit NH13-015W FYE 8/31/2010

Distribution:

Contract Management / Fiscal Agent
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Thomas Parker
Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>WEST JACKSONVILLE HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 218171-00</u>
<u>1650 FOURAKER ROAD</u>	Date:	<u>8/12/2014</u>
<u>JACKSONVILLE , FL 32221</u>	Fiscal Year End:	<u>8/31/2011</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>199.95</u>	<u>199.55</u>	<u>7/1/2012</u>
	Level H: Aids	<u>349.16</u>	<u>348.76</u>	<u>7/1/2012</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> 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 NH13-015W FYE 8/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>WEST JACKSONVILLE HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 218171-00</u>
<u>1650 FOURAKER ROAD</u>	Date:	<u>8/12/2014</u>
<u>JACKSONVILLE , FL 32221</u>	Fiscal Year End:	<u>8/31/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.14</u>	<u>202.74</u>	<u>1/1/2013</u>
	Level H: Aids	<u>353.95</u>	<u>353.55</u>	<u>1/1/2013</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<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	

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 NH13-015W FYE 8/31/2010

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Home Office: Lyric Healthcare Holdings III, Inc
1423 Clarkview Road
Suite 500
Baltimore, MD 21090

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

WEST JACKSONVILLE HEALTH AND REHABILITATION CENTER
1650 FOURAKER ROAD
JACKSONVILLE, FL 32221

Provider Number: 0 218171-00
Date: 8/12/2014
Fiscal Year End: 8/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>196.66</u>	<u>196.24</u>	<u>7/1/2013</u>

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 Field Audit NH13-015W FYE
8/31/2010

Distribution:

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Home Office: Lyric Healthcare Holdings III, Inc
1423 Clarkview Road
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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>WEST JACKSONVILLE HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 218171-00</u>
<u>1650 FOURAKER ROAD</u>	Date:	<u>8/12/2014</u>
<u>JACKSONVILLE , FL 32221</u>	Fiscal Year End:	<u>8/31/2012</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>200.17</u>	<u>199.75</u>	<u>1/1/2014</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 NH13-015W FYE 8/31/2010

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>WEST JACKSONVILLE HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 218171-00</u>
<u>1650 FOURAKER ROAD</u>	Date:	<u>8/12/2014</u>
<u>JACKSONVILLE , FL 32221</u>	Fiscal Year End:	<u>8/31/2013</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>210.08</u>	<u>209.64</u>	<u>7/1/2014</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 NH13-015W FYE</u>
<u>8/31/2010</u>

Distribution:

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

Home Office: Lyric Healthcare Holdings III, Inc
 1423 Clarkview Road
 Suite 500
 Baltimore, MD 21090

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>AVANTE AT ORLANDO</u>	Provider Number:	<u>0 223808-00</u>
<u>2000 NORTH SEMORAN BOULEVARD</u>	Date:	<u>10/28/2014</u>
<u>ORLANDO, FL 32807</u>	Fiscal Year End:	<u>5/31/2013</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>230.59</u>	<u>239.04</u>	<u>10/1/2014</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u>Total Interim</u>		<u>Total Prospective</u>
<u>Interim Component</u>	<u>X</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>Unaudited costs</u>
<u>Field audited costs</u>
<u>Desk audited costs</u>

Changes:

<u>Rate Semester Change</u>
<u>X</u> <u>IRR Granted Effective 10/1/2014</u>

Distribution:

Contract Management / Fiscal Agent
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH & REHAB OF BRANDON
851 WEST LUMSDEN RD
BRANDON, FL 33511

Provider Number: 0 261670-00
Date: 9/16/2014
Fiscal Year End: 6/30/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>192.31</u>	<u>191.96</u>	<u>1/1/2011</u>
	Level H: Aids	<u>337.17</u>	<u>336.82</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 NH13-021W FYE 6/30/2010

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>HAWTHORNE HEALTH & REHAB OF BRANDON</u>	Provider Number:	<u>0 261670-00</u>
<u>851 WEST LUMSDEN RD</u>	Date:	<u>9/16/2014</u>
<u>BRANDON, FL 33511</u>	Fiscal Year End:	<u>6/30/2010</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>185.71</u>	<u>185.38</u>	<u>7/1/2011</u>
	Level H: Aids	<u>331.91</u>	<u>331.58</u>	<u>7/1/2011</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X 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	

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 NH13-021W FYE 6/30/2010

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

SUSANNA WESLEY HEALTH CENTER
5300 W 16TH AVENUE
HIALEAH, FL 33012

Provider Number: 0 268062-00
Date: 9/12/2014
Fiscal Year End: 12/31/2009
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.16	214.18	7/1/2010
	Level H: Aids	361.50	357.52	7/1/2010

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 NH13-059C FYE 12/31/09

Distribution:

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Home Office:



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUSANNA WESLEY HEALTH CENTER
5300 W 16TH AVENUE
HIALEAH, FL 33012

Provider Number: 0 268062-00
Date: 9/12/2014
Fiscal Year End: 12/31/2009
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>220.93</u>	<u>217.02</u>	<u>1/1/2011</u>
	Level H: Aids	<u>365.79</u>	<u>361.88</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 NH13-059C FYE 12/31/09

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

PORT CHARLOTTE REHABILITATION CENTER

25325 RAMPART BLVD

PORT CHARLOTTE, FL 33983

Provider Number:

0 319325-00

Date:

10/6/2014

Fiscal Year End:

4/30/2006

Audit Status:

Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>184.31</u>	<u>177.09</u>	<u>1/1/2008</u>
	Level H: Aids	<u>318.31</u>	<u>311.09</u>	<u>1/1/2008</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 #NH11-127C FYE 4/30/2006

Distribution:

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No Change in Rate

Home Office:

SBK Capital, LLC

1935 Garraux Road, Northwest

Atlanta, GA 30327

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Medicaid Reimbursement Per Diem Rates

PORT CHARLOTTE REHABILITATION CENTER

25325 RAMPART BLVD

PORT CHARLOTTE, FL 33983

Provider Number:

0 319325-00

Date:

10/6/2014

Fiscal Year End:

12/31/2007

Audit Status:

Unaudited

Provider Type:

Nursing Home

Single Level

Current
Rate

193.43

New
Rate

186.77

Effective
Date

7/1/2008

Level H: Aids

329.71

323.05

7/1/2008

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 #NH11-127C FYE
4/30/2006

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

SBK Capital, LLC

1935 Garraux Road, Northwest

Atlanta, GA 30327

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

PORT CHARLOTTE REHABILITATION CENTER
25325 RAMPART BLVD
PORT CHARLOTTE, FL 33983

Provider Number: 0 319325-00
Date: 10/6/2014
Fiscal Year End: 12/31/2007
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.11	185.51	1/1/2009
	Level H: Aids	330.46	323.86	1/1/2009

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 #NH11-127C FYE 4/30/2006

Distribution:

Contract Management / Fiscal Agent
Permanent File
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 No Change in Rate

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

<u>PORT CHARLOTTE REHABILITATION CENTER</u>	Provider Number:	<u>0 319325-00</u>
<u>25325 RAMPART BLVD</u>	Date:	<u>10/6/2014</u>
<u>PORT CHARLOTTE, FL 33983</u>	Fiscal Year End:	<u>12/31/2007</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>176.01</u>	<u>169.96</u>	<u>3/1/2009</u>
	Level H: Aids	<u>314.36</u>	<u>308.31</u>	<u>3/1/2009</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 #NH11-127C FYE</u>
<u>4/30/2006</u>

Distribution:

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Medicaid Reimbursement Per Diem Rates

PORT CHARLOTTE REHABILITATION CENTER
25325 RAMPART BLVD
PORT CHARLOTTE, FL 33983

Provider Number: 0 319325-00
Date: 10/6/2014
Fiscal Year End: 12/31/2007
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.21</u>	<u>209.22</u>	<u>4/1/2009</u>
	Level H: Aids	<u>354.56</u>	<u>347.57</u>	<u>4/1/2009</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 #NH11-127C FYE 4/30/2006

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Medicaid Reimbursement Per Diem Rates

PORT CHARLOTTE REHABILITATION CENTER

25325 RAMPART BLVD

PORT CHARLOTTE, FL 33983

Provider Number:

0 319325-00

Date:

10/6/2014

Fiscal Year End:

12/31/2007

Audit Status:

Unaudited

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current
Rate

224.54

New
Rate

218.37

Effective
Date

7/1/2009

364.89

358.72

7/1/2009

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 #NH11-127C FYE
4/30/2006

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Home Office:

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PORT CHARLOTTE REHABILITATION CENTER

25325 RAMPART BLVD

PORT CHARLOTTE, FL 33983

Provider Number:

0 319325-00

Date:

10/6/2014

Fiscal Year End:

12/31/2008

Audit Status:

Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.86	214.36	1/1/2010
	Level H: Aids	359.78	356.28	1/1/2010

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 #NH11-127C FYE
4/30/2006

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Medicaid Reimbursement Per Diem Rates

PORT CHARLOTTE REHABILITATION CENTER
25325 RAMPART BLVD
PORT CHARLOTTE, FL 33983

Provider Number: 0 319325-00
Date: 10/6/2014
Fiscal Year End: 12/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>220.09</u>	<u>212.92</u>	<u>7/1/2010</u>
	Level H: Aids	<u>363.43</u>	<u>356.26</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
 Effects of Field Audit #NH11-127C FYE
 4/30/2006

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PORT CHARLOTTE REHABILITATION CENTER
25325 RAMPART BLVD
PORT CHARLOTTE, FL 33983

Provider Number: 0 319325-00
Date: 10/6/2014
Fiscal Year End: 12/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	223.23	215.87	1/1/2011
	Level H: Aids	368.09	360.73	1/1/2011

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 #NH11-127C FYE
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PORT CHARLOTTE REHABILITATION CENTER
25325 RAMPART BLVD
PORT CHARLOTTE, FL 33983

Provider Number: 0 319325-00
Date: 10/6/2014
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	222.60	215.58	7/1/2011
	Level H: Aids	368.80	361.78	7/1/2011

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 #NH11-127C FYE
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<u>PORT CHARLOTTE REHABILITATION CENTER</u>	Provider Number:	<u>0 319325-00</u>
<u>25325 RAMPART BLVD</u>	Date:	<u>10/6/2014</u>
<u>PORT CHARLOTTE, FL 33983</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>224.05</u>	<u>218.05</u>	<u>1/1/2012</u>
	Level H: Aids	<u>371.66</u>	<u>365.66</u>	<u>1/1/2012</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X 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	

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 #NH11-127C FYE 4/30/2006

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Medicaid Reimbursement Per Diem Rates

PORT CHARLOTTE REHABILITATION CENTER
25325 RAMPART BLVD
PORT CHARLOTTE, FL 33983

Provider Number: 0 319325-00
Date: 10/6/2014
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	231.63	225.35	7/1/2012
	Level H: Aids	380.84	374.56	7/1/2012

Rate Type:

<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	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 #NH11-127C FYE 4/30/2006

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PORT CHARLOTTE REHABILITATION CENTER
25325 RAMPART BLVD
PORT CHARLOTTE, FL 33983

Provider Number: 0 319325-00
Date: 10/6/2014
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>225.72</u>	<u>221.78</u>	<u>1/1/2013</u>
	Level H: Aids	<u>376.53</u>	<u>372.59</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
 Effects of Field Audit #NH11-127C FYE
 4/30/2006

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PORT CHARLOTTE REHABILITATION CENTER
25325 RAMPART BLVD
PORT CHARLOTTE, FL 33983

Provider Number: 0 319325-00
Date: 10/6/2014
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>231.61</u>	<u>227.52</u>	<u>7/1/2013</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X 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	

Basis:

 Budget

 X Unaudited costs

 Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X Effects of Field Audit #NH11-127C FYE 4/30/2006

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PORT CHARLOTTE REHABILITATION CENTER
25325 RAMPART BLVD
PORT CHARLOTTE, FL 33983

Provider Number: 0 319325-00
Date: 10/6/2014
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>231.98</u>	<u>227.79</u>	<u>1/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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 #NH11-127C FYE 4/30/2006

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Medicaid Reimbursement Per Diem Rates

<u>PORT CHARLOTTE REHABILITATION CENTER</u>	Provider Number:	<u>0 319325-00</u>
<u>25325 RAMPART BLVD</u>	Date:	<u>10/6/2014</u>
<u>PORT CHARLOTTE, FL 33983</u>	Fiscal Year End:	<u>12/31/2013</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>247.41</u>	<u>243.04</u>	<u>7/1/2014</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 #NH11-127C FYE</u>
<u>4/30/2006</u>

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Medicaid Reimbursement Per Diem Rates

ZEPHYR HAVEN HEALTH & REHAB CENTER, INC.
38250 A AVE
ZEPHYRHILLS, FL 33542

Provider Number: 0 320391-00
Date: 7/28/2014
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
201.69	201.30	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
 Retro for 1/14 Rate Semester - Mortgage Change

Distribution:

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_____ No Change in Rate

Home Office: Adventist Care Centers
602 Courtland Street, Suite 200
Orlando, FL 32804

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUNBELT HEALTH & REHAB CENTER - APOPKA, INC.
305 EAST OAK STREET
APOPKA, FL 32703

Provider Number: 0 320412-00
Date: 7/22/2014
Fiscal Year End: 7/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>210.57</u>	<u>212.22</u>	<u>1/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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 for 1/14 to reflect Mortgage change

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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Home Office: Sunbelt Health Care Centers, Inc.
602 Courtland Street
Suite 200
Orlando, FL 32804



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

EAST ORLANDO HEALTH & REHAB CENTER, INC.
250 SOUTH CHICKASAW TRAIL
ORLANDO, FL 32825-3308

Provider Number: 0 320421-00
Date: 7/22/2014
Fiscal Year End: 7/31/2012
Audit Status: Unaudited

Provider Type:

	Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level	<u>235.92</u>	<u>238.00</u>	<u>1/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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 for 1/14 to reflect Mortgage change

Distribution:

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