




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: November 26, 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.	WOODS OF MANATEE SPRINGS	0 008793-00	12
2.	BAYSIDE MANOR	0 017221-00	10
3.	MARGATE HEALTH CARE CENTER	0 017222-00	10
4.	BAY BREEZE NURSING & RETIREMENT CENTER	0 017225-00	10
5.	SILVERCREST MANOR	0 017230-00	10
6.	GRAND BOULEVARD HEALTH & REHAB CENTER	0 017242-00	10
7.	KISSIMMEE GOOD SAMARITAN	0 205303-00	5
8.	THE COMMONS AT ORLANDO LUTHERAN TOWERS	0 205796-00	2
9.	AUBURNDALE OAKS HEALTHCARE CENTER	0 207527-00	7
10.	LIFE CARE CENTER OF ALTAMONTE SPRINGS	0 210137-00	10
11.	BAY CENTER	0 212989-00	2
12.	CRYSTAL RIVER HEALTH & REHABILITATION CENTER	0 217263-00	11
13.	DAYTONA BEACH HEALTH AND REHABILITATION CENTER	0 217743-00	2
14.	WILTON MANORS HEALTH AND REHAB	0 227579-00	4
15.	PARK RIDGE NURSING CENTER	0 228401-00	15
16.	INN AT SARASOTA BAY CLUB	0 228621-00	6
17.	BRANDYWYNE HEALTH CARE CENTER	0 251399-00	1
18.	LAKESIDE NURSING & REHABILITATION CENTER	0 256757-00	5
19.	ATLANTIC HEALTHCARE CENTER	0 310581-00	7
20.	SANDALWOOD NURSING CENTER	0 312045-00	7
21.	LAKESIDE NURSING CENTER	0 312142-00	7
22.	LAKE BENNETT HEALTH & REHABILITATION CENTER	0 318716-00	5
		Total	158

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

TP/ab
Attachments



	Effective Date	Single Level	Level H: AIDS	Single Level	Single Level		
Provider Number	Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
000879300	20080101	192.49	326.49	192.49	192.49	76438-14	NH13-149L
000879300	20080701	193.94	330.22	193.94	193.94	76438-14	NH13-149L
000879300	20090101	193.04	331.39	193.04	193.04	76438-14	NH13-149L
000879300	20090301	176.86	315.21	176.86	176.86	76438-14	NH13-149L
000879300	20090401	216.13	354.48	216.13	216.13	76438-14	NH13-149L
000879300	20090701	221.47	361.82	221.47	221.47	76438-14	NH13-149L
000879300	20110701	225.59	371.79	225.59	225.59	76438-14	NH13-149L
000879300	20120101	227.02	374.63	227.02	227.02	76438-14	NH13-149L
000879300	20120701	234.11	383.32	234.11	234.11	76438-14	NH13-149L
000879300	20130101	225.59	376.40	225.59	225.59	76438-14	NH13-149L
000879300	20130701	231.19	0.00	231.19	231.19	76438-14	NH13-149L
000879300	20140701	231.28	0.00	231.28	231.28	76438-14	NH13-149L
001722100	20100101	202.92	344.84	202.92	202.92	76438-14	NH12-050C
001722100	20100701	208.26	351.60	208.26	208.26	76438-14	NH12-050C
001722100	20110101	210.95	355.81	210.95	210.95	76438-14	NH12-050C
001722100	20110701	203.55	349.75	203.55	203.55	76438-14	NH12-050C
001722100	20120101	205.42	353.03	205.42	205.42	76438-14	NH12-050C
001722100	20120701	211.84	361.05	211.84	211.84	76438-14	NH12-050C
001722100	20130101	202.56	353.37	202.56	202.56	76438-14	NH12-050C
001722100	20130701	207.31	0.00	207.31	207.31	76438-14	NH12-050C
001722100	20140101	206.05	0.00	206.05	206.05	76438-14	NH12-050C
001722100	20140701	216.07	0.00	216.07	216.07	76438-14	NH12-050C
001722200	20100101	215.88	357.80	215.88	215.88	76438-14	NH12-051C
001722200	20100701	220.85	364.19	220.85	220.85	76438-14	NH12-051C
001722200	20110101	223.69	368.55	223.69	223.69	76438-14	NH12-051C
001722200	20110701	215.51	361.71	215.51	215.51	76438-14	NH12-051C
001722200	20120101	217.45	365.06	217.45	217.45	76438-14	NH12-051C
001722200	20120701	224.01	373.22	224.01	224.01	76438-14	NH12-051C
001722200	20130101	224.96	375.77	224.96	224.96	76438-14	NH12-051C
001722200	20130701	230.18	0.00	230.18	230.18	76438-14	NH12-051C
001722200	20140101	227.39	0.00	227.39	227.39	76438-14	NH12-051C
001722200	20140701	236.08	0.00	236.08	236.08	76438-14	NH12-051C
001722500	20100101	211.87	353.79	211.87	211.87	76438-14	NH12-053C
001722500	20100701	214.83	358.17	214.83	214.83	76438-14	NH12-053C
001722500	20110101	218.01	362.87	218.01	218.01	76438-14	NH12-053C
001722500	20110701	209.93	356.13	209.93	209.93	76438-14	NH12-053C
001722500	20120101	211.43	359.04	211.43	211.43	76438-14	NH12-053C
001722500	20120701	218.68	367.89	218.68	218.68	76438-14	NH12-053C
001722500	20130101	218.12	368.93	218.12	218.12	76438-14	NH12-053C
001722500	20130701	223.18	0.00	223.18	223.18	76438-14	NH12-053C
001722500	20140101	218.91	0.00	218.91	218.91	76438-14	NH12-053C
001722500	20140701	226.92	0.00	226.92	226.92	76438-14	NH12-053C
001723000	20100101	215.48	357.40	215.48	215.48	76438-14	NH12-054C
001723000	20100701	221.21	364.55	221.21	221.21	76438-14	NH12-054C
001723000	20110101	224.16	369.02	224.16	224.16	76438-14	NH12-054C
001723000	20110701	215.93	362.13	215.93	215.93	76438-14	NH12-054C
001723000	20120101	217.37	364.98	217.37	217.37	76438-14	NH12-054C
001723000	20120701	223.43	372.64	223.43	223.43	76438-14	NH12-054C
001723000	20130101	211.68	362.49	211.68	211.68	76438-14	NH12-054C
001723000	20130701	216.38	0.00	216.38	216.38	76438-14	NH12-054C
001723000	20140101	204.18	0.00	204.18	204.18	76438-14	NH12-054C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
001723000	20140701	216.24	0.00	216.24	216.24	76438-14	NH12-054C
001724200	20100101	222.75	364.67	222.75	222.75	76438-14	NH12-056C
001724200	20100701	226.74	370.08	226.74	226.74	76438-14	NH12-056C
001724200	20110101	229.81	374.67	229.81	229.81	76438-14	NH12-056C
001724200	20110701	222.29	368.49	222.29	222.29	76438-14	NH12-056C
001724200	20120101	224.13	371.74	224.13	224.13	76438-14	NH12-056C
001724200	20120701	230.43	379.64	230.43	230.43	76438-14	NH12-056C
001724200	20130101	232.90	383.71	232.90	232.90	76438-14	NH12-056C
001724200	20130701	238.86	0.00	238.86	238.86	76438-14	NH12-056C
001724200	20140101	232.16	0.00	232.16	232.16	76438-14	NH12-056C
001724200	20140701	255.40	0.00	255.40	255.40	76438-14	NH12-056C
020530300	20120701	199.61	348.82	199.61	199.61	76438-14	NH13-089C
020530300	20130101	203.97	354.78	203.97	203.97	76438-14	NH13-089C
020530300	20130701	209.32	0.00	209.32	209.32	76438-14	NH13-089C
020530300	20140101	213.80	0.00	213.80	213.80	76438-14	NH13-089C
020530300	20140701	219.38	0.00	219.38	219.38	76438-14	NH13-089C
020579600	20080101	174.00	308.00	174.00	174.00	76438-14	NH09-009L
020579600	20080701	175.73	312.01	175.73	175.73	76438-14	NH09-009L
020752700	20110701	190.01	336.21	190.01	190.01	76438-14	NH13-012W
020752700	20120101	192.03	339.64	192.03	192.03	76438-14	NH13-012W
020752700	20120701	205.48	354.69	205.48	205.48	76438-14	NH13-012W
020752700	20130101	208.80	359.61	208.80	208.80	76438-14	NH13-012W
020752700	20130701	203.40	0.00	203.40	203.40	76438-14	NH13-012W
020752700	20140101	205.19	0.00	205.19	205.19	76438-14	NH13-012W
020752700	20140701	208.27	0.00	208.27	208.27	76438-14	NH13-012W
021013700	20100101	195.02	336.94	195.02	195.02	76438-14	NH11-150C
021013700	20100701	198.40	341.74	198.40	198.40	76438-14	NH11-150C
021013700	20110101	206.13	350.99	206.13	206.13	76438-14	NH11-150C
021013700	20110701	198.61	344.81	198.61	198.61	76438-14	NH11-150C
021013700	20120101	200.28	347.89	200.28	200.28	76438-14	NH11-150C
021013700	20120701	205.89	355.10	205.89	205.89	76438-14	NH11-150C
021013700	20130101	208.18	358.99	208.18	208.18	76438-14	NH11-150C
021013700	20130701	210.12	0.00	210.12	210.12	76438-14	NH11-150C
021013700	20140101	216.76	0.00	216.76	216.76	76438-14	NH11-150C
021013700	20140701	225.47	0.00	225.47	225.47	76438-14	NH11-150C
021298900	20140101	196.16	0.00	196.16	196.16	76438-14	
021298900	20140701	204.92	0.00	204.92	204.92	76438-14	
021726300	20090701	189.22	329.57	189.22	189.22	76438-14	NH11-136G
021726300	20100101	196.54	338.46	196.54	196.54	76438-14	NH11-136G
021726300	20100701	200.24	343.58	200.24	200.24	76438-14	NH11-136G
021726300	20110101	208.81	353.67	208.81	208.81	76438-14	NH11-136G
021726300	20110701	201.45	347.65	201.45	201.45	76438-14	NH11-136G
021726300	20120101	203.60	351.21	203.60	203.60	76438-14	NH11-136G
021726300	20120701	209.70	358.91	209.70	209.70	76438-14	NH11-136G
021726300	20130101	211.99	362.80	211.99	211.99	76438-14	NH11-136G
021726300	20130701	212.62	0.00	212.62	212.62	76438-14	NH11-136G
021726300	20140101	215.33	0.00	215.33	215.33	76438-14	NH11-136G
021726300	20140701	213.59	0.00	213.59	213.59	76438-14	NH11-136G
021774300	20090701	207.94	348.29	207.94	207.94	76438-14	NH11-132G
021774300	20100101	209.84	351.76	209.84	209.84	76438-14	NH11-132G
022757900	20080701	180.13	316.41	180.13	180.13	76438-14	NH10-035C
022757900	20090101	178.51	316.86	178.51	178.51	76438-14	NH10-035C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
022757900	20090301	163.55	301.90	163.55	163.55	76438-14	NH10-035C
022757900	20090401	202.19	340.54	202.19	202.19	76438-14	NH10-035C
022840100	20080701	154.69	290.97	154.69	154.69	76438-14	NH09-003L
022840100	20090101	157.17	295.52	157.17	157.17	76438-14	NH09-003L
022840100	20090301	143.99	282.34	143.99	143.99	76438-14	NH09-003L
022840100	20090401	179.65	318.00	179.65	179.65	76438-14	NH09-003L
022840100	20090701	184.84	325.19	184.84	184.84	76438-14	NH09-003L
022840100	20100101	180.24	322.16	180.24	180.24	76438-14	NH09-003L
022840100	20100701	189.90	333.24	189.90	189.90	76438-14	NH09-003L
022840100	20110101	191.98	336.84	191.98	191.98	76438-14	NH09-003L
022840100	20110701	185.67	331.87	185.67	185.67	76438-14	NH09-003L
022840100	20120101	182.39	330.00	182.39	182.39	76438-14	NH09-003L
022840100	20120701	187.80	337.01	187.80	187.80	76438-14	NH09-003L
022840100	20130101	184.09	334.90	184.09	184.09	76438-14	NH09-003L
022840100	20130701	188.43	0.00	188.43	188.43	76438-14	NH09-003L
022840100	20140101	186.35	0.00	186.35	186.35	76438-14	NH09-003L
022840100	20140701	211.08	0.00	211.08	211.08	76438-14	NH09-003L
022862100	20120101	244.01	391.62	244.01	244.01	76438-14	NH13-020W
022862100	20120701	255.33	404.54	255.33	255.33	76438-14	NH13-020W
022862100	20130101	262.57	413.38	262.57	262.57	76438-14	NH13-020W
022862100	20130701	267.10	0.00	267.10	267.10	76438-14	NH13-020W
022862100	20140101	269.22	0.00	269.22	269.22	76438-14	NH13-020W
022862100	20140701	280.65	0.00	280.65	280.65	76438-14	NH13-020W
025139900	20130101	194.17	344.98	194.17	194.17	76438-14	NH06-002W
025675700	20080701	155.15	291.43	155.15	155.15	76438-14	NH09-002L
025675700	20090101	156.80	295.15	156.80	156.80	76438-14	NH09-002L
025675700	20090301	143.66	282.01	143.66	143.66	76438-14	NH09-002L
025675700	20090401	178.04	316.39	178.04	178.04	76438-14	NH09-002L
025675700	20090701	181.02	321.37	181.02	181.02	76438-14	NH09-002L
031058100	20110701	186.55	332.75	186.55	186.55	76438-14	NH13-014W
031058100	20120101	187.73	335.34	187.73	187.73	76438-14	NH13-014W
031058100	20120701	194.57	343.78	194.57	194.57	76438-14	NH13-014W
031058100	20130101	196.85	347.66	196.85	196.85	76438-14	NH13-014W
031058100	20130701	192.09	0.00	192.09	192.09	76438-14	NH13-014W
031058100	20140101	195.89	0.00	195.89	195.89	76438-14	NH13-014W
031058100	20140701	208.93	0.00	208.93	208.93	76438-14	NH13-014W
031204500	20110701	196.43	342.63	196.43	196.43	76438-14	NH13-152L
031204500	20120101	198.14	345.75	198.14	198.14	76438-14	NH13-152L
031204500	20120701	204.41	353.62	204.41	204.41	76438-14	NH13-152L
031204500	20130101	202.37	353.18	202.37	202.37	76438-14	NH13-152L
031204500	20130701	207.10	0.00	207.10	207.10	76438-14	NH13-152L
031204500	20140101	196.41	0.00	196.41	196.41	76438-14	NH13-152L
031204500	20140701	204.02	0.00	204.02	204.02	76438-14	NH13-152L
031214200	20110701	180.44	326.64	180.44	180.44	76438-14	NH13-154L
031214200	20120101	181.51	329.12	181.51	181.51	76438-14	NH13-154L
031214200	20120701	186.82	336.03	186.82	186.82	76438-14	NH13-154L
031214200	20130101	192.69	343.50	192.69	192.69	76438-14	NH13-154L
031214200	20130701	205.01	0.00	205.01	205.01	76438-14	NH13-154L
031214200	20140101	207.56	0.00	207.56	207.56	76438-14	NH13-154L
031214200	20140701	214.87	0.00	214.87	214.87	76438-14	NH13-154L
031876100	20080101	195.27	329.27	195.27	195.27	76438-14	NH10-058C
031876100	20080701	196.81	333.09	196.81	196.81	76438-14	NH10-058C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
031876100	20090101	195.85	334.20	195.85	195.85	76438-14	NH10-058C
031876100	20090301	179.43	317.78	179.43	179.43	76438-14	NH10-058C
031876100	20090401	219.54	357.89	219.54	219.54	76438-14	NH10-058C



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

WOODS OF MANATEE SPRINGS

5627 9TH ST E

BRADENTON, FL 34203

Provider Number:

0 008793-00

Date:

10/27/2014

Fiscal Year End:

12/31/2007

Audit Status:

Field Audited

Provider Type:

Nursing Home

Single Level

Current
Rate

New
Rate

Effective
Date

198.06

192.49

1/1/2008

Level H: Aids

332.06

326.49

1/1/2008

Rate Type:

 Interim

 Total Interim

 Interim Component

 X 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 FA NH#13-149L FYE 12/31/2007

Distribution:

 Contract Management / Fiscal Agent

 Permanent File

 For Information Only

 No Change in Rate

Home Office: Cardinal Resources, LLC

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

WOODS OF MANATEE SPRINGS

5627 9TH ST E

BRADENTON, FL 34203

Provider Number:

0 008793-00

Date:

10/27/2014

Fiscal Year End:

12/31/2007

Audit Status:

Field Audited

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current
Rate

199.56

New
Rate

193.94

Effective
Date

7/1/2008

335.84

330.22

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

FA NH#13-149L FYE 12/31/2007

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Cardinal Resources, LLC
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

WOODS OF MANATEE SPRINGS

5627 9TH ST E

BRADENTON, FL 34203

Provider Number:

0 008793-00

Date:

10/27/2014

Fiscal Year End:

12/31/2007

Audit Status:

Field Audited

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current
Rate

198.56

New
Rate

193.04

Effective
Date

1/1/2009

336.91

331.39

1/1/2009

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

FA NH#13-149L FYE 12/31/2007

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Cardinal Resources, LLC
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

WOODS OF MANATEE SPRINGS

5627 9TH ST E

BRADENTON, FL 34203

Provider Number:

0 008793-00

Date:

10/27/2014

Fiscal Year End:

12/31/2007

Audit Status:

Field Audited

Provider Type:

Nursing Home

Single Level

Current
Rate

New
Rate

Effective
Date

181.91

176.86

3/1/2009

Level H: Aids

320.26

315.21

3/1/2009

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

FA NH#13-149L FYE 12/31/2007

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Cardinal Resources, LLC

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WOODS OF MANATEE SPRINGS

5627 9TH ST E

BRADENTON, FL 34203

Provider Number:

0 008793-00

Date:

10/27/2014

Fiscal Year End:

12/31/2007

Audit Status:

Field Audited

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current
Rate

221.97

New
Rate

216.13

Effective
Date

4/1/2009

360.32

354.48

4/1/2009

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

FA NH#13-149L FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

WOODS OF MANATEE SPRINGS

5627 9TH ST E

BRADENTON, FL 34203

Provider Number:

0 008793-00

Date:

10/27/2014

Fiscal Year End:

12/31/2007

Audit Status:

Field Audited

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current
Rate

227.24

New
Rate

221.47

Effective
Date

7/1/2009

367.59

361.82

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

FA NH#13-149L FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

WOODS OF MANATEE SPRINGS

5627 9TH ST E

BRADENTON, FL 34203

Provider Number:

0 008793-00

Date:

10/27/2014

Fiscal Year End:

12/31/2010

Audit Status:

Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>228.55</u>	<u>225.59</u>	<u>7/1/2011</u>
	Level H: Aids	<u>374.75</u>	<u>371.79</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 FA NH#13-149L FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

WOODS OF MANATEE SPRINGS
5627 9TH ST E
BRADENTON, FL 34203

Provider Number: 0 008793-00
Date: 10/27/2014
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>230.06</u>	<u>227.02</u>	<u>1/1/2012</u>
<u>377.67</u>	<u>374.63</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 FA NH#13-149L FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

WOODS OF MANATEE SPRINGS

5627 9TH ST E

BRADENTON, FL 34203

Provider Number:

0 008793-00

Date:

10/27/2014

Fiscal Year End:

12/31/2010

Audit Status:

Unaudited

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current
Rate

New
Rate

Effective
Date

236.66

234.11

7/1/2012

385.87

383.32

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

Effects of FA NH#13-149L FYE 12/31/2007

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

WOODS OF MANATEE SPRINGS

5627 9TH ST E

BRADENTON, FL 34203

Provider Number:

0 008793-00

Date:

10/27/2014

Fiscal Year End:

12/31/2011

Audit Status: .

Unaudited

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current
Rate

New
Rate

Effective
Date

226.29

225.59

1/1/2013

377.10

376.40

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

Effects of FA NH#13-149L FYE 12/31/2007

Distribution:

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WOODS OF MANATEE SPRINGS

5627 9TH ST E

BRADENTON, FL 34203

Provider Number:

0 008793-00

Date:

10/27/2014

Fiscal Year End:

12/31/2011

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

231.42

231.19

7/1/2013

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 NH#13-149L FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

WOODS OF MANATEE SPRINGS
5627 9TH ST E
BRADENTON, FL 34203

Provider Number: 0 008793-00
Date: 10/27/2014
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
232.96	231.28	7/1/2014

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 NH#13-149L FYE 12/31/2007

Distribution:

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

BAYSIDE MANOR
4343 LANGLEY AVENUE
PENSACOLA, FL 32504

Provider Number: 0 017221-00
Date: 9/9/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.10	202.92	1/1/2010
	Level H: Aids	345.02	344.84	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 NH12-050C FYE 6/30/2010

Distribution:

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BAYSIDE MANOR
4343 LANGLEY AVENUE
PENSACOLA, FL 32504

Provider Number: 0 017221-00
Date: 9/9/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Level H: Aids

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
208.48	208.26	7/1/2010
351.82	351.60	7/1/2010

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

FA & RFA NH12-050C FYE 6/30/2010

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAYSIDE MANOR	Provider Number:	0 017221-00
4343 LANGLEY AVENUE	Date:	9/9/2014
PENSACOLA , FL 32504	Fiscal Year End:	6/30/2010
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.31</u>	<u>210.95</u>	<u>1/1/2011</u>
	Level H: Aids	<u>356.17</u>	<u>355.81</u>	<u>1/1/2011</u>

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:

<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"/> FA & RFA NH12-050C FYE 6/30/2010

Distribution:

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 No Change in Rate

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

BAYSIDE MANOR
4343 LANGLEY AVENUE
PENSACOLA, FL 32504

Provider Number: 0 017221-00
Date: 9/9/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.18</u>	<u>203.55</u>	<u>7/1/2011</u>
	Level H: Aids	<u>350.38</u>	<u>349.75</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

FA & RFA NH12-050C FYE 6/30/2010

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAYSIDE MANOR	Provider Number:	0 017221-00
4343 LANGLEY AVENUE	Date:	9/9/2014
PENSACOLA , FL 32504	Fiscal Year End:	6/30/2010
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	206.05	205.42	1/1/2012
	Level H: Aids	353.66	353.03	1/1/2012

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" 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"/> FA & RFA NH12-050C FYE 6/30/2010


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Medicaid Reimbursement Per Diem Rates

BAYSIDE MANOR
4343 LANGLEY AVENUE
PENSACOLA, FL 32504

Provider Number: 0 017221-00
Date: 9/9/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>212.48</u>	<u>211.84</u>	<u>7/1/2012</u>
	Level H: Aids	<u>361.69</u>	<u>361.05</u>	<u>7/1/2012</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 NH12-050C FYE 6/30/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

BAYSIDE MANOR
4343 LANGLEY AVENUE
PENSACOLA, FL 32504

Provider Number: 0 017221-00
Date: 9/9/2014
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.62	202.56	1/1/2013
Level H: Aids	353.43	353.37	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
 Effects of FA & RFA NH12-050C FYE 6/30/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

BAYSIDE MANOR
4343 LANGLEY AVENUE
PENSACOLA, FL 32504

Provider Number: 0 017221-00
Date: 9/9/2014
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
207.36 **207.31** **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 NH12-050C FYE 6/30/2010

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Medicaid Reimbursement Per Diem Rates

BAYSIDE MANOR	Provider Number:	0 017221-00
4343 LANGLEY AVENUE	Date:	9/9/2014
PENSACOLA , FL 32504	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>206.29</u>	<u>206.05</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 FA & RFA NH12-050C FYE 6/30/2010

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BAYSIDE MANOR
4343 LANGLEY AVENUE
PENSACOLA, FL 32504

Provider Number: 0 017221-00
Date: 9/9/2014
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
216.32	216.07	7/1/2014

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 NH12-050C FYE 6/30/2010

Distribution:

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 _____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

MARGATE HEALTH CARE CENTER
5951 COLONIAL DRIVE
MARGATE, FL 33063

Provider Number: 0 017222-00
Date: 9/11/2014
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>216.85</u>	<u>215.88</u>	<u>1/1/2010</u>
<u>358.77</u>	<u>357.80</u>	<u>1/1/2010</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
 FA & RFA NH12-051C FYE 6/30/2010

Distribution:

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 _____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

MARGATE HEALTH CARE CENTER

5951 COLONIAL DRIVE

MARGATE, FL 33063

Provider Number:

0 017222-00

Date:

9/11/2014

Fiscal Year End:

6/30/2010

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home

Single Level

Current
Rate

New
Rate

Effective
Date

224.68

223.69

1/1/2011

Level H: Aids

369.54

368.55

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

FA & RFA NH12-051C FYE 6/30/2010

Distribution:

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MARGATE HEALTH CARE CENTER
5951 COLONIAL DRIVE
MARGATE, FL 33063

Provider Number: 0 017222-00
Date: 9/11/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>218.41</u>	<u>217.45</u>	<u>1/1/2012</u>
	Level H: Aids	<u>366.02</u>	<u>365.06</u>	<u>1/1/2012</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 NH12-051C FYE 6/30/2010

Distribution:

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 No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Pensacola Administrative Services, LLC
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Pensacola, FL 32502



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MARGATE HEALTH CARE CENTER
5951 COLONIAL DRIVE
MARGATE, FL 33063

Provider Number: 0 017222-00
Date: 9/11/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>225.03</u>	<u>224.01</u>	<u>7/1/2012</u>
	Level H: Aids	<u>374.24</u>	<u>373.22</u>	<u>7/1/2012</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 NH12-051C FYE 6/30/2010

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MARGATE HEALTH CARE CENTER	Provider Number:	0 017222-00
5951 COLONIAL DRIVE	Date:	9/11/2014
MARGATE , FL 33063	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>225.01</u>	<u>224.96</u>	<u>1/1/2013</u>
	Level H: Aids	<u>375.82</u>	<u>375.77</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 FA & RFA NH12-051C FYE 6/30/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

MARGATE HEALTH CARE CENTER
5951 COLONIAL DRIVE
MARGATE, FL 33063

Provider Number: 0 017222-00
Date: 9/11/2014
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>230.23</u>	<u>230.18</u>	<u>7/1/2013</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 FA & RFA NH12-051C FYE 6/30/2010

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

MARGATE HEALTH CARE CENTER

5951 COLONIAL DRIVE

MARGATE, FL 33063

Provider Number:

0 017222-00

Date:

9/11/2014

Fiscal Year End:

12/31/2012

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

227.44

227.39

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 & RFA NH12-051C FYE
6/30/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

MARGATE HEALTH CARE CENTER
5951 COLONIAL DRIVE
MARGATE, FL 33063

Provider Number: 0 017222-00
Date: 9/11/2014
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
236.13	236.08	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 & RFA NH12-051C FYE 6/30/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

BAY BREEZE NURSING & RETIREMENT CENTER
3387 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

Provider Number: 0 017225-00
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>214.09</u>	<u>211.87</u>	<u>1/1/2010</u>
	Level H: Aids	<u>356.01</u>	<u>353.79</u>	<u>1/1/2010</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 #NH12-053C FYE 6/30/2010


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Medicaid Reimbursement Per Diem Rates

BAY BREEZE NURSING & RETIREMENT CENTER
3387 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

Provider Number: 0 017225-00

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	217.10	214.83	7/1/2010
	Level H: Aids	360.44	358.17	7/1/2010

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:

<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"/> FA & RFA #NH12-053C FYE 6/30/2010


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Medicaid Reimbursement Per Diem Rates

BAY BREEZE NURSING & RETIREMENT CENTER
3387 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

Provider Number: 0 017225-00
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>220.43</u>	<u>218.01</u>	<u>1/1/2011</u>
<u>365.29</u>	<u>362.87</u>	<u>1/1/2011</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 #NH12-053C FYE 6/30/2010

Distribution:

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BAY BREEZE NURSING & RETIREMENT CENTER
3387 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

Provider Number: 0 017225-00

Date: 9/8/2014

Fiscal Year End: 6/30/2010

Audit Status: Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>212.36</u>	<u>209.93</u>	<u>7/1/2011</u>
	Level H: Aids	<u>358.56</u>	<u>356.13</u>	<u>7/1/2011</u>

Rate Type:

 Interim

 X Prospective

 Total Interim

 Total Prospective

 Interim Component

 Total Prospective with Interim Component

 X Settlement based on cost

 Prior Provider Prospective data

Basis:

 Budget

 Unaudited costs

 X Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X FA & RFA #NH12-053C FYE 6/30/2010

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Medicaid Reimbursement Per Diem Rates

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3387 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

Provider Number: 0 017225-00
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	213.88	211.43	1/1/2012
	Level H: Aids	361.49	359.04	1/1/2012

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

FA & RFA #NH12-053C FYE 6/30/2010

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Medicaid Reimbursement Per Diem Rates

BAY BREEZE NURSING & RETIREMENT CENTER
3387 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

Provider Number: 0 017225-00
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>221.18</u>	<u>218.68</u>	<u>7/1/2012</u>
	Level H: Aids	<u>370.39</u>	<u>367.89</u>	<u>7/1/2012</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 #NH12-053C FYE 6/30/2010


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No Change in Rate


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Medicaid Reimbursement Per Diem Rates

BAY BREEZE NURSING & RETIREMENT CENTER
3387 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

Provider Number: 0 017225-00
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	218.16	218.12	1/1/2013
	Level H: Aids	368.97	368.93	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
 Effects of FA & RFA #NH12-053C FYE 6/30/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

BAY BREEZE NURSING & RETIREMENT CENTER
3387 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

Provider Number: 0 017225-00
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
218.95	218.91	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 & RFA #NH12-053C FYE 6/30/2010

Distribution:

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BAY BREEZE NURSING & RETIREMENT CENTER
3387 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

Provider Number: 0 017225-00
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
<u>226.96</u>	<u>226.92</u>	<u>7/1/2014</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

Effects of FA & RFA #NH12-053C FYE 6/30/2010

Distribution:

Contract Management / Fiscal Agent

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Medicaid Reimbursement Per Diem Rates

SILVERCREST MANOR
910 BROOKMEADE DRIVE
CRESTVIEW, FL 32539

Provider Number: 0 017230-00

Date: 9/18/2014

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>215.49</u>	<u>215.48</u>	<u>1/1/2010</u>
<u>357.41</u>	<u>357.40</u>	<u>1/1/2010</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 RFA NH12-054C FYE 6/30/10

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

SILVERCREST MANOR
910 BROOKMEADE DRIVE
CRESTVIEW, FL 32539

Provider Number: 0 017230-00
Date: 9/18/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	221.23	221.21	7/1/2010
	Level H: Aids	364.57	364.55	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 RFA NH12-054C FYE 6/30/10

Distribution:

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

SILVERCREST MANOR
910 BROOKMEADE DRIVE
CRESTVIEW, FL 32539

Provider Number: 0 017230-00
Date: 9/18/2014
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>224.17</u>	<u>224.16</u>	<u>1/1/2011</u>
<u>369.03</u>	<u>369.02</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 RFA NH12-054C FYE 6/30/10

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

SILVERCREST MANOR	Provider Number:	0 017230-00
910 BROOKMEADE DRIVE	Date:	9/18/2014
CRESTVIEW, FL 32539	Fiscal Year End:	6/30/2010
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.05</u>	<u>215.93</u>	<u>7/1/2011</u>
	Level H: Aids	<u>362.25</u>	<u>362.13</u>	<u>7/1/2011</u>

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Field Audit RFA NH12-054C FYE 6/30/10

Distribution:

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_____ No Change in Rate

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SILVERCREST MANOR
910 BROOKMEADE DRIVE
CRESTVIEW, FL 32539

Provider Number: 0 017230-00
Date: 9/18/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>217.78</u>	<u>217.37</u>	<u>1/1/2012</u>
	Level H: Aids	<u>365.39</u>	<u>364.98</u>	<u>1/1/2012</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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
 Field Audit RFA NH12-054C FYE 6/30/10

Distribution:

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SILVERCREST MANOR
910 BROOKMEADE DRIVE
CRESTVIEW, FL 32539

Provider Number: 0 017230-00
Date: 9/18/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.85</u>	<u>223.43</u>	<u>7/1/2012</u>
	Level H: Aids	<u>373.06</u>	<u>372.64</u>	<u>7/1/2012</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 RFA NH12-054C FYE 6/30/10

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 Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

SILVERCREST MANOR
910 BROOKMEADE DRIVE
CRESTVIEW, FL 32539

Provider Number: 0 017230-00
Date: 9/18/2014
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

 Level H: Aids

Current Rate	New Rate	Effective Date
211.69	211.68	1/1/2013
362.50	362.49	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 NH12-054C FYE 6/30/10

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Medicaid Reimbursement Per Diem Rates

SILVERCREST MANOR	Provider Number:	0 017230-00
910 BROOKMEADE DRIVE	Date:	9/18/2014
CRESTVIEW, FL 32539	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
216.39	216.38	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:

<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 NH12-054C FYE 6/30/10

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Medicaid Reimbursement Per Diem Rates

SILVERCREST MANOR
910 BROOKMEADE DRIVE
CRESTVIEW, FL 32539

Provider Number: 0 017230-00
Date: 9/18/2014
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
204.19	204.18	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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA RFA NH12-054C FYE 6/30/10

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Medicaid Reimbursement Per Diem Rates

SILVERCREST MANOR
910 BROOKMEADE DRIVE
CRESTVIEW, FL 32539

Provider Number: 0017230-00
Date: 9/18/2014
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
216.26	216.24	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 RFA NH12-054C FYE 6/30/10

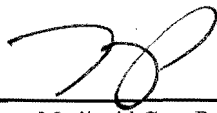
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Medicaid Reimbursement Per Diem Rates

GRAND BOULEVARD HEALTH & REHAB. CENTER
138 SANDESTIN LANE
MIRAMAR BEACH, FL 32550

Provider Number: 0 017242-00

Date: 9/18/2014

Fiscal Year End: 6/30/2010

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>222.96</u>	<u>222.75</u>	<u>1/1/2010</u>
	Level H: Aids	<u>364.88</u>	<u>364.67</u>	<u>1/1/2010</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
 FA & RFA NH12-056C FYE 6/30/2010

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Medicaid Reimbursement Per Diem Rates

GRAND BOULEVARD HEALTH & REHAB. CENTER
138 SANDESTIN LANE
MIRAMAR BEACH, FL 32550

Provider Number: 0 017242-00
Date: 9/18/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	226.95	226.74	7/1/2010
	Level H: Aids	370.29	370.08	7/1/2010

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 NH12-056C FYE 6/30/2010

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Medicaid Reimbursement Per Diem Rates

GRAND BOULEVARD HEALTH & REHAB. CENTER
138 SANDESTIN LANE
MIRAMAR BEACH, FL 32550

Provider Number: 0 017242-00
Date: 9/18/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>230.02</u>	<u>229.81</u>	<u>1/1/2011</u>
	Level H: Aids	<u>374.88</u>	<u>374.67</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 NH12-056C FYE 6/30/2010

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GRAND BOULEVARD HEALTH & REHAB. CENTER
138 SANDESTIN LANE
MIRAMAR BEACH, FL 32550

Provider Number: 0 017242-00
Date: 9/18/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	222.80	222.29	7/1/2011
	Level H: Aids	369.00	368.49	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

FA & RFA NH12-056C FYE 6/30/2010


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GRAND BOULEVARD HEALTH & REHAB. CENTER
138 SANDESTIN LANE
MIRAMAR BEACH, FL 32550

Provider Number: 0 017242-00
Date: 9/18/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	225.13	224.13	1/1/2012
	Level H: Aids	372.74	371.74	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 NH12-056C FYE 6/30/2010

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GRAND BOULEVARD HEALTH & REHAB. CENTER
138 SANDESTIN LANE
MIRAMAR BEACH, FL 32550

Provider Number: 0 017242-00
Date: 9/18/2014
Fiscal Year End: 6/30/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	232.04	230.43	7/1/2012
	Level H: Aids	381.25	379.64	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

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Medicaid Reimbursement Per Diem Rates

GRAND BOULEVARD HEALTH & REHAB. CENTER
138 SANDESTIN LANE
MIRAMAR BEACH, FL 32550

Provider Number: 0 017242-00
Date: 9/18/2014
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>232.91</u>	<u>232.90</u>	<u>1/1/2013</u>
<u>383.72</u>	<u>383.71</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 FA & RFA NH12-056C FYE 6/30/2010

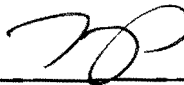
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Medicaid Reimbursement Per Diem Rates

GRAND BOULEVARD HEALTH & REHAB. CENTER	Provider Number:	0 017242-00
138 SANDESTIN LANE	Date:	9/18/2014
MIRAMAR BEACH, FL 32550	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	238.88	238.86	7/1/2013

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH12-056C FYE 6/30/2010

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Medicaid Reimbursement Per Diem Rates

GRAND BOULEVARD HEALTH & REHAB. CENTER
138 SANDESTIN LANE
MIRAMAR BEACH, FL 32550

Provider Number: 0 017242-00
Date: 9/18/2014
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
232.17	232.16	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 & RFA NH12-056C FYE 6/30/2010

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Medicaid Reimbursement Per Diem Rates

GRAND BOULEVARD HEALTH & REHAB. CENTER
138 SANDESTIN LANE
MIRAMAR BEACH, FL 32550

Provider Number: 0 017242-00
Date: 9/18/2014
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
255.41	255.40	7/1/2014

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 NH12-056C FYE 6/30/2010

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Medicaid Reimbursement Per Diem Rates

KISSIMMEE GOOD SAMARITAN
1500 SOUTHGATE DRIVE
KISSIMMEE, FL 34746

Provider Number: 0 205303-00
Date: 9/10/2014
Fiscal Year End: 7/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.45</u>	<u>199.61</u>	<u>7/1/2012</u>
	Level H: Aids	<u>351.66</u>	<u>348.82</u>	<u>7/1/2012</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 NH13-089C FYE 7/31/2011

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Medicaid Reimbursement Per Diem Rates

KISSIMMEE GOOD SAMARITAN	Provider Number:	0 205303-00
1500 SOUTHGATE DRIVE	Date:	9/10/2014
KISSIMMEE, FL 34746	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.25</u>	<u>203.97</u>	<u>1/1/2013</u>
	Level H: Aids	<u>355.06</u>	<u>354.78</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:

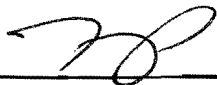
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<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit NH13-089C FYE 7/31/2011

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Medicaid Reimbursement Per Diem Rates

KISSIMMEE GOOD SAMARITAN	Provider Number:	0 205303-00
1500 SOUTHGATE DRIVE	Date:	9/10/2014
KISSIMMEE, FL 34746	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
209.61	209.32	7/1/2013

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:

<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 NH13-089C FYE 7/31/2011


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_____ No Change in Rate


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Medicaid Reimbursement Per Diem Rates

KISSIMMEE GOOD SAMARITAN

1500 SOUTHGATE DRIVE

KISSIMMEE, FL 34746

Provider Number:

0 205303-00

Date:

9/10/2014

Fiscal Year End:

7/31/2012

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
214.10	213.80	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 NH13-089C FYE 7/31/2011

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KISSIMMEE GOOD SAMARITAN
1500 SOUTHGATE DRIVE
KISSIMMEE, FL 34746

Provider Number: 0 205303-00
Date: 9/10/2014
Fiscal Year End: 7/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
219.69	219.38	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"/> Effects of Field Audit NH13-089C FYE 7/31/2011

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE COMMONS AT ORLANDO LUTHERAN TOWERS
210 LAKE AVENUE
ORLANDO, FL 32801

Provider Number: 0 205796-00
Date: 10/13/2014
Fiscal Year End: 8/31/2007
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

 Level H: Aids

Current Rate	New Rate	Effective Date
<u>174.32</u>	<u>174.00</u>	<u>1/1/2008</u>
<u>308.32</u>	<u>308.00</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
 FA & RFA #NH09-009L FYE 8/31/2007

Distribution:

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_____ No Change in Rate

Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

THE COMMONS AT ORLANDO LUTHERAN TOWERS
210 LAKE AVENUE
ORLANDO, FL 32801

Provider Number: 0 205796-00
Date: 10/13/2014
Fiscal Year End: 8/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	176.05	175.73	7/1/2008
	Level H: Aids	312.33	312.01	7/1/2008

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 #NH09-009L FYE 8/31/2007

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

AUBURNDALE OAKS HEALTHCARE CENTER
919 OLD WINTER HAVEN RD
AUBURNDALE, FL 33823

Provider Number: 0 207527-00
Date: 8/21/2014
Fiscal Year End: 8/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>193.17</u>	<u>190.01</u>	<u>7/1/2011</u>
	Level H: Aids	<u>339.37</u>	<u>336.21</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
 Field Audit NH13-012W FYE 8/31/10

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Medicaid Reimbursement Per Diem Rates

AUBURNDALE OAKS HEALTHCARE CENTER
919 OLD WINTER HAVEN RD
AUBURNDALE, FL 33823

Provider Number: 0 207527-00
Date: 8/21/2014
Fiscal Year End: 8/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>195.20</u>	<u>192.03</u>	<u>1/1/2012</u>
	Level H: Aids	<u>342.81</u>	<u>339.64</u>	<u>1/1/2012</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 NH13-012W FYE 8/31/10

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Medicaid Reimbursement Per Diem Rates

<u>AUBURNDALE OAKS HEALTHCARE CENTER</u>	Provider Number:	<u>0 207527-00</u>
<u>919 OLD WINTER HAVEN RD</u>	Date:	<u>8/21/2014</u>
<u>AUBURNDALE, FL 33823</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>205.49</u>	<u>205.48</u>	<u>7/1/2012</u>
	Level H: Aids	<u>354.70</u>	<u>354.69</u>	<u>7/1/2012</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 FA NH13-012W FYE 8/31/10

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Medicaid Reimbursement Per Diem Rates

<u>AUBURNDALE OAKS HEALTHCARE CENTER</u>	Provider Number:	<u>0 207527-00</u>
<u>919 OLD WINTER HAVEN RD</u>	Date:	<u>8/21/2014</u>
<u>AUBURNDALE, FL 33823</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>208.81</u>	<u>208.80</u>	<u>1/1/2013</u>
	Level H: Aids	<u>359.62</u>	<u>359.61</u>	<u>1/1/2013</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:

<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 NH13-012W FYE 8/31/10

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Medicaid Reimbursement Per Diem Rates

<u>AUBURNDALE OAKS HEALTHCARE CENTER</u>	Provider Number:	<u>0 207527-00</u>
<u>919 OLD WINTER HAVEN RD</u>	Date:	<u>8/21/2014</u>
<u>AUBURNDALE, FL 33823</u>	Fiscal Year End:	<u>8/31/2012</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>203.42</u>	<u>203.40</u>	<u>7/1/2013</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u>	<u> </u> Interim Component	<u> </u>	<u> </u> Total Prospective with Interim Component
<u> </u>	<u> </u> Settlement based on cost		
<u> </u>	<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 NH13-012W FYE 8/31/10

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Medicaid Reimbursement Per Diem Rates

AUBURNDALE OAKS HEALTHCARE CENTER

919 OLD WINTER HAVEN RD

AUBURNDALE, FL 33823

Provider Number:

0 207527-00

Date:

8/21/2014

Fiscal Year End:

8/31/2012

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
205.21	205.19	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 NH13-012W FYE 8/31/10

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

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Medicaid Reimbursement Per Diem Rates

AUBURNDALE OAKS HEALTHCARE CENTER

919 OLD WINTER HAVEN RD

AUBURNDALE, FL 33823

Provider Number:

0 207527-00

Date:

8/21/2014

Fiscal Year End:

8/31/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

208.29

208.27

7/1/2014

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

 X Unaudited costs

 Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X Effects of FA NH13-012W FYE 8/31/10

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ALTAMONTE SPRINGS

989 ORIENTA AVE

ALTAMONTE SPRINGS, FL 32701

Provider Number:

0 210137-00

Date:

8/6/2014

Fiscal Year End:

7/31/2009

Audit Status:

Field Audited

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current
Rate

195.37

New
Rate

195.02

Effective
Date

1/1/2010

337.29

336.94

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

Unaudited costs

X Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Field Audit #NH11-150C FYE 7/31/2009

Distribution:

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No Change in Rate

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ALTAMONTE SPRINGS
989 ORIENTA AVE
ALTAMONTE SPRINGS, FL 32701

Provider Number: 0 210137-00
Date: 8/6/2014
Fiscal Year End: 7/31/2009
Audit Status: Field Audited

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>198.76</u>	<u>198.40</u>	<u>7/1/2010</u>
<u>342.10</u>	<u>341.74</u>	<u>7/1/2010</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 #NH11-150C FYE 7/31/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ALTAMONTE SPRINGS
989 ORIENTA AVE
ALTAMONTE SPRINGS, FL 32701

Provider Number: 0 210137-00
Date: 8/6/2014
Fiscal Year End: 7/31/2010
Audit Status: Unaudited

Provider Type:

Table with 3 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level and Level H: Aids.

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 #NH11-150C FYE 7/31/2009

Distribution:

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Handwritten signature of Thomas Parker

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Medicaid Reimbursement Per Diem Rates

<u>LIFE CARE CENTER OF ALTAMONTE SPRINGS</u>	Provider Number:	<u>0 210137-00</u>
<u>989 ORIENTA AVE</u>	Date:	<u>8/6/2014</u>
<u>ALTAMONTE SPRINGS, FL 32701</u>	Fiscal Year End:	<u>7/31/2010</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>198.64</u>	<u>198.61</u>	<u>7/1/2011</u>
	Level H: Aids	<u>344.84</u>	<u>344.81</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> 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 #NH11-150C FYE 7/31/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ALTAMONTE SPRINGS
989 ORIENTA AVE
ALTAMONTE SPRINGS, FL 32701

Provider Number: 0 210137-00
Date: 8/6/2014
Fiscal Year End: 7/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>200.31</u>	<u>200.28</u>	<u>1/1/2012</u>
	Level H: Aids	<u>347.92</u>	<u>347.89</u>	<u>1/1/2012</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 #NH11-150C FYE 7/31/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ALTAMONTE SPRINGS
989 ORIENTA AVE
ALTAMONTE SPRINGS, FL 32701

Provider Number: 0 210137-00
Date: 8/6/2014
Fiscal Year End: 7/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.92	205.89	7/1/2012
	Level H: Aids	355.13	355.10	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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH11-150C FYE 7/31/2009

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ALTAMONTE SPRINGS
989 ORIENTA AVE
ALTAMONTE SPRINGS, FL 32701

Provider Number: 0 210137-00
Date: 8/6/2014
Fiscal Year End: 7/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>208.21</u>	<u>208.18</u>	<u>1/1/2013</u>
	Level H: Aids	<u>359.02</u>	<u>358.99</u>	<u>1/1/2013</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
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of Field Audit #NH11-150C FYE
7/31/2009

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ALTAMONTE SPRINGS
989 ORIENTA AVE
ALTAMONTE SPRINGS, FL 32701

Provider Number: 0 210137-00
Date: 8/6/2014
Fiscal Year End: 7/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
210.15	210.12	7/1/2013

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 Field Audit #NH11-150C FYE 7/31/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ALTAMONTE SPRINGS
989 ORIENTA AVE
ALTAMONTE SPRINGS, FL 32701

Provider Number: 0 210137-00
Date: 8/6/2014
Fiscal Year End: 7/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>216.79</u>	<u>216.76</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:

 Budget

 X Unaudited costs

 Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X Effects of Field Audit #NH11-150C FYE 7/31/2009

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ALTAMONTE SPRINGS

989 ORIENTA AVE

ALTAMONTE SPRINGS, FL 32701

Provider Number:

0 210137-00

Date:

8/6/2014

Fiscal Year End:

7/31/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

225.50

225.47

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 Field Audit #NH11-150C FYE
7/31/2009

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

BAY CENTER
 1336 ST ANDREWS BLVD
 PANAMA CITY, FL 32405

Provider Number: 0 212989-00
 Date: 10/21/2014
 Fiscal Year End: 8/31/2013
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>193.79</u>	<u>196.16</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
 Amended Cost Report FYE 8/31/2013

Distribution:

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Home Office: No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAY CENTER
1336 ST ANDREWS BLVD
PANAMA CITY, FL 32405

Provider Number: 0 212989-00
Date: 10/21/2014
Fiscal Year End: 8/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>202.49</u>	<u>204.92</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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Amended Cost Report FYE 8/31/2013

Distribution:

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

CRYSTAL RIVER HEALTH & REHABILITATION CENTER

136 NORTHEAST 12TH AVENUE

CRYSTAL RIVER, FL 34429

Provider Number:

0 217263-00

Date:

8/29/2014

Fiscal Year End:

6/30/2008

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>191.31</u>	<u>189.22</u>	<u>7/1/2009</u>
<u>331.66</u>	<u>329.57</u>	<u>7/1/2009</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

FA & RFA #NH11-136G FYE 6/30/2008

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

CRYSTAL RIVER HEALTH & REHABILITATION CENTER

136 NORTHEAST 12TH AVENUE

CRYSTAL RIVER, FL 34429

Provider Number:

0 217263-00

Date:

8/29/2014

Fiscal Year End:

6/30/2009

Audit Status:

Unaudited

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current
Rate

196.51

New
Rate

196.54

Effective
Date

1/1/2010

338.43

338.46

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 FA & RFA #NH11-136G FYE
6/30/2008

Distribution:

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Medicaid Reimbursement Per Diem Rates

CRYSTAL RIVER HEALTH & REHABILITATION CENTER

136 NORTHEAST 12TH AVENUE

CRYSTAL RIVER, FL 34429

Provider Number:

0 217263-00

Date:

8/29/2014

Fiscal Year End:

6/30/2009

Audit Status:

Unaudited

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current

New

Effective

Rate

Rate

Date

200.21

200.24

7/1/2010

343.55

343.58

7/1/2010

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 #NH11-136G FYE
6/30/2008

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CRYSTAL RIVER HEALTH & REHABILITATION CENTER
136 NORTHEAST 12TH AVENUE
CRYSTAL RIVER, FL 34429

Provider Number: 0 217263-00
Date: 8/29/2014
Fiscal Year End: 6/30/2010
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>208.77</u>	<u>208.81</u>	<u>1/1/2011</u>
<u>353.63</u>	<u>353.67</u>	<u>1/1/2011</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

 X Unaudited costs

 Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X Effects of FA & RFA #NH11-136G FYE
6/30/2008

Distribution:

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Medicaid Reimbursement Per Diem Rates

CRYSTAL RIVER HEALTH & REHABILITATION CENTER
136 NORTHEAST 12TH AVENUE
CRYSTAL RIVER, FL 34429

Provider Number: 0 217263-00
Date: 8/29/2014
Fiscal Year End: 6/30/2010
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
201.42 **201.45** **7/1/2011**

Level H: Aids

347.62 **347.65** **7/1/2011**

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 #NH11-136G FYE
6/30/2008

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>CRYSTAL RIVER HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 217263-00</u>
<u>136 NORTHEAST 12TH AVENUE</u>	Date:	<u>8/29/2014</u>
<u>CRYSTAL RIVER, FL 34429</u>	Fiscal Year End:	<u>6/30/2011</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>203.57</u>	<u>203.60</u>	<u>1/1/2012</u>
	Level H: Aids	<u>351.18</u>	<u>351.21</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 FA & RFA #NH11-136G FYE 6/30/2008

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Medicaid Reimbursement Per Diem Rates

CRYSTAL RIVER HEALTH & REHABILITATION CENTER
136 NORTHEAST 12TH AVENUE
CRYSTAL RIVER, FL 34429

Provider Number: 0 217263-00
Date: 8/29/2014
Fiscal Year End: 6/30/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.67	209.70	7/1/2012
	Level H: Aids	358.88	358.91	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
 Effects of FA & RFA #NH11-136G FYE 6/30/2008

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Medicaid Reimbursement Per Diem Rates

CRYSTAL RIVER HEALTH & REHABILITATION CENTER
136 NORTHEAST 12TH AVENUE
CRYSTAL RIVER, FL 34429

Provider Number: 0 217263-00
Date: 8/29/2014
Fiscal Year End: 6/30/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.95	211.99	1/1/2013
	Level H: Aids	362.76	362.80	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 #NH11-136G FYE 6/30/2008

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Medicaid Reimbursement Per Diem Rates

CRYSTAL RIVER HEALTH & REHABILITATION CENTER
136 NORTHEAST 12TH AVENUE
CRYSTAL RIVER, FL 34429

Provider Number: 0 217263-00
Date: 8/29/2014
Fiscal Year End: 6/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>212.59</u>	<u>212.62</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

Effects of FA & RFA #NH11-136G FYE 6/30/2008

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Medicaid Reimbursement Per Diem Rates

CRYSTAL RIVER HEALTH & REHABILITATION CENTER
136 NORTHEAST 12TH AVENUE
CRYSTAL RIVER, FL 34429

Provider Number: 0 217263-00
Date: 8/29/2014
Fiscal Year End: 6/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>215.29</u>	<u>215.33</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

Effects of FA & RFA #NH11-136G FYE
6/30/2008

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Medicaid Reimbursement Per Diem Rates

CRYSTAL RIVER HEALTH & REHABILITATION CENTER
136 NORTHEAST 12TH AVENUE
CRYSTAL RIVER, FL 34429

Provider Number: 0 217263-00
Date: 8/29/2014
Fiscal Year End: 6/30/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
213.56	213.59	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 #NH11-136G FYE 6/30/2008

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Medicaid Reimbursement Per Diem Rates

DAYTONA BEACH HEALTH AND REHABILITATION CENTER
1055 3RD STREET
DAYTONA BEACH, FL 32117-4196

Provider Number: 0 217743-00
Date: 8/25/2014
Fiscal Year End: 6/30/2008
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>206.60</u>	<u>207.94</u>	<u>7/1/2009</u>
<u>346.95</u>	<u>348.29</u>	<u>7/1/2009</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

FA & RFA #NH11-132G FYE 06/30/2008

Distribution:

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Medicaid Reimbursement Per Diem Rates

DAYTONA BEACH HEALTH AND REHABILITATION CENTER
1055 3RD STREET
DAYTONA BEACH, FL 32117-4196

Provider Number: 0 217743-00

Date: 8/25/2014

Fiscal Year End: 6/30/2008

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.51	209.84	1/1/2010
	Level H: Aids	350.43	351.76	1/1/2010

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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"/> FA & RFA #NH11-132G FYE 06/30/2008

Distribution:

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Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

WILTON MANORS HEALTH AND REHAB
2675 N ANDREWS AVE
WILTON MANORS, FL 33311

Provider Number: 0 227579-00
Date: 10/20/2014
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	181.93	180.13	7/1/2008
	Level H: Aids	318.21	316.41	7/1/2008

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

FA & RFA #NH10-035C FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

WILTON MANORS HEALTH AND REHAB

2675 N ANDREWS AVE

WILTON MANORS, FL 33311

Provider Number:

0 227579-00

Date:

10/20/2014

Fiscal Year End:

12/31/2007

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current
Rate

180.28

New
Rate

178.51

Effective
Date

1/1/2009

318.63

316.86

1/1/2009

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

FA & RFA #NH10-035C FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

WILTON MANORS HEALTH AND REHAB
2675 N ANDREWS AVE
WILTON MANORS, FL 33311

Provider Number: 0 227579-00
Date: 10/20/2014
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>165.17</u>	<u>163.55</u>	<u>3/1/2009</u>
	Level H: Aids	<u>303.52</u>	<u>301.90</u>	<u>3/1/2009</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
 FA & RFA #NH10-035C FYE 12/31/2007

Distribution:

Contract Management / Fiscal Agent
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Tampa, FL 33610



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WILTON MANORS HEALTH AND REHAB

2675 N ANDREWS AVE

WILTON MANORS, FL 33311

Provider Number:

0 227579-00

Date:

10/20/2014

Fiscal Year End:

12/31/2007

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home

Single Level

Current
Rate

New
Rate

Effective
Date

204.05

202.19

4/1/2009

Level H: Aids

342.40

340.54

4/1/2009

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 FA & RFA #NH10-035C FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

PARK RIDGE NURSING CENTER
730 COLLEGE STREET
JACKSONVILLE, FL 32204

Provider Number: 0 228401-00
Date: 10/14/2014
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>156.25</u>	<u>154.69</u>	<u>7/1/2008</u>
	Level H: Aids	<u>292.53</u>	<u>290.97</u>	<u>7/1/2008</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
 FA & RFA #NH09-003L FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

PARK RIDGE NURSING CENTER
730 COLLEGE STREET
JACKSONVILLE , FL 32204

Provider Number: 0 228401-00

Date: 10/14/2014

Fiscal Year End: 12/31/2007

Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>158.77</u>	<u>157.17</u>	<u>1/1/2009</u>
<u>297.12</u>	<u>295.52</u>	<u>1/1/2009</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

FA & RFA #NH09-003L FYE 12/31/2007

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

<u>PARK RIDGE NURSING CENTER</u>	Provider Number:	<u>0 228401-00</u>
<u>730 COLLEGE STREET</u>	Date:	<u>10/14/2014</u>
<u>JACKSONVILLE , FL 32204</u>	Fiscal Year End:	<u>12/31/2007</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>145.46</u>	<u>143.99</u>	<u>3/1/2009</u>
	Level H: Aids	<u>283.81</u>	<u>282.34</u>	<u>3/1/2009</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> FA & RFA #NH09-003L FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

PARK RIDGE NURSING CENTER
730 COLLEGE STREET
JACKSONVILLE , FL 32204

Provider Number: 0 228401-00
Date: 10/14/2014
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	181.33	179.65	4/1/2009
	Level H: Aids	319.68	318.00	4/1/2009

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
 FA & RFA #NH09-003L FYE 12/31/2007

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PARK RIDGE NURSING CENTER
730 COLLEGE STREET
JACKSONVILLE , FL 32204

Provider Number: 0 228401-00
Date: 10/14/2014
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>186.42</u>	<u>184.84</u>	<u>7/1/2009</u>
	Level H: Aids	<u>326.77</u>	<u>325.19</u>	<u>7/1/2009</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

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PARK RIDGE NURSING CENTER
730 COLLEGE STREET
JACKSONVILLE , FL 32204

Provider Number: 0 228401-00
Date: 10/14/2014
Fiscal Year End: 12/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	180.32	180.24	1/1/2010
	Level H: Aids	322.24	322.16	1/1/2010

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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 #NH09-003L FYE 12/31/2007

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PARK RIDGE NURSING CENTER
730 COLLEGE STREET
JACKSONVILLE, FL 32204

Provider Number: 0 228401-00
Date: 10/14/2014
Fiscal Year End: 12/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>189.98</u>	<u>189.90</u>	<u>7/1/2010</u>
	Level H: Aids	<u>333.32</u>	<u>333.24</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 FA & RFA #NH09-003L FYE 12/31/2007

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PARK RIDGE NURSING CENTER
730 COLLEGE STREET
JACKSONVILLE , FL 32204

Provider Number: 0 228401-00
Date: 10/14/2014
Fiscal Year End: 12/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>192.06</u>	<u>191.98</u>	<u>1/1/2011</u>
	Level H: Aids	<u>336.92</u>	<u>336.84</u>	<u>1/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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 #NH09-003L FYE 12/31/2007

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PARK RIDGE NURSING CENTER	Provider Number:	0 228401-00
730 COLLEGE STREET	Date:	10/14/2014
JACKSONVILLE , FL 32204	Fiscal Year End:	12/31/2009
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>185.74</u>	<u>185.67</u>	<u>7/1/2011</u>
	Level H: Aids	<u>331.94</u>	<u>331.87</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 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 #NH09-003L FYE 12/31/2007

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PARK RIDGE NURSING CENTER
730 COLLEGE STREET
JACKSONVILLE, FL 32204

Provider Number: 0 228401-00
Date: 10/14/2014
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>182.46</u>	<u>182.39</u>	<u>1/1/2012</u>
	Level H: Aids	<u>330.07</u>	<u>330.00</u>	<u>1/1/2012</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

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PARK RIDGE NURSING CENTER	Provider Number:	0 228401-00
730 COLLEGE STREET	Date:	10/14/2014
JACKSONVILLE , FL 32204	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>187.87</u>	<u>187.80</u>	<u>7/1/2012</u>
	Level H: Aids	<u>337.08</u>	<u>337.01</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 #NH09-003L FYE 12/31/2007

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<u>PARK RIDGE NURSING CENTER</u>	Provider Number:	<u>0 228401-00</u>
<u>730 COLLEGE STREET</u>	Date:	<u>10/14/2014</u>
<u>JACKSONVILLE , FL 32204</u>	Fiscal Year End:	<u>12/31/2011</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>184.17</u>	<u>184.09</u>	<u>1/1/2013</u>
	Level H: Aids	<u>334.98</u>	<u>334.90</u>	<u>1/1/2013</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:

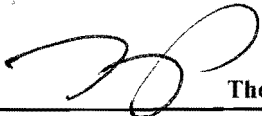
<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA #NH09-003L FYE 12/31/2007

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PARK RIDGE NURSING CENTER
730 COLLEGE STREET
JACKSONVILLE , FL 32204

Provider Number: 0 228401-00
Date: 10/14/2014
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
188.50	188.43	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 FA & RFA #NH09-003L FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

<u>PARK RIDGE NURSING CENTER</u>	Provider Number:	<u>0 228401-00</u>
<u>730 COLLEGE STREET</u>	Date:	<u>10/14/2014</u>
<u>JACKSONVILLE , FL 32204</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>211.16</u>	<u>211.08</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 FA & RFA #NH09-003L FYE</u>
<u>12/31/2007</u>

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Medicaid Reimbursement Per Diem Rates

INN AT SARASOTA BAY CLUB
1303 NORTH TAMiami TRAIL
SARASOTA, FL 34236

Provider Number: 0 228621-00
Date: 9/25/2014
Fiscal Year End: 12/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>250.30</u>	<u>244.01</u>	<u>1/1/2012</u>
	Level H: Aids	<u>397.91</u>	<u>391.62</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
 Field Audit NH13-020W FYE 12/31/2010

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Medicaid Reimbursement Per Diem Rates

<u>INN AT SARASOTA BAY CLUB</u>	Provider Number:	<u>0 228621-00</u>
<u>1303 NORTH TAMiami TRAIL</u>	Date:	<u>9/25/2014</u>
<u>SARASOTA, FL 34236</u>	Fiscal Year End:	<u>12/31/2010</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>261.74</u>	<u>255.33</u>	<u>7/1/2012</u>
	Level H: Aids	<u>410.95</u>	<u>404.54</u>	<u>7/1/2012</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> </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 NH13-020W FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

INN AT SARASOTA BAY CLUB
1303 NORTH TAMiami TRAIL
SARASOTA, FL 34236

Provider Number: 0 228621-00
Date: 9/25/2014
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	265.36	262.57	1/1/2013
	Level H: Aids	416.17	413.38	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
 Effects of FA NH13-020W FYE 12/31/10

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INN AT SARASOTA BAY CLUB
 1303 NORTH TAMIAMI TRAIL
 SARASOTA, FL 34236

Provider Number: 0 228621-00
 Date: 9/25/2014
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>269.94</u>	<u>267.10</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
 Effects of FA NH13-020W FYE 12/31/10

Distribution:

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1303 NORTH TAMiami TRAIL
SARASOTA, FL 34236

Provider Number: 0 228621-00
Date: 9/25/2014
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
272.06	269.22	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 NH13-020W FYE 12/31/10

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1303 NORTH TAMiami TRAIL
SARASOTA, FL 34236

Provider Number: 0 228621-00
Date: 9/25/2014
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
283.56	280.65	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 NH13-020W FYE 12/31/10

Distribution:

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Medicaid Reimbursement Per Diem Rates

BRANDYWYNE HEALTH CARE CENTER

1801 N LAKE MARIAM DR

WINTER HAVEN, FL 33884

Provider Number:

0 251399-00

Date:

10/3/2014

Fiscal Year End:

7/31/2011

Audit Status:

Unaudited

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current
Rate

New
Rate

Effective
Date

194.32

194.17

1/1/2013

345.13

344.98

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

Effects of FA & RFA #NH06-002W FYE
7/31/2003

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

No Home Office

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

LAKESIDE NURSING & REHABILITATION CENTER
11411 ARMSDALE ROAD
JACKSONVILLE, FL 32218

Provider Number: 0 256757-00
Date: 11/6/2014
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>156.44</u>	<u>155.15</u>	<u>7/1/2008</u>
	Level H: Aids	<u>292.72</u>	<u>291.43</u>	<u>7/1/2008</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
 FA & RFA #NH09-002L FYE 12/31/2007

Distribution:

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 No Change in Rate

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKESIDE NURSING & REHABILITATION CENTER
11411 ARMSDALE ROAD
JACKSONVILLE, FL 32218

Provider Number: 0 256757-00
Date: 11/6/2014
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>158.13</u>	<u>156.80</u>	<u>1/1/2009</u>
	Level H: Aids	<u>296.48</u>	<u>295.15</u>	<u>1/1/2009</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
 FA & RFA #NH09-002L FYE 12/31/2007

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

LAKESIDE NURSING & REHABILITATION CENTER
11411 ARMSDALE ROAD
JACKSONVILLE, FL 32218

Provider Number: 0 256757-00
Date: 11/6/2014
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	144.87	143.66	3/1/2009
	Level H: Aids	283.22	282.01	3/1/2009

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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH09-002L FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

LAKESIDE NURSING & REHABILITATION CENTER

11411 ARMSDALE ROAD

JACKSONVILLE, FL 32218

Provider Number:

0 256757-00

Date:

11/6/2014

Fiscal Year End:

12/31/2007

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current
Rate

179.44

New
Rate

178.04

Effective
Date

4/1/2009

317.79

316.39

4/1/2009

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 FA & RFA #NH09-002L FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

LAKESIDE NURSING & REHABILITATION CENTER
11411 ARMSDALE ROAD
JACKSONVILLE, FL 32218

Provider Number: 0 256757-00

Date: 11/6/2014

Fiscal Year End: 12/31/2007

Audit Status: Revised Field Audit

Provider Type:

Nursing Home

Single Level

Current Rate	New Rate	Effective Date
182.36	181.02	7/1/2009

Level H: Aids

322.71	321.37	7/1/2009
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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 #NH09-002L FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

ATLANTIC HEALTHCARE CENTER	Provider Number:	0 310581-00
3663 15TH AVENUE	Date:	8/13/2014
VERO BEACH, FL 32960	Fiscal Year End:	8/31/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>194.26</u>	<u>186.55</u>	<u>7/1/2011</u>
	Level H: Aids	<u>340.46</u>	<u>332.75</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

Field Audit NH13-014W FYE 8/31/2010


Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate


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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ATLANTIC HEALTHCARE CENTER
3663 15TH AVENUE
VERO BEACH, FL 32960

Provider Number: 0 310581-00
Date: 8/13/2014
Fiscal Year End: 8/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.96	187.73	1/1/2012
	Level H: Aids	343.57	335.34	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 NH13-014W FYE 8/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

ATLANTIC HEALTHCARE CENTER
3663 15TH AVENUE
VERO BEACH, FL 32960

Provider Number: 0 310581-00
Date: 8/13/2014
Fiscal Year End: 8/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>194.64</u>	<u>194.57</u>	<u>7/1/2012</u>
	Level H: Aids	<u>343.85</u>	<u>343.78</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 NH13-014W FYE 8/31/2010

Distribution:

Contract Management / Fiscal Agent

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

ATLANTIC HEALTHCARE CENTER
3663 15TH AVENUE
VERO BEACH, FL 32960

Provider Number: 0 310581-00
Date: 8/13/2014
Fiscal Year End: 8/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>196.93</u>	<u>196.85</u>	<u>1/1/2013</u>
	Level H: Aids	<u>347.74</u>	<u>347.66</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 NH13-014W FYE 8/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

ATLANTIC HEALTHCARE CENTER
3663 15TH AVENUE
VERO BEACH, FL 32960

Provider Number: 0 310581-00
Date: 8/13/2014
Fiscal Year End: 8/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>192.16</u>	<u>192.09</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

Effects of Field Audit NH13-014W FYE 8/31/2010

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

ATLANTIC HEALTHCARE CENTER
3663 15TH AVENUE
VERO BEACH, FL 32960

Provider Number: 0 310581-00
Date: 8/13/2014
Fiscal Year End: 8/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
195.97	195.89	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 Field Audit NH13-014W FYE
8/31/2010

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

ATLANTIC HEALTHCARE CENTER

3663 15TH AVENUE

VERO BEACH, FL 32960

Provider Number:

0 310581-00

Date:

8/13/2014

Fiscal Year End:

8/31/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
209.01	208.93	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 NH13-014W FYE
8/31/2010

Distribution:

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No Change in Rate

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SANDALWOOD NURSING CENTER	Provider Number:	0 312045-00
1001 S BEACH STREET	Date:	8/20/2014
DAYTONA BEACH, FL 32114	Fiscal Year End:	12/31/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.39</u>	<u>196.43</u>	<u>7/1/2011</u>
	Level H: Aids	<u>345.59</u>	<u>342.63</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 NH13-152L FYE 12/31/2010

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Home Office: Cardinal Resources, LLC
 16 Norcross Street
 Roswell, GA 30075

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SANDALWOOD NURSING CENTER

1001 S BEACH STREET

DAYTONA BEACH, FL 32114

Provider Number:

0 312045-00

Date:

8/20/2014

Fiscal Year End:

12/31/2010

Audit Status:

Field Audited

Provider Type:

Nursing Home

Single Level

Current
Rate

200.72

New
Rate

198.14

Effective
Date

1/1/2012

Level H: Aids

348.33

345.75

1/1/2012

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

Field Audit NH13-152L FYE 12/31/2010

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SANDALWOOD NURSING CENTER
1001 S BEACH STREET
DAYTONA BEACH, FL 32114

Provider Number: 0 312045-00
Date: 8/20/2014
Fiscal Year End: 12/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>206.48</u>	<u>204.41</u>	<u>7/1/2012</u>
	Level H: Aids	<u>355.69</u>	<u>353.62</u>	<u>7/1/2012</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 NH13-152L FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

SANDALWOOD NURSING CENTER

1001 S BEACH STREET

DAYTONA BEACH, FL 32114

Provider Number:

0 312045-00

Date:

8/20/2014

Fiscal Year End:

12/31/2011

Audit Status:

Unaudited

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current
Rate

New
Rate

Effective
Date

204.03

202.37

1/1/2013

354.84

353.18

1/1/2013

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total 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 NH13-152L FYE
12/31/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

SANDALWOOD NURSING CENTER
1001 S BEACH STREET
DAYTONA BEACH, FL 32114

Provider Number: 0 312045-00
Date: 8/20/2014
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
208.78	207.10	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 NH13-152L FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

SANDALWOOD NURSING CENTER
1001 S BEACH STREET
DAYTONA BEACH, FL 32114

Provider Number: 0 312045-00
Date: 8/20/2014
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
198.09	196.41	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 Field Audit NH13-152L FYE 12/31/2010

Distribution:

Contract Management / Fiscal Agent

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

SANDALWOOD NURSING CENTER
1001 S BEACH STREET
DAYTONA BEACH, FL 32114

Provider Number: 0 312045-00
Date: 8/20/2014
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
205.74	204.02	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 NH13-152L FYE 12/31/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKEWOOD NURSING CENTER	Provider Number:	0 312142-00
100 N LAKE ST	Date:	8/21/2014
CRESCENT CITY, FL 32112	Fiscal Year End:	12/31/2010
	Audit Status:	Field Audited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>185.54</u>	<u>180.44</u>	<u>7/1/2011</u>
	Level H: Aids	<u>331.74</u>	<u>326.64</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 #NH13-154L FYE 12/31/2010

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Medicaid Reimbursement Per Diem Rates

LAKWOOD NURSING CENTER

100 N LAKE ST

CRESCENT CITY, FL 32112

Provider Number:

0 312142-00

Date:

8/21/2014

Fiscal Year End:

12/31/2010

Audit Status:

Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>186.68</u>	<u>181.51</u>	<u>1/1/2012</u>
	Level H: Aids	<u>334.29</u>	<u>329.12</u>	<u>1/1/2012</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 #NH13-154L FYE 12/31/2010

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16 Norcross Street
Roswell, GA 30075

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>LAKWOOD NURSING CENTER</u>	Provider Number:	<u>0 312142-00</u>
<u>100 N LAKE ST</u>	Date:	<u>8/21/2014</u>
<u>CRESCENT CITY, FL 32112</u>	Fiscal Year End:	<u>12/31/2010</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>192.11</u>	<u>186.82</u>	<u>7/1/2012</u>
	Level H: Aids	<u>341.32</u>	<u>336.03</u>	<u>7/1/2012</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> </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 #NH13-154L FYE 12/31/2010

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>LAKWOOD NURSING CENTER</u>	Provider Number:	<u>0 312142-00</u>
<u>100 N LAKE ST</u>	Date:	<u>8/21/2014</u>
<u>CRESCENT CITY, FL 32112</u>	Fiscal Year End:	<u>12/31/2011</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>192.68</u>	<u>192.69</u>	<u>1/1/2013</u>
	Level H: Aids	<u>343.49</u>	<u>343.50</u>	<u>1/1/2013</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 #NH13-154L FYE 12/31/2010

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Medicaid Reimbursement Per Diem Rates

<u>LAKWOOD NURSING CENTER</u>	Provider Number:	<u>0 312142-00</u>
<u>100 N LAKE ST</u>	Date:	<u>8/21/2014</u>
<u>CRESCENT CITY, FL 32112</u>	Fiscal Year End:	<u>12/31/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		205.00	205.01	7/1/2013

Rate Type:

<u>Interim</u>	<u>Total Interim</u>	<u>X</u>	<u>Prospective</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>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 #NH13-154L FYE 12/31/2010</u>

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Medicaid Reimbursement Per Diem Rates

LAKWOOD NURSING CENTER
100 N LAKE ST
CRESCENT CITY, FL 32112

Provider Number: 0 312142-00
Date: 8/21/2014
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
207.54	207.56	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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH13-154L FYE 12/31/2010

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Medicaid Reimbursement Per Diem Rates

LAKWOOD NURSING CENTER
100 N LAKE ST
CRESCENT CITY, FL 32112

Provider Number: 0 312142-00
Date: 8/21/2014
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
214.86	214.87	7/1/2014

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 Field Audit #NH13-154L FYE 12/31/2010

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Medicaid Reimbursement Per Diem Rates

LAKE BENNETT HEALTH & REHABILITATION CENTER
1091 KELTON AVE
OCOEE, FL 34761

Provider Number: 0 318761-00
Date: 10/15/2014
Fiscal Year End: 6/30/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>195.67</u>	<u>195.27</u>	<u>1/1/2008</u>
	Level H: Aids	<u>329.67</u>	<u>329.27</u>	<u>1/1/2008</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 #NH10-058C FYE 6/30/2007

Distribution:

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 Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

LAKE BENNETT HEALTH & REHABILITATION CENTER
1091 KELTON AVE
OCOEE, FL 34761

Provider Number: 0 318761-00
Date: 10/15/2014
Fiscal Year End: 6/30/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>196.93</u>	<u>196.81</u>	<u>7/1/2008</u>
	Level H: Aids	<u>333.21</u>	<u>333.09</u>	<u>7/1/2008</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 #NH10-058C FYE 6/30/2007


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Medicaid Reimbursement Per Diem Rates

LAKE BENNETT HEALTH & REHABILITATION CENTER
1091 KELTON AVE
OCOEE, FL 34761

Provider Number: 0 318761-00
Date: 10/15/2014
Fiscal Year End: 6/30/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.86	195.85	1/1/2009
	Level H: Aids	334.21	334.20	1/1/2009

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 #NH10-058C FYE 6/30/2007

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Medicaid Reimbursement Per Diem Rates

LAKE BENNETT HEALTH & REHABILITATION CENTER
1091 KELTON AVE
OCOE, FL 34761

Provider Number: 0 318761-00
Date: 10/15/2014
Fiscal Year End: 6/30/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	179.44	179.43	3/1/2009
	Level H: Aids	317.79	317.78	3/1/2009

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
 FA & RFA #NH10-058C FYE 6/30/2007

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 Home Office: No Home Office

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1091 KELTON AVE

OCOEE, FL 34761

Provider Number:

0 318761-00

Date:

10/15/2014

Fiscal Year End:

6/30/2007

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>219.56</u>	<u>219.54</u>	<u>4/1/2009</u>
<u>357.91</u>	<u>357.89</u>	<u>4/1/2009</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

FA & RFA #NH10-058C FYE 6/30/2007

Distribution:

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Home Office:

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