




RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

**MEMORANDUM**

**Date:** December 17, 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.	SPECIALTY CENTER OF PENSACOLA	0 017236-00	10
2.	SUMMER BROOK HEALTH CARE CENTER	0 059783-00	5
3.	SOUTH CAMPUS REHABILITATION & NURSING CENTER	0 072048-00	5
4.	REHABILITATION CENTER OF ST. PETE	0 072054-00	4
5.	GULFPORT REHABILITATION CENTER	0 099366-00	4
6.	ASTORIA HEALTH & REHABILITATION CENTER	0 103165-00	1
7.	FLORIDEAN NURSING HOME, INC	0 200425-00	2
8.	JOHN KNOX VILLAGE MEDICAL CENTER	0 210285-00	2
9.	WEST MELBOURNE HEALTH & REHABILITATION CENTER	0 217727-00	13
10.	CATHEDRAL GERONTOLOGY CENTER	0 226068-00	5
11.	ROCKLEDGE REHAB AND NURSING CENTER	0 227587-00	5
12.	GREENBRIAR REHAB & NURSING CENTER	0 227625-00	5
13.	NEW HORIZON HEALTH & REHAB CENTER	0 227773-00	2
14.	PALMER RANCH HEALTHCARE AND REHABILITATION	0 319244-00	16
		Total	79

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
001723600	20100101	214.00	355.92	214.00	214.00	76549-14	NH12-055C
001723600	20100701	217.44	360.78	217.44	217.44	76549-14	NH12-055C
001723600	20110101	220.71	365.57	220.71	220.71	76549-14	NH12-055C
001723600	20110701	212.43	358.63	212.43	212.43	76549-14	NH12-055C
001723600	20120101	213.97	361.58	213.97	213.97	76549-14	NH12-055C
001723600	20120701	221.28	370.49	221.28	221.28	76549-14	NH12-055C
001723600	20130101	216.78	367.59	216.78	216.78	76549-14	NH12-055C
001723600	20130701	221.82	0.00	221.82	221.82	76549-14	NH12-055C
001723600	20140101	217.06	0.00	217.06	217.06	76549-14	NH12-055C
001723600	20140701	226.39	0.00	226.39	226.39	76549-14	NH12-055C
005987300	20120701	174.62	323.83	174.62	174.62	76549-14	
005987300	20130101	174.73	325.54	174.73	174.73	76549-14	
005987300	20130701	183.77	0.00	183.77	183.77	76549-14	
005987300	20140101	187.36	0.00	187.36	187.36	76549-14	
005987300	20140701	195.35	0.00	195.35	195.35	76549-14	
007204800	20121228	217.20	366.41	217.20	217.20	76549-14	
007204800	20130101	219.53	370.34	219.53	219.53	76549-14	
007204800	20130701	228.71	0.00	228.71	228.71	76549-14	
007204800	20140101	234.03	0.00	234.03	234.03	76549-14	
007204800	20140701	243.28	0.00	243.28	243.28	76549-14	
007205400	20130101	229.49	380.30	229.49	229.49	76549-14	
007205400	20130701	240.66	0.00	240.66	240.66	76549-14	
007205400	20140101	244.99	0.00	244.99	244.99	76549-14	
007205400	20140701	256.38	0.00	256.38	256.38	76549-14	
009936600	20131124	214.08	0.00	214.08	214.08	76549-14	
009936600	20140101	225.87	0.00	225.87	225.87	76549-14	
009936600	20140701	225.92	0.00	225.92	225.92	76549-14	
009936600	20140801	226.67	0.00	226.67	226.67	76549-14	
010316500	20140701	208.75	0.00	208.75	208.75	76549-14	
020042500	20100701	216.52	359.86	216.52	216.52	76549-14	NH12-015L
020042500	20110101	220.72	365.58	220.72	220.72	76549-14	NH12-015L
021028500	20140101	219.99	0.00	219.99	219.99	76549-14	
021028500	20140701	227.57	0.00	227.57	227.57	76549-14	
021772700	20090101	175.77	314.12	175.77	175.77	76549-14	NH11-131G
021772700	20090301	161.03	299.38	161.03	161.03	76549-14	NH11-131G
021772700	20090401	199.40	337.75	199.40	199.40	76549-14	NH11-131G
021772700	20090701	202.76	343.11	202.76	202.76	76549-14	NH11-131G
021772700	20100101	204.56	346.48	204.56	204.56	76549-14	NH11-131G
021772700	20110101	203.77	348.63	203.77	203.77	76549-14	NH11-131G
021772700	20110701	196.73	342.93	196.73	196.73	76549-14	NH11-131G
021772700	20120101	197.96	345.57	197.96	197.96	76549-14	NH11-131G
021772700	20120701	197.71	346.92	197.71	197.71	76549-14	NH11-131G
021772700	20130101	199.65	350.46	199.65	199.65	76549-14	NH11-131G
021772700	20130701	204.32	0.00	204.32	204.32	76549-14	NH11-131G
021772700	20140101	206.06	0.00	206.06	206.06	76549-14	NH11-131G
021772700	20140701	212.26	0.00	212.26	212.26	76549-14	NH11-131G
022606800	20080101	178.47	312.47	178.47	178.47	76549-14	NH11-100G
022606800	20080701	180.19	316.47	180.19	180.19	76549-14	NH11-100G
022606800	20090101	180.05	318.40	180.05	180.05	76549-14	NH11-100G
022606800	20090301	164.96	303.31	164.96	164.96	76549-14	NH11-100G
022606800	20090401	204.35	342.70	204.35	204.35	76549-14	NH11-100G

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
022758700	20080701	177.95	314.23	177.95	177.95	76549-14	NH10-036C
022758700	20090101	176.65	315.00	176.65	176.65	76549-14	NH10-036C
022758700	20090301	161.84	300.19	161.84	161.84	76549-14	NH10-036C
022758700	20090401	200.11	338.46	200.11	200.11	76549-14	NH10-036C
022758700	20090701	209.19	349.54	209.19	209.19	76549-14	NH10-036C
022762500	20080701	189.08	325.36	189.08	189.08	76549-14	NH10-036C
022762500	20090101	187.69	326.04	187.69	187.69	76549-14	NH10-036C
022762500	20090301	171.96	310.31	171.96	171.96	76549-14	NH10-040C
022762500	20090401	211.53	349.88	211.53	211.53	76549-14	NH10-040C
022762500	20090701	217.91	358.26	217.91	217.91	76549-14	NH10-040C
022777300	20080101	177.79	311.79	177.79	177.79	76549-14	NH09-124C
022777300	20130701	241.30	0.00	241.30	241.30	76549-14	NH09-124C
031924400	20080101	206.85	340.85	206.85	206.85	76549-14	NH10-041C
031924400	20080701	209.21	345.49	209.21	209.21	76549-14	NH10-041C
031924400	20090101	210.92	349.27	210.92	210.92	76549-14	NH10-041C
031924400	20090301	193.24	331.59	193.24	193.24	76549-14	NH10-041C
031924400	20090401	236.89	375.24	236.89	236.89	76549-14	NH10-041C
031924400	20090701	231.32	371.67	231.32	231.32	76549-14	NH10-041C
031924400	20100101	244.30	386.22	244.30	244.30	76549-14	NH10-041C
031924400	20100701	247.52	390.86	247.52	247.52	76549-14	NH10-041C
031924400	20110101	252.75	397.61	252.75	252.75	76549-14	NH10-041C
031924400	20110701	243.49	389.69	243.49	243.49	76549-14	NH10-041C
031924400	20120101	245.52	393.13	245.52	245.52	76549-14	NH10-041C
031924400	20120701	256.34	405.55	256.34	256.34	76549-14	NH10-041C
031924400	20130101	245.95	396.76	245.95	245.95	76549-14	NH10-041C
031924400	20130701	249.84	0.00	249.84	249.84	76549-14	NH10-041C
031924400	20140101	258.70	0.00	258.70	258.70	76549-14	NH10-041C
031924400	20140701	269.11	0.00	269.11	269.11	76549-14	NH10-041C



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**

SPECIALTY CENTER OF PENSACOLA  
6984 PINE FOREST ROAD  
PENSACOLA, FL 32526

Provider Number: 0 017236-00  
Date: 11/17/2014  
Fiscal Year End: 6/30/2010  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.69</u>	<u>214.00</u>	<u>1/1/2010</u>
	Level H: Aids	<u>356.61</u>	<u>355.92</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 #NH12-055C FYE 06/30/2010

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Pensacola Administrative Services, LLC  
2 North Palafox Street  
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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**Medicaid Reimbursement Per Diem Rates**

SPECIALTY CENTER OF PENSACOLA	Provider Number:	0 017236-00
6984 PINE FOREST ROAD	Date:	11/17/2014
PENSACOLA, FL 32526	Fiscal Year End:	6/30/2010
	Audit Status:	Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>218.13</u>	<u>217.44</u>	<u>7/1/2010</u>
	Level H: Aids	<u>361.47</u>	<u>360.78</u>	<u>7/1/2010</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"/> FA & RFA #NH12-055C FYE 06/30/2010

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

\_\_\_\_\_ For Information Only

\_\_\_\_\_ No Change in Rate

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SPECIALTY CENTER OF PENSACOLA  
6984 PINE FOREST ROAD  
PENSACOLA, FL 32526

Provider Number: 0 017236-00  
Date: 11/17/2014  
Fiscal Year End: 6/30/2010  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>221.42</u>	<u>220.71</u>	<u>1/1/2011</u>
	Level H: Aids	<u>366.28</u>	<u>365.57</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 #NH12-055C FYE 06/30/2010

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

SPECIALTY CENTER OF PENSACOLA

6984 PINE FOREST ROAD

PENSACOLA, FL 32526

Provider Number:

0 017236-00

Date:

11/17/2014

Fiscal Year End:

6/30/2010

Audit Status:

Revised Field Audit

**Provider Type:**

Nursing Home    **Single Level**

Current Rate	New Rate	Effective Date
<b>213.10</b>	<b>212.43</b>	<b>7/1/2011</b>
<b>359.30</b>	<b>358.63</b>	<b>7/1/2011</b>

**Level H: Aids**

**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 #NH12-055C FYE 06/30/2010

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

<u>SPECIALTY CENTER OF PENSACOLA</u>	Provider Number:	<u>0 017236-00</u>
<u>6984 PINE FOREST ROAD</u>	Date:	<u>11/17/2014</u>
<u>PENSACOLA, FL 32526</u>	Fiscal Year End:	<u>6/30/2010</u>
	Audit Status:	<u>Revised Field Audit</u>

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b><u>214.65</u></b>	<b><u>213.97</u></b>	<b><u>1/1/2012</u></b>
	Level H: Aids	<b><u>362.26</u></b>	<b><u>361.58</u></b>	<b><u>1/1/2012</u></b>

**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 #NH12-055C FYE 06/30/2010

**Distribution:**

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

  
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**Medicaid Reimbursement Per Diem Rates**

SPECIALTY CENTER OF PENSACOLA  
6984 PINE FOREST ROAD  
PENSACOLA, FL 32526

Provider Number: 0 017236-00  
Date: 11/17/2014  
Fiscal Year End: 6/30/2010  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>221.98</u>	<u>221.28</u>	<u>7/1/2012</u>
	Level H: Aids	<u>371.19</u>	<u>370.49</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 #NH12-055C FYE 06/30/2010

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
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**Medicaid Reimbursement Per Diem Rates**

<u>SPECIALTY CENTER OF PENSACOLA</u>	Provider Number:	<u>0 017236-00</u>
<u>6984 PINE FOREST ROAD</u>	Date:	<u>11/17/2014</u>
<u>PENSACOLA, FL 32526</u>	Fiscal Year End:	<u>12/31/2011</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b><u>216.81</u></b>	<b><u>216.78</u></b>	<b><u>1/1/2013</u></b>
	Level H: Aids	<b><u>367.62</u></b>	<b><u>367.59</u></b>	<b><u>1/1/2013</u></b>

**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 #NH12-055C FYE 06/30/2010

**Distribution:**

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

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**Medicaid Reimbursement Per Diem Rates**

SPECIALTY CENTER OF PENSACOLA  
6984 PINE FOREST ROAD  
PENSACOLA, FL 32526

Provider Number: 0 017236-00  
Date: 11/17/2014  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
221.84	221.82	7/1/2013

**Rate Type:**

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

**Basis:**

\_\_\_\_\_ Budget  
 Unaudited costs  
 \_\_\_\_\_ Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Effects of FA & RFA #NH12-055C FYE  
 06/30/2010

**Distribution:**

Contract Management / Fiscal Agent  
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 \_\_\_\_\_ For Information Only  
 \_\_\_\_\_ No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

SPECIALTY CENTER OF PENSACOLA	Provider Number:	0 017236-00
6984 PINE FOREST ROAD	Date:	11/17/2014
PENSACOLA, FL 32526	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>226.42</b>	<b>226.39</b>	<b>7/1/2014</b>

**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 #NH12-055C FYE 06/30/2010

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
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 No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

SUMMER BROOK HEALTH CARE CENTER  
5377 MONCRIEF ROAD  
JACKSONVILLE , FL 32209

Provider Number: 0 059783-00  
Date: 11/14/2014  
Fiscal Year End: 6/30/2013  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>188.04</b>	<b>174.62</b>	<b>7/1/2012</b>
	Level H: Aids	<b>337.25</b>	<b>323.83</b>	<b>7/1/2012</b>

**Rate Type:**

Interim

Prospective

\_\_\_\_\_ Total Interim

\_\_\_\_\_ Total Prospective

\_\_\_\_\_ Interim Component

\_\_\_\_\_ Total Prospective with Interim Component

Settlement based on cost

\_\_\_\_\_ Prior Provider Prospective data

**Basis:**

\_\_\_\_\_ Budget

Unaudited costs

\_\_\_\_\_ Field audited costs

\_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change

Cost Settlement FYE 6/30/2013

**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**

SUMMER BROOK HEALTH CARE CENTER  
5377 MONCRIEF ROAD  
JACKSONVILLE , FL 32209

Provider Number: 0 059783-00  
Date: 11/14/2014  
Fiscal Year End: 6/30/2013  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>189.42</u>	<u>174.73</u>	<u>1/1/2013</u>
	Level H: Aids	<u>340.23</u>	<u>325.54</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

Cost Settlement FYE 6/30/2013

**Distribution:**

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Home Office: No Home Office

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**Medicaid Reimbursement Per Diem Rates**

<u>SUMMER BROOK HEALTH CARE CENTER</u>	Provider Number:	<u>0 059783-00</u>
<u>5377 MONCRIEF ROAD</u>	Date:	<u>11/14/2014</u>
<u>JACKSONVILLE , FL 32209</u>	Fiscal Year End:	<u>6/30/2013</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>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>193.71</u></b>	<b><u>183.77</u></b>	<b><u>7/1/2013</u></b>

**Rate Type:**

<u>          </u> Interim	<u>  X  </u> Prospective
<u>          </u> Total Interim	<u>          </u> Total Prospective
<u>          </u> Interim Component	<u>          </u> Total Prospective with Interim Component
<u>  X  </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> Cost Settlement FYE 6/30/2013

**Distribution:**

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           For Information Only  
           No Change in Rate  
Home Office:        No Home Office

  
**Thomas Parker**  
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SUMMER BROOK HEALTH CARE CENTER  
5377 MONCRIEF ROAD  
JACKSONVILLE , FL 32209

Provider Number: 0 059783-00  
Date: 11/14/2014  
Fiscal Year End: 6/30/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
196.90	187.36	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
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Cost Settlement FYE 6/30/2013

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SUMMER BROOK HEALTH CARE CENTER	Provider Number:	0 059783-00
5377 MONCRIEF ROAD	Date:	11/14/2014
JACKSONVILLE , FL 32209	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.60</u>	<u>195.35</u>	<u>7/1/2014</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 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"/> Cost Settlement FYE 6/30/2013

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SOUTH CAMPUS REHABILITATION & NURSING CENTER  
715 E DIXIE AVE  
LEESBURG, FL 34748

Provider Number: 0 072048-00  
Date: 12/5/2014  
Fiscal Year End: 6/30/2013  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>221.34</u>	<u>217.20</u>	<u>12/28/2012</u>
	Level H: Aids	<u>370.55</u>	<u>366.41</u>	<u>12/28/2012</u>

**Rate Type:**

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

**Basis:**

\_\_\_\_\_ Budget  
 Unaudited costs  
 \_\_\_\_\_ Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Cost Settlement using FYE 6/30/2013 C/R

**Distribution:**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SOUTH CAMPUS REHABILITATION & NURSING CENTER  
715 E DIXIE AVE  
LEESBURG, FL 34748

Provider Number: 0 072048-00  
Date: 12/5/2014  
Fiscal Year End: 6/30/2013  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.23</u>	<u>219.53</u>	<u>1/1/2013</u>
	Level H: Aids	<u>374.04</u>	<u>370.34</u>	<u>1/1/2013</u>

**Rate Type:**

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

**Basis:**

\_\_\_\_\_ Budget  
 Unaudited costs  
 \_\_\_\_\_ Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Cost Settlement using FYE 6/30/2013 C/R

**Distribution:**

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Thomas Parker  
 Medicaid Cost Reimbursement Planning and Finance

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>SOUTH CAMPUS REHABILITATION &amp; NURSING CENTER</u>	Provider Number:	<u>0 072048-00</u>
<u>715 E DIXIE AVE</u>	Date:	<u>12/5/2014</u>
<u>LEESBURG, FL 34748</u>	Fiscal Year End:	<u>6/30/2013</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>228.90</b>	<b>228.71</b>	<b>7/1/2013</b>

**Rate Type:**

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

**Basis:**


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

**Changes:**

<u>Rate Semester Change</u>
<u>X Cost Settlement using FYE 6/30/2013 C/R</u>

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>SOUTH CAMPUS REHABILITATION &amp; NURSING CENTER</u>	Provider Number:	<u>0 072048-00</u>
<u>715 E DIXIE AVE</u>	Date:	<u>12/5/2014</u>
<u>LEESBURG, FL 34748</u>	Fiscal Year End:	<u>6/30/2013</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<b><u>230.63</u></b>	<b><u>234.03</u></b>	<b><u>1/1/2014</u></b>

**Rate Type:**

<u>          </u> Interim	<u>  X  </u> Prospective
<u>          </u> Total Interim	<u>          </u> Total Prospective
<u>          </u> Interim Component	<u>          </u> Total Prospective with Interim Component
<u>  X  </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> Cost Settlement using FYE 6/30/2013 C/R

**Distribution:**

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                          New City, NY 10956



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**Medicaid Reimbursement Per Diem Rates**

SOUTH CAMPUS REHABILITATION & NURSING CENTER  
715 E DIXIE AVE  
LEESBURG, FL 34748

Provider Number: 0 072048-00  
Date: 12/5/2014  
Fiscal Year End: 6/30/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>240.25</b>	<b>243.28</b>	<b>7/1/2014</b>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Cost Settlement using FYE 6/30/2013 C/R

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

REHABILITATION CENTER OF ST. PETE  
435 42ND AVE S  
SAINT PETERSBURG, FL 33705

Provider Number: 0 072054-00  
Date: 12/8/2014  
Fiscal Year End: 6/30/2013  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>235.40</b>	<b>229.49</b>	<b>1/1/2013</b>
	Level H: Aids	<b>386.21</b>	<b>380.30</b>	<b>1/1/2013</b>

**Rate Type:**

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

**Basis:**

\_\_\_\_\_ Budget  
 Unaudited costs  
 \_\_\_\_\_ Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Cost Settlement FYE 6/30/2013

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

REHABILITATION CENTER OF ST. PETE	Provider Number:	0 072054-00
435 42ND AVE S	Date:	12/8/2014
SAINT PETERSBURG, FL 33705	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>241.60</u>	<u>240.66</u>	<u>7/1/2013</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
<input checked="" type="checkbox"/> Unaudited costs
_____ Field audited costs
_____ Desk audited costs

**Changes:**

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 6/30/2013

**Distribution:**

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**Thomas Parker**  
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**Medicaid Reimbursement Per Diem Rates**

REHABILITATION CENTER OF ST. PETE	Provider Number:	0 072054-00
435 42ND AVE S	Date:	12/8/2014
SAINT PETERSBURG, FL 33705	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>251.58</b>	<b>256.38</b>	<b>7/1/2014</b>

**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 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"/> Cost Settlement FYE 6/30/2013

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

GULFPORT REHABILITATION CENTER  
1430 PASADENA AVE S  
SOUTH PASADENA, FL 33707

Provider Number: 0 099366-00  
Date: 12/5/2014  
Fiscal Year End: 7/31/2014  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate	New Rate	Effective Date
<b>208.43</b>	<b>214.08</b>	<b>11/24/2013</b>

**Rate Type:**

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

**Basis:**

\_\_\_\_\_ Budget  
 Unaudited costs  
 \_\_\_\_\_ Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Cost Settlement FYE 7/31/2014

**Distribution:**

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**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Signature Healthcare LLC  
12201 Bluegrass Parkway  
Louisville, KY 40299



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

GULFPORT REHABILITATION CENTER  
1430 PASADENA AVE S  
SOUTH PASADENA, FL 33707

Provider Number: 0 099366-00  
Date: 12/5/2014  
Fiscal Year End: 7/31/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>212.10</b>	<b>225.87</b>	<b>1/1/2014</b>

**Rate Type:**

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

**Basis:**

\_\_\_\_\_ Budget

Unaudited costs

\_\_\_\_\_ Field audited costs

\_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change

Cost Settlement FYE 7/31/2014

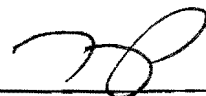
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**Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

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**Medicaid Reimbursement Per Diem Rates**

GULFPORT REHABILITATION CENTER  
1430 PASADENA AVE S  
SOUTH PASADENA, FL 33707

Provider Number: 0 099366-00  
Date: 12/5/2014  
Fiscal Year End: 7/31/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
211.74	225.92	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

Cost Settlement FYE 7/31/2014

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>GULFPORT REHABILITATION CENTER</u>	Provider Number:	<u>0 099366-00</u>
<u>1430 PASADENA AVE S</u>	Date:	<u>12/5/2014</u>
<u>SOUTH PASADENA, FL 33707</u>	Fiscal Year End:	<u>7/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b>211.74</b>	<b>226.67</b>	<b>8/1/2014</b>

**Rate Type:**

<u>Interim</u>	<u>Total Interim</u>	<u>X</u> <u>Prospective</u>	<u>Total Prospective</u>
	<u>Interim Component</u>		<u>Total Prospective with Interim Component</u>
<u>X</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>Cost Settlement FYE 7/31/2014</u>

**Distribution:**

Contract Management / Fiscal Agent  
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 No Change in Rate

  
**Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Signature Healthcare LLC  
 12201 Bluegrass Parkway  
 Louisville, KY 40299



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**Medicaid Reimbursement Per Diem Rates**

ASTORIA HEALTH & REHABILITATION CENTER  
701 OVERLOOK DR SE  
WINTER HAVEN, FL 33884-1671

Provider Number: 0 103165-00  
Date: 12/3/2014  
Fiscal Year End: 6/30/2013  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate	New Rate	Effective Date
<b>230.13</b>	<b>208.75</b>	<b>7/1/2014</b>

**Rate Type:**

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

**Basis:**

\_\_\_\_\_ Budget  
 Unaudited costs  
 \_\_\_\_\_ Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Retro for 7/14 using FYE 6/30/13 C/R

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
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 \_\_\_\_\_ No Change in Rate

**Thomas Parker**  
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 Suite 300  
 Marion, IN 46952





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Medicaid Reimbursement Per Diem Rates

FLORIDEAN NURSING HOME, INC.  
47 NW 32 PLACE  
MIAMI, FL 33125

Provider Number: 0 200425-00  
Date: 11/24/2014  
Fiscal Year End: 6/30/2009  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>225.99</u>	<u>216.52</u>	<u>7/1/2010</u>
	Level H: Aids	<u>369.33</u>	<u>359.86</u>	<u>7/1/2010</u>

**Rate Type:**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input checked="" 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 #NH12-015L FYE 6/30/2009

**Distribution:**

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 Permanent File  
 For Information Only  
 No Change in Rate

Thomas Parker  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

FLORIDEAN NURSING HOME, INC.  
47 NW 32 PLACE  
MIAMI, FL 33125

Provider Number: 0 200425-00  
Date: 11/24/2014  
Fiscal Year End: 6/30/2009  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>229.82</u>	<u>220.72</u>	<u>1/1/2011</u>
	Level H: Aids	<u>374.68</u>	<u>365.58</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 #NH12-015L FYE 6/30/2009

**Distribution:**


Contract Management / Fiscal Agent

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No Change in Rate

Home Office:  No Home Office

  
**Thomas Parker**  
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**Medicaid Reimbursement Per Diem Rates**

JOHN KNOX VILLAGE MEDICAL CENTER

4100 E FLETCHER AVE

TAMPA, FL 33613

Provider Number:

0 210285-00

Date:

12/1/2014

Fiscal Year End:

12/31/2012

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>220.09</u>	<u>219.99</u>	<u>1/1/2014</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

Late Test FYE 12/31/2012 C/R

**Distribution:**

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No Change in Rate

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

Thomas Parker

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**Medicaid Reimbursement Per Diem Rates**

JOHN KNOX VILLAGE MEDICAL CENTER  
4100 E FLETCHER AVE  
TAMPA, FL 33613

Provider Number: 0 210285-00  
Date: 12/1/2014  
Fiscal Year End: 12/31/2012  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>228.16</u>	<u>227.57</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

Late Test FYE 12/31/2012 C/R

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

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**Medicaid Reimbursement Per Diem Rates**

WEST MELBOURNE HEALTH & REHABILITATION CENTER  
2125 WEST NEW HAVEN AVE  
WEST MELBOURNE, FL 32904

Provider Number: 0 217727-00  
Date: 11/26/2014  
Fiscal Year End: 6/30/2008  
Audit Status: Revised Field Audit

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>176.36</u>	<u>175.77</u>	<u>1/1/2009</u>
	Level H: Aids	<u>314.71</u>	<u>314.12</u>	<u>1/1/2009</u>

**Rate Type:**

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

**Basis:**

\_\_\_\_\_ Budget  
 \_\_\_\_\_ Unaudited costs  
 Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 FA & RFA NH11-131G FYE 6/30/2008

**Distribution:**

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 \_\_\_\_\_ No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

WEST MELBOURNE HEALTH & REHABILITATION CENTER  
2125 WEST NEW HAVEN AVE  
WEST MELBOURNE, FL 32904

Provider Number: 0 217727-00  
Date: 11/26/2014  
Fiscal Year End: 6/30/2008  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	161.58	161.03	3/1/2009
	Level H: Aids	299.93	299.38	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 NH11-131G 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**

WEST MELBOURNE HEALTH & REHABILITATION CENTER  
2125 WEST NEW HAVEN AVE  
WEST MELBOURNE, FL 32904

Provider Number: 0 217727-00  
Date: 11/26/2014  
Fiscal Year End: 6/30/2008  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.03	199.40	4/1/2009
	Level H: Aids	338.38	337.75	4/1/2009

**Rate Type:**

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

**Basis:**

<input type="checkbox"/>	Budget
<input 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 NH11-131G FYE 6/30/2008

**Distribution:**

Contract Management / Fiscal Agent  
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Tuscaloosa, AL 35406

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**Medicaid Reimbursement Per Diem Rates**

<u>WEST MELBOURNE HEALTH &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 217727-00</u>
<u>2125 WEST NEW HAVEN AVE</u>	Date:	<u>11/26/2014</u>
<u>WEST MELBOURNE, FL 32904</u>	Fiscal Year End:	<u>6/30/2008</u>
	Audit Status:	<u>Revised Field Audit</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>204.52</u></b>	<b><u>202.76</u></b>	<b><u>7/1/2009</u></b>
	<b>Level H: Aids</b>	<b><u>344.87</u></b>	<b><u>343.11</u></b>	<b><u>7/1/2009</u></b>

**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 NH11-131G FYE 6/30/2008

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**Medicaid Reimbursement Per Diem Rates**

WEST MELBOURNE HEALTH & REHABILITATION CENTER  
2125 WEST NEW HAVEN AVE  
WEST MELBOURNE, FL 32904

Provider Number: 0 217727-00  
Date: 11/26/2014  
Fiscal Year End: 6/30/2008  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.33	204.56	1/1/2010
	Level H: Aids	348.25	346.48	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 NH11-131G FYE 6/30/2008

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

WEST MELBOURNE HEALTH & REHABILITATION CENTER  
2125 WEST NEW HAVEN AVE  
WEST MELBOURNE, FL 32904

Provider Number: 0 217727-00  
Date: 11/26/2014  
Fiscal Year End: 6/30/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.50</u>	<u>203.77</u>	<u>1/1/2011</u>
	Level H: Aids	<u>349.36</u>	<u>348.63</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 NH11-131G FYE 6/30/2008

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>WEST MELBOURNE HEALTH &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 217727-00</u>
<u>2125 WEST NEW HAVEN AVE</u>	Date:	<u>11/26/2014</u>
<u>WEST MELBOURNE, FL 32904</u>	Fiscal Year End:	<u>6/30/2010</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>197.42</u></b>	<b><u>196.73</u></b>	<b><u>7/1/2011</u></b>
	<b>Level H: Aids</b>	<b><u>343.62</u></b>	<b><u>342.93</u></b>	<b><u>7/1/2011</u></b>

**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 NH11-131G FYE 6/30/2008

**Distribution:**

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Home Office: NHS Management  
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

WEST MELBOURNE HEALTH & REHABILITATION CENTER  
2125 WEST NEW HAVEN AVE  
WEST MELBOURNE, FL 32904

Provider Number: 0 217727-00  
Date: 11/26/2014  
Fiscal Year End: 6/30/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.65	197.96	1/1/2012
	Level H: Aids	346.26	345.57	1/1/2012

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA NH11-131G FYE 6/30/2008


**Distribution:**

Contract Management / Fiscal Agent

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Home Office: NHS Management  
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 Tuscaloosa, AL 35406



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>WEST MELBOURNE HEALTH &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 217727-00</u>
<u>2125 WEST NEW HAVEN AVE</u>	Date:	<u>11/26/2014</u>
<u>WEST MELBOURNE, FL 32904</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>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>198.41</u></b>	<b><u>197.71</u></b>	<b><u>7/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>347.62</u></b>	<b><u>346.92</u></b>	<b><u>7/1/2012</u></b>

**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 NH11-131G FYE 6/30/2008

**Distribution:**

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

  
**Thomas Parker**  
Medicaid Cost Reimbursement Planning and Finance

Home Office: NHS Management  
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**Medicaid Reimbursement Per Diem Rates**

WEST MELBOURNE HEALTH & REHABILITATION CENTER  
2125 WEST NEW HAVEN AVE  
WEST MELBOURNE, FL 32904

Provider Number: 0 217727-00  
Date: 11/26/2014  
Fiscal Year End: 6/30/2012  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.36	199.65	1/1/2013
	Level H: Aids	351.17	350.46	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 NH11-131G FYE 6/30/2008

**Distribution:**

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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**Medicaid Reimbursement Per Diem Rates**

WEST MELBOURNE HEALTH & REHABILITATION CENTER  
2125 WEST NEW HAVEN AVE  
WEST MELBOURNE, FL 32904

Provider Number: 0 217727-00  
Date: 11/26/2014  
Fiscal Year End: 6/30/2012  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
205.04	204.32	7/1/2013

**Rate Type:**

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

**Basis:**

\_\_\_\_\_ Budget  
 Unaudited costs  
 \_\_\_\_\_ Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Effects of FA & RFA NH11-131G FYE  
 6/30/2008

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>WEST MELBOURNE HEALTH &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 217727-00</u>
<u>2125 WEST NEW HAVEN AVE</u>	Date:	<u>11/26/2014</u>
<u>WEST MELBOURNE, FL 32904</u>	Fiscal Year End:	<u>6/30/2012</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>206.78</u></b>	<b><u>206.06</u></b>	<b><u>1/1/2014</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA NH11-131G FYE 6/30/2008

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**Medicaid Reimbursement Per Diem Rates**

<u>WEST MELBOURNE HEALTH &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 217727-00</u>
<u>2125 WEST NEW HAVEN AVE</u>	Date:	<u>11/26/2014</u>
<u>WEST MELBOURNE, FL 32904</u>	Fiscal Year End:	<u>6/30/2013</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home    Single Level</b>	<b>213.00</b>	<b>212.26</b>	<b>7/1/2014</b>

**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 NH11-131G FYE 6/30/2008

**Distribution:**

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**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**

CATHEDRAL GERONTOLOGY CENTER

333 E ASHLEY ST

JACKSONVILLE, FL 32202

Provider Number:

0 226068-00

Date:

11/20/2014

Fiscal Year End:

9/30/2007

Audit Status:

Field Audited

**Provider Type:**

Nursing Home

Single Level

Current  
Rate

179.14

New  
Rate

178.47

Effective  
Date

1/1/2008

Level H: Aids

313.14

312.47

1/1/2008

**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

Field Audit NH11-100G FYE 9/30/07

**Distribution:**

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Home Office: Cathedral Foundation, Inc.  
4250 Lakeside Drive  
Suite 204  
Jacksonville, FL 32210

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**

CATHEDRAL GERONTOLOGY CENTER  
333 E ASHLEY ST  
JACKSONVILLE, FL 32202

Provider Number: 0 226068-00  
Date: 11/20/2014  
Fiscal Year End: 9/30/2007  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	180.87	180.19	7/1/2008
	Level H: Aids	317.15	316.47	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  
 Field Audit NH11-100G FYE 9/30/07

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CATHEDRAL GERONTOLOGY CENTER  
333 E ASHLEY ST  
JACKSONVILLE, FL 32202

Provider Number: 0 226068-00  
Date: 11/20/2014  
Fiscal Year End: 9/30/2007  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	180.74	180.05	1/1/2009
	Level H: Aids	319.09	318.40	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  
 Field Audit NH11-100G FYE 9/30/07

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CATHEDRAL GERONTOLOGY CENTER	Provider Number:	0 226068-00
333 E ASHLEY ST	Date:	11/20/2014
JACKSONVILLE, FL 32202	Fiscal Year End:	9/30/2007
	Audit Status:	Field Audited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<b>165.59</b>	<b>164.96</b>	<b>3/1/2009</b>
	Level H: Aids	<b>303.94</b>	<b>303.31</b>	<b>3/1/2009</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit NH11-100G FYE 9/30/07

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**Medicaid Reimbursement Per Diem Rates**

CATHEDRAL GERONTOLOGY CENTER  
333 E ASHLEY ST  
JACKSONVILLE, FL 32202

Provider Number: 0 226068-00  
Date: 11/20/2014  
Fiscal Year End: 9/30/2007  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.07	204.35	4/1/2009
	Level H: Aids	343.42	342.70	4/1/2009

**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  
 Field Audit NH11-100G FYE 9/30/07

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>ROCKLEDGE REHAB AND NURSING CENTER</u>	Provider Number:	<u>0 227587-00</u>
<u>587 BARTON BLVD</u>	Date:	<u>10/23/2014</u>
<u>ROCKLEDGE, FL 32955</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>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>178.65</u></b>	<b><u>177.95</u></b>	<b><u>7/1/2008</u></b>
	<b>Level H: Aids</b>	<b><u>314.93</u></b>	<b><u>314.23</u></b>	<b><u>7/1/2008</u></b>

**Rate Type:**

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

**Basis:**

           Budget  
           Unaudited costs  
  X   Field audited costs  
           Desk audited costs

**Changes:**

           Rate Semester Change  
  X   FA & RFA #NH10-036C FYE 12/31/2007

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

ROCKLEDGE REHAB AND NURSING CENTER	Provider Number:	0 227587-00
587 BARTON BLVD	Date:	10/23/2014
ROCKLEDGE, FL 32955	Fiscal Year End:	12/31/2007
	Audit Status:	Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>177.34</u>	<u>176.65</u>	<u>1/1/2009</u>
	Level H: Aids	<u>315.69</u>	<u>315.00</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:**

<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 #NH10-036C FYE 12/31/2007


**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>ROCKLEDGE REHAB AND NURSING CENTER</u>	Provider Number:	<u>0 227587-00</u>
<u>587 BARTON BLVD</u>	Date:	<u>10/23/2014</u>
<u>ROCKLEDGE, FL 32955</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>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>162.47</u></b>	<b><u>161.84</u></b>	<b><u>3/1/2009</u></b>
	<b>Level H: Aids</b>	<b><u>300.82</u></b>	<b><u>300.19</u></b>	<b><u>3/1/2009</u></b>

**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 #NH10-036C FYE 12/31/2007

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ROCKLEDGE REHAB AND NURSING CENTER  
587 BARTON BLVD  
ROCKLEDGE, FL 32955

Provider Number: 0 227587-00  
Date: 10/23/2014  
Fiscal Year End: 12/31/2007  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.83	200.11	4/1/2009
	Level H: Aids	339.18	338.46	4/1/2009

**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 #NH10-036C FYE 12/31/2007

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

ROCKLEDGE REHAB AND NURSING CENTER  
587 BARTON BLVD  
ROCKLEDGE, FL 32955

Provider Number: 0 227587-00  
Date: 10/23/2014  
Fiscal Year End: 12/31/2007  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.00	209.19	7/1/2009
	Level H: Aids	350.35	349.54	7/1/2009

**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 #NH10-036C FYE 12/31/2007

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

GREENBRIAR REHAB & NURSING CENTER

210 21ST AVE W

BRADENTON, FL 34205

Provider Number:

0 227625-00

Date:

10/23/2014

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

189.15

189.08

7/1/2008

325.43

325.36

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 and RFA #NH10-040C FYE 12/31/2007

**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**

GREENBRIAR REHAB & NURSING CENTER

210 21ST AVE W

BRADENTON, FL 34205

Provider Number:

0 227625-00

Date:

10/23/2014

Fiscal Year End:

12/31/2007

Audit Status:

Revised Field Audit

**Provider Type:**

**Nursing Home**

**Single Level**

Current  
Rate

New  
Rate

Effective  
Date

**188.61**

**187.69**

**1/1/2009**

**Level H: Aids**

**326.96**

**326.04**

**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 and RFA #NH10-040C FYE 12/31/2007

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

GREENBRIAR REHAB & NURSING CENTER

210 21ST AVE W

BRADENTON, FL 34205

Provider Number:

0 227625-00

Date:

10/23/2014

Fiscal Year End:

12/31/2007

Audit Status:

Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>172.80</u>	<u>171.96</u>	<u>3/1/2009</u>
	Level H: Aids	<u>311.15</u>	<u>310.31</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 and RFA #NH10-040C FYE 12/31/2007

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**Medicaid Reimbursement Per Diem Rates**

GREENBRIAR REHAB & NURSING CENTER

210 21ST AVE W

BRADENTON, FL 34205

Provider Number:

0 227625-00

Date:

10/23/2014

Fiscal Year End:

12/31/2007

Audit Status:

Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>212.51</u>	<u>211.53</u>	<u>4/1/2009</u>
	Level H: Aids	<u>350.86</u>	<u>349.88</u>	<u>4/1/2009</u>

**Rate Type:**

           Interim

           Total Interim

           Interim Component

           Settlement based on cost

           Prior Provider Prospective data

  X   Prospective

           X Total Prospective

           Total Prospective with Interim Component

**Basis:**

           Budget

           Unaudited costs

  X   Field audited costs

           Desk audited costs

**Changes:**

           Rate Semester Change

  X   FA and RFA #NH10-040C FYE 12/31/2007

**Distribution:**

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           No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

GREENBRIAR REHAB & NURSING CENTER  
210 21ST AVE W  
BRADENTON, FL 34205

Provider Number: 0 227625-00  
Date: 10/23/2014  
Fiscal Year End: 12/31/2007  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>219.01</u>	<u>217.91</u>	<u>7/1/2009</u>
	Level H: Aids	<u>359.36</u>	<u>358.26</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 and RFA #NH10-040C FYE 12/31/2007

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

NEW HORIZON HEALTH & REHAB CENTER

635 SE 17TH STREET

OCALA, FL 34471

Provider Number:

0 227773-00

Date:

10/22/2014

Fiscal Year End:

12/31/2006

Audit Status:

Revised Field Audit

**Provider Type:**

Nursing Home

Single Level

Current  
Rate

New  
Rate

Effective  
Date

178.69

177.79

1/1/2008

Level H: Aids

312.69

311.79

1/1/2008

**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 #NH09-124C FYE 12/31/2006

**Distribution:**

Contract Management / Fiscal Agent

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No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

**NEW HORIZON HEALTH & REHAB CENTER**

635 SE 17TH STREET  
OCALA, FL 34471

Provider Number: 0 227773-00  
Date: 10/22/2014  
Fiscal Year End: 8/31/2012  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current      New      Effective  
Rate      Rate      Date  
**241.31      241.30      7/1/2013**

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget  
Unaudited costs  
Field audited costs  
Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH09-124C FYE  
12/31/2006

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

PALMER RANCH HEALTHCARE AND REHABILITATION  
5111 PALMER RANCH PARKWAY  
SARASOTA, FL 34238

Provider Number: 0 319244-00  
Date: 10/28/2014  
Fiscal Year End: 6/30/2007  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>207.77</u>	<u>206.85</u>	<u>1/1/2008</u>
	Level H: Aids	<u>341.77</u>	<u>340.85</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 #NH10-041C FYE 6/30/2007

**Distribution:**

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No Change in Rate

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

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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**

PALMER RANCH HEALTHCARE AND REHABILITATION  
5111 PALMER RANCH PARKWAY  
SARASOTA, FL 34238

Provider Number: 0 319244-00  
Date: 10/28/2014  
Fiscal Year End: 6/30/2007  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>210.13</u>	<u>209.21</u>	<u>7/1/2008</u>
	Level H: Aids	<u>346.41</u>	<u>345.49</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 #NH10-041C FYE 6/30/2007

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>PALMER RANCH HEALTHCARE AND REHABILITATION</u>	Provider Number:	<u>0 319244-00</u>
<u>5111 PALMER RANCH PARKWAY</u>	Date:	<u>10/28/2014</u>
<u>SARASOTA, FL 34238</u>	Fiscal Year End:	<u>6/30/2007</u>
	Audit Status:	<u>Revised Field Audit</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>211.82</u></b>	<b><u>210.92</u></b>	<b><u>1/1/2009</u></b>
	<b>Level H: Aids</b>	<b><u>350.17</u></b>	<b><u>349.27</u></b>	<b><u>1/1/2009</u></b>

**Rate Type:**

<u>          </u> Interim	<u>  X  </u> Prospective
<u>          </u> Total Interim	<u>          </u> Total Prospective
<u>          </u> Interim Component	<u>          </u> Total Prospective with Interim Component
<u>  X  </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 #NH10-041C FYE 6/30/2007

**Distribution:**

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PALMER RANCH HEALTHCARE AND REHABILITATION  
5111 PALMER RANCH PARKWAY  
SARASOTA, FL 34238

Provider Number: 0 319244-00  
Date: 10/28/2014  
Fiscal Year End: 6/30/2007  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>194.07</u>	<u>193.24</u>	<u>3/1/2009</u>
	Level H: Aids	<u>332.42</u>	<u>331.59</u>	<u>3/1/2009</u>

**Rate Type:**

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

**Basis:**

           Budget  
           Unaudited costs  
  X   Field audited costs  
           Desk audited costs

**Changes:**

           Rate Semester Change  
  X   FA & RFA #NH10-041C FYE 6/30/2007

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5111 PALMER RANCH PARKWAY  
SARASOTA, FL 34238

Provider Number: 0 319244-00  
Date: 10/28/2014  
Fiscal Year End: 6/30/2007  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>237.85</u>	<u>236.89</u>	<u>4/1/2009</u>
	Level H: Aids	<u>376.20</u>	<u>375.24</u>	<u>4/1/2009</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 #NH10-041C FYE 6/30/2007

**Distribution:**

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PALMER RANCH HEALTHCARE AND REHABILITATION  
5111 PALMER RANCH PARKWAY  
SARASOTA, FL 34238

Provider Number: 0 319244-00  
Date: 10/28/2014  
Fiscal Year End: 6/30/2008  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>231.75</u>	<u>231.32</u>	<u>7/1/2009</u>
	Level H: Aids	<u>372.10</u>	<u>371.67</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  
 Effects of FA & RFA #NH10-041C FYE 6/30/2007

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<u>PALMER RANCH HEALTHCARE AND REHABILITATION</u>	Provider Number:	<u>0 319244-00</u>
<u>5111 PALMER RANCH PARKWAY</u>	Date:	<u>10/28/2014</u>
<u>SARASOTA, FL 34238</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>244.74</u></b>	<b><u>244.30</u></b>	<b><u>1/1/2010</u></b>
	<b>Level H: Aids</b>	<b><u>386.66</u></b>	<b><u>386.22</u></b>	<b><u>1/1/2010</u></b>

**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 #NH10-041C FYE 6/30/2007

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5111 PALMER RANCH PARKWAY  
SARASOTA, FL 34238

Provider Number: 0 319244-00  
Date: 10/28/2014  
Fiscal Year End: 6/30/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>247.96</u>	<u>247.52</u>	<u>7/1/2010</u>
	Level H: Aids	<u>391.30</u>	<u>390.86</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  
 Effects of FA & RFA #NH10-041C FYE 6/30/2007

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SARASOTA, FL 34238

Provider Number: 0 319244-00  
Date: 10/28/2014  
Fiscal Year End: 6/30/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>253.20</u>	<u>252.75</u>	<u>1/1/2011</u>
	Level H: Aids	<u>398.06</u>	<u>397.61</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  
 Effects of FA & RFA #NH10-041C FYE 6/30/2007

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<u>PALMER RANCH HEALTHCARE AND REHABILITATION</u>	Provider Number:	<u>0 319244-00</u>
<u>5111 PALMER RANCH PARKWAY</u>	Date:	<u>10/28/2014</u>
<u>SARASOTA, FL 34238</u>	Fiscal Year End:	<u>6/30/2010</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>243.90</u></b>	<b><u>243.49</u></b>	<b><u>7/1/2011</u></b>
	<b>Level H: Aids</b>	<b><u>390.10</u></b>	<b><u>389.69</u></b>	<b><u>7/1/2011</u></b>

**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 #NH10-041C FYE 6/30/2007

**Distribution:**

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<u>PALMER RANCH HEALTHCARE AND REHABILITATION</u>	Provider Number:	<u>0 319244-00</u>
<u>5111 PALMER RANCH PARKWAY</u>	Date:	<u>10/28/2014</u>
<u>SARASOTA, FL 34238</u>	Fiscal Year End:	<u>6/30/2010</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>245.93</u>	<u>245.52</u>	<u>1/1/2012</u>
	<b>Level H: Aids</b>	<u>393.54</u>	<u>393.13</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 #NH10-041C FYE 6/30/2007

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<u>PALMER RANCH HEALTHCARE AND REHABILITATION</u>	Provider Number:	<u>0 319244-00</u>
<u>5111 PALMER RANCH PARKWAY</u>	Date:	<u>10/28/2014</u>
<u>SARASOTA, FL 34238</u>	Fiscal Year End:	<u>6/30/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>256.76</u>	<u>256.34</u>	<u>7/1/2012</u>
	Level H: Aids	<u>405.97</u>	<u>405.55</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 & RFA #NH10-041C FYE 6/30/2007

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<u>PALMER RANCH HEALTHCARE AND REHABILITATION</u>	Provider Number:	<u>0 319244-00</u>
<u>5111 PALMER RANCH PARKWAY</u>	Date:	<u>10/28/2014</u>
<u>SARASOTA, FL 34238</u>	Fiscal Year End:	<u>6/30/2012</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>246.37</u></b>	<b><u>245.95</u></b>	<b><u>1/1/2013</u></b>
	<b>Level H: Aids</b>	<b><u>397.18</u></b>	<b><u>396.76</u></b>	<b><u>1/1/2013</u></b>

**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 #NH10-041C FYE 6/30/2007

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<u>PALMER RANCH HEALTHCARE AND REHABILITATION</u>	Provider Number:	<u>0 319244-00</u>
<u>5111 PALMER RANCH PARKWAY</u>	Date:	<u>10/28/2014</u>
<u>SARASOTA, FL 34238</u>	Fiscal Year End:	<u>6/30/2012</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>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>250.28</u></b>	<b><u>249.84</u></b>	<b><u>7/1/2013</u></b>

**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 #NH10-041C FYE 6/30/2007

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<u>5111 PALMER RANCH PARKWAY</u>	Date:	<u>10/28/2014</u>
<u>SARASOTA, FL 34238</u>	Fiscal Year End:	<u>6/30/2013</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>259.14</b>	<b>258.70</b>	<b>1/1/2014</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH10-041C FYE 6/30/2007

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<u>5111 PALMER RANCH PARKWAY</u>	Date:	<u>10/28/2014</u>
<u>SARASOTA, FL 34238</u>	Fiscal Year End:	<u>6/30/2013</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>269.56</b>	<b>269.11</b>	<b>7/1/2014</b>

**Rate Type:**

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

**Changes:**

<u>Rate Semester Change</u>
<u>X</u> Effects of FA & RFA #NH10-041C FYE 6/30/2007

**Distribution:**

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

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