




RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

MEMORANDUM

Date: May 2, 2017
To: Gay Munyon, Bureau Chief, Medicaid Fiscal Agent Operations
From:  Lisa Smith, Regulatory Analyst Supervisor
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>Type of Action</u>	<u>Number of Rate Change Notices</u>
1.	The Home Association	0 022994-00	FA	6
2.	North Dade Nursing and Rehabilitation Center	0 132045-00	Cost Settlement	5
3.	Ft. Lauderdale Health and Rehabilitation Center	0 134463-00	Cost Settlement	5
4.	Cross Care Center	0 136522-00	Cost Settlement	4
5.	Lanier Terrace	0 141466-00	Cost Settlement	4
6.	Fort Myers Rehabilitation and Nursing Center	0 163903-00	Cost Settlement	3
7.	Westminster Oaks	0 200409-00	FA	2
8.	Avante Villa at Jacksonville Beach, Inc.	0 200913-00	IRR	1
9.	Oceanside Extended Care Center	0 212733-00	FA & RFA	6
10.	Hialeah Shores Nursing and Rehab Center	0 250988-00	FA & RFA	7
11.	LaurellWood Nursing Center	0 316628-00	FA	2
12.	Zephyr Haven Health and Rehab Center	0 320391-00	Amended Cost Report	1
13.	Palmetto Rehabilitation and Health Center	0 324167-00	FA & RFA	12
14.	Terraces of Lake Worth Rehab and Health Center	0 325031-00	FA & RFA	13
			TOTAL:	71

If you have any questions regarding the above contact Lisa Smith 412-4114.

LS/sj



Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
002299400	20100701	212.88	356.22	212.88	212.88	81006-17	NH13-292W
002299400	20110101	215.64	360.50	215.64	215.64	81006-17	NH13-292W
002299400	20110701	207.97	354.17	207.97	207.97	81006-17	NH13-292W
002299400	20120101	209.34	356.95	209.34	209.34	81006-17	NH13-292W
002299400	20150901	219.33	0.00	219.33	219.33	81006-17	NH13-292W
002299400	20160901	210.46	0.00	210.46	210.46	81006-17	NH13-292W
013204500	20140901	238.61	0.00	238.61	238.61	81006-17	
013204500	20150101	239.26	0.00	239.26	239.26	81006-17	
013204500	20150301	244.75	0.00	244.75	244.75	81006-17	
013204500	20150901	240.62	0.00	240.62	240.62	81006-17	
013204500	20160901	227.66	0.00	227.66	227.66	81006-17	
013446300	20141001	251.81	0.00	251.81	251.81	81006-17	
013446300	20150101	257.42	0.00	257.42	257.42	81006-17	
013446300	20150401	259.61	0.00	259.61	259.61	81006-17	
013446300	20150901	259.92	0.00	259.92	259.92	81006-17	
013446300	20160901	260.62	0.00	260.62	260.62	81006-17	
013652200	20150101	240.34	0.00	240.34	240.34	81006-17	
013652200	20150701	243.47	0.00	243.47	243.47	81006-17	
013652200	20150901	242.42	0.00	242.42	242.42	81006-17	
013652200	20160901	243.98	0.00	243.98	243.98	81006-17	
014146600	20150316	210.39	0.00	210.39	210.39	81006-17	
014146600	20150901	204.87	0.00	204.87	204.87	81006-17	
014146600	20151001	209.88	0.00	209.88	209.88	81006-17	
014146600	20160901	212.34	0.00	212.34	212.34	81006-17	
014757800	20150501	250.37	0.00	250.37	250.37	81006-17	
014757800	20150901	248.77	0.00	248.77	248.77	81006-17	
014757800	20160901	246.08	0.00	246.08	246.08	81006-17	
016390300	20151231	259.70	0.00	259.70	259.70	81006-17	
016390300	20160701	262.24	0.00	262.24	262.24	81006-17	
016390300	20160901	262.68	0.00	262.68	262.68	81006-17	
020040900	20140101	196.21	0.00	196.21	196.21	81006-17	NH13-252C
020040900	20140701	203.73	0.00	203.73	203.73	81006-17	NH13-252C
020091300	20161014	240.42	0.00	240.42	240.42	81006-17	
020281600	20170314	245.51	0.00	245.51	245.51	81006-18	
021273300	20100701	162.27	305.61	162.27	162.27	81006-17	NH10-011G
021273300	20110101	164.23	309.09	164.23	164.23	81006-17	NH10-011G
021273300	20110701	147.93	294.13	147.93	147.93	81006-17	NH10-011G
021273300	20120101	148.30	295.91	148.30	148.30	81006-17	NH10-011G
021273300	20120701	151.25	300.46	151.25	151.25	81006-17	NH10-011G
021273300	20130101	149.72	300.53	149.72	149.72	81006-17	NH10-011G
025098800	20100701	229.34	372.68	229.34	229.34	81006-17	NH13-055C
025098800	20110101	232.13	376.99	232.13	232.13	81006-17	NH13-055C
025098800	20110701	224.65	370.85	224.65	224.65	81006-17	NH13-055C
025098800	20120101	227.09	374.70	227.09	227.09	81006-17	NH13-055C
025098800	20130101	239.01	389.82	239.01	239.01	81006-17	NH13-055C
025098800	20140701	252.82	0.00	252.82	252.82	81006-17	NH13-055C
025098800	20150901	255.79	0.00	255.79	255.79	81006-17	NH13-055C
031662800	20140101	176.56	0.00	176.56	176.56	81006-17	NH13-259C
031662800	20140701	184.99	0.00	184.99	184.99	81006-17	NH13-259C
032039100	20160901	211.04	0.00	211.04	211.04	81006-17	
032416700	20100701	247.53	390.87	247.53	247.53	81006-17	NH10-079C
032416700	20110101	251.11	395.97	251.11	251.11	81006-17	NH11-155C
032416700	20110701	240.45	386.65	240.45	240.45	81006-17	NH11-155C
032416700	20120101	240.73	388.34	240.73	240.73	81006-17	NH11-155C
032416700	20120701	247.87	397.08	247.87	247.87	81006-17	NH11-155C
032416700	20130101	247.87	398.68	247.87	247.87	81006-17	NH11-155C
032416700	20130701	253.95	0.00	253.95	253.95	81006-17	NH11-155C
032416700	20140101	249.62	0.00	249.62	249.62	81006-17	NH11-155C
032416700	20140701	265.61	0.00	265.61	265.61	81006-17	NH11-155C
032416700	20150101	269.86	0.00	269.86	269.86	81006-17	NH11-155C
032416700	20150901	270.53	0.00	270.53	270.53	81006-17	NH11-155C
032416700	20160901	273.98	0.00	273.98	273.98	81006-17	NH11-155C
032503100	20100101	239.00	380.92	239.00	239.00	81006-17	NH10-068C
032503100	20100701	255.67	399.01	255.67	255.67	81006-17	NH11-163C
032503100	20110101	259.19	404.05	259.19	259.19	81006-17	NH11-163C
032503100	20110701	249.66	395.86	249.66	249.66	81006-17	NH11-163C
032503100	20120101	247.11	394.72	247.11	247.11	81006-17	NH10-068C
032503100	20120701	253.93	403.14	253.93	253.93	81006-17	NH10-068C
032503100	20130101	245.09	395.90	245.09	245.09	81006-17	NH10-068C
032503100	20130701	253.85	0.00	253.85	253.85	81006-17	NH10-068C
032503100	20140101	254.42	0.00	254.42	254.42	81006-17	NH10-068C
032503100	20140701	264.47	0.00	264.47	264.47	81006-17	NH10-068C
032503100	20150101	264.99	0.00	264.99	264.99	81006-17	NH10-068C
032503100	20150901	266.03	0.00	266.03	266.03	81006-17	NH10-068C
032503100	20160901	267.24	0.00	267.24	267.24	81006-17	NH10-068C



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

THE HOME ASSOCIATION, INC.
1203 E 22ND AVE
TAMPA, FL 33605

Provider Number: 0 022994-00
Date: 4/17/2017
Fiscal Year End: 6/30/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.33</u>	<u>212.88</u>	<u>7/1/2010</u>
	Level H: Aids	<u>359.67</u>	<u>356.22</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
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-292W FYE 6/30/2010

Distribution:

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

 **Lisa Smith**
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Senior Care Group, Inc.
 1240 Marbella Plaza Drive
 Tampa, FL 33619



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

THE HOME ASSOCIATION, INC.
1203 E 22ND AVE
TAMPA, FL 33605

Provider Number: 0 022994-00
Date: 4/17/2017
Fiscal Year End: 6/30/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>219.24</u>	<u>215.64</u>	<u>1/1/2011</u>
	Level H: Aids	<u>364.10</u>	<u>360.50</u>	<u>1/1/2011</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-292W FYE 6/30/2010

Distribution:

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THE HOME ASSOCIATION, INC.
1203 E 22ND AVE
TAMPA, FL 33605

Provider Number: 0 022994-00
Date: 4/17/2017
Fiscal Year End: 6/30/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.71</u>	<u>207.97</u>	<u>7/1/2011</u>
	Level H: Aids	<u>357.91</u>	<u>354.17</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
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-292W FYE 6/30/2010

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THE HOME ASSOCIATION, INC.

1203 E 22ND AVE

TAMPA, FL 33605

Provider Number:

0 022994-00

Date:

4/17/2017

Fiscal Year End:

6/30/2010

Audit Status:

Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>213.07</u>	<u>209.34</u>	<u>1/1/2012</u>
	Level H: Aids	<u>360.68</u>	<u>356.95</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 #NH13-292W FYE 6/30/2010

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Distribution:

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Medicaid Reimbursement Per Diem Rates

THE HOME ASSOCIATION, INC.	Provider Number:	0 022994-00
1203 E 22ND AVE	Date:	4/17/2017
TAMPA, FL 33605	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>220.72</u>	<u>219.33</u>	<u>9/1/2015</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit #NH13-292W FYE 6/30/2010


Distribution:

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

THE HOME ASSOCIATION, INC.

1203 E 22ND AVE

TAMPA, FL 33605

Provider Number:

0 022994-00

Date:

4/17/2017

Fiscal Year End:

6/30/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

211.83

New
Rate

210.46

Effective
Date

9/1/2016

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 #NH13-292W FYE
6/30/2010

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

<u>NORTH DADE NURSING AND REHABILITATION CENTER</u>	Provider Number:	<u>0 132045-00</u>
<u>1255 NE 135TH STREET</u>	Date:	<u>2/22/2017</u>
<u>NORTH MIAMI, FL 33161</u>	Fiscal Year End:	<u>2/28/2015</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		244.15	238.61	9/1/2014

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:	
<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 2/28/2015	

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Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Adirhu Associates, LLC
 12221 W Dixie Hwy
 Miami, FL 33161



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>NORTH DADE NURSING AND REHABILITATION CENTER</u>	Provider Number:	<u>0 132045-00</u>
<u>1255 NE 135TH STREET</u>	Date:	<u>2/22/2017</u>
<u>NORTH MIAMI, FL 33161</u>	Fiscal Year End:	<u>2/28/2015</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		242.97	239.26	1/1/2015


Rate Type:	
<input checked="" type="checkbox"/> Interim	<input 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 2/28/2015	

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

<u>NORTH DADE NURSING AND REHABILITATION CENTER</u>	Provider Number:	<u>0 132045-00</u>
<u>1255 NE 135TH STREET</u>	Date:	<u>2/22/2017</u>
<u>NORTH MIAMI, FL 33161</u>	Fiscal Year End:	<u>2/28/2015</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>242.97</u>	<u>244.75</u>	<u>3/1/2015</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:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Cost Settlement FYE 2/28/2015
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

Distribution:

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

<u>NORTH DADE NURSING AND REHABILITATION CENTER</u>	Provider Number:	<u>0 132045-00</u>
<u>1255 NE 135TH STREET</u>	Date:	<u>2/22/2017</u>
<u>NORTH MIAMI, FL 33161</u>	Fiscal Year End:	<u>2/28/2015</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		233.11	240.62	9/1/2015

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 2/28/2015	

ds Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Adirhu Associates, LLC
12221 W Dixie Hwy
Miami, FL 33161



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORTH DADE NURSING AND REHABILITATION CENTER

1255 NE 135TH STREET

NORTH MIAMI, FL 33161

Provider Number:

0 132045-00

Date:

2/22/2017

Fiscal Year End:

2/28/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

214.45

New
Rate

227.66

Effective
Date

9/1/2016

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

Cost Settlement FYE 2/28/2015

Distribution:

Contract Management / Fiscal Agent

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>FT LAUDERDALE HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 134463-00</u>
<u>2000 EAST COMMERCIAL BLVD</u>	Date:	<u>2/21/2017</u>
<u>FORT LAUDERDALE, FL 33308</u>	Fiscal Year End:	<u>3/31/2015</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>252.58</u>	<u>251.81</u>	<u>10/1/2014</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
<input checked="" type="checkbox"/> Unaudited costs
_____ Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement Using FYE 3/31/2015 C/R

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

<u>FT LAUDERDALE HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 134463-00</u>
<u>2000 EAST COMMERCIAL BLVD</u>	Date:	<u>2/21/2017</u>
<u>FORT LAUDERDALE, FL 33308</u>	Fiscal Year End:	<u>3/31/2015</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>258.19</u>	<u>257.42</u>	<u>1/1/2015</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
<input checked="" type="checkbox"/> Unaudited costs
_____ Field audited costs
_____ Desk audited costs


Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement Using FYE 3/31/2015 C/R

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

<u>FT LAUDERDALE HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 134463-00</u>
<u>2000 EAST COMMERCIAL BLVD</u>	Date:	<u>2/21/2017</u>
<u>FORT LAUDERDALE, FL 33308</u>	Fiscal Year End:	<u>3/31/2015</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>258.19</u>	<u>259.61</u>	<u>4/1/2015</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:

<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 Using FYE 3/31/2015 C/R

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

<u>FT LAUDERDALE HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 134463-00</u>
<u>2000 EAST COMMERCIAL BLVD</u>	Date:	<u>2/21/2017</u>
<u>FORT LAUDERDALE, FL 33308</u>	Fiscal Year End:	<u>3/31/2015</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>258.63</u>	<u>259.92</u>	<u>9/1/2015</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:

<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 Using FYE 3/31/2015 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>FT LAUDERDALE HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 134463-00</u>
<u>2000 EAST COMMERCIAL BLVD</u>	Date:	<u>2/21/2017</u>
<u>FORT LAUDERDALE, FL 33308</u>	Fiscal Year End:	<u>3/31/2015</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>255.15</u>	<u>260.62</u>	<u>9/1/2016</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:

<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 Using FYE 3/31/2015 C/R

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Medicaid Reimbursement Per Diem Rates

CROSS CARE CENTER
5888 BLANDING BLVD
JACKSONVILLE, FL 32244

Provider Number: 0 136522-00
Date: 2/27/2017
Fiscal Year End: 6/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>242.65</u>	<u>240.34</u>	<u>1/1/2015</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 6/30/2015

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Home Office:

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Medicaid Reimbursement Per Diem Rates

CROSS CARE CENTER
5888 BLANDING BLVD
JACKSONVILLE, FL 32244

Provider Number: 0 136522-00
Date: 2/27/2017
Fiscal Year End: 6/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
242.65 243.47 7/1/2015

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 6/30/2015

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Medicaid Reimbursement Per Diem Rates

CROSS CARE CENTER
5888 BLANDING BLVD
JACKSONVILLE, FL 32244

Provider Number: 0 136522-00
Date: 2/27/2017
Fiscal Year End: 6/30/2015
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>236.54</u>	<u>242.42</u>	<u>9/1/2015</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 6/30/2015

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Medicaid Reimbursement Per Diem Rates

CROSS CARE CENTER
5888 BLANDING BLVD
JACKSONVILLE, FL 32244

Provider Number: 0 136522-00
Date: 2/27/2017
Fiscal Year End: 6/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>231.26</u>	<u>243.98</u>	<u>9/1/2016</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 6/30/2015

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Medicaid Reimbursement Per Diem Rates

LANIER TERRACE
12740 LANIER ROAD
JACKSONVILLE, FL 32226-1704

Provider Number: 0 141466-00
Date: 2/9/2017
Fiscal Year End: 9/30/2015
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>215.14</u>	<u>210.39</u>	<u>3/16/2015</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 9/30/2015

Distribution:

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Medicaid Reimbursement Per Diem Rates

LANIER TERRACE
12740 LANIER ROAD
JACKSONVILLE, FL 32226-1704

Provider Number: 0 141466-00
Date: 2/9/2017
Fiscal Year End: 9/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 207.59
New Rate: 204.87
Effective Date: 9/1/2015

Rate Type:

X Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

X Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Cost Settlement FYE 9/30/2015

Distribution:

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No Change in Rate

Home Office: SMJ Enterprises, LLC
480 Fentress Blvd. Suite H
Daytona Beach, FL 32114

[Signature]

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LANIER TERRACE	Provider Number:	0 141466-00
12740 LANIER ROAD	Date:	2/9/2017
JACKSONVILLE, FL 32226-1704	Fiscal Year End:	9/30/2015
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>207.59</u>	<u>209.88</u>	<u>10/1/2015</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 9/30/2015

Distribution:

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No Change in Rate

Home Office: SMJ Enterprises, LLC
 480 Fentress Blvd. Suite H
 Daytona Beach, FL 32114

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Medicaid Reimbursement Per Diem Rates

LANIER TERRACE
12740 LANIER ROAD
JACKSONVILLE, FL 32226-1704

Provider Number: 0 141466-00
Date: 2/9/2017
Fiscal Year End: 9/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 204.87, 212.34, 9/1/2016

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

X

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

Cost Settlement FYE 9/30/2015

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Home Office:

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480 Fentress Blvd. Suite H
Daytona Beach, FL 32114

Handwritten signature

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Medicaid Reimbursement Per Diem Rates

CITRUS HEALTH AND REHABILITATION CENTER
701 MEDICAL COURT EAST
INVERNESS, FL 34452

Provider Number: 0 147578-00
Date: 4/13/2017
Fiscal Year End: 4/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>246.12</u>	<u>250.37</u>	<u>5/1/2015</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
 NRP CHOP/CHOW effective 05/01/2015

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

CITRUS HEALTH AND REHABILITATION CENTER
701 MEDICAL COURT EAST
INVERNESS, FL 34452

Provider Number: 0 147578-00
Date: 4/13/2017
Fiscal Year End: 4/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
244.61	248.77	9/1/2015

Rate Type:

<input checked="" type="checkbox"/> Interim	<input 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 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
 NRP CHOP/CHOW effective 05/01/2015

Distribution:

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Medicaid Reimbursement Per Diem Rates

CITRUS HEALTH AND REHABILITATION CENTER
701 MEDICAL COURT EAST
INVERNESS, FL 34452

Provider Number: 0 147578-00
Date: 4/13/2017
Fiscal Year End: 4/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
240.07	246.08	9/1/2016

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
 NRP CHOP/CHOW effective 05/01/2015

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>FORT MYERS REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 163903-00</u>
<u>7173 CYPRESS DRIVE SW</u>	Date:	<u>4/25/2017</u>
<u>FORT MYERS, FL 33907-2994</u>	Fiscal Year End:	<u>6/30/2016</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		256.88	259.70	12/31/2015

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 6/30/2016

Distribution:

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

<u>FORT MYERS REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 163903-00</u>
<u>7173 CYPRESS DRIVE SW</u>	Date:	<u>4/25/2017</u>
<u>FORT MYERS, FL 33907-2994</u>	Fiscal Year End:	<u>6/30/2016</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		256.88	262.24	7/1/2016

Rate Type:

<u>Interim</u>	<u>X</u> <u>Prospective</u>
<u>Total Interim</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 6/30/2016</u>

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

<u>FORT MYERS REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 163903-00</u>
<u>7173 CYPRESS DRIVE SW</u>	Date:	<u>4/25/2017</u>
<u>FORT MYERS, FL 33907-2994</u>	Fiscal Year End:	<u>6/30/2016</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>258.12</u>	<u>262.68</u>	<u>9/1/2016</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u>Total Interim</u>	<u>Total Prospective</u>	
<u>Interim Component</u>	<u>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 6/30/2016</u>

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

<u>WESTMINSTER OAKS</u>	Provider Number:	<u>0 200409-00</u>
<u>4449 MEANDERING WAY</u>	Date:	<u>4/4/2017</u>
<u>TALLAHASSEE, FL 32308</u>	Fiscal Year End:	<u>3/31/2013</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		198.27	196.21	1/1/2014

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

Basis:	
<input type="checkbox"/>	Budget
<input 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 #NH13-252C FYE 03/31/2013

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Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Westminster Services
 80 West Lucerne Circle
 Orlando, FL 32801



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WESTMINSTER OAKS
4449 MEANDERING WAY
TALLAHASSEE, FL 32308

Provider Number: 0 200409-00
Date: 4/4/2017
Fiscal Year End: 3/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
205.85	203.73	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 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 #NH13-252C FYE 03/31/2013	

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Medicaid Reimbursement Per Diem Rates

AVANTE VILLA AT JACKSONVILLE BEACH INC
1504 SEABREEZE AVE
JACKSONVILLE BEACH, FL 32250

Provider Number: 0 200913-00
Date: 4/10/2017
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
237.20	240.42	10/14/2016

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	<input checked="" type="checkbox"/> 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"/> IRR Granted Effective 10/14/2016

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Home Office: Avante Group, Inc.
4601 Sheridan Street
Suite 500
Hollywood, FL 33021-6744

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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

TAMPA LAKES HEALTH AND REHABILITATION CENTER
750 HAYES RD
LUTZ, FL 33549

Provider Number: 0 202816-00
Date: 4/25/2017
Fiscal Year End: 4/30/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
0.00	245.51	3/14/2017

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

New Facility effective 03/14/2017

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Lisa Smith

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Home Office: Summit Care II, Inc
2123 Centre Pointe Blvd.
Tallahassee, FL 32308



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Medicaid Reimbursement Per Diem Rates

OCEANSIDE EXTENDED CARE CENTER
550 9TH STREET
MIAMI BEACH, FL 33139

Provider Number: 0 212733-00
Date: 8/5/2016
Fiscal Year End: 12/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	162.70	162.27	7/1/2010
	Level H: Aids	306.04	305.61	7/1/2010

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 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 #NH10-011G FYE 12/31/2006

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Home Office: SMJ Enterprises, LLC
480 Fentress Blvd. Suite H
Daytona Beach, FL 32114



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Medicaid Reimbursement Per Diem Rates

OCEANSIDE EXTENDED CARE CENTER	Provider Number:	0 212733-00
550 9TH STREET	Date:	8/5/2016
MIAMI BEACH, FL 33139	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	164.67	164.23	1/1/2011
	Level H: Aids	309.53	309.09	1/1/2011

Rate Type:

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

Basis:

<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 #NH10-011G FYE 12/31/2006

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Medicaid Reimbursement Per Diem Rates

OCEANSIDE EXTENDED CARE CENTER
550 9TH STREET
MIAMI BEACH, FL 33139

Provider Number: 0 212733-00
Date: 8/5/2016
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

Table with 4 columns: Provider Type, Level, Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level and Level H: Aids.

Rate Type:

Form for Rate Type selection with checkboxes for Interim, Prospective, Total Interim, Total Prospective, etc.

Basis:

Form for Basis selection with checkboxes for Budget, Unaudited costs, Field audited costs, Desk audited costs.

Changes:

Form for Changes selection with checkboxes for Rate Semester Change, FA & RFA #NH13-083C FYE 12/31/2010.

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Medicaid Reimbursement Per Diem Rates

OCEANSIDE EXTENDED CARE CENTER
550 9TH STREET
MIAMI BEACH, FL 33139

Provider Number: 0 212733-00
Date: 8/5/2016
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	150.51	148.30	1/1/2012
	Level H: Aids	298.12	295.91	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 #NH13-083C FYE 12/31/2010

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OCEANSIDE EXTENDED CARE CENTER
550 9TH STREET
MIAMI BEACH, FL 33139

Provider Number: 0 212733-00
Date: 8/5/2016
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>153.49</u>	<u>151.25</u>	<u>7/1/2012</u>
	Level H: Aids	<u>302.70</u>	<u>300.46</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 #NH13-083C FYE 12/31/2010

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Medicaid Reimbursement Per Diem Rates

OCEANSIDE EXTENDED CARE CENTER Provider Number: 0 212733-00
550 9TH STREET Date: 8/5/2016
MIAMI BEACH, FL 33139 Fiscal Year End: 12/31/2011
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
X Prospective 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 #NH10-011G FYE
12/31/2010

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Medicaid Reimbursement Per Diem Rates

HIALEAH SHORES NURSING AND REHAB CENTER
8785 NW 32ND AVENUE
MIAMI, FL 33147

Provider Number: 0 250988-00
Date: 2/10/2017
Fiscal Year End: 8/31/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>231.35</u>	<u>229.34</u>	<u>7/1/2010</u>
	Level H: Aids	<u>374.69</u>	<u>372.68</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

FA & RFA #NH13-055C FYE 08/31/2009

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No Change in Rate

Home Office:

DOS Health Care, Inc
300 71st Street, Suite 400
Miami, FL 33141



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HIALEAH SHORES NURSING AND REHAB CENTER
8785 NW 32ND AVENUE
MIAMI, FL 33147

Provider Number: 0 250988-00
Date: 2/10/2017
Fiscal Year End: 8/31/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>234.03</u>	<u>232.13</u>	<u>1/1/2011</u>
	Level H: Aids	<u>378.89</u>	<u>376.99</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 #NH13-055C FYE 08/31/2009

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No Change in Rate

Lisa Smith
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Home Office: DOS Health Care, Inc
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Medicaid Reimbursement Per Diem Rates

HIALEAH SHORES NURSING AND REHAB CENTER

8785 NW 32ND AVENUE

MIAMI, FL 33147

Provider Number:

0 250988-00

Date:

2/10/2017

Fiscal Year End:

8/31/2010

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home

Single Level

Current
Rate

New
Rate

Effective
Date

224.79

224.65

7/1/2011

Level H: Aids

370.99

370.85

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 #NH13-056C FYE 08/31/2010 and Effects of FA & RFA #NH13-055C FYE 08/31/2009

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Medicaid Reimbursement Per Diem Rates

HIALEAH SHORES NURSING AND REHAB CENTER
8785 NW 32ND AVENUE
MIAMI, FL 33147

Provider Number: 0 250988-00
Date: 2/10/2017
Fiscal Year End: 8/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.08</u>	<u>227.09</u>	<u>1/1/2012</u>
	Level H: Aids	<u>374.69</u>	<u>374.70</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 FA & RFA #NH13-055C FYE 08/31/2009

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Medicaid Reimbursement Per Diem Rates

HIALEAH SHORES NURSING AND REHAB CENTER

8785 NW 32ND AVENUE

MIAMI, FL 33147

Provider Number:

0 250988-00

Date:

2/10/2017

Fiscal Year End:

8/31/2011

Audit Status:

Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	239.00	239.01	1/1/2013
	Level H: Aids	389.81	389.82	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 #NH13-055C FYE 08/31/2009

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Medicaid Reimbursement Per Diem Rates

HIALEAH SHORES NURSING AND REHAB CENTER	Provider Number:	0 250988-00
8785 NW 32ND AVENUE	Date:	2/10/2017
MIAMI, FL 33147	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>252.81</u>	<u>252.82</u>	<u>7/1/2014</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:	
<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 #NH13-055C FYE	08/31/2009

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Lisa Smith
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Home Office: DOS Health Care, Inc
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Medicaid Reimbursement Per Diem Rates

HIALEAH SHORES NURSING AND REHAB CENTER
8785 NW 32ND AVENUE
MIAMI, FL 33147

Provider Number: 0 250988-00
Date: 2/10/2017
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>255.78</u>	<u>255.79</u>	<u>9/1/2015</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 #NH13-055C FYE 08/31/2009

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Home Office:

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Miami, FL 33141

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Medicaid Reimbursement Per Diem Rates

LAURELLWOOD NURSING CENTER
3127 57TH AVE N
SAINT PETERSBURG, FL 33714

Provider Number: 0 316628-00
Date: 2/10/2017
Fiscal Year End: 5/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
177.99 176.56 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

Field Audit #NH13-259C FYE 5/31/2013

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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No Change in Rate

Home Office: Senior Care Group, Inc.
1240 Marbella Plaza Drive
Tampa, FL 33619



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAURELLWOOD NURSING CENTER

3127 57TH AVENUE

SAINT PETERSBURG, FL 33714

Provider Number:

0 316628-00

Date:

2/10/2017

Fiscal Year End:

5/31/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
186.46	184.99	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

Field Audit #NH13-259C FYE 5/31/2013

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No Change in Rate

Home Office: Senior Care Group, Inc.
1240 Marbella Plaza Drive
Tampa, FL 33619



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 320391-00
Date: 1/26/2017
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
208.49	211.04	9/1/2016

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

Amended Cost Report FYE 12/31/2015

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No Change in Rate

Home Office: Adventist Care Centers
485 N. Keller Road, Suite 250
Maitland, FL 32751



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Medicaid Reimbursement Per Diem Rates

PALMETTO REHABILITATION AND HEALTH CENTER

6750 WEST 22ND COURT

HIALEAH, FL 33016

Provider Number:

0 324167-00

Date:

10/26/2016

Fiscal Year End:

2/28/2009

Audit Status:

Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>247.55</u>	<u>247.53</u>	<u>7/1/2010</u>
	Level H: Aids	<u>390.89</u>	<u>390.87</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

FA & RFA #NH10-079C FYE 2/28/2009 and Effects of FA & RFA #NH10-078C FYE 2/29/2008

Distribution:

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No Change in Rate

Home Office:

Hallmark Accounting

368 New Hempstead Road #309

New City, NY 10956

Lisa Smith

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2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

PALMETTO REHABILITATION AND HEALTH CENTER
6750 WEST 22ND COURT
HIALEAH, FL 33016

Provider Number: 0 324167-00
Date: 10/26/2016
Fiscal Year End: 2/28/2010
Audit Status: Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>251.85</u>	<u>251.11</u>	<u>1/1/2011</u>
	Level H: Aids	<u>396.71</u>	<u>395.97</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 #NH11-155C FYE 2/28/2010, Effects of FA & RFA #NH10-079C FYE 2/28/2009, and Effects of FA & RFA #NH10-078C FYE 2/29/2008

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No Change in Rate

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALMETTO REHABILITATION AND HEALTH CENTER
6750 WEST 22ND COURT
HIALEAH, FL 33016

Provider Number: 0 324167-00
Date: 10/26/2016
Fiscal Year End: 2/28/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>241.15</u>	<u>240.45</u>	<u>7/1/2011</u>
	Level H: Aids	<u>387.35</u>	<u>386.65</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 #NH11-155C FYE 2/28/2010, Effects of FA & RFA #NH10-079C FYE 2/28/2009, and Effects of FA & RFA #NH10-078C FYE 2/29/2008

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Medicaid Reimbursement Per Diem Rates

PALMETTO REHABILITATION AND HEALTH CENTER
6750 WEST 22ND COURT
HIALEAH, FL 33016

Provider Number: 0 324167-00
Date: 10/26/2016
Fiscal Year End: 2/28/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>241.02</u>	<u>240.73</u>	<u>1/1/2012</u>
	Level H: Aids	<u>388.63</u>	<u>388.34</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 FA & RFA #NH11-155C FYE 2/28/2010, Effects of FA & RFA #NH10-079C FYE 2/28/2009, and Effects of FA & RFA #NH10-078C FYE 2/29/2008

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Medicaid Reimbursement Per Diem Rates

PALMETTO REHABILITATION AND HEALTH CENTER
6750 WEST 22ND COURT
HIALEAH, FL 33016

Provider Number: 0 324167-00
Date: 10/26/2016
Fiscal Year End: 2/28/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>248.17</u>	<u>247.87</u>	<u>7/1/2012</u>
	Level H: Aids	<u>397.38</u>	<u>397.08</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

Effects of FA & RFA #NH11-155C FYE 2/28/2010, Effects of FA & RFA #NH10-079C FYE 2/28/2009, and Effects of FA & RFA #NH10-078C FYE 2/29/2008

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PALMETTO REHABILITATION AND HEALTH CENTER
6750 WEST 22ND COURT
HIALEAH, FL 33016

Provider Number: 0 324167-00
Date: 10/26/2016
Fiscal Year End: 2/29/2012
Audit Status: Unaudited

Provider Type:

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

Rate Type:

Form with checkboxes for Interim and Prospective rate types, and sub-totals for Total Interim, Total Prospective, and Total Prospective with Interim Component.

Basis:

Form with checkboxes for Budget, Unaudited costs, Field audited costs, and Desk audited costs.

Changes:

Form with checkboxes for Rate Semester Change and Effects of FA & RFA for various fiscal years.

Distribution:

Form with checkboxes for Contract Management / Fiscal Agent, Permanent File, For Information Only, and No Change in Rate.

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Signature of Lisa Smith
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PALMETTO REHABILITATION AND HEALTH CENTER
6750 WEST 22ND COURT
HIALEAH, FL 33016

Provider Number: 0 324167-00
Date: 10/26/2016
Fiscal Year End: 2/29/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>254.21</u>	<u>253.95</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 #NH11-155C FYE 2/28/2010, Effects of FA & RFA #NH10-079C FYE 2/28/2009, and Effects of FA & RFA #NH10-078C FYE 2/29/2008

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6750 WEST 22ND COURT
HIALEAH, FL 33016

Provider Number: 0 324167-00
Date: 10/26/2016
Fiscal Year End: 2/28/2013
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	249.88	249.62	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 #NH11-155C FYE 2/28/2010, Effects of FA & RFA #NH10-079C FYE 2/28/2009, and Effects of FA & RFA #NH10-078C FYE 2/29/2008

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6750 WEST 22ND COURT
HIALEAH, FL 33016

Provider Number: 0 324167-00
Date: 10/26/2016
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
265.89 265.61 7/1/2014

Rate Type:

 Interim

 X Prospective

 Total Interim

 X Total Prospective

 Interim Component

 Total Prospective with Interim Component

 Settlement based on cost

 Prior Provider Prospective data

Basis:

 Budget

 X Unaudited costs

 Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X Effects of FA & RFA #NH11-155C FYE 2/28/2010, Effects of FA & RFA #NH10-079C FYE 2/28/2009, and Effects of FA & RFA #NH10-078C FYE 2/29/2008

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PALMETTO REHABILITATION AND HEALTH CENTER
6750 WEST 22ND COURT
HIALEAH, FL 33016

Provider Number: 0 324167-00
Date: 10/26/2016
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
270.14 **269.86** **1/1/2015**

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 #NH11-155C FYE 2/28/2010, Effects of FA & RFA #NH10-079C FYE 2/28/2009, and Effects of FA & RFA #NH10-078C FYE 2/29/2008

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Medicaid Reimbursement Per Diem Rates

<u>PALMETTO REHABILITATION AND HEALTH CENTER</u>	Provider Number:	<u>0 324167-00</u>
<u>6750 WEST 22ND COURT</u>	Date:	<u>10/26/2016</u>
<u>HIALEAH, FL 33016</u>	Fiscal Year End:	<u>12/31/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		270.80	270.53	9/1/2015

Rate Type:

<u>Interim</u>	<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 #NH11-155C FYE 2/28/2010, Effects of FA & RFA #NH10-079C FYE 2/28/2009, and Effects of FA & RFA #NH10-078C FYE 2/29/2008

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Medicaid Reimbursement Per Diem Rates

PALMETTO REHABILITATION AND HEALTH CENTER
6750 WEST 22ND COURT
HIALEAH, FL 33016

Provider Number: 0 324167-00
Date: 10/26/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>274.26</u>	<u>273.98</u>	<u>9/1/2016</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 #NH11-155C FYE 2/28/2010, Effects of FA & RFA #NH10-079C FYE 2/28/2009, and Effects of FA & RFA #NH10-078C FYE 2/29/2008

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Medicaid Reimbursement Per Diem Rates

TERRACES OF LAKE WORTH REHAB AND HEALTH CENTER
1711 6TH AVENUE SOUTH
LAKE WORTH, FL 33460

Provider Number: 0 325031-00
Date: 10/19/2016
Fiscal Year End: 2/28/2009
Audit Status: Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>240.17</u>	<u>239.00</u>	<u>1/1/2010</u>
	Level H: Aids	<u>382.09</u>	<u>380.92</u>	<u>1/1/2010</u>

Rate Type:

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

Basis:


 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA #NH10-068C FYE 2/28/2009 and
Effects of FA & RFA #NH10-067C FYE
2/29/2008

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Medicaid Reimbursement Per Diem Rates

TERRACES OF LAKE WORTH REHAB AND HEALTH CENTER
 1711 6TH AVENUE SOUTH
 LAKE WORTH, FL 33460

Provider Number: 0 325031-00
 Date: 10/19/2016
 Fiscal Year End: 2/28/2010
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>256.74</u>	<u>255.67</u>	<u>7/1/2010</u>
	Level H: Aids	<u>400.08</u>	<u>399.01</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
 FA & RFA #NH11-063C FYE 2/28/2010, Effects of FA & RFA #NH10-068C FYE 2/28/2009, and Effects of FA & RFA #NH10-067C FYE 2/29/2008

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Medicaid Reimbursement Per Diem Rates

TERRACES OF LAKE WORTH REHAB AND HEALTH CENTER
1711 6TH AVENUE SOUTH
LAKE WORTH, FL 33460

Provider Number: 0 325031-00
Date: 10/19/2016
Fiscal Year End: 2/28/2010
Audit Status: Revised Field Audit

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	260.43	259.19	1/1/2011
Level H: Aids	405.29	404.05	1/1/2011

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH11-063C FYE 2/28/2010, Effects of FA & RFA #NH10-068C FYE 2/28/2009, and Effects of FA & RFA #NH10-067C FYE 2/29/2008

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Medicaid Reimbursement Per Diem Rates

TERRACES OF LAKE WORTH REHAB AND HEALTH CENTER
1711 6TH AVENUE SOUTH
LAKE WORTH, FL 33460

Provider Number: 0 325031-00
Date: 10/19/2016
Fiscal Year End: 2/28/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>250.93</u>	<u>249.66</u>	<u>7/1/2011</u>
	Level H: Aids	<u>397.13</u>	<u>395.86</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"/>	FA & RFA #NH11-063C FYE 2/28/2010, Effects of FA & RFA #NH10-068C FYE 2/28/2009, and Effects of FA & RFA #NH10-067C FYE 2/29/2008

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Medicaid Reimbursement Per Diem Rates

TERRACES OF LAKE WORTH REHAB AND HEALTH CENTER
1711 6TH AVENUE SOUTH
LAKE WORTH, FL 33460

Provider Number: 0 325031-00
Date: 10/19/2016
Fiscal Year End: 2/28/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>247.89</u>	<u>247.11</u>	<u>1/1/2012</u>
	Level H: Aids	<u>395.50</u>	<u>394.72</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 & RFA #NH11-063C FYE 2/28/2010, Effects of FA & RFA #NH10-068C FYE 2/28/2009, and Effects of FA & RFA #NH10-067C FYE 2/29/2008

Distribution:


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1711 6TH AVENUE SOUTH
LAKE WORTH, FL 33460

Provider Number: 0 325031-00
Date: 10/19/2016
Fiscal Year End: 2/28/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>254.73</u>	<u>253.93</u>	<u>7/1/2012</u>
	Level H: Aids	<u>403.94</u>	<u>403.14</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 FA & RFA #NH11-063C FYE 2/28/2010, Effects of FA & RFA #NH10-068C FYE 2/28/2009, and Effects of FA & RFA #NH10-067C FYE 2/29/2008

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1711 6TH AVENUE SOUTH
LAKE WORTH, FL 33460

Provider Number: 0 325031-00
Date: 10/19/2016
Fiscal Year End: 2/29/2012
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>245.88</u>	<u>245.09</u>	<u>1/1/2013</u>
	Level H: Aids	<u>396.69</u>	<u>395.90</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 FA & RFA #NH11-063C FYE 2/28/2010, Effects of FA & RFA #NH10-068C FYE 2/28/2009, and Effects of FA & RFA #NH10-067C FYE 2/29/2008

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 No Change in Rate

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 368 New Hempstead Road #309
 New City, NY 10956

Lisa Smith
 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

TERRACES OF LAKE WORTH REHAB AND HEALTH CENTER
1711 6TH AVENUE SOUTH
LAKE WORTH, FL 33460

Provider Number: 0 325031-00
Date: 10/19/2016
Fiscal Year End: 2/29/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>254.65</u>	<u>253.85</u>	<u>7/1/2013</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-063C FYE 2/28/2010, Effects of FA & RFA #NH10-068C FYE 2/28/2009, and Effects of FA & RFA #NH10-067C FYE 2/29/2008

Distribution:

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Medicaid Reimbursement Per Diem Rates

TERRACES OF LAKE WORTH REHAB AND HEALTH CENTER
1711 6TH AVENUE SOUTH
LAKE WORTH, FL 33460

Provider Number: 0 325031-00
Date: 10/19/2016
Fiscal Year End: 2/28/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
255.21 254.42 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 #NH11-063C FYE 2/28/2010, Effects of FA & RFA #NH10-068C FYE 2/28/2009, and Effects of FA & RFA #NH10-067C FYE 2/29/2008

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TERRACES OF LAKE WORTH REHAB AND HEALTH CENTER
1711 6TH AVENUE SOUTH
LAKE WORTH, FL 33460

Provider Number: 0 325031-00
Date: 10/19/2016
Fiscal Year End: 2/28/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>265.28</u>	<u>264.47</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

Effects of FA & RFA #NH11-063C FYE 2/28/2010, Effects of FA & RFA #NH10-068C FYE 2/28/2009, and Effects of FA & RFA #NH10-067C FYE 2/29/2008


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Medicaid Reimbursement Per Diem Rates

TERRACES OF LAKE WORTH REHAB AND HEALTH CENTER	Provider Number:	0 325031-00
1711 6TH AVENUE SOUTH	Date:	10/19/2016
LAKE WORTH, FL 33460	Fiscal Year End:	2/28/2014
	Audit Status:	Field Audited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	266.64	264.99	1/1/2015

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 #NH14-027C FYE 2/28/2014, Effects of FA & RFA #NH11-063C FYE 2/28/2010, Effects of FA & RFA #NH10-068C FYE 2/28/2009, and Effects of FA & RFA #NH10-067C FYE 2/29/2008

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Medicaid Reimbursement Per Diem Rates

TERRACES OF LAKE WORTH REHAB AND HEALTH CENTER
1711 6TH AVENUE SOUTH
LAKE WORTH, FL 33460

Provider Number: 0 325031-00
Date: 10/19/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
266.85 **266.03** **9/1/2015**

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 #NH11-063C FYE 2/28/2010, Effects of FA & RFA #NH10-068C FYE 2/28/2009, and Effects of FA & RFA #NH10-067C FYE 2/29/2008

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Medicaid Reimbursement Per Diem Rates

TERRACES OF LAKE WORTH REHAB AND HEALTH CENTER
1711 6TH AVENUE SOUTH
LAKE WORTH, FL 33460

Provider Number: 0 325031-00
Date: 10/19/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>268.05</u>	<u>267.24</u>	<u>9/1/2016</u>

Rate Type:

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

Prospective
Total Prospective
Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH11-063C FYE 2/28/2010, Effects of FA & RFA #NH10-068C FYE 2/28/2009, and Effects of FA & RFA #NH10-067C FYE 2/29/2008

Distribution:

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