




RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

### MEMORANDUM

**Date:** June 26, 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.	Braden River Care Center	0 005021-00	FA & RFA	5
2.	Grace Rehabilitation Center of Vero Beach	0 011998-00	Adjustment to Mortgage Interest	1
3.	Braden River Rehabilitation Center	0 073324-00	FA & RFA	7
4.	Consulate Health Care of Bayonet Point	0 080374-00	FA & RFA	8
5.	Consulate Health Care of Melbourne	0 080394-00	FA & RFA	8
6.	Consulate Health Care of Sarasota	0 080413-00	FA & RFA	2
7.	Consulate Health Care of Port Charlotte	0 080416-00	FA & RFA	8
8.	Citrus Health and Rehabilitation Center	0 147578-00	CS	4
9.	The Villages Rehabilitation and Nursing Center	0 158851-00	CS	4
10.	Avante at Leesburg, Inc.	0 203122-00	FA & RFA	3
11.	St. Johns Nursing Center	0 205800-00	FA	2
12.	St. Anne's Nursing Center	0 209473-00	FA	1
13.	Life Care Center of Hilliard	0 214060-00	Amended CR	1
14.	Avante at Orlando Inc.	0 223808-00	FA & RFA	6
15.	Life Care Center of Melbourne	0 228338-00	Amended CR	1
16.	Riverfront Nursing and Rehab Center	0 259942-00	FA	3
17.	Life Care Center of Palm Bay	0 268186-00	Amended CR	1



18.	Jacaranda Manor	0 281743-00	Adjustment to Mortgage Interest	1
19.	Consulate Health Care Melbourne	0 319520-00	FA & RFA	5
20.	Consulate Health Care of Bayonet Point	0 319651-00	FA & RFA	5
21.	Consulate Health Care of Port Charlotte	0 320129-00	FA & RFA	5
22.	North Lake Rehabilitation and Health Center	0 325163-00	FA & RFA	3
23.	ManorCare Nursing and Rehabilitation Center	0 325279-00	FA	3
			<b>TOTAL:</b>	<b>87</b>

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)		
000502100	20100701	208.25	351.59	208.25	208.25	81408-17	NH07-060J
000502100	20110101	191.75	336.61	191.75	191.75	81408-17	NH07-060J
000502100	20110701	189.87	336.07	189.87	189.87	81408-17	NH07-060J
000502100	20120101	191.05	338.66	191.05	191.05	81408-17	NH07-060J
000502100	20120701	196.53	345.74	196.53	196.53	81408-17	NH07-060J
001199800	20160901	242.00	0.00	242.00	242.00	81408-17	
007332400	20130101	216.44	367.25	216.44	216.44	81408-17	NH07-060J
007332400	20130701	224.61	0.00	224.61	224.61	81408-17	NH07-060J
007332400	20140101	225.23	0.00	225.23	225.23	81408-17	NH07-060J
007332400	20140701	235.73	0.00	235.73	235.73	81408-17	NH07-060J
007332400	20150101	239.67	0.00	239.67	239.67	81408-17	NH07-060J
007332400	20150901	238.89	0.00	238.89	238.89	81408-17	NH07-060J
007332400	20160901	210.21	0.00	210.21	210.21	81408-17	NH07-060J
008037400	20121001	196.57	345.78	196.57	196.57	81408-17	NH03-047R
008037400	20130101	194.44	345.25	194.44	194.44	81408-17	NH03-047R
008037400	20130701	199.03	0.00	199.03	199.03	81408-17	NH03-047R
008037400	20140101	186.35	0.00	186.35	186.35	81408-17	NH03-047R
008037400	20140701	193.87	0.00	193.87	193.87	81408-17	NH03-047R
008037400	20150101	199.97	0.00	199.97	199.97	81408-17	NH03-047R
008037400	20150901	197.31	0.00	197.31	197.31	81408-17	NH03-047R
008037400	20160901	193.33	0.00	193.33	193.33	81408-17	NH03-047R
008039400	20121001	200.44	349.65	200.44	200.44	81408-17	NH03-051R
008039400	20130101	190.91	341.72	190.91	190.91	81408-17	NH03-051R
008039400	20130701	195.40	0.00	195.40	195.40	81408-17	NH03-051R
008039400	20140101	191.43	0.00	191.43	191.43	81408-17	NH03-051R
008039400	20140701	201.09	0.00	201.09	201.09	81408-17	NH03-051R
008039400	20150101	208.82	0.00	208.82	208.82	81408-17	NH03-051R
008039400	20150901	206.17	0.00	206.17	206.17	81408-17	NH03-051R
008039400	20160901	208.66	0.00	208.66	208.66	81408-17	NH03-051R
008041300	20130701	224.04	0.00	224.04	224.04	81408-17	NH03-046R
008041300	20150901	236.33	0.00	236.33	236.33	81408-17	NH03-046R
008041600	20121001	201.59	350.80	201.59	201.59	81408-17	NH04-193C
008041600	20130101	203.94	354.75	203.94	203.94	81408-17	NH04-193C
008041600	20130701	208.74	0.00	208.74	208.74	81408-17	NH04-193C
008041600	20140101	197.63	0.00	197.63	197.63	81408-17	NH04-193C
008041600	20140701	207.04	0.00	207.04	207.04	81408-17	NH04-193C
008041600	20150101	214.10	0.00	214.10	214.10	81408-17	NH04-193C
008041600	20150901	212.17	0.00	212.17	212.17	81408-17	NH04-193C
008041600	20160901	206.19	0.00	206.19	206.19	81408-17	NH04-193C
014757800	20150501	249.78	0.00	249.78	249.78	81408-17	
014757800	20150901	248.22	0.00	248.22	248.22	81408-17	
014757800	20160201	252.75	0.00	252.75	252.75	81408-17	
014757800	20160901	254.98	0.00	254.98	254.98	81408-17	
015885100	20150801	222.11	0.00	222.11	222.11	81408-17	
015885100	20150901	220.20	0.00	220.20	220.20	81408-17	
015885100	20160201	221.92	0.00	221.92	221.92	81408-17	
015885100	20160901	223.42	0.00	223.42	223.42	81408-17	
016182800	20151201	247.56	0.00	247.56	247.56	81408-17	
016182800	20160901	250.83	0.00	250.83	250.83	81408-17	
016194400	20151201	290.97	0.00	290.97	290.97	81408-17	
016194400	20160901	297.68	0.00	297.68	297.68	81408-17	
016195100	20151201	253.26	0.00	253.26	253.26	81408-17	
016195100	20160901	258.06	0.00	258.06	258.06	81408-17	
016206800	20151201	244.63	0.00	244.63	244.63	81408-17	
016206800	20160901	248.76	0.00	248.76	248.76	81408-17	
016207800	20151201	254.94	0.00	254.94	254.94	81408-17	
016207800	20160901	257.50	0.00	257.50	257.50	81408-17	
020312200	20100701	223.57	366.91	223.57	223.57	81408-17	NH11-064C
020312200	20110101	227.53	372.39	227.53	227.53	81408-17	NH11-064C
020312200	20110701	218.89	365.09	218.89	218.89	81408-17	NH11-064C
020580000	20120701	242.63	391.84	242.63	242.63	81408-17	NH13-005W
020580000	20130101	245.63	396.44	245.63	245.63	81408-17	NH13-005W
020947300	20130101	233.20	384.01	233.20	233.20	81408-17	NH13-006W
021406000	20160901	203.53	0.00	203.53	203.53	81408-17	
022380800	20100701	221.18	364.52	221.18	221.18	81408-17	NH11-073C
022380800	20110101	219.63	364.49	219.63	219.63	81408-17	NH11-073C
022380800	20110513	224.46	369.32	224.46	224.46	81408-17	NH11-073C
022380800	20110701	216.78	362.98	216.78	216.78	81408-17	NH11-073C
022380800	20120101	219.43	367.04	219.43	219.43	81408-17	NH13-040C
022380800	20120701	225.49	374.70	225.49	225.49	81408-17	NH13-040C
022833800	20160901	217.05	0.00	217.05	217.05	81408-17	
025994200	20100701	214.62	357.96	214.62	214.62	81408-17	NH07-025J
025994200	20120701	216.68	365.89	216.68	216.68	81408-17	NH07-025J
025994200	20130101	213.28	364.09	213.28	213.28	81408-17	NH07-025J
026818600	20160901	214.35	0.00	214.35	214.35	81408-17	
028174300	20160901	176.07	0.00	176.07	176.07	81408-17	

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
031952000	20100701	187.72	331.06	187.72	187.72	81408-17	NH03-051R
031952000	20110101	193.37	338.23	193.37	193.37	81408-17	NH03-051R
031952000	20110701	193.56	339.76	193.56	193.56	81408-17	NH03-051R
031952000	20120101	194.78	342.39	194.78	194.78	81408-17	NH03-051R
031952000	20120701	200.44	349.65	200.44	200.44	81408-17	NH03-051R
031965100	20100701	188.88	332.22	188.88	188.88	81408-17	NH03-047R
031965100	20110101	191.38	336.24	191.38	191.38	81408-17	NH03-047R
031965100	20110701	185.19	331.39	185.19	185.19	81408-17	NH03-047R
031965100	20120101	190.97	338.58	190.97	190.97	81408-17	NH03-047R
031965100	20120701	196.57	345.78	196.57	196.57	81408-17	NH03-047R
032012900	20100701	189.62	332.96	189.62	189.62	81408-17	NH04-193C
032012900	20110101	193.22	338.08	193.22	193.22	81408-17	NH04-193C
032012900	20110701	191.03	337.23	191.03	191.03	81408-17	NH04-193C
032012900	20120101	192.22	339.83	192.22	192.22	81408-17	NH04-193C
032012900	20120701	201.59	350.80	201.59	201.59	81408-17	NH04-193C
032516300	20100701	253.57	396.91	253.57	253.57	81408-17	NH11-164C
032516300	20110101	257.15	402.01	257.15	257.15	81408-17	NH11-164C
032516300	20110701	248.07	394.27	248.07	248.07	81408-17	NH11-164C
032527900	20140101	194.44	0.00	194.44	194.44	81408-17	NH13-274C
032527900	20140701	202.31	0.00	202.31	202.31	81408-17	NH13-274C
032527900	20150101	204.62	0.00	204.62	204.62	81408-17	NH13-274C



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>BRADEN RIVER CARE CENTER</u>	Provider Number:	<u>0 005021-00</u>
<u>2010 MANATEE AVE E</u>	Date:	<u>6/1/2017</u>
<u>BRADENTON, FL 34208-1560</u>	Fiscal Year End:	<u>4/30/2009</u>
	Audit Status:	<u>Field Audited</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>208.49</u></b>	<b><u>208.25</u></b>	<b><u>7/1/2010</u></b>
	<b>Level H: Aids</b>	<b><u>351.83</u></b>	<b><u>351.59</u></b>	<b><u>7/1/2010</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"/> Effects of FA & RFA #NH07-060J FYE 03/31/2005	

**Distribution:**


Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

 **Lisa Smith**  
 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**

BRADEN RIVER CARE CENTER  
2010 MANATEE AVE E  
BRADENTON, FL 34208-1560

Provider Number: 0 005021-00  
Date: 6/1/2017  
Fiscal Year End: 4/30/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>191.99</b>	<b>191.75</b>	<b>1/1/2011</b>
	Level H: Aids	<b>336.85</b>	<b>336.61</b>	<b>1/1/2011</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

Effects of FA & RFA #NH07-060J FYE 03/31/2005

**Distribution:**  
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Permanent File  
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 No Change in Rate

Lisa Smith  
Medicaid Cost Reimbursement Planning and Finance

Home Office:



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**Medicaid Reimbursement Per Diem Rates**

BRADEN RIVER CARE CENTER  
2010 MANATEE AVE E  
BRADENTON, FL 34208-1560

Provider Number: 0 005021-00  
Date: 6/1/2017  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	190.09	189.87	7/1/2011
	Level H: Aids	336.29	336.07	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

Effects of FA & RFA #NH07-060J FYE 03/31/2005

**Distribution:**  
Contract Management / Fiscal Agent  
Permanent File  
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 No Change in Rate

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

Home Office: \_\_\_\_\_



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**Medicaid Reimbursement Per Diem Rates**

BRADEN RIVER CARE CENTER

2010 MANATEE AVE E

BRADENTON, FL 34208-1560

Provider Number:

0 005021-00

Date:

6/1/2017

Fiscal Year End:

12/31/2010

Audit Status:

Unaudited

**Provider Type:**

Nursing Home

Single Level

Level H: Aids

Current  
Rate

191.27

New  
Rate

191.05

Effective  
Date

1/1/2012

338.88

338.66

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

Effects of FA & RFA #NH07-060J FYE  
03/31/2005

**Distribution:**

Contract Management / Fiscal Agent

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

Home Office:

 Lisa Smith

Medicaid Cost Reimbursement Planning and Finance





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**Medicaid Reimbursement Per Diem Rates**

<u>BRADEN RIVER CARE CENTER</u>	Provider Number:	<u>0 005021-00</u>
<u>2010 MANATEE AVE E</u>	Date:	<u>6/1/2017</u>
<u>BRADENTON, FL 34208-1560</u>	Fiscal Year End:	<u>12/31/2010</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>196.75</u></b>	<b><u>196.53</u></b>	<b><u>7/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>345.96</u></b>	<b><u>345.74</u></b>	<b><u>7/1/2012</u></b>

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Effects of FA & RFA #NH07-060J FYE 03/31/2005	

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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



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**Medicaid Reimbursement Per Diem Rates**

GRACE REHABILITATION CENTER OF VERO BEACH  
2180 10TH AVENUE  
VERO BEACH, FL 32960

Provider Number: 0 011998-00  
Date: 5/30/2017  
Fiscal Year End: 12/31/2015  
Audit Status: Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<u>242.38</u>	<u>242.00</u>	<u>9/1/2016</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  
 Adjustment to Mortgage Interest 4.7500%/Chase  
 3.5000% effective 9/1/2016

**Distribution:**

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

Home Office:    Grace Healthcare, LLC  
 801 Broad Street  
 Suite 300  
 Chattanooga, TN 37402

Lisa Smith  
 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**

BRADEN RIVER REHABILITATION CENTER, LLC  
2010 MANATEE AVE E  
BRADENTON, FL 34208-1560

Provider Number: 0 073324-00  
Date: 6/1/2017  
Fiscal Year End: 6/30/2013  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.66</u>	<u>216.44</u>	<u>1/1/2013</u>
	Level H: Aids	<u>367.47</u>	<u>367.25</u>	<u>1/1/2013</u>

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"/> Effects of FA & RFA #NH07-060J FYE 03/31/2005	

**Distribution:**

Contract Management / Fiscal Agent  
Permanent File  
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 No Change in Rate

Lisa Smith  
Medicaid Cost Reimbursement Planning and Finance

Home Office: Southern HealthCare Management, LLC  
5887 Glenridge Drive, Suite 150  
Atlanta, GA 30328



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

BRADEN RIVER REHABILITATION CENTER, LLC  
2010 MANATEE AVE E  
BRADENTON, FL 34208-1560

Provider Number: 0 073324-00  
Date: 6/1/2017  
Fiscal Year End: 6/30/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**224.83**    **224.61**    **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 #NH07-060J FYE 03/31/2005

*[Signature]* Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Southern HealthCare Management, LLC  
5887 Glenridge Drive, Suite 150  
Atlanta, GA 30328



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

BRADEN RIVER REHABILITATION CENTER, LLC  
2010 MANATEE AVE E  
BRADENTON, FL 34208-1560

Provider Number: 0 073324-00  
Date: 6/1/2017  
Fiscal Year End: 6/30/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
225.46	225.23	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:**

<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 #NH07-060J FYE 03/31/2005

**Distribution:**

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For Information Only

No Change in Rate

Home Office:

Southern HealthCare Management, LLC  
5887 Glenridge Drive, Suite 150  
Atlanta, GA 30328

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**

BRADEN RIVER REHABILITATION CENTER, LLC  
2010 MANATEE AVE E  
BRADENTON, FL 34208-1560

Provider Number: 0 073324-00  
Date: 6/1/2017  
Fiscal Year End: 6/30/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>235.95</b>	<b>235.73</b>	<b>7/1/2014</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

Effects of FA & RFA #NH07-060J FYE  
03/31/2005

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**Medicaid Reimbursement Per Diem Rates**

BRADEN RIVER REHABILITATION CENTER, LLC  
2010 MANATEE AVE E  
BRADENTON, FL 34208-1560

Provider Number: 0 073324-00  
 Date: 6/1/2017  
 Fiscal Year End: 6/30/2013  
 Audit Status: Unaudited

**Provider Type:**

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home     Single Level	<b><u>239.90</u></b>	<b><u>239.67</u></b>	<b><u>1/1/2015</u></b>

<b>Rate Type:</b>	
<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	

<b>Basis:</b>
_____ Budget
<input checked="" type="checkbox"/> Unaudited costs
_____ Field audited costs
_____ Desk audited costs

<b>Changes:</b>
_____ Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH07-060J FYE 03/31/2005

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

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**Medicaid Reimbursement Per Diem Rates**

BRADEN RIVER REHABILITATION CENTER, LLC  
2010 MANATEE AVE E  
BRADENTON, FL 34208-1560

Provider Number: 0 073324-00  
Date: 6/1/2017  
Fiscal Year End: 6/30/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
239.12    238.89    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 #NH07-060J FYE 03/31/2005

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**Medicaid Reimbursement Per Diem Rates**

BRADEN RIVER REHABILITATION CENTER, LLC  
2010 MANATEE AVE E  
BRADENTON, FL 34208-1560

Provider Number: 0 073324-00  
Date: 6/1/2017  
Fiscal Year End: 12/31/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
210.44	210.21	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

Effects of FA & RFA #NH07-060J FYE 03/31/2005

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 080374-00  
Date: 5/31/2017  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>196.67</u>	<u>196.57</u>	<u>10/1/2012</u>
	Level H: Aids	<u>345.88</u>	<u>345.78</u>	<u>10/1/2012</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 #NH03-047R FYE 8/31/2001 for Prior Provider #226572

**Distribution:**

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No Change in Rate

Home Office: Consulate Management Company  
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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 080374-00  
Date: 5/31/2017  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>194.55</u>	<u>194.44</u>	<u>1/1/2013</u>
	Level H: Aids	<u>345.36</u>	<u>345.25</u>	<u>1/1/2013</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Effects of FA & RFA #NH03-047R FYE 8/31/2001 for Prior Provider #226572

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 080374-00  
Date: 5/31/2017  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate      New Rate      Effective Date  
**199.14**      **199.03**      **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 #NH03-047R FYE 8/31/2001 for Prior Provider #226572

**Distribution:**

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No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 080374-00  
Date: 5/31/2017  
Fiscal Year End: 12/31/2012  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<b>186.46</b>	<b>186.35</b>	<b>1/1/2014</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 #NH03-047R FYE 8/31/2001 for Prior Provider #226572

**Distribution:**

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 For Information Only  
 No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 080374-00  
Date: 5/31/2017  
Fiscal Year End: 12/31/2012  
Audit Status: Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<b><u>193.98</u></b>	<b><u>193.87</u></b>	<b><u>7/1/2014</u></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:**


<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 #NH03-047R FYE 8/31/2001 for Prior Provider #226572

**Distribution:**

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 No Change in Rate

  
**Lisa Smith**  
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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 080374-00  
Date: 5/31/2017  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate    New Rate    Effective Date  
**200.08    199.97    1/1/2015**

**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 #NH03-047R FYE 8/31/2001 for Prior Provider #226572

**Distribution:**

Contract Management / Fiscal Agent

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No Change in Rate

Home Office: Consulate Management Company  
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Lisa Smith

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 080374-00  
Date: 5/31/2017  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **197.42**  
New Rate: **197.31**  
Effective Date: **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 #NH03-047R FYE 8/31/2001 for Prior Provider #226572

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 080374-00  
Date: 5/31/2017  
Fiscal Year End: 12/31/2015  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current    New    Effective  
Rate    Rate    Date  
**193.44    193.33    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

Effects of FA & RFA #NH03-047R FYE  
8/31/2001 for Prior Provider #226572

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF MELBOURNE

3033 SARNO RD

MELBOURNE, FL 32934

Provider Number:

0 080394-00

Date:

6/12/2017

Fiscal Year End:

7/31/2010

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>200.52</u>	<u>200.44</u>	<u>10/1/2012</u>
<u>349.73</u>	<u>349.65</u>	<u>10/1/2012</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 #NH03-051R FYE 8/31/2000

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Consulate Management Company  
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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF MELBOURNE  
3033 SARNO RD  
MELBOURNE, FL 32934

Provider Number: 0 080394-00  
Date: 6/12/2017  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	190.99	190.91	1/1/2013
	Level H: Aids	341.80	341.72	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 #NH03-051R FYE  
8/31/2000

**Distribution:**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF MELBOURNE	Provider Number:	0 080394-00
3033 SARNO RD	Date:	6/12/2017
MELBOURNE, FL 32934	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<b>195.49</b>	<b>195.40</b>	<b>7/1/2013</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:**

<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 #NH03-051R FYE 8/31/2000

**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**

CONSULATE HEALTH CARE OF MELBOURNE	Provider Number:	0 080394-00
3033 SARNO RD	Date:	6/12/2017
MELBOURNE, FL 32934	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<b>191.52</b>	<b>191.43</b>	<b>1/1/2014</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 #NH03-051R FYE 8/31/2000

**Distribution:**

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

  
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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF MELBOURNE	Provider Number:	0 080394-00
3033 SARNO RD	Date:	6/12/2017
MELBOURNE, FL 32934	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<u>201.18</u>	<u>201.09</u>	<u>7/1/2014</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH03-051R FYE 8/31/2000

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF MELBOURNE	Provider Number:	0 080394-00
3033 SARNO RD	Date:	6/12/2017
MELBOURNE, FL 32934	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>208.91</u>	<u>208.82</u>	<u>1/1/2015</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 FA & RFA #NH03-051R FYE 8/31/2000

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF MELBOURNE  
3033 SARNO RD  
MELBOURNE, FL 32934

Provider Number: 0 080394-00  
Date: 6/12/2017  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
206.26	206.17	9/1/2015

**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 #NH03-051R FYE 8/31/2000


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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF MELBOURNE  
 3033 SARNO RD  
 MELBOURNE, FL 32934

Provider Number: 0 080394-00  
 Date: 6/12/2017  
 Fiscal Year End: 12/31/2014  
 Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<b><u>208.75</u></b>	<b><u>208.66</u></b>	<b><u>9/1/2016</u></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  
 Effects of FA & RFA #NH03-051R FYE  
 8/31/2000

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF SARASOTA

4783 FRUITVILLE ROAD

SARASOTA, FL 34232

Provider Number:

0 080413-00

Date:

6/7/2017

Fiscal Year End:

12/31/2011

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

New  
Rate

Effective  
Date

224.03

224.04

7/1/2013

**Rate Type:**

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH03-046R FYE  
08/31/2001

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF SARASOTA  
 4783 FRUITVILLE ROAD  
 SARASOTA, FL 34232

Provider Number: 0 080413-00  
 Date: 6/7/2017  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>236.32</u>	<u>236.33</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 #NH03-046R FYE 08/31/2001

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Medicaid Reimbursement Per Diem Rates

<u>CONSULATE HEALTH CARE OF PORT CHARLOTTE</u>	Provider Number:	<u>0 080416-00</u>
<u>18480 COCHRAN BLVD</u>	Date:	<u>6/13/2017</u>
<u>PORT CHARLOTTE, FL 33948</u>	Fiscal Year End:	<u>12/31/2011</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>201.53</u></b>	<b><u>201.59</u></b>	<b><u>10/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>350.74</u></b>	<b><u>350.80</u></b>	<b><u>10/1/2012</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:**

<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 #NH04-193C FYE 5/31/2002 for prior provider #226564

**Distribution:**

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       No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF PORT CHARLOTTE  
18480 COCHRAN BLVD  
PORT CHARLOTTE, FL 33948

Provider Number: 0 080416-00  
Date: 6/13/2017  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.87</u>	<u>203.94</u>	<u>1/1/2013</u>
	Level H: Aids	<u>354.68</u>	<u>354.75</u>	<u>1/1/2013</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 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 #NH04-193C FYE 5/31/2002 for prior provider #226564

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF PORT CHARLOTTE  
18480 COCHRAN BLVD  
PORT CHARLOTTE, FL 33948

Provider Number: 0 080416-00  
Date: 6/13/2017  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>208.68</u>	<u>208.74</u>	<u>7/1/2013</u>

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH04-193C FYE 5/31/2002 for prior provider #226564

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**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE OF PORT CHARLOTTE</u>	Provider Number:	<u>0 080416-00</u>
<u>18480 COCHRAN BLVD</u>	Date:	<u>6/13/2017</u>
<u>PORT CHARLOTTE, FL 33948</u>	Fiscal Year End:	<u>12/31/2012</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>197.56</u></b>	<b><u>197.63</u></b>	<b><u>1/1/2014</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 #NH04-193C FYE 5/31/2002 for prior provider #226564

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**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE OF PORT CHARLOTTE</u>	Provider Number:	<u>0 080416-00</u>
<u>18480 COCHRAN BLVD</u>	Date:	<u>6/13/2017</u>
<u>PORT CHARLOTTE, FL 33948</u>	Fiscal Year End:	<u>12/31/2012</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><u>206.96</u></b>	<b><u>207.04</u></b>	<b><u>7/1/2014</u></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 #NH04-193C FYE 5/31/2002 for prior provider #226564

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF PORT CHARLOTTE  
18480 COCHRAN BLVD  
PORT CHARLOTTE, FL 33948

Provider Number: 0 080416-00  
Date: 6/13/2017  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>214.02</u>	<u>214.10</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

Effects of FA & RFA #NH04-193C FYE 5/31/2002 for prior provider #226564

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**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE OF PORT CHARLOTTE</u>	Provider Number:	<u>0 080416-00</u>
<u>18480 COCHRAN BLVD</u>	Date:	<u>6/13/2017</u>
<u>PORT CHARLOTTE, FL 33948</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>212.09</u></b>	<b><u>212.17</u></b>	<b><u>9/1/2015</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH04-193C FYE 5/31/2002 for prior provider #226564

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF PORT CHARLOTTE	Provider Number:	0 080416-00
18480 COCHRAN BLVD	Date:	6/13/2017
PORT CHARLOTTE, FL 33948	Fiscal Year End:	12/31/2014
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>206.11</u>	<u>206.19</u>	<u>9/1/2016</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 #NH04-193C FYE 5/31/2002 for prior provider #226564

**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: 6/7/2017  
Fiscal Year End: 1/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>250.37</u>	<u>249.78</u>	<u>5/1/2015</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 1/31/2016

**Distribution:**

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Home Office:

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**Medicaid Reimbursement Per Diem Rates**

<u>CITRUS HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 147578-00</u>
<u>701 MEDICAL COURT EAST</u>	Date:	<u>6/7/2017</u>
<u>INVERNESS, FL 34452</u>	Fiscal Year End:	<u>1/31/2016</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><u>248.77</u></b>	<b><u>248.22</u></b>	<b><u>9/1/2015</u></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
<input checked="" type="checkbox"/> Unaudited costs
_____ Field audited costs
_____ Desk audited costs

**Changes:**

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 1/31/2016

**Distribution:**

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 No Change in Rate

Home Office:    No Home Office

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**Medicaid Reimbursement Per Diem Rates**

CITRUS HEALTH AND REHABILITATION CENTER	Provider Number:	0 147578-00
701 MEDICAL COURT EAST	Date:	6/7/2017
INVERNESS, FL 34452	Fiscal Year End:	1/31/2016
	Audit Status:	Unaudited

**Provider Type:**

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home    Single Level	<u>248.77</u>	<u>252.75</u>	<u>2/1/2016</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 1/31/2016

**Distribution:**

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

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: 6/7/2017  
Fiscal Year End: 1/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<b>246.08</b>	<b>254.98</b>	<b>9/1/2016</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 1/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

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**Medicaid Reimbursement Per Diem Rates**

THE VILLAGES REHABILITATION AND NURSING CENTER  
900 HIGHWAY 466  
LADY LAKE, FL 32159

Provider Number: 0 158851-00  
Date: 6/5/2017  
Fiscal Year End: 1/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>237.01</u>	<u>222.11</u>	<u>8/1/2015</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:	
<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 1/31/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

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

Home Office:

No Home Office

*LS*  
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**

THE VILLAGES REHABILITATION AND NURSING CENTER  
900 HIGHWAY 466  
LADY LAKE, FL 32159

Provider Number: 0 158851-00  
 Date: 6/5/2017  
 Fiscal Year End: 1/31/2016  
 Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>236.73</u></b>	<b><u>220.20</u></b>	<b><u>9/1/2015</u></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 1/31/2016

**Distribution:**

Contract Management / Fiscal Agent

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

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

Home Office:

No Home Office

  
 Lisa Smith

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**Medicaid Reimbursement Per Diem Rates**

THE VILLAGES REHABILITATION AND NURSING CENTER  
900 HIGHWAY 466  
LADY LAKE, FL 32159

Provider Number: 0 158851-00  
Date: 6/5/2017  
Fiscal Year End: 1/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>236.73</b>	<b>221.92</b>	<b>2/1/2016</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 1/31/2016

**Distribution:**

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:  No Home Office

  
**Lisa Smith**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

THE VILLAGES REHABILITATION AND NURSING CENTER  
900 HIGHWAY 466  
LADY LAKE, FL 32159

Provider Number: 0 158851-00  
Date: 6/5/2017  
Fiscal Year End: 1/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>232.53</b>	<b>223.42</b>	<b>9/1/2016</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 1/31/2016

**Distribution:**

Contract Management / Fiscal Agent

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

Home Office:

No Home Office

 Lisa Smith

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>COURTYARDS OF ORLANDO CARE CENTER</u>	Provider Number:	<u>0 161828-00</u>
<u>1900 MERCY DRIVE</u>	Date:	<u>6/2/2017</u>
<u>ORLANDO, FL 32808</u>	Fiscal Year End:	<u>11/30/2016</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>241.56</b>	<b>247.56</b>	<b>12/1/2015</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>                    </u> Rate Semester Change
<u>X</u> NRP CHOP effective 12/1/2015

**Distribution:**

Contract Management / Fiscal Agent  
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                     No Change in Rate

Lisa Smith  
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Home Office: No Home Office



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

COURTYARDS OF ORLANDO CARE CENTER	Provider Number:	0 161828-00
1900 MERCY DRIVE	Date:	6/2/2017
ORLANDO, FL 32808	Fiscal Year End:	11/30/2016
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b>242.58</b>	<b>250.83</b>	<b>9/1/2016</b>

**Rate Type:**

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" 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:**

<input checked="" type="checkbox"/> Budget
<input 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"/> NRP CHOP effective 12/1/2015

**Distribution:**

Contract Management / Fiscal Agent  
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 No Change in Rate

**Lisa Smith**  
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Home Office: No Home Office



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**Medicaid Reimbursement Per Diem Rates**

<u>PALMETTO CARE CENTER</u>	Provider Number:	<u>0 161944-00</u>
<u>6750 WEST 22ND COURT</u>	Date:	<u>5/30/2017</u>
<u>HIALEAH, FL 33016</u>	Fiscal Year End:	<u>11/30/2016</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>270.53</b>	<b>290.97</b>	<b>12/1/2015</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>X</u> NRP CHOP effective 12/1/2015

**Distribution:**

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           No Change in Rate

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Home Office: No Home Office



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>PALMETTO CARE CENTER</u>	Provider Number:	<u>0 161944-00</u>
<u>6750 WEST 22ND COURT</u>	Date:	<u>5/30/2017</u>
<u>HIALEAH, FL 33016</u>	Fiscal Year End:	<u>11/30/2016</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>273.98</b>	<b>297.68</b>	<b>9/1/2016</b>

**Rate Type:**

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<u>        </u> X 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:**

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

**Changes:**

<u>        </u> Rate Semester Change
<input checked="" type="checkbox"/> NRP CHOP effective 12/1/2015

**Distribution:**

Contract Management / Fiscal Agent  
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 No Change in Rate

**Lisa Smith**  
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Home Office: No Home Office



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**Medicaid Reimbursement Per Diem Rates**

<u>PALMS CARE CENTER</u>	Provider Number:	<u>0 161951-00</u>
<u>3370 NW 47TH TERRACE</u>	Date:	<u>5/5/2017</u>
<u>LAUDERDALE LAKES, FL 33319</u>	Fiscal Year End:	<u>11/30/2016</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>250.09</b>	<b>253.26</b>	<b>12/1/2015</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>                    </u> Rate Semester Change
<u>X</u> NRP CHOP effective 12/1/2015

**Distribution:**

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                     No Change in Rate

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Home Office: No Home Office





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**Medicaid Reimbursement Per Diem Rates**

<u>PALMS CARE CENTER</u>	Provider Number:	<u>0 161951-00</u>
<u>3370 NW 47TH TERRACE</u>	Date:	<u>5/5/2017</u>
<u>LAUDERDALE LAKES, FL 33319</u>	Fiscal Year End:	<u>11/30/2016</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
		<u>252.69</u>	<u>258.06</u>	<u>9/1/2016</u>

**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:**

<input checked="" type="checkbox"/> Budget
<input 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"/> NRP CHOP effective 12/1/2015

**Distribution:**

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 For Information Only  
 No Change in Rate

**Lisa Smith**  
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Home Office: No Home Office



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**Medicaid Reimbursement Per Diem Rates**

<u>PARKLANDS CARE CENTER</u>	Provider Number:	<u>0 162068-00</u>
<u>1000 SW 16TH AVE</u>	Date:	<u>6/9/2017</u>
<u>GAINESVILLE, FL 32601</u>	Fiscal Year End:	<u>11/30/2016</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>241.26</b>	<b>244.63</b>	<b>12/1/2015</b>

**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:**

<input checked="" type="checkbox"/> Budget
<input 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"/> NRP CHOP effective 12/1/2015

**Distribution:**

Contract Management / Fiscal Agent  
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 No Change in Rate

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Home Office: No Home Office



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**Medicaid Reimbursement Per Diem Rates**

PARKLANDS CARE CENTER

1000 SW 16TH AVE

GAINESVILLE, FL 32601

Provider Number:

0 162068-00

Date:

6/9/2017

Fiscal Year End:

11/30/2016

Audit Status:

Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<u>239.92</u>	<u>248.76</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

NRP CHOP effective 12/1/2015

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

**Lisa Smith**

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Home Office:      No Home Office



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

WOODBIDGE CARE CENTER  
8720 JACKSON SPRINGS RD  
TAMPA, FL 33615-3210

Provider Number: 0 162078-00  
Date: 6/6/2017  
Fiscal Year End: 11/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>252.90</u>	<u>254.94</u>	<u>12/1/2015</u>

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:	
<input checked="" type="checkbox"/> Budget	
<input 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"/>	NRP CHOP effective 12/1/2015

**Distribution:**

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

**Lisa Smith**  
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Home Office:    No Home Office



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

WOODBRIDGE CARE CENTER  
8720 JACKSON SPRINGS RD  
TAMPA, FL 33615-3210

Provider Number: 0 162078-00  
Date: 6/6/2017  
Fiscal Year End: 11/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
254.44	257.50	9/1/2016

**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:**

<input checked="" type="checkbox"/> Budget
<input 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"/> NRP CHOP effective 12/1/2015

**Distribution:**

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

**Lisa Smith**

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Home Office:    No Home Office



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**Medicaid Reimbursement Per Diem Rates**

AVANTE AT LEESBURG, INC.

2000 EDGEWOOD AVE

LEESBURG, FL 34748

Provider Number:

0 203122-00

Date:

12/29/2016

Fiscal Year End:

5/31/2009

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>224.07</u>	<u>223.57</u>	<u>7/1/2010</u>
<u>367.41</u>	<u>366.91</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 #NH11-064C FYE 05/31/2006

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith  
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Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

AVANTE AT LEESBURG, INC.

2000 EDGEWOOD AVE

LEESBURG, FL 34748

Provider Number:

0 203122-00

Date:

12/29/2016

Fiscal Year End:

5/31/2010

Audit Status:

Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>228.04</u>	<u>227.53</u>	<u>1/1/2011</u>
	Level H: Aids	<u>372.90</u>	<u>372.39</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 #NH11-064C FYE  
05/31/2006

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

AVANTE AT LEESBURG, INC.  
2000 EDGEWOOD AVE  
LEESBURG, FL 34748

Provider Number: 0 203122-00  
Date: 12/29/2016  
Fiscal Year End: 5/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.14	218.89	7/1/2011
	Level H: Aids	365.34	365.09	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

Effects of FA & RFA #NH11-064C FYE 05/31/2006

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

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4601 Sheridan Street  
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Hollywood, FL 33021-6744





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**Medicaid Reimbursement Per Diem Rates**

ST. JOHN'S NURSING CENTER

3075 NW 35TH AVE

LAUDERDALE LAKES, FL 33311

Provider Number:

0 205800-00

Date:

2/13/2017

Fiscal Year End:

9/30/2011

Audit Status:

Field Audited

**Provider Type:**

Nursing Home

Single Level

Current  
Rate

New  
Rate

Effective  
Date

242.66

242.63

7/1/2012

Level H: Aids

391.87

391.84

7/1/2012

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Field Audit #NH13-005W FYE 9/30/2011

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**Distribution:**

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Permanent File

For Information Only

No Change in Rate

Home Office:

Catholic Health Services

4790 N. State Road 7

Lauderdale Lakes, FL 33319



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Medicaid Reimbursement Per Diem Rates

ST. JOHN'S NURSING CENTER	Provider Number:	0 205800-00
3075 NW 35TH AVE	Date:	2/13/2017
LAUDERDALE LAKES, FL 33311	Fiscal Year End:	9/30/2011
	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>245.66</u>	<u>245.63</u>	<u>1/1/2013</u>
	Level H: Aids	<u>396.47</u>	<u>396.44</u>	<u>1/1/2013</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
<input checked="" type="checkbox"/> Field audited costs
_____ Desk audited costs

**Changes:**

_____ Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH13-005W FYE 9/30/2011

**Distribution:**

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

  
 Lisa Smith  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Catholic Health Services  
 4790 N. State Road 7  
 Lauderdale Lakes, FL 33319



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**

ST. ANNE'S NURSING CENTER  
11855 QUAIL ROOST DRIVE  
MIAMI, FL 33177

Provider Number: 0 209473-00  
Date: 2/14/2017  
Fiscal Year End: 9/30/2011  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>233.33</u>	<u>233.20</u>	<u>1/1/2013</u>
	Level H: Aids	<u>384.14</u>	<u>384.01</u>	<u>1/1/2013</u>

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH13-006W FYE 9/30/2011	

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

Lisa Smith  
Medicaid Cost Reimbursement Planning and Finance

Home Office: Catholic Health Services  
4790 N. State Road 7  
Lauderdale Lakes, FL 33319



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

LIFE CARE CENTER OF HILLIARD

3756 W THIRD ST

HILLIARD, FL 32046

Provider Number:

0 214060-00

Date:

6/1/2017

Fiscal Year End:

12/31/2015

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

New  
Rate

Effective  
Date

**206.54**

**203.53**

**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

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

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**

AVANTE AT ORLANDO INC.  
2000 NORTH SEMORAN BOULEVARD  
ORLANDO, FL 32807

Provider Number: 0 223808-00  
Date: 1/18/2017  
Fiscal Year End: 5/31/2009  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
222.24    221.18    7/1/2010

Level H: Aids

365.58    364.52    7/1/2010

**Rate Type:**

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

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

**Basis:**

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

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Effects of FA & RFA #NH11-073C FYE  
5/31/2006

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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

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

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

\_\_\_\_\_  
Lisa Smith  
Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

AVANTE AT ORLANDO INC.  
2000 NORTH SEMORAN BOULEVARD  
ORLANDO, FL 32807

Provider Number: 0 223808-00  
Date: 1/18/2017  
Fiscal Year End: 5/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>220.71</u>	<u>219.63</u>	<u>1/1/2011</u>
	Level H: Aids	<u>365.57</u>	<u>364.49</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 #NH11-073C FYE 5/31/2006

**Distribution:**

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

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

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Hollywood, FL 33021-6744



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>AVANTE AT ORLANDO INC.</u>	Provider Number:	<u>0 223808-00</u>
<u>2000 NORTH SEMORAN BOULEVARD</u>	Date:	<u>1/18/2017</u>
<u>ORLANDO, FL 32807</u>	Fiscal Year End:	<u>5/31/2010</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>225.54</u>	<u>224.46</u>	<u>5/13/2011</u>
	Level H: Aids	<u>370.40</u>	<u>369.32</u>	<u>5/13/2011</u>

**Rate Type:**

<u>          </u> Interim	<u>  X  </u> Prospective
<u>          </u> Total Interim	<u>          </u> Total Prospective
<u>          </u> Interim Component	<u>      X      </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 #NH11-073C FYE 5/31/2006

**Distribution:**

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

  
 Lisa Smith  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Avante Group, Inc.  
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 Hollywood, FL 33021-6744



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

AVANTE AT ORLANDO INC.	Provider Number:	0 223808-00
2000 NORTH SEMORAN BOULEVARD	Date:	1/18/2017
ORLANDO, FL 32807	Fiscal Year End:	5/31/2010
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>217.82</u></b>	<b><u>216.78</u></b>	<b><u>7/1/2011</u></b>
	<b>Level H: Aids</b>	<b><u>364.02</u></b>	<b><u>362.98</u></b>	<b><u>7/1/2011</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 checked="" type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

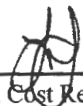
<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-073C FYE 5/31/2006

**Distribution:**

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

  
 Lisa Smith  
 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**

AVANTE AT ORLANDO INC.	Provider Number:	0 223808-00
2000 NORTH SEMORAN BOULEVARD	Date:	1/18/2017
ORLANDO, FL 32807	Fiscal Year End:	5/31/2011
	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>220.79</u>	<u>219.43</u>	<u>1/1/2012</u>
	Level H: Aids	<u>368.40</u>	<u>367.04</u>	<u>1/1/2012</u>

**Rate Type:**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input checked="" 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 #NH13-040C FYE 5/31/2011 and Effects of FA & RFA #NH11-073C FYE 5/31/2006

**Distribution:**


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For Information Only

No Change in Rate

Home Office: Avante Group, Inc.  
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 Lisa Smith  
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE AT ORLANDO INC.	Provider Number:	0 223808-00
2000 NORTH SEMORAN BOULEVARD	Date:	1/18/2017
ORLANDO, FL 32807	Fiscal Year End:	5/31/2011
	Audit Status:	Field Audited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>226.91</u>	<u>225.49</u>	<u>7/1/2012</u>
	Level H: Aids	<u>376.12</u>	<u>374.70</u>	<u>7/1/2012</u>

**Rate Type:**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input checked="" 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 #NH13-040C FYE 5/31/2011 and Effects of FA & RFA #NH11-073C FYE 5/31/2006

**Distribution:**


Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Avante Group, Inc.  
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Hollywood, FL 33021-6744

 Lisa Smith  
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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**

LIFE CARE CENTER OF MELBOURNE  
606 E SHERIDAN RD  
MELBOURNE, FL 32901

Provider Number: 0 228338-00  
Date: 5/23/2017  
Fiscal Year End: 2/29/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**219.53**    **217.05**    **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 2/29/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

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**

RIVERFRONT NURSING AND REHAB CENTER	Provider Number:	0 259942-00
105 15TH ST E	Date:	6/8/2017
BRADENTON, FL 34208	Fiscal Year End:	8/31/2009
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.63</u>	<u>214.62</u>	<u>7/1/2010</u>
	Level H: Aids	<u>357.97</u>	<u>357.96</u>	<u>7/1/2010</u>

**Rate Type:**

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

**Basis:**

<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 #NH07-025J FYE 08/31/2004

**Distribution:**

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

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

<u>RIVERFRONT NURSING AND REHAB CENTER</u>	Provider Number:	<u>0 259942-00</u>
<u>105 15TH ST E</u>	Date:	<u>6/8/2017</u>
<u>BRADENTON, FL 34208</u>	Fiscal Year End:	<u>8/31/2010</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>216.69</u></b>	<b><u>216.68</u></b>	<b><u>7/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>365.90</u></b>	<b><u>365.89</u></b>	<b><u>7/1/2012</u></b>

**Rate Type:**

           Interim

  X   Prospective

           Total Interim

           X Total Prospective

           Interim Component

           Total Prospective with Interim Component

           Settlement based on cost

           Prior Provider Prospective data

**Basis:**

           Budget

  X   Unaudited costs

           Field audited costs

           Desk audited costs

**Changes:**

           Rate Semester Change

  X   Effects of Field Audit #NH07-025J FYE  
08/31/2004

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

       For Information Only

       No Change in Rate

Home Office: Council on Aging of Florida, Inc.  
1311 SW 16th Street  
Gainesville, FL 32608

**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**

<u>RIVERFRONT NURSING AND REHAB CENTER</u>	Provider Number:	<u>0 259942-00</u>
<u>105 15TH ST E</u>	Date:	<u>6/8/2017</u>
<u>BRADENTON, FL 34208</u>	Fiscal Year End:	<u>8/31/2011</u>
	Audit Status:	<u>Field Audited</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>221.31</u></b>	<b><u>213.28</u></b>	<b><u>1/1/2013</u></b>
	<b>Level H: Aids</b>	<b><u>372.12</u></b>	<b><u>364.09</u></b>	<b><u>1/1/2013</u></b>

**Rate Type:**

           Interim

  X   Prospective

           Total Interim

           X Total Prospective

           Interim Component

           Total Prospective with Interim Component

           Settlement based on cost

           Prior Provider Prospective data

**Basis:**

           Budget

           Unaudited costs

  X   Field audited costs

           Desk audited costs

**Changes:**

           Rate Semester Change

  X   Field Audit #Nh13-156L FYE 08/31/2011 with  
Effects of Field Audit #NH07-025J FYE  
08/31/2004

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

           For Information Only

           No Change in Rate

Home Office: Council on Aging of Florida, Inc.  
1311 SW 16th Street  
Gainesville, FL 32608

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF PALM BAY  
175 VILLA NUEVA AVE  
PALM BAY, FL 32907

Provider Number: 0 268186-00  
Date: 5/24/2017  
Fiscal Year End: 12/31/2015  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
227.47	214.35	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

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

Lisa Smith

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**

JACARANDA MANOR

4250 66TH ST N

SAINT PETERSBURG, FL 33709

Provider Number:

0 281743-00

Date:

5/30/2017

Fiscal Year End:

12/31/2014

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

New  
Rate

Effective  
Date

176.22

176.07

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

Adjustment to Mortgage Interest 4.75%/Chase  
3.5% effective 9/1/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:    Grace Healthcare, LLC  
801 Broad Street  
Suite 300  
Chattanooga, TN 37402

 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**

<u>CONSULATE HEALTH CARE MELBOURNE</u>	Provider Number:	<u>0 319520-00</u>
<u>3033 SARNO RD</u>	Date:	<u>6/12/2017</u>
<u>MELBOURNE, FL 32934</u>	Fiscal Year End:	<u>1/31/2009</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>187.81</u></b>	<b><u>187.72</u></b>	<b><u>7/1/2010</u></b>
	<b>Level H: Aids</b>	<b><u>331.15</u></b>	<b><u>331.06</u></b>	<b><u>7/1/2010</u></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 #NH03-051R FYE 8/31/2000

**Distribution:**

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

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: Consulate Management Company  
 800 Concourse Parkway South  
 Maitland, FL 32751



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**

CONSULATE HEALTH CARE MELBOURNE

3033 SARNO RD

MELBOURNE, FL 32934

Provider Number:

0 319520-00

Date:

6/12/2017

Fiscal Year End:

1/31/2009

Audit Status:

Unaudited

**Provider Type:**

Nursing Home

Single Level

Current  
Rate

New  
Rate

Effective  
Date

193.46

193.37

1/1/2011

Level H: Aids

338.32

338.23

1/1/2011

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH03-051R FYE  
8/31/2000

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Consulate Management Company  
800 Concourse Parkway South  
Maitland, FL 32751

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**

CONSULATE HEALTH CARE MELBOURNE

3033 SARNO RD

MELBOURNE, FL 32934

Provider Number:

0 319520-00

Date:

6/12/2017

Fiscal Year End:

7/31/2010

Audit Status:

Unaudited

**Provider Type:**

Nursing Home

Single Level

Level H: Aids

Current  
Rate

193.65

New  
Rate

193.56

Effective  
Date

7/1/2011

339.85

339.76

7/1/2011

**Rate Type:**

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH03-051R FYE  
8/31/2000

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Consulate Management Company

800 Concourse Parkway South

Maitland, FL 32751

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE MELBOURNE  
3033 SARNO RD  
MELBOURNE, FL 32934

Provider Number: 0 319520-00  
Date: 6/12/2017  
Fiscal Year End: 7/31/2010  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>194.87</u>	<u>194.78</u>	<u>1/1/2012</u>
<u>342.48</u>	<u>342.39</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 #NH03-051R FYE 8/31/2000

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

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Medicaid Reimbursement Per Diem Rates

<u>CONSULATE HEALTH CARE MELBOURNE</u>	Provider Number:	<u>0 319520-00</u>
<u>3033 SARNO RD</u>	Date:	<u>6/12/2017</u>
<u>MELBOURNE, FL 32934</u>	Fiscal Year End:	<u>7/31/2010</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>200.52</u></b>	<b><u>200.44</u></b>	<b><u>7/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>349.73</u></b>	<b><u>349.65</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 #NH03-051R FYE 8/31/2000

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0319651-00  
Date: 5/31/2017  
Fiscal Year End: 8/31/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	188.99	188.88	7/1/2010
	Level H: Aids	332.33	332.22	7/1/2010

**Rate Type:**

Interim  Prospective

Total Interim  Total Prospective

Interim Component  Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH03-047R FYE 8/31/2001 for Prior Provider #226572

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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Home Office: Consulate Management Company  
800 Concourse Parkway South  
Maitland, FL 32751



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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF BAYONET POINT

8132 HUDSON AVENUE

HUDSON, FL 34667-8571

Provider Number:

0 319651-00

Date:

5/31/2017

Fiscal Year End:

8/31/2009

Audit Status:

Unaudited

**Provider Type:**

Nursing Home

Single Level

Current  
Rate

New  
Rate

Effective  
Date

191.49

191.38

1/1/2011

Level H: Aids

336.35

336.24

1/1/2011

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH03-047R FYE  
8/31/2001 for Prior Provider #226572

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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800 Concourse Parkway South

Maitland, FL 32751

 Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 319651-00  
Date: 5/31/2017  
Fiscal Year End: 8/31/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>185.30</b>	<b>185.19</b>	<b>7/1/2011</b>
	Level H: Aids	<b>331.50</b>	<b>331.39</b>	<b>7/1/2011</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 #NH03-047R FYE 8/31/2001 for Prior Provider #226572

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Consulate Management Company  
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Lisa Smith

Medicaid Cost Reimbursement Planning and Finance





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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 319651-00  
Date: 5/31/2017  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<b><u>191.07</u></b>	<b><u>190.97</u></b>	<b><u>1/1/2012</u></b>
	Level H: Aids	<b><u>338.68</u></b>	<b><u>338.58</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 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 #NH03-047R FYE 8/31/2001 for Prior Provider #226572

**Distribution:**

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

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Lisa Smith  
Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 319651-00  
Date: 5/31/2017  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**  
  
**Level H: Aids**

Current Rate	New Rate	Effective Date
<b><u>196.67</u></b>	<b><u>196.57</u></b>	<b><u>7/1/2012</u></b>
<b><u>345.88</u></b>	<b><u>345.78</u></b>	<b><u>7/1/2012</u></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:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH03-047R FYE 8/31/2001 for Prior Provider #226572

**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>CONSULATE HEALTH CARE OF PORT CHARLOTTE</u>	Provider Number:	<u>0 320129-00</u>
<u>18480 COCHRAN BLVD</u>	Date:	<u>6/13/2017</u>
<u>PORT CHARLOTTE, FL 33948</u>	Fiscal Year End:	<u>5/31/2009</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>189.56</u></b>	<b><u>189.62</u></b>	<b><u>7/1/2010</u></b>
	<b>Level H: Aids</b>	<b><u>333.44</u></b>	<b><u>332.96</u></b>	<b><u>7/1/2010</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> 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 #NH04-193C FYE 5/31/2002 for prior provider #226564

**Distribution:**

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- Permanent File
- For Information Only
- No Change in Rate

**Lisa Smith**

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Home Office: Consulate Management Company  
800 Concourse Parkway South  
Maitland, FL 32751



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>CONSULATE HEALTH CARE OF PORT CHARLOTTE</u>	Provider Number:	<u>0 320129-00</u>
<u>18480 COCHRAN BLVD</u>	Date:	<u>6/13/2017</u>
<u>PORT CHARLOTTE, FL 33948</u>	Fiscal Year End:	<u>5/31/2009</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>193.16</u></b>	<b><u>193.22</u></b>	<b><u>1/1/2011</u></b>
	<b>Level H: Aids</b>	<b><u>338.56</u></b>	<b><u>338.08</u></b>	<b><u>1/1/2011</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 #NH04-193C FYE 5/31/2002 for prior provider #226564

**Distribution:**

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 Maitland, FL 32751



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE OF PORT CHARLOTTE</u>	Provider Number:	<u>0 320129-00</u>
<u>18480 COCHRAN BLVD</u>	Date:	<u>6/13/2017</u>
<u>PORT CHARLOTTE, FL 33948</u>	Fiscal Year End:	<u>8/31/2010</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>190.97</u></b>	<b><u>191.03</u></b>	<b><u>7/1/2011</u></b>
	<b>Level H: Aids</b>	<b><u>337.69</u></b>	<b><u>337.23</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 #NH04-193C FYE 5/31/2002 for prior provider #226564

**Distribution:**

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

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

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 Maitland, FL 32751



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>CONSULATE HEALTH CARE OF PORT CHARLOTTE</u>	Provider Number:	<u>0 320129-00</u>
<u>18480 COCHRAN BLVD</u>	Date:	<u>6/13/2017</u>
<u>PORT CHARLOTTE, FL 33948</u>	Fiscal Year End:	<u>8/31/2010</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>192.16</u></b>	<b><u>192.22</u></b>	<b><u>1/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>340.30</u></b>	<b><u>339.83</u></b>	<b><u>1/1/2012</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 #NH04-193C FYE 5/31/2002 for prior provider #226564

**Distribution:**

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 Maitland, FL 32751



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE OF PORT CHARLOTTE</u>	Provider Number:	<u>0 320129-00</u>
<u>18480 COCHRAN BLVD</u>	Date:	<u>6/13/2017</u>
<u>PORT CHARLOTTE, FL 33948</u>	Fiscal Year End:	<u>12/31/2011</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>201.53</u></b>	<b><u>201.59</u></b>	<b><u>7/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>351.28</u></b>	<b><u>350.80</u></b>	<b><u>7/1/2012</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 #NH04-193C FYE 5/31/2002 for prior provider #226564

**Distribution:**

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

**Lisa Smjth**

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 800 Concourse Parkway South  
 Maitland, FL 32751



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

NORTH LAKE REHABILITATION AND HEALTH CENTER  
750 BAYBERRY DRIVE  
LAKE PARK, FL 33403

Provider Number: 0 325163-00

Date: 5/26/2017

Fiscal Year End: 2/28/2010

Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home    Single Level**

Current Rate	New Rate	Effective Date
<u>254.79</u>	<u>253.57</u>	<u>7/1/2010</u>
<u>398.13</u>	<u>396.91</u>	<u>7/1/2010</u>

**Level H: Aids**

**Rate Type:**

           Interim

  X   Prospective

           Total Interim

             X   Total Prospective

           Interim Component

           Total Prospective with Interim Component

           Settlement based on cost

           Prior Provider Prospective data

**Basis:**

           Budget

           Unaudited costs

  X   Field audited costs

           Desk audited costs

**Changes:**

           Rate Semester Change

  X   FA & RFA #NH11-164C FYE 2/28/2010

**Distribution:**

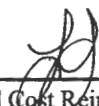
Contract Management / Fiscal Agent

Permanent File

           For Information Only

           No Change in Rate

Home Office:    Hallmark Accounting  
                  368 New Hempstead Road #309  
                  New City, NY 10956

 **Lisa Smith**  
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**Medicaid Reimbursement Per Diem Rates**

NORTH LAKE REHABILITATION AND HEALTH CENTER  
750 BAYBERRY DRIVE  
LAKE PARK, FL 33403

Provider Number: 0 325163-00

Date: 5/26/2017

Fiscal Year End: 2/28/2010

Audit Status: Revised Field Audit

**Provider Type:**

Nursing Home    Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<b>258.41</b>	<b>257.15</b>	<b>1/1/2011</b>
<b>403.27</b>	<b>402.01</b>	<b>1/1/2011</b>

**Rate Type:**

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

FA & RFA #NH11-164C FYE 2/28/2010

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Hallmark Accounting  
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

NORTH LAKE REHABILITATION AND HEALTH CENTER

750 BAYBERRY DRIVE

LAKE PARK, FL 33403

Provider Number:

0 325163-00

Date:

5/26/2017

Fiscal Year End:

2/28/2010

Audit Status:

Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>249.26</u>	<u>248.07</u>	<u>7/1/2011</u>
	Level H: Aids	<u>395.46</u>	<u>394.27</u>	<u>7/1/2011</u>

**Rate Type:**

         Interim

  X   Prospective

         Total Interim

         X Total Prospective

         Interim Component

         Total Prospective with Interim Component

         Settlement based on cost

         Prior Provider Prospective data

**Basis:**

         Budget

         Unaudited costs

  X   Field audited costs

         Desk audited costs

**Changes:**

         Rate Semester Change

  X   FA & RFA #NH11-164C FYE 2/28/2010

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**Medicaid Reimbursement Per Diem Rates**

MANORCARE NURSING AND REHABILITATION CENTER  
2075 LOCH LOMOND DRIVE  
WINTER PARK, FL 32792

Provider Number: 0 325279-00  
Date: 3/10/2017  
Fiscal Year End: 9/30/2013  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>197.30</u>	<u>194.44</u>	<u>1/1/2014</u>

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

Basis:	
<input type="checkbox"/> Budget	
<input 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 #NH13-274C FYE 09/30/2013	

**Distribution:**

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 No Change in Rate

**Lisa Smith**  
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333 North Summit Street  
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**Medicaid Reimbursement Per Diem Rates**

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2075 LOCH LOMOND DRIVE  
WINTER PARK, FL 32792

Provider Number: 0 325279-00  
Date: 3/10/2017  
Fiscal Year End: 9/30/2013  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
205.26	202.31	7/1/2014

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

Basis:	
<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 #NH13-274C FYE 09/30/2013	

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WINTER PARK, FL 32792

Provider Number: 0 325279-00  
Date: 3/10/2017  
Fiscal Year End: 9/30/2013  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
207.60	204.62	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"/> Field Audit #NH13-274C FYE 09/30/2013	

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