



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

MEMORANDUM

Date: November 1, 2017
To: Johnnie Mae Peters, Government Operations Consultant II
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.	Cross Landings Health and Rehab	0 042138-00	FA & RFA	5
2.	Harbour Health Center	0 122229-00	CS	6
3.	Plaza West	0 122232-00	9/16 Retro	2
4.	Miracle Hill Nursing and Rehabilitation Centers, Inc.	0 202941-00	FA	3
5.	Taylor Home for the Aged, Inc.	0 204536-00	FA	2
6.	Sunset Point	0 253430-00	FA	2
			TOTAL:	20

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	MFAO number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
004213800	20120101	224.08	371.69	224.08	224.08	82279-17	NH13-030W
004213800	20120201	227.52	375.13	227.52	227.52	82279-17	NH13-030W
004213800	20120701	234.68	383.89	234.68	234.68	82279-17	NH13-030W
004213800	20130101	236.83	387.64	236.83	236.83	82279-17	NH13-030W
004213800	20130701	242.41	0.00	242.41	242.41	82279-17	NH13-030W
012222900	20140829	216.63	0.00	216.63	216.63	82279-17	
012222900	20150101	220.25	0.00	220.25	220.25	82279-17	
012222900	20150401	221.35	0.00	221.35	221.35	82279-17	
012222900	20150901	222.75	0.00	222.75	222.75	82279-17	
012222900	20160901	224.50	0.00	224.50	224.50	82279-17	
012222900	20170901	226.93	0.00	226.93	226.93	82279-17	
012223200	20160901	229.86	0.00	229.86	229.86	82279-17	
012223200	20170901	233.71	0.00	233.71	233.71	82279-17	
019126200	20170101	256.37	0.00	256.37	256.37	82279-17	
019126200	20170901	261.79	0.00	261.79	261.79	82279-17	
019161800	20161231	215.79	0.00	215.79	215.79	82279-17	
019161800	20170901	228.01	0.00	228.01	228.01	82279-17	
020294100	20140701	210.40	0.00	210.40	210.40	82279-17	NH14-097C
020294100	20150101	213.93	0.00	213.93	213.93	82279-17	NH14-097C
020294100	20150901	211.54	0.00	211.54	211.54	82279-17	NH14-097C
020453600	20140701	188.07	0.00	188.07	188.07	82279-17	NH14-111C
020453600	20150101	190.50	0.00	190.50	190.50	82279-17	NH14-111C
025343000	20140701	197.08	0.00	197.08	197.08	82279-17	NH14-006G
025343000	20150101	200.81	0.00	200.81	200.81	82279-17	NH14-006G



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Medicaid Reimbursement Per Diem Rates

CROSS LANDINGS HEALTH AND REHAB	Provider Number:	0 042138-00
1780 N JEFFERSON ST	Date:	9/7/2017
MONTICELLO, FL 32344	Fiscal Year End:	1/31/2012
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>224.80</u>	<u>224.08</u>	<u>1/1/2012</u>
	Level H: Aids	<u>372.41</u>	<u>371.69</u>	<u>1/1/2012</u>

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-030W FYE 1/31/2012	

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Medicaid Reimbursement Per Diem Rates

CROSS LANDINGS HEALTH AND REHAB
1780 N JEFFERSON ST
MONTICELLO, FL 32344

Provider Number: 0 042138-00

Date: 9/7/2017

Fiscal Year End: 1/31/2012

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.81</u>	<u>227.52</u>	<u>2/1/2012</u>
	Level H: Aids	<u>375.42</u>	<u>375.13</u>	<u>2/1/2012</u>

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH13-030W FYE 1/31/2012

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CROSS LANDINGS HEALTH AND REHAB
1780 N JEFFERSON ST
MONTICELLO, FL 32344

Provider Number: 0 042138-00
Date: 9/7/2017
Fiscal Year End: 1/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>235.53</u>	<u>234.68</u>	<u>7/1/2012</u>
	Level H: Aids	<u>384.74</u>	<u>383.89</u>	<u>7/1/2012</u>

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH13-030W FYE 1/31/2012

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Medicaid Reimbursement Per Diem Rates

<u>CROSS LANDINGS HEALTH AND REHAB</u>	Provider Number:	<u>0 042138-00</u>
<u>1780 N JEFFERSON ST</u>	Date:	<u>9/7/2017</u>
<u>MONTICELLO, FL 32344</u>	Fiscal Year End:	<u>1/31/2012</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>238.29</u>	<u>236.83</u>	<u>1/1/2013</u>
	Level H: Aids	<u>389.10</u>	<u>387.64</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 checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-030W FYE 1/31/2012	

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CROSS LANDINGS HEALTH AND REHAB

1780 N JEFFERSON ST

MONTICELLO, FL 32344

Provider Number:

0 042138-00

Date:

9/7/2017

Fiscal Year End:

1/31/2012

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
244.44	242.41	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

FA & RFA #NH13-030W FYE 1/31/2012

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Medicaid Reimbursement Per Diem Rates

HARBOUR HEALTH CENTER
23013 WESTCHESTER BLVD
PORT CHARLOTTE, FL 33980

Provider Number: 0 122229-00
Date: 10/5/2017
Fiscal Year End: 3/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
227.12 **216.63** **8/29/2014**

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Cost Settlement FYE 3/31/2015

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Medicaid Reimbursement Per Diem Rates

HARBOUR HEALTH CENTER
23013 WESTCHESTER BLVD
PORT CHARLOTTE, FL 33980

Provider Number: 0 122229-00
Date: 10/5/2017
Fiscal Year End: 3/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>227.95</u>	<u>220.25</u>	<u>1/1/2015</u>

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Cost Settlement FYE 3/31/2015

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HARBOUR HEALTH CENTER
 23013 WESTCHESTER BLVD
 PORT CHARLOTTE, FL 33980

Provider Number: 0 122229-00
 Date: 10/5/2017
 Fiscal Year End: 3/31/2015
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>227.95</u>	<u>221.35</u>	<u>4/1/2015</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 3/31/2015

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HARBOUR HEALTH CENTER
23013 WESTCHESTER BLVD
PORT CHARLOTTE, FL 33980

Provider Number: 0 122229-00
Date: 10/5/2017
Fiscal Year End: 3/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>222.86</u>	<u>222.75</u>	<u>9/1/2015</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 3/31/2015

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HARBOUR HEALTH CENTER
23013 WESTCHESTER BLVD
PORT CHARLOTTE, FL 33980

Provider Number: 0 122229-00
Date: 10/5/2017
Fiscal Year End: 3/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>220.06</u>	<u>224.50</u>	<u>9/1/2016</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 3/31/2015

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Medicaid Reimbursement Per Diem Rates

HARBOUR HEALTH CENTER	Provider Number:	0 122229-00
23013 WESTCHESTER BLVD	Date:	10/5/2017
PORT CHARLOTTE, FL 33980	Fiscal Year End:	12/31/2016
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>226.92</u>	<u>226.93</u>	<u>9/1/2017</u>

Rate Type:

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

Basis:

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

Changes:

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

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

PLAZA WEST	Provider Number:	0 122232-00
912 AMERICAN EAGLE BLVD	Date:	10/27/2017
SUN CITY CENTER, FL 33573	Fiscal Year End:	12/31/2015
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>220.03</u>	<u>229.86</u>	<u>9/1/2016</u>

Rate Type:	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ 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"/> Retro for 9/16 FYE 12/31/2015	

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Medicaid Reimbursement Per Diem Rates

PLAZA WEST	Provider Number:	0 122232-00
912 AMERICAN EAGLE BLVD	Date:	10/27/2017
SUN CITY CENTER, FL 33573	Fiscal Year End:	12/31/2015
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		224.64	233.71	9/1/2017

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"/> Retro for 9/16 FYE 12/31/2015	

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SOLARIS HEALTHCARE OSCEOLA	Provider Number:	0 191262-00
4201 W NEW NOLTE ROAD	Date:	9/29/2017
SAINT CLOUD, FL 34772	Fiscal Year End:	12/31/2017
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>235.15</u>	<u>256.37</u>	<u>1/1/2017</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 01/01/2017	

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE OSCEOLA
4201 W NEW NOLTE ROAD
SAINT CLOUD, FL 34772

Provider Number: 0 191262-00
Date: 9/29/2017
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
234.18	261.79	9/1/2017

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 01/01/2017	

Distribution:

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Medicaid Reimbursement Per Diem Rates

REHABILITATION AND HEALTH CARE CENTER
110 LODGE TERRACE DR
ALTOONA, FL 32702

Provider Number: 0 191618-00
Date: 10/6/2017
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
215.79 **215.79** **12/31/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Related Party CHOP effective 12/31/2016	

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REHABILITATION AND HEALTH CARE CENTER
110 LODGE TERRACE DR
ALTOONA, FL 32702

Provider Number: 0 191618-00
Date: 10/6/2017
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>228.01</u>	<u>228.01</u>	<u>9/1/2017</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"/> Related Party CHOP effective 12/31/2016

Distribution:

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Home Office: No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MIRACLE HILL NURSING AND REHABILITATION CENTERS, INC.
1329 ABRAHAM STREET
TALLAHASSEE, FL 32304

Provider Number: 0 202941-00
Date: 6/12/2017
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
213.23	210.40	7/1/2014

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit NH14-097C FYE 6/30/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

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

MIRACLE HILL NURSING AND REHABILITATION CENTERS, INC.	Provider Number:	0 202941-00
1329 ABRAHAM STREET	Date:	6/12/2017
TALLAHASSEE, FL 32304	Fiscal Year End:	6/30/2013
	Audit Status:	Field Audited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		216.82	213.93	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 NH14-097C FYE 6/30/2013	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: No Home Office

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

MIRACLE HILL NURSING AND REHABILITATION CENTERS, INC.	Provider Number:	0 202941-00
1329 ABRAHAM STREET	Date:	6/12/2017
TALLAHASSEE, FL 32304	Fiscal Year End:	6/30/2013
	Audit Status:	Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
214.45	211.54	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

Field Audit NH14-097C FYE 6/30/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TAYLOR HOME FOR THE AGED, INC
6210 BEACH BLVD
JACKSONVILLE, FL 32216

Provider Number: 0 204536-00
Date: 9/19/2017
Fiscal Year End: 8/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>202.75</u>	<u>188.07</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 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 #NH14-111C FYE 8/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Taylor Foundation Services, Inc.
6601 Chester Avenue
Jacksonville, FL 32217

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

TAYLOR HOME FOR THE AGED, INC
6210 BEACH BLVD
JACKSONVILLE, FL 32216

Provider Number: 0 204536-00
Date: 9/19/2017
Fiscal Year End: 8/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
205.40	190.50	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

Field Audit #NH14-111C FYE 8/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Taylor Foundation Services, Inc.
6601 Chester Avenue
Jacksonville, FL 32217

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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

SUNSET POINT	Provider Number:	0 253430-00
1980 SUNSET POINT RD	Date:	8/17/2017
CLEARWATER, FL 33765-1132	Fiscal Year End:	7/31/2013
	Audit Status:	Field Audited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>199.22</u>	<u>197.08</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 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 #NH14-006G FYE 07/31/2013

Distribution:


Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Sun Healthcare Group, Inc.
101 East State Street
Kennett Square, PA 19348


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

SUNSET POINT	Provider Number:	0 253430-00
1980 SUNSET POINT RD	Date:	8/17/2017
CLEARWATER, FL 33765-1132	Fiscal Year End:	7/31/2013
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.02	200.81	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 #NH14-006G FYE 07/31/2013	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Sun Healthcare Group, Inc.
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Kennett Square, PA 19348

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance