




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: February 24, 2015
To: Gay Munyon, Bureau Chief, Medicaid Contract Management
From:  Thomas Parker, Regulatory Analyst Supervisor, Medicaid Cost Reimbursement
Subject: Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
1.	WOODS OF MANATEE SPRINGS	0 008793-00	3
2.	BENDERSON FAMILY SKILLED NURSING & REHAB CENTER	0 033717-00	1
3.	SOUTH DADE NURSING AND REHABILITATION CENTER	0 054789-00	7
4.	GOLDEN GLADES NURSING AND REHABILITATION CENTER	0 054790-00	6
5.	THE CLUB HEALTH AND REHABILITATION CENTER AT THE VILLAGES	0 072320-00	8
6.	OSPREY POINT NURSING CENTER	0 092678-00	1
7.	THE PALACE AT KENDALL NURSING AND REHAB CENTER	0 203327-00	1
8.	OSPREY POINT NURSING CENTER	0 215597-00	13
9.	LAKE HARRIS HEALTH CENTER	0 228966-00	2
10.	SIGNATURE HEALTHCARE CENTER OF WATERFORD	0 324400-00	1
		Total	43

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

TP/ab
Attachments



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)		
000879300	20110701	222.53	368.73	222.53	222.53	76876-15	NH13-150L
000879300	20120101	223.95	371.56	223.95	223.95	76876-15	NH13-150L
000879300	20120701	230.99	380.20	230.99	230.99	76876-15	NH13-150L
003371700	20150101	225.73	0.00	225.73	225.73	76876-15	
005478900	20120601	189.92	337.53	189.92	189.92	76876-15	
005478900	20120701	194.35	343.56	194.35	194.35	76876-15	
005478900	20130101	197.83	348.64	197.83	197.83	76876-15	
005478900	20130701	203.63	0.00	203.63	203.63	76876-15	
005478900	20140101	204.68	0.00	204.68	204.68	76876-15	
005478900	20140701	215.59	0.00	215.59	215.59	76876-15	
005478900	20150101	218.17	0.00	218.17	218.17	76876-15	
005479000	20120601	207.68	355.29	207.68	207.68	76876-15	
005479000	20120701	214.74	363.95	214.74	214.74	76876-15	
005479000	20130101	222.09	372.90	222.09	222.09	76876-15	
005479000	20130701	228.22	0.00	228.22	228.22	76876-15	
005479000	20140101	229.60	0.00	229.60	229.60	76876-15	
005479000	20140701	240.29	0.00	240.29	240.29	76876-15	
007232000	20120713	217.41	366.62	217.41	217.41	76876-15	
007232000	20130101	220.02	370.83	220.02	220.02	76876-15	
007232000	20130701	225.39	0.00	225.39	225.39	76876-15	
007232000	20130713	223.37	0.00	223.37	223.37	76876-15	
007232000	20140101	230.36	0.00	230.36	230.36	76876-15	
007232000	20140113	230.36	0.00	230.36	230.36	76876-15	
007232000	20140701	233.57	0.00	233.57	233.57	76876-15	
007232000	20150101	240.75	0.00	240.75	240.75	76876-15	
009267800	20140101	206.67	0.00	206.67	206.67	76876-15	NH09-001L
020332700	20110701	204.97	351.17	204.97	204.97	76876-15	NH11-143C
021559700	20080701	174.54	310.82	174.54	174.54	76876-15	NH09-001L
021559700	20090101	176.18	314.53	176.18	176.18	76876-15	NH09-001L
021559700	20090301	161.41	299.76	161.41	161.41	76876-15	NH09-001L
021559700	20090401	197.33	335.68	197.33	197.33	76876-15	NH09-001L
021559700	20090701	199.42	339.77	199.42	199.42	76876-15	NH09-001L
021559700	20100101	191.43	333.35	191.43	191.43	76876-15	NH09-001L
021559700	20100701	196.60	339.94	196.60	196.60	76876-15	NH09-001L
021559700	20110101	199.51	344.37	199.51	199.51	76876-15	NH09-001L
021559700	20110701	192.27	338.47	192.27	192.27	76876-15	NH09-001L
021559700	20120101	193.54	341.15	193.54	193.54	76876-15	NH09-001L
021559700	20120701	199.56	348.77	199.56	199.56	76876-15	NH09-001L
021559700	20130101	196.31	347.12	196.31	196.31	76876-15	NH09-001L
021559700	20130701	202.12	0.00	202.12	202.12	76876-15	NH09-001L
022896600	20140701	210.24	0.00	210.24	210.24	76876-15	
022896600	20150101	212.17	0.00	212.17	212.17	76876-15	
032440000	20150101	210.08	0.00	210.08	210.08	76876-15	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WOODS OF MANATEE SPRINGS	Provider Number:	0 008793-00
5627 9TH ST E	Date:	1/8/2015
BRADENTON, FL 34203	Fiscal Year End:	12/31/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>225.59</u>	<u>222.53</u>	<u>7/1/2011</u>
	Level H: Aids	<u>371.79</u>	<u>368.73</u>	<u>7/1/2011</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH13-150L FYE 12/31/2010

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

WOODS OF MANATEE SPRINGS

5627 9TH ST E

BRADENTON, FL 34203

Provider Number:

0 008793-00

Date:

1/8/2015

Fiscal Year End:

12/31/2010

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

227.02

223.95

1/1/2012

Level H: Aids

374.63

371.56

1/1/2012

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 #NH13-150L FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>WOODS OF MANATEE SPRINGS</u>	Provider Number:	<u>0 008793-00</u>
<u>5627 9TH ST E</u>	Date:	<u>1/8/2015</u>
<u>BRADENTON, FL 34203</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>234.11</u>	<u>230.99</u>	<u>7/1/2012</u>
	Level H: Aids	<u>383.32</u>	<u>380.20</u>	<u>7/1/2012</u>

Rate Type:

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

Basis:

 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Field Audit #NH13-150L FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>BENDERSON FAMILY SKILLED NURSING & REHAB CENTER</u>	Provider Number:	<u>0 033717-00</u>
<u>1959 N HONORE AVE</u>	Date:	<u>2/23/2015</u>
<u>SARASOTA, FL 34235</u>	Fiscal Year End:	<u>12/31/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		245.01	225.73	1/1/2015

Rate Type:

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

Basis:


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

Changes:

<u>Rate Semester Change</u>
<u>X</u> <u>Retro for 1/15 to change QA status to exempt</u>

Distribution:

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 Home Office: No Home Office


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Medicaid Reimbursement Per Diem Rates

SOUTH DADE NURSING AND REHABILITATION CENTER
17475 S DIXIE HWY
MIAMI, FL 33157

Provider Number: 0 054789-00
Date: 2/19/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.58	189.92	6/1/2012
	Level H: Aids	343.19	337.53	6/1/2012

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Cost Settlement FYE 12/31/2012 and AIDS
 Interim Effective 7/1/2013

Distribution:

Contract Management / Fiscal Agent
 Permanent File
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 No Change in Rate

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 Miami, FL 33161



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Medicaid Reimbursement Per Diem Rates

<u>SOUTH DADE NURSING AND REHABILITATION CENTER</u>	Provider Number:	<u>0 054789-00</u>
<u>17475 S DIXIE HWY</u>	Date:	<u>2/19/2015</u>
<u>MIAMI, FL 33157</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>
Nursing Home	Single Level	<u>200.33</u>	<u>194.35</u>	<u>7/1/2012</u>
	Level H: Aids	<u>349.54</u>	<u>343.56</u>	<u>7/1/2012</u>

Rate Type:

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

Basis:


<u> </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>	Cost Settlement FYE 12/31/2012 and AIDS Interim Effective 7/1/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

SOUTH DADE NURSING AND REHABILITATION CENTER
17475 S DIXIE HWY
MIAMI, FL 33157

Provider Number: 0 054789-00
Date: 2/19/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.50	197.83	1/1/2013
	Level H: Aids	351.31	348.64	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
 Cost Settlement FYE 12/31/2012 and AIDS
 Interim Effective 7/1/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>SOUTH DADE NURSING AND REHABILITATION CENTER</u>	Provider Number:	<u>0 054789-00</u>
<u>17475 S DIXIE HWY</u>	Date:	<u>2/19/2015</u>
<u>MIAMI, FL 33157</u>	Fiscal Year End:	<u>12/31/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>204.05</u>	<u>203.63</u>	<u>7/1/2013</u>

Rate Type:

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

Basis:

 Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Cost Settlement FYE 12/31/2012 and AIDS
 Interim Effective 7/1/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>SOUTH DADE NURSING AND REHABILITATION CENTER</u>	Provider Number:	<u>0 054789-00</u>
<u>17475 S DIXIE HWY</u>	Date:	<u>2/19/2015</u>
<u>MIAMI, FL 33157</u>	Fiscal Year End:	<u>12/31/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		199.66	204.68	1/1/2014

Rate Type:

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

Basis:

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

Changes:

<u>Rate Semester Change</u>
<u>X</u> Cost Settlement FYE 12/31/2012 and AIDS Interim Effective 7/1/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Adirhu Associates, LLC
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Medicaid Reimbursement Per Diem Rates

SOUTH DADE NURSING AND REHABILITATION CENTER
17475 S DIXIE HWY
MIAMI, FL 33157

Provider Number: 0 054789-00
Date: 2/19/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
209.46	215.59	7/1/2014

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Cost Settlement FYE 12/31/2012 and AIDS
Interim Effective 7/1/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

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Medicaid Reimbursement Per Diem Rates

SOUTH DADE NURSING AND REHABILITATION CENTER
17475 S DIXIE HWY
MIAMI, FL 33157

Provider Number: 0 054789-00
Date: 2/19/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>217.16</u>	<u>218.17</u>	<u>1/1/2015</u>

Rate Type:

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

Basis:

 Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Cost Settlement FYE 12/31/2012 and AIDS
 Interim Effective 7/1/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

GOLDEN GLADES NURSING AND REHABILITATION CENTER
220 SIERRA DRIVE
MIAMI, FL 33179

Provider Number: 0 054790-00
Date: 1/6/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	223.54	207.68	6/1/2012
	Level H: Aids	371.15	355.29	6/1/2012

Rate Type:

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

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Cost Settlement using FYE 12/31/2012 C/R

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

GOLDEN GLADES NURSING AND REHABILITATION CENTER
220 SIERRA DRIVE
MIAMI, FL 33179

Provider Number: 0 054790-00
Date: 1/6/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>228.70</u>	<u>214.74</u>	<u>7/1/2012</u>
	Level H: Aids	<u>377.91</u>	<u>363.95</u>	<u>7/1/2012</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
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement using FYE 12/31/2012 C/R

Distribution:

Contract Management / Fiscal Agent
 Permanent File
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 _____ No Change in Rate

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<u>GOLDEN GLADES NURSING AND REHABILITATION CENTER</u>	Provider Number:	<u>0 054790-00</u>
<u>220 SIERRA DRIVE</u>	Date:	<u>1/6/2015</u>
<u>MIAMI , FL 33179</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>
Nursing Home	Single Level	<u>228.90</u>	<u>222.09</u>	<u>1/1/2013</u>
	Level H: Aids	<u>379.71</u>	<u>372.90</u>	<u>1/1/2013</u>

Rate Type:

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

Basis:

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

Changes:

<u>Rate Semester Change</u>
<u>X</u> <u>Cost Settlement using FYE 12/31/2012 C/R</u>

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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

Thomas Parker
Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GOLDEN GLADES NURSING AND REHABILITATION CENTER
220 SIERRA DRIVE
MIAMI, FL 33179

Provider Number: 0 054790-00
Date: 1/6/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>232.90</u>	<u>228.22</u>	<u>7/1/2013</u>

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement using FYE 12/31/2012 C/R

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GOLDEN GLADES NURSING AND REHABILITATION CENTER
220 SIERRA DRIVE
MIAMI, FL 33179

Provider Number: 0 054790-00
Date: 1/6/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
230.49	229.60	1/1/2014

Rate Type:

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

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement using FYE 12/31/2012 C/R

Distribution:

Contract Management / Fiscal Agent
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Thomas Parker
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Medicaid Reimbursement Per Diem Rates

GOLDEN GLADES NURSING AND REHABILITATION CENTER
220 SIERRA DRIVE
MIAMI, FL 33179

Provider Number: 0 054790-00
Date: 1/6/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
239.40	240.29	7/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement using FYE 12/31/2012 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE CLUB HEALTH AND REHAB CENTER AT THE VILLAGES
16529 SE 86TH BELLE MEADE CIRCLE
THE VILLAGES, FL 32162-5885

Provider Number: 0 072320-00
Date: 1/15/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.89	217.41	7/13/2012
	Level H: Aids	351.10	366.62	7/13/2012

Rate Type:

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

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement using FYE 12/31/2013 C/R

Distribution:

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 _____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

THE CLUB HEALTH AND REHAB CENTER AT THE VILLAGES
16529 SE 86TH BELLE MEADE CIRCLE
THE VILLAGES, FL 32162-5885

Provider Number: 0 072320-00
Date: 1/15/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 204.79 New Rate: 220.02 Effective Date: 1/1/2013

Level H: Aids

Current Rate: 355.60 New Rate: 370.83 Effective Date: 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
 Cost Settlement using FYE 12/31/2013 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE CLUB HEALTH AND REHAB CENTER AT THE VILLAGES
16529 SE 86TH BELLE MEADE CIRCLE
THE VILLAGES, FL 32162-5885

Provider Number: 0 072320-00
Date: 1/15/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Current Rate: 210.07
New Rate: 225.39
Effective Date: 7/1/2013

Nursing Home Single Level

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 using FYE 12/31/2013 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE CLUB HEALTH AND REHAB CENTER AT THE VILLAGES
16529 SE 86TH BELLE MEADE CIRCLE
THE VILLAGES, FL 32162-5885

Provider Number: 0 072320-00
Date: 1/15/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
215.98 **230.36** **1/13/2014**

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 using FYE 12/31/2013 C/R

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Medicaid Reimbursement Per Diem Rates

THE CLUB HEALTH AND REHAB CENTER AT THE VILLAGES
16529 SE 86TH BELLE MEADE CIRCLE
THE VILLAGES, FL 32162-5885

Provider Number: 0 072320-00
Date: 1/15/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
217.64 233.57 7/1/2014

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Cost Settlement using FYE 12/31/2013 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE CLUB HEALTH AND REHAB CENTER AT THE VILLAGES
16529 SE 86TH BELLE MEADE CIRCLE
THE VILLAGES, FL 32162-5885

Provider Number: 0 072320-00
Date: 1/15/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
241.77 240.75 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
 Cost Settlement using FYE 12/31/2013 C/R

Distribution:

Contract Management / Fiscal Agent
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OSPREY POINT NURSING CENTER	Provider Number:	0 092678-00
1104 NORTH MAIN STREET	Date:	2/4/2015
BUSHNELL , FL 33513	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	206.66	206.67	1/1/2014

Rate Type:

<u> X </u> Interim	<u> </u> Prospective
<u> X </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> Effects of FA & RFA #NH09-001L FYE 12/31/2007 for prior provider #215597

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Thomas Parker
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 800 Concourse Parkway South
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE PALACE AT KENDALL NURSING AND REHAB CENTER
11215 SW 84TH STREET
MIAMI, FL 33173

Provider Number: 0 203327-00
Date: 1/12/2015
Fiscal Year End: 7/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.46	204.97	7/1/2011
	Level H: Aids	357.66	351.17	7/1/2011

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH11-143C FYE 7/31/2010

Distribution:

Contract Management / Fiscal Agent
 Permanent File
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 No Change in Rate

Thomas Parker
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 10850 SW 113th Place
 Miami, FL 33176



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OSPREY POINT NURSING CENTER
1104 NORTH MAIN STREET
BUSHNELL, FL 33513

Provider Number: 0 215597-00
Date: 2/4/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	176.43	174.54	7/1/2008
	Level H: Aids	312.71	310.82	7/1/2008

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH09-001L FYE 12/31/2007

Distribution:

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Thomas Parker
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Home Office: Health Care Managers, Inc
 2380 Sadler Road Suite 201
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OSPREY POINT NURSING CENTER

1104 NORTH MAIN STREET

BUSHNELL, FL 33513

Provider Number:

0 215597-00

Date:

2/4/2015

Fiscal Year End:

12/31/2007

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
176.86	176.18	1/1/2009
315.21	314.53	1/1/2009

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH09-001L FYE 12/31/2007

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OSPREY POINT NURSING CENTER
1104 NORTH MAIN STREET
BUSHNELL, FL 33513

Provider Number: 0 215597-00
Date: 2/4/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	162.04	161.41	3/1/2009
	Level H: Aids	300.39	299.76	3/1/2009

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH09-001L FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

OSPREY POINT NURSING CENTER
1104 NORTH MAIN STREET
BUSHNELL, FL 33513

Provider Number: 0 215597-00
Date: 2/4/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>198.07</u>	<u>197.33</u>	<u>4/1/2009</u>
	Level H: Aids	<u>336.42</u>	<u>335.68</u>	<u>4/1/2009</u>

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH09-001L FYE 12/31/2007

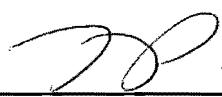
Distribution:

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Medicaid Reimbursement Per Diem Rates

OSPREY POINT NURSING CENTER
1104 NORTH MAIN STREET
BUSHNELL, FL 33513

Provider Number: 0 215597-00
Date: 2/4/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>201.53</u>	<u>199.42</u>	<u>7/1/2009</u>
	Level H: Aids	<u>341.88</u>	<u>339.77</u>	<u>7/1/2009</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH09-001L FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

OSPREY POINT NURSING CENTER
1104 NORTH MAIN STREET
BUSHNELL, FL 33513

Provider Number: 0 215597-00
Date: 2/4/2015
Fiscal Year End: 12/31/2008
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.16	191.43	1/1/2010
Level H: Aids	334.08	333.35	1/1/2010

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 #NH09-001L FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>OSPREY POINT NURSING CENTER</u>	Provider Number:	<u>0 215597-00</u>
<u>1104 NORTH MAIN STREET</u>	Date:	<u>2/4/2015</u>
<u>BUSHNELL , FL 33513</u>	Fiscal Year End:	<u>12/31/2009</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>197.33</u>	<u>196.60</u>	<u>7/1/2010</u>
	Level H: Aids	<u>340.67</u>	<u>339.94</u>	<u>7/1/2010</u>

Rate Type:

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

Basis:


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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA #NH09-001L FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

OSPREY POINT NURSING CENTER	Provider Number:	0 215597-00
1104 NORTH MAIN STREET	Date:	2/4/2015
BUSHNELL, FL 33513	Fiscal Year End:	12/31/2009
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>200.25</u>	<u>199.51</u>	<u>1/1/2011</u>
	Level H: Aids	<u>345.11</u>	<u>344.37</u>	<u>1/1/2011</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH09-001L FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

OSPREY POINT NURSING CENTER	Provider Number:	0 215597-00
1104 NORTH MAIN STREET	Date:	2/4/2015
BUSHNELL, FL 33513	Fiscal Year End:	12/31/2009
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>192.96</u>	<u>192.27</u>	<u>7/1/2011</u>
	Level H: Aids	<u>339.16</u>	<u>338.47</u>	<u>7/1/2011</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:

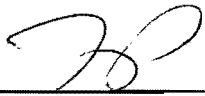
_____ Budget
<input checked="" type="checkbox"/> Unaudited costs
_____ Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH09-001L FYE 12/31/2007

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Health Care Managers, Inc
 2380 Sadler Road Suite 201
 Fernandina Beach, FL 32034



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

OSPREY POINT NURSING CENTER	Provider Number:	0 215597-00
1104 NORTH MAIN STREET	Date:	2/4/2015
BUSHNELL , FL 33513	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>194.24</u>	<u>193.54</u>	<u>1/1/2012</u>
	Level H: Aids	<u>341.85</u>	<u>341.15</u>	<u>1/1/2012</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH09-001L FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

OSPREY POINT NURSING CENTER	Provider Number:	0 215597-00
1104 NORTH MAIN STREET	Date:	2/4/2015
BUSHNELL, FL 33513	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	200.28	199.56	7/1/2012
	Level H: Aids	349.49	348.77	7/1/2012

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH09-001L FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

OSPREY POINT NURSING CENTER	Provider Number:	0 215597-00
1104 NORTH MAIN STREET	Date:	2/4/2015
BUSHNELL , FL 33513	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>197.03</u>	<u>196.31</u>	<u>1/1/2013</u>
	Level H: Aids	<u>347.84</u>	<u>347.12</u>	<u>1/1/2013</u>

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH09-001L FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

OSPREY POINT NURSING CENTER
1104 NORTH MAIN STREET
BUSHNELL, FL 33513

Provider Number: 0 215597-00
Date: 2/4/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>202.86</u>	<u>202.12</u>	<u>7/1/2013</u>

Rate Type:

Interim

_____ Total Interim

_____ Interim Component

_____ Settlement based on cost

_____ Prior Provider Prospective data

Prospective

_____ Total Prospective

_____ Total Prospective with Interim Component

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Effects of FA & RFA #NH09-001L FYE 12/31/2007

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Home Office: Health Care Managers, Inc
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Medicaid Reimbursement Per Diem Rates

LAKE HARRIS HEALTH CENTER
701 LAKE PORT BLVD
LEESBURG, FL 34748

Provider Number: 0 228966-00
Date: 2/16/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
209.27	210.24	7/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Retro for 7/14 to correct Mortgage

Distribution:

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No Change in Rate

Home Office: Brookdale Senior Living, Inc.
111 Westwood Place, Ste. 400
Brentwood, TN 37027

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKE HARRIS HEALTH CENTER
701 LAKE PORT BLVD
LEESBURG, FL 34748

Provider Number: 0 228966-00
Date: 2/16/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
213.45	212.17	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

Retro for 1/15 using FYE 12/31/2013 C/R

Distribution:

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Home Office: Brookdale Senior Living, Inc.
111 Westwood Place, Ste. 400
Brentwood, TN 37027

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Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE CENTER OF WATERFORD
8333 W OKEECHOBEE ROAD
HIALEAH GARDENS , FL 33016

Provider Number: 0 324400-00
Date: 2/13/2015
Fiscal Year End: 7/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>227.53</u>	<u>210.08</u>	<u>1/1/2015</u>

Rate Type:

Interim

_____ Total Interim

_____ Interim Component

_____ Settlement based on cost

_____ Prior Provider Prospective data

Prospective

_____ Total Prospective

_____ Total Prospective with Interim Component

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

QA change for 1/15 R/S

Distribution:

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_____ No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Signature Healthcare LLC
12201 Bluegrass Parkway
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