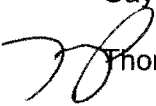




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: May 28, 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.	Cross Pointe Care Center	0 001281-00	6
2.	Berkshire Manor	0 005388-00	11
3.	Wave Crest Health & Rehab Center	0 005519-00	9
4.	Manor on the Green	0 005543-00	9
5.	Oaks of Kissimmee	0 005549-00	11
6.	South Dade Nursing & Rehab Center	0 054789-00	1
7.	Golden Glades Nursing & Rehab Center	0 054790-00	1
8.	South Campus Rehab & Nursing Center	0 072048-00	1
9.	Rehab Center at Park Place	0 104875-00	4
10.	North Rehab Center	0 227641-00	5
11.	Lake View Care Center at Delray	0 229610-00	16
12.	Leesburg Health & Rehab	0 252956-00	2
13.	Riverwood Center	0 260673-00	8
14.	Hialeah Nursing & Rehab Center	0 265730-00	16
15.	The Springs at Boca Ciega Bay	0 267724-00	4
16.	Watercrest Care Center	0 310409-00	10
17.	South Pointe Plaza	0 311308-00	16
18.	Community Health & Rehab Center	0 318779-00	4
		Total:	134

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

TP/ke



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)		
000128100	20080701	196.96	333.24	196.96	196.96	77409-15	NH12-071W
000128100	20090101	199.93	338.28	199.93	199.93	77409-15	NH12-071W
000128100	20090301	183.17	321.52	183.17	183.17	77409-15	NH12-071W
000128100	20090401	224.93	363.28	224.93	224.93	77409-15	NH12-071W
000128100	20090701	230.47	370.82	230.47	230.47	77409-15	NH12-071W
000128100	20100101	232.24	374.16	232.24	232.24	77409-15	NH12-071W
000538800	20081204	192.23	328.51	192.23	192.23	77409-15	NH12-034C
000538900	20090101	187.75	326.10	187.75	187.75	77409-15	NH12-034C
000539000	20090301	172.01	310.36	172.01	172.01	77409-15	NH12-034C
000539100	20090401	212.64	350.99	212.64	212.64	77409-15	NH12-034C
000539200	20090701	227.41	367.76	227.41	227.41	77409-15	NH12-034C
000539300	20100101	229.21	371.13	229.21	229.21	77409-15	NH12-034C
000539400	20100701	233.14	376.48	233.14	233.14	77409-15	NH12-034C
000539500	20110101	235.98	380.84	235.98	235.98	77409-15	NH12-034C
000539600	20110701	227.37	373.57	227.37	227.37	77409-15	NH12-034C
000539700	20120101	229.36	376.97	229.36	229.36	77409-15	NH12-034C
000539800	20120701	237.25	386.46	237.25	237.25	77409-15	NH12-034C
000551900	20081204	180.50	316.78	180.50	180.50	77409-15	NH12-035C
000552000	20090101	176.85	315.20	176.85	176.85	77409-15	NH12-035C
000552100	20090301	162.03	300.38	162.03	162.03	77409-15	NH12-035C
000552200	20090401	200.61	338.96	200.61	200.61	77409-15	NH12-035C
000552300	20090701	212.67	353.02	212.67	212.67	77409-15	NH12-035C
000552400	20100101	214.66	356.58	214.66	214.66	77409-15	NH12-035C
000552500	20100701	218.20	361.54	218.20	218.20	77409-15	NH12-035C
000552600	20110101	220.86	365.72	220.86	220.86	77409-15	NH12-035C
000552700	20110701	213.20	359.40	213.20	213.20	77409-15	NH12-035C
000554300	20081204	186.14	322.42	186.14	186.14	77409-15	NH12-037C
000554300	20090101	182.67	321.02	182.67	182.67	77409-15	NH12-037C
000554300	20090301	167.36	305.71	167.36	167.36	77409-15	NH12-037C
000554300	20090401	206.87	345.22	206.87	206.87	77409-15	NH12-037C
000554300	20090701	220.70	361.05	220.70	220.70	77409-15	NH12-037C
000554300	20100101	222.64	364.56	222.64	222.64	77409-15	NH12-037C
000554300	20100701	225.00	368.34	225.00	225.00	77409-15	NH12-037C
000554300	20110101	228.51	373.37	228.51	228.51	77409-15	NH12-037C
000554300	20110701	220.75	366.95	220.75	220.75	77409-15	NH12-037C
000554900	20081204	182.46	318.74	182.46	182.46	77409-15	NH12-039C
000554900	20090101	178.38	316.73	178.38	178.38	77409-15	NH12-039C
000554900	20090301	163.43	301.78	163.43	163.43	77409-15	NH12-039C
000554900	20090401	201.79	340.14	201.79	201.79	77409-15	NH12-039C
000554900	20090701	215.33	355.68	215.33	215.33	77409-15	NH12-039C
000554900	20100101	217.40	359.32	217.40	217.40	77409-15	NH12-039C
000554900	20100701	220.85	364.19	220.85	220.85	77409-15	NH12-039C
000554900	20110101	223.78	368.64	223.78	223.78	77409-15	NH12-039C
000554900	20110701	216.09	362.29	216.09	216.09	77409-15	NH12-039C
000554900	20120101	213.33	360.94	213.33	213.33	77409-15	NH12-039C
000554900	20150101	242.75	0.00	242.75	242.75	77409-15	NH12-039C
005478900	20150101	210.07	0.00	210.07	210.07	77409-15	
005479000	20150101	218.71	0.00	218.71	218.71	77409-15	
007204800	20090701	228.72	369.07	228.72	228.72	77409-15	NH11-061L
010487500	20140401	225.64	0.00	225.64	225.64	77409-15	
010487500	20140701	236.79	0.00	236.79	236.79	77409-15	
010487500	20141001	242.38	0.00	242.38	242.38	77409-15	
010487500	20150101	246.80	0.00	246.80	246.80	77409-15	
022764100	20080701	181.47	317.75	181.47	181.47	77409-15	NH10-038C
022764100	20090101	183.50	321.85	183.50	183.50	77409-15	NH10-038C
022764100	20090301	168.12	306.47	168.12	168.12	77409-15	NH10-038C
022764100	20090401	207.86	346.21	207.86	207.86	77409-15	NH10-038C
022764100	20090701	209.98	350.33	209.98	209.98	77409-15	NH10-038C
022961000	20080701	174.26	310.54	174.26	174.26	77409-15	NH08-122G
022961000	20090101	174.23	312.58	174.23	174.23	77409-15	NH08-122G

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
022961000	20090301	159.62	297.97	159.62	159.62	77409-15	NH08-122G
022961000	20090401	195.16	333.51	195.16	195.16	77409-15	NH08-122G
022961000	20090701	203.24	343.59	203.24	203.24	77409-15	NH08-122G
022961000	20100101	205.53	347.45	205.53	205.53	77409-15	NH08-122G
022961000	20100701	208.38	351.72	208.38	208.38	77409-15	NH08-122G
022961000	20110101	208.63	353.49	208.63	208.63	77409-15	NH08-122G
022961000	20110701	200.37	346.57	200.37	200.37	77409-15	NH08-122G
022961000	20120101	202.59	350.20	202.59	202.59	77409-15	NH08-122G
022961000	20120701	210.53	359.74	210.53	210.53	77409-15	NH08-122G
022961000	20130101	214.03	364.84	214.03	214.03	77409-15	NH08-122G
022961000	20130701	221.66	0.00	221.66	221.66	77409-15	NH08-122G
022961000	20140101	225.47	0.00	225.47	225.47	77409-15	NH08-122G
022961000	20140701	236.42	0.00	236.42	236.42	77409-15	NH08-122G
022961000	20150101	235.31	0.00	235.31	235.31	77409-15	NH08-122G
025295600	20090701	199.57	339.92	199.57	199.57	77409-15	NH11-061L
025295600	20090701	201.63	341.98	201.63	201.63	77409-15	NH11-061L
026067300	20080701	190.34	326.62	190.34	190.34	77409-15	NH06-048J
026067300	20090101	185.34	323.69	185.34	185.34	77409-15	NH06-048J
026067300	20090701	202.43	342.78	202.43	202.43	77409-15	NH06-048J
026067300	20100701	208.57	351.91	208.57	208.57	77409-15	NH06-048J
026067300	20110101	211.25	356.11	211.25	211.25	77409-15	NH06-048J
026067300	20110701	202.14	348.34	202.14	202.14	77409-15	NH06-048J
026067300	20130701	213.65	0.00	213.65	213.65	77409-15	NH06-048J
026067300	20150101	213.54	0.00	213.54	213.54	77409-15	NH06-048J
026573000	20080701	159.54	295.82	159.54	159.54	77409-15	NH10-021C
026573000	20090101	161.15	299.50	161.15	161.15	77409-15	NH10-021C
026573000	20090301	147.64	285.99	147.64	147.64	77409-15	NH10-021C
026573000	20090401	176.35	314.70	176.35	176.35	77409-15	NH10-021C
026573000	20090701	175.99	316.34	175.99	175.99	77409-15	NH10-021C
026573000	20100101	179.00	320.92	179.00	179.00	77409-15	NH10-021C
026573000	20100701	181.31	324.65	181.31	181.31	77409-15	NH10-021C
026573000	20110101	181.32	326.18	181.32	181.32	77409-15	NH10-021C
026573000	20110701	183.93	330.13	183.93	183.93	77409-15	NH10-021C
026573000	20120101	184.59	332.20	184.59	184.59	77409-15	NH10-021C
026573000	20120701	188.77	337.98	188.77	188.77	77409-15	NH10-021C
026573000	20130101	190.03	340.84	190.03	190.03	77409-15	NH10-021C
026573000	20130701	194.25	0.00	194.25	194.25	77409-15	NH10-021C
026573000	20140101	189.05	0.00	189.05	189.05	77409-15	NH10-021C
026573000	20140701	204.20	0.00	204.20	204.20	77409-15	NH10-021C
026573000	20150101	206.75	0.00	206.75	206.75	77409-15	NH10-021C
026772400	20080701	177.37	313.65	177.37	177.37	77409-15	NH09-117C
026772400	20090101	177.37	315.72	177.37	177.37	77409-15	NH09-117C
026772400	20090301	162.50	300.85	162.50	162.50	77409-15	NH09-117C
026772400	20090401	198.38	336.73	198.38	198.38	77409-15	NH09-117C
031040900	20080701	175.41	311.69	175.41	175.41	77409-15	NH10-022C
031040900	20090101	177.21	315.56	177.21	177.21	77409-15	NH10-022C
031040900	20090301	162.35	300.70	162.35	162.35	77409-15	NH10-022C
031040900	20090401	201.28	339.63	201.28	201.28	77409-15	NH10-022C
031040900	20100701	211.08	354.42	211.08	211.08	77409-15	NH10-022C
031040900	20110101	213.91	358.77	213.91	213.91	77409-15	NH10-022C
031040900	20110701	209.63	355.83	209.63	209.63	77409-15	NH10-022C
031040900	20120101	209.10	356.71	209.10	209.10	77409-15	NH10-022C
031040900	20120701	230.56	379.77	230.56	230.56	77409-15	NH10-022C
031040900	20130101	234.88	385.69	234.88	234.88	77409-15	NH10-022C
031130800	20080701	182.81	319.09	182.81	182.81	77409-15	NH10-045G
031130800	20090101	184.55	322.90	184.55	184.55	77409-15	NH10-045G
031130800	20090301	169.08	307.43	169.08	169.08	77409-15	NH10-045G
031130800	20090401	201.10	339.45	201.10	201.10	77409-15	NH10-045G
031130800	20090701	203.18	343.53	203.18	203.18	77409-15	NH10-045G
031130800	20100101	216.32	358.24	216.32	216.32	77409-15	NH10-045G
031130800	20100701	219.86	363.20	219.86	219.86	77409-15	NH10-045G

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
031130800	20110101	222.81	367.67	222.81	222.81	77409-15	NH10-045G
031130800	20110701	211.78	357.98	211.78	211.78	77409-15	NH10-045G
031130800	20120101	198.31	345.92	198.31	198.31	77409-15	NH10-045G
031130800	20120701	203.32	352.53	203.32	203.32	77409-15	NH10-045G
031130800	20130101	206.30	357.11	206.30	206.30	77409-15	NH10-045G
031130800	20130701	195.47	0.00	195.47	195.47	77409-15	NH10-045G
031130800	20140101	196.83	0.00	196.83	196.83	77409-15	NH10-045G
031130800	20140701	201.79	0.00	201.79	201.79	77409-15	NH10-045G
031130800	20150101	204.42	0.00	204.42	204.42	77409-15	NH10-045G
031877900	20080701	192.68	328.96	192.68	192.68	77409-15	NH11-141L
031877900	20090101	191.52	329.87	191.52	191.52	77409-15	NH11-141L
031877900	20090301	175.46	313.81	175.46	175.46	77409-15	NH11-141L
031877900	20090401	215.96	354.31	215.96	215.96	77409-15	NH11-141L



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>CROSS POINTE CARE CENTER</u>	Provider Number:	<u>0 001281-00</u>
<u>440 PHIPPEN WAITERS ROAD</u>	Date:	<u>3/26/2015</u>
<u>DANIA BEACH, FL 33004</u>	Fiscal Year End:	<u>6/30/2008</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>197.12</u>	<u>196.96</u>	<u>7/1/2008</u>
	Level H: Aids	<u>333.40</u>	<u>333.24</u>	<u>7/1/2008</u>

Rate Type:

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

Basis:


 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA #NH12-071W FYE 6/30/2008

Distribution:

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


Thomas Parker
Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>CROSS POINTE CARE CENTER</u>	Provider Number:	<u>0 001281-00</u>
<u>440 PHIPPEN WAITERS ROAD</u>	Date:	<u>3/26/2015</u>
<u>DANIA BEACH, FL 33004</u>	Fiscal Year End:	<u>6/30/2008</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.08</u>	<u>199.93</u>	<u>1/1/2009</u>
	Level H: Aids	<u>340.43</u>	<u>338.28</u>	<u>1/1/2009</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH12-071W FYE 6/30/2008

Distribution:

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

Thomas Parker
Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>CROSS POINTE CARE CENTER</u>	Provider Number:	<u>0 001281-00</u>
<u>440 PHIPPEN WAITERS ROAD</u>	Date:	<u>3/26/2015</u>
<u>DANIA BEACH, FL 33004</u>	Fiscal Year End:	<u>6/30/2008</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>185.14</u>	<u>183.17</u>	<u>3/1/2009</u>
	Level H: Aids	<u>323.49</u>	<u>321.52</u>	<u>3/1/2009</u>

Rate Type:

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

Basis:


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

Changes:

<u> </u> Rate Semester Change
<u>X</u> FA & RFA #NH12-071W FYE 6/30/2008

Distribution:

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


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

CROSS POINTE CARE CENTER
440 PHIPPEN WAITERS ROAD
DANIA BEACH, FL 33004

Provider Number: 0 001281-00

Date: 3/26/2015

Fiscal Year End: 6/30/2008

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.21</u>	<u>224.93</u>	<u>4/1/2009</u>
	Level H: Aids	<u>365.56</u>	<u>363.28</u>	<u>4/1/2009</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-071W FYE 6/30/2008

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: No Home Office

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CROSS POINTE CARE CENTER
440 PHIPPEN WAITERS ROAD
DANIA BEACH, FL 33004

Provider Number: 0 001281-00
Date: 3/26/2015
Fiscal Year End: 6/30/2008
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>233.54</u>	<u>230.47</u>	<u>7/1/2009</u>
	Level H: Aids	<u>373.89</u>	<u>370.82</u>	<u>7/1/2009</u>

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH12-071W FYE 6/30/2008

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

<u>CROSS POINTE CARE CENTER</u>	Provider Number:	<u>0 001281-00</u>
<u>440 PHIPPEN WAITERS ROAD</u>	Date:	<u>3/26/2015</u>
<u>DANIA BEACH, FL 33004</u>	Fiscal Year End:	<u>6/30/2008</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>235.32</u>	<u>232.24</u>	<u>1/1/2010</u>
	Level H: Aids	<u>377.24</u>	<u>374.16</u>	<u>1/1/2010</u>

Rate Type:

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

Changes:

<u> </u>	Rate Semester Change
<u> </u> X	FA & RFA #NH12-071W FYE 6/30/2008

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Medicaid Reimbursement Per Diem Rates

BERKSHIRE MANOR
1255 NE 135TH STREET
NORTH MIAMI, FL 33161

Provider Number: 0 005388-00

Date: 4/17/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>193.04</u>	<u>192.23</u>	<u>12/4/2008</u>
	Level H: Aids	<u>329.32</u>	<u>328.51</u>	<u>12/4/2008</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA NH12-034C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

BERKSHIRE MANOR	Provider Number:	0 005388-00
1255 NE 135TH STREET	Date:	4/17/2015
NORTH MIAMI , FL 33161	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>188.57</u>	<u>187.75</u>	<u>1/1/2009</u>
	Level H: Aids	<u>326.92</u>	<u>326.10</u>	<u>1/1/2009</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	FA & RFA NH12-034C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

BERKSHIRE MANOR	Provider Number:	0 005388-00
1255 NE 135TH STREET	Date:	4/17/2015
NORTH MIAMI , FL 33161	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>172.76</u>	<u>172.01</u>	<u>3/1/2009</u>
	Level H: Aids	<u>311.11</u>	<u>310.36</u>	<u>3/1/2009</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
 FA & RFA NH12-034C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

BERKSHIRE MANOR	Provider Number:	0 005388-00
1255 NE 135TH STREET	Date:	4/17/2015
NORTH MIAMI , FL 33161	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.51	212.64	4/1/2009
	Level H: Aids	351.86	350.99	4/1/2009

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-034C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

BERKSHIRE MANOR	Provider Number:	0 005388-00
1255 NE 135TH STREET	Date:	4/17/2015
NORTH MIAMI , FL 33161	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>228.30</u>	<u>227.41</u>	<u>7/1/2009</u>
	Level H: Aids	<u>368.65</u>	<u>367.76</u>	<u>7/1/2009</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-034C FYE 6/30/2009

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<u>BERKSHIRE MANOR</u>	Provider Number:	<u>0 005388-00</u>
<u>1255 NE 135TH STREET</u>	Date:	<u>4/17/2015</u>
<u>NORTH MIAMI . FL 33161</u>	Fiscal Year End:	<u>6/30/2009</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>230.11</u>	<u>229.21</u>	<u>1/1/2010</u>
	Level H: Aids	<u>372.03</u>	<u>371.13</u>	<u>1/1/2010</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA & RFA NH12-034C FYE 6/30/2009

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BERKSHIRE MANOR	Provider Number:	0 005388-00
1255 NE 135TH STREET	Date:	4/17/2015
NORTH MIAMI . FL 33161	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>234.05</u>	<u>233.14</u>	<u>7/1/2010</u>
	Level H: Aids	<u>377.39</u>	<u>376.48</u>	<u>7/1/2010</u>

Rate Type:

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

Basis:


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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-034C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

BERKSHIRE MANOR	Provider Number:	0 005388-00
1255 NE 135TH STREET	Date:	4/17/2015
NORTH MIAMI . FL 33161	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	236.90	235.98	1/1/2011
	Level H: Aids	381.76	380.84	1/1/2011

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-034C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

BERKSHIRE MANOR	Provider Number:	0 005388-00
1255 NE 135TH STREET	Date:	4/17/2015
NORTH MIAMI , FL 33161	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>228.24</u>	<u>227.37</u>	<u>7/1/2011</u>
	Level H: Aids	<u>374.44</u>	<u>373.57</u>	<u>7/1/2011</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 NH12-034C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

BERKSHIRE MANOR
1255 NE 135TH STREET
NORTH MIAMI . FL 33161

Provider Number: 0 005388-00
Date: 4/17/2015
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	229.72	229.36	1/1/2012
	Level H: Aids	377.33	376.97	1/1/2012

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 NH12-034C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

BERKSHIRE MANOR	Provider Number:	0 005388-00
1255 NE 135TH STREET	Date:	4/17/2015
NORTH MIAMI , FL 33161	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>237.30</u>	<u>237.25</u>	<u>7/1/2012</u>
	Level H: Aids	<u>386.51</u>	<u>386.46</u>	<u>7/1/2012</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH12-034C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

WAVE CREST HEALTH AND REHABILITATION CENTER
1415 S HICKORY ST
MELBOURNE, FL 32901

Provider Number: 0 005519-00
Date: 5/13/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	180.57	180.50	12/4/2008
	Level H: Aids	316.85	316.78	12/4/2008

Rate Type:

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

Prospective
____ Total Prospective
____ Total Prospective with Interim Component

Basis:

____ Budget
____ Unaudited costs
 Field audited costs
____ Desk audited costs

Changes:

____ Rate Semester Change
 FA & RFA NH12-035C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

<u>WAVE CREST HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 005519-00</u>
<u>1415 S HICKORY ST</u>	Date:	<u>5/13/2015</u>
<u>MELBOURNE, FL 32901</u>	Fiscal Year End:	<u>6/30/2009</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>177.26</u>	<u>176.85</u>	<u>1/1/2009</u>
	Level H: Aids	<u>315.61</u>	<u>315.20</u>	<u>1/1/2009</u>

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

Changes:

<u> </u> Rate Semester Change
<u>X</u> FA & RFA NH12-035C FYE 6/30/2009

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WAVE CREST HEALTH AND REHABILITATION CENTER
1415 S HICKORY ST
MELBOURNE, FL 32901

Provider Number: 0 005519-00
Date: 5/13/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	162.40	162.03	3/1/2009
	Level H: Aids	300.75	300.38	3/1/2009

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
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<u>WAVE CREST HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 005519-00</u>
<u>1415 S HICKORY ST</u>	Date:	<u>5/13/2015</u>
<u>MELBOURNE, FL 32901</u>	Fiscal Year End:	<u>6/30/2009</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>201.03</u>	<u>200.61</u>	<u>4/1/2009</u>
	Level H: Aids	<u>339.38</u>	<u>338.96</u>	<u>4/1/2009</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>	<u> X </u> Settlement based on cost	<u> </u>	
<u> </u>	<u> </u> Prior Provider Prospective data		

Basis:

 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA NH12-035C FYE 6/30/2009

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WAVE CREST HEALTH AND REHABILITATION CENTER
1415 S HICKORY ST
MELBOURNE, FL 32901

Provider Number: 0 005519-00

Date: 5/13/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.28	212.67	7/1/2009
	Level H: Aids	353.63	353.02	7/1/2009

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

FA & RFA NH12-035C FYE 6/30/2009

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WAVE CREST HEALTH AND REHABILITATION CENTER
1415 S HICKORY ST
MELBOURNE, FL 32901

Provider Number: 0 005519-00

Date: 5/13/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>215.28</u>	<u>214.66</u>	<u>1/1/2010</u>
	Level H: Aids	<u>357.20</u>	<u>356.58</u>	<u>1/1/2010</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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No Change in Rate

Home Office: Gulf Coast Healthcare, LLC
40 South Palafox Place
Suite 400
Pensacola, FL 32502

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

WAVE CREST HEALTH AND REHABILITATION CENTER
 1415 S HICKORY ST
 MELBOURNE, FL 32901

Provider Number: 0 005519-00
 Date: 5/13/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.82	218.20	7/1/2010
	Level H: Aids	362.16	361.54	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
 FA & RFA NH12-035C FYE 6/30/2009

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WAVE CREST HEALTH AND REHABILITATION CENTER
 1415 S HICKORY ST
 MELBOURNE, FL 32901

Provider Number: 0 005519-00
 Date: 5/13/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>221.50</u>	<u>220.86</u>	<u>1/1/2011</u>
	Level H: Aids	<u>366.36</u>	<u>365.72</u>	<u>1/1/2011</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA NH12-035C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

WAVE CREST HEALTH AND REHABILITATION CENTER
 1415 S HICKORY ST
 MELBOURNE, FL 32901

Provider Number: 0 005519-00
 Date: 5/13/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.81	213.20	7/1/2011
	Level H: Aids	360.01	359.40	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 NH12-035C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

MANOR ON THE GREEN
324 WILDER BLVD
DAYTONA BEACH, FL 32114

Provider Number: 0 005543-00
Date: 4/21/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	186.27	186.14	12/4/2008
	Level H: Aids	322.55	322.42	12/4/2008

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
 FA & RFA #NH12-037C FYE 6.30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

MANOR ON THE GREEN	Provider Number:	0 005543-00
324 WILDER BLVD	Date:	4/21/2015
DAYTONA BEACH, FL 32114	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	182.79	182.67	1/1/2009
	Level H: Aids	321.14	321.02	1/1/2009

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 #NH12-037C FYE 6/30/2009

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MANOR ON THE GREEN
324 WILDER BLVD
DAYTONA BEACH, FL 32114

Provider Number: 0 005543-00
Date: 4/21/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	167.47	167.36	3/1/2009
	Level H: Aids	305.82	305.71	3/1/2009

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
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DAYTONA BEACH, FL 32114

Provider Number: 0 005543-00
Date: 4/21/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.01	206.87	4/1/2009
	Level H: Aids	345.36	345.22	4/1/2009

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
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 DAYTONA BEACH, FL 32114

Provider Number: 0 005543-00
 Date: 4/21/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>220.83</u>	<u>220.70</u>	<u>7/1/2009</u>
	Level H: Aids	<u>361.18</u>	<u>361.05</u>	<u>7/1/2009</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
 FA & RFA #NH12-037C FYE 6/30/2009

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MANOR ON THE GREEN
324 WILDER BLVD
DAYTONA BEACH, FL 32114

Provider Number: 0 005543-00
Date: 4/21/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	222.77	222.64	1/1/2010
	Level H: Aids	364.69	364.56	1/1/2010

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
 FA & RFA #NH12-037C FYE 6/30/2009

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MANOR ON THE GREEN	Provider Number:	0 005543-00
324 WILDER BLVD	Date:	4/21/2015
DAYTONA BEACH, FL 32114	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>225.13</u>	<u>225.00</u>	<u>7/1/2010</u>
	Level H: Aids	<u>368.47</u>	<u>368.34</u>	<u>7/1/2010</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH12-037C FYE 6/30/2009

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MANOR ON THE GREEN	Provider Number:	0 005543-00
324 WILDER BLVD	Date:	4/21/2015
DAYTONA BEACH, FL 32114	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	228.64	228.51	1/1/2011
	Level H: Aids	373.50	373.37	1/1/2011

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH12-037C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

MANOR ON THE GREEN

324 WILDER BLVD

DAYTONA BEACH, FL 32114

Provider Number:

0 005543-00

Date:

4/21/2015

Fiscal Year End:

6/30/2009

Audit Status:

Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	220.87	220.75	7/1/2011
	Level H: Aids	367.07	366.95	7/1/2011

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH12-037C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

OAKS OF KISSIMMEE
 320 N MITCHELL ST
 KISSIMMEE, FL 34741

Provider Number: 0 005549-00
 Date: 4/15/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	182.88	182.46	12/4/2008
	Level H: Aids	319.16	318.74	12/4/2008

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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-039C FYE 6/30/2009

Distribution:

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OAKS OF KISSIMMEE
 320 N MITCHELL ST
 KISSIMMEE, FL 34741

Provider Number: 0 005549-00
 Date: 4/15/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	178.79	178.38	1/1/2009
	Level H: Aids	317.14	316.73	1/1/2009

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-039C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

OAKS OF KISSIMMEE	Provider Number:	0 005549-00
320 N MITCHELL ST	Date:	4/15/2015
KISSIMMEE, FL 34741	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	163.80	163.43	3/1/2009
	Level H: Aids	302.15	301.78	3/1/2009

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
 FA & RFA #NH12-039C FYE 6/30/2009

Distribution:

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OAKS OF KISSIMMEE
320 N MITCHELL ST
KISSIMMEE, FL 34741

Provider Number: 0 005549-00
Date: 4/15/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

 Level H: Aids

Current Rate	New Rate	Effective Date
202.21	201.79	4/1/2009
340.56	340.14	4/1/2009

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 #NH12-039C FYE 6/30/2009

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OAKS OF KISSIMMEE
320 N MITCHELL ST
KISSIMMEE, FL 34741

Provider Number: 0 005549-00
Date: 4/15/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.76	215.33	7/1/2009
	Level H: Aids	356.11	355.68	7/1/2009

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

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KISSIMMEE, FL 34741

Provider Number: 0 005549-00
Date: 4/15/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>217.83</u>	<u>217.40</u>	<u>1/1/2010</u>
	Level H: Aids	<u>359.75</u>	<u>359.32</u>	<u>1/1/2010</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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Provider Number: 0 005549-00
Date: 4/15/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	221.28	220.85	7/1/2010
	Level H: Aids	364.62	364.19	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:

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KISSIMMEE, FL 34741

Provider Number: 0 005549-00
Date: 4/15/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.22	223.78	1/1/2011
	Level H: Aids	369.08	368.64	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
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Provider Number: 0 005549-00
Date: 4/15/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.51	216.09	7/1/2011
	Level H: Aids	362.71	362.29	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 #NH12-039C FYE 6/30/2009


Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

OAKS OF KISSIMMEE
320 N MITCHELL ST
KISSIMMEE, FL 34741

Provider Number: 0 005549-00
Date: 4/15/2015
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.34	213.33	1/1/2012
	Level H: Aids	360.95	360.94	1/1/2012

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH12-039C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>OAKS OF KISSIMMEE</u>	Provider Number:	<u>0 005549-00</u>
<u>320 N MITCHELL ST</u>	Date:	<u>4/15/2015</u>
<u>KISSIMMEE, FL 34741</u>	Fiscal Year End:	<u>6/30/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>243.07</u>	<u>242.75</u>	<u>1/1/2015</u>

Rate Type:

<u>Interim</u>	<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 #NH12-039C FYE 6/30/2009

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>5/12/2015</u>
<u>MIAMI, FL 33157</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		218.17	210.07	1/1/2015

Rate Type:

<u>Interim</u>	<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> Late Test for 1/15 R/S using FYE 12/31/2013
<u> </u> C/R

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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: 5/12/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>242.04</u>	<u>218.71</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

Late Test for 1/15 R/S using FYE 12/31/2013 C/R

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Miami, FL 33161

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 072048-00
Date: 2/23/2015
Fiscal Year End: 6/30/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>228.71</u>	<u>228.72</u>	<u>7/1/2013</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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH11-061L FYE 2/28/2009 for prior provider #252956

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Medicaid Reimbursement Per Diem Rates

REHABILITATION CENTER AT PARK PLACE
1717 W AVERY ST
PENSACOLA, FL 32501

Provider Number: 0 104875-00
Date: 5/12/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
222.32 **225.64** **4/1/2014**

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
 Cost Settlement using FYE 09/30/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

REHABILITATION CENTER AT PARK PLACE
1717 W AVERY ST
PENSACOLA, FL 32501

Provider Number: 0 104875-00
Date: 5/12/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
231.45	236.79	7/1/2014

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 Cost Settlement using FYE 09/30/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

REHABILITATION CENTER AT PARK PLACE
1717 W AVERY ST
PENSACOLA, FL 32501

Provider Number: 0 104875-00
Date: 5/12/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
231.45	242.38	10/1/2014

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 09/30/2014 C/R

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Medicaid Reimbursement Per Diem Rates

REHABILITATION CENTER AT PARK PLACE
1717 W AVERY ST
PENSACOLA, FL 32501

Provider Number: 0 104875-00
Date: 5/12/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
231.51	246.80	1/1/2015

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement using FYE 09/30/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>NORTH REHABILITATION CENTER</u>	Provider Number:	<u>0 227641-00</u>
<u>1301 16TH ST N</u>	Date:	<u>2/9/2015</u>
<u>SAINT PETERSBURG, FL 33705</u>	Fiscal Year End:	<u>12/31/2007</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>182.99</u>	<u>181.47</u>	<u>7/1/2008</u>
	Level H: Aids	<u>319.27</u>	<u>317.75</u>	<u>7/1/2008</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:


 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA #NH10-038C FYE 12/31/2007

Distribution:

Contract Management / Fiscal Agent
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Medicaid Reimbursement Per Diem Rates

NORTH REHABILITATION CENTER
1301 16TH ST N
SAINT PETERSBURG, FL 33705

Provider Number: 0 227641-00
Date: 2/9/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	184.93	183.50	1/1/2009
	Level H: Aids	323.28	321.85	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 #NH10-038C FYE 12/31/2007

Distribution:

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

NORTH REHABILITATION CENTER
1301 16TH ST N
SAINT PETERSBURG, FL 33705

Provider Number: 0 227641-00
Date: 2/9/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	169.43	168.12	3/1/2009
	Level H: Aids	307.78	306.47	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 #NH10-038C FYE 12/31/2007

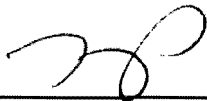
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Medicaid Reimbursement Per Diem Rates

NORTH REHABILITATION CENTER
1301 16TH ST N
SAINT PETERSBURG, FL 33705

Provider Number: 0 227641-00
Date: 2/9/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.37	207.86	4/1/2009
	Level H: Aids	347.72	346.21	4/1/2009

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 #NH10-038C FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

NORTH REHABILITATION CENTER	Provider Number:	0 227641-00
1301 16TH ST N	Date:	2/9/2015
SAINT PETERSBURG, FL 33705	Fiscal Year End:	12/31/2007
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.56	209.98	7/1/2009
	Level H: Aids	351.91	350.33	7/1/2009

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH10-038C FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>LAKE VIEW CARE CENTER AT DELRAY</u>	Provider Number:	<u>0 229610-00</u>
<u>5430 LINTON BLVD</u>	Date:	<u>3/16/2015</u>
<u>DELRAY BEACH, FL 33484</u>	Fiscal Year End:	<u>3/31/2008</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>174.48</u>	<u>174.26</u>	<u>7/1/2008</u>
	Level H: Aids	<u>310.76</u>	<u>310.54</u>	<u>7/1/2008</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 NH08-122G FYE 03/31/2006

Distribution:

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 No Change in Rate
 Home Office: No Home Office


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Medicaid Reimbursement Per Diem Rates

<u>LAKE VIEW CARE CENTER AT DELRAY</u>	Provider Number:	<u>0 229610-00</u>
<u>5430 LINTON BLVD</u>	Date:	<u>3/16/2015</u>
<u>DELRAY BEACH, FL 33484</u>	Fiscal Year End:	<u>3/31/2008</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>174.45</u>	<u>174.23</u>	<u>1/1/2009</u>
	Level H: Aids	<u>312.80</u>	<u>312.58</u>	<u>1/1/2009</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:


 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of FA & RFA NH08-122G FYE
 03/31/2006

Distribution:

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 Home Office: No Home Office


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Medicaid Reimbursement Per Diem Rates

<u>LAKE VIEW CARE CENTER AT DELRAY</u>	Provider Number:	<u>0 229610-00</u>
<u>5430 LINTON BLVD</u>	Date:	<u>3/16/2015</u>
<u>DELRAY BEACH, FL 33484</u>	Fiscal Year End:	<u>3/31/2008</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>159.83</u>	<u>159.62</u>	<u>3/1/2009</u>
	Level H: Aids	<u>298.18</u>	<u>297.97</u>	<u>3/1/2009</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:


 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of FA & RFA NH08-122G FYE
 03/31/2006

Distribution:

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 Home Office: No Home Office


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Medicaid Reimbursement Per Diem Rates

LAKE VIEW CARE CENTER AT DELRAY
 5430 LINTON BLVD
 DELRAY BEACH, FL 33484

Provider Number: 0 229610-00
 Date: 3/16/2015
 Fiscal Year End: 3/31/2008
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>195.39</u>	<u>195.16</u>	<u>4/1/2009</u>
	Level H: Aids	<u>333.74</u>	<u>333.51</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
 Effects of FA & RFA NH08-122G FYE
 03/31/2006

Distribution:

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 Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

LAKE VIEW CARE CENTER AT DELRAY
5430 LINTON BLVD
DELRAY BEACH, FL 33484

Provider Number: 0 229610-00
Date: 3/16/2015
Fiscal Year End: 3/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.47</u>	<u>203.24</u>	<u>7/1/2009</u>
	Level H: Aids	<u>343.82</u>	<u>343.59</u>	<u>7/1/2009</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH08-122G FYE 03/31/2006

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Medicaid Reimbursement Per Diem Rates

<u>LAKE VIEW CARE CENTER AT DELRAY</u>	Provider Number:	<u>0 229610-00</u>
<u>5430 LINTON BLVD</u>	Date:	<u>3/16/2015</u>
<u>DELRAY BEACH, FL 33484</u>	Fiscal Year End:	<u>3/31/2009</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>205.77</u>	<u>205.53</u>	<u>1/1/2010</u>
	Level H: Aids	<u>347.69</u>	<u>347.45</u>	<u>1/1/2010</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:

 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

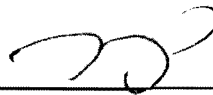
Changes:

 Rate Semester Change
 X Effects of FA & RFA NH08-122G FYE
 03/31/2006

Distribution:

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Medicaid Reimbursement Per Diem Rates

LAKE VIEW CARE CENTER AT DELRAY
5430 LINTON BLVD
DELRAY BEACH, FL 33484

Provider Number: 0 229610-00
Date: 3/16/2015
Fiscal Year End: 3/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>208.62</u>	<u>208.38</u>	<u>7/1/2010</u>
	Level H: Aids	<u>351.96</u>	<u>351.72</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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH08-122G FYE 03/31/2006

Distribution:

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Medicaid Reimbursement Per Diem Rates

LAKE VIEW CARE CENTER AT DELRAY
5430 LINTON BLVD
DELRAY BEACH, FL 33484

Provider Number: 0 229610-00
Date: 3/16/2015
Fiscal Year End: 3/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.87	208.63	1/1/2011
	Level H: Aids	353.73	353.49	1/1/2011

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH08-122G FYE 03/31/2006

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<u>LAKE VIEW CARE CENTER AT DELRAY</u>	Provider Number:	<u>0 229610-00</u>
<u>5430 LINTON BLVD</u>	Date:	<u>3/16/2015</u>
<u>DELRAY BEACH, FL 33484</u>	Fiscal Year End:	<u>3/31/2011</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>201.30</u>	<u>200.37</u>	<u>7/1/2011</u>
	Level H: Aids	<u>347.50</u>	<u>346.57</u>	<u>7/1/2011</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:


 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of FA & RFA NH08-122G FYE
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Medicaid Reimbursement Per Diem Rates

<u>LAKE VIEW CARE CENTER AT DELRAY</u>	Provider Number:	<u>0 229610-00</u>
<u>5430 LINTON BLVD</u>	Date:	<u>3/16/2015</u>
<u>DELRAY BEACH, FL 33484</u>	Fiscal Year End:	<u>3/31/2011</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>203.55</u>	<u>202.59</u>	<u>1/1/2012</u>
	Level H: Aids	<u>351.16</u>	<u>350.20</u>	<u>1/1/2012</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH08-122G FYE 03/31/2006

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<u>LAKE VIEW CARE CENTER AT DELRAY</u>	Provider Number:	<u>0 229610-00</u>
<u>5430 LINTON BLVD</u>	Date:	<u>3/16/2015</u>
<u>DELRAY BEACH, FL 33484</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>
Nursing Home	Single Level	<u>211.52</u>	<u>210.53</u>	<u>7/1/2012</u>
	Level H: Aids	<u>360.73</u>	<u>359.74</u>	<u>7/1/2012</u>

Rate Type:

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

Basis:

<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 NH08-122G FYE 03/31/2006

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<u>LAKE VIEW CARE CENTER AT DELRAY</u>	Provider Number:	<u>0 229610-00</u>
<u>5430 LINTON BLVD</u>	Date:	<u>3/16/2015</u>
<u>DELRAY BEACH, FL 33484</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>
Nursing Home	Single Level	<u>215.06</u>	<u>214.03</u>	<u>1/1/2013</u>
	Level H: Aids	<u>365.87</u>	<u>364.84</u>	<u>1/1/2013</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> 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 NH08-122G FYE 03/31/2006

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<u>LAKE VIEW CARE CENTER AT DELRAY</u>	Provider Number:	<u>0 229610-00</u>
<u>5430 LINTON BLVD</u>	Date:	<u>3/16/2015</u>
<u>DELRAY BEACH, FL 33484</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>222.73</u>	<u>221.66</u>	<u>7/1/2013</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 NH08-122G FYE 03/31/2006

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<u>LAKE VIEW CARE CENTER AT DELRAY</u>	Provider Number:	<u>0 229610-00</u>
<u>5430 LINTON BLVD</u>	Date:	<u>3/16/2015</u>
<u>DELRAY BEACH, FL 33484</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>
Nursing Home	Single Level	<u>226.56</u>	<u>225.47</u>	<u>1/1/2014</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:

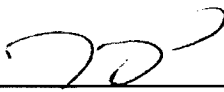
<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH08-122G FYE 03/31/2006

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Medicaid Reimbursement Per Diem Rates

LAKE VIEW CARE CENTER AT DELRAY	Provider Number:	0 229610-00
5430 LINTON BLVD	Date:	3/16/2015
DELRAY BEACH, FL 33484	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	236.88	236.42	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 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 NH08-122G FYE 03/31/2006

Distribution:

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 Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

LAKE VIEW CARE CENTER AT DELRAY	Provider Number:	0 229610-00
5430 LINTON BLVD	Date:	3/16/2015
DELRAY BEACH, FL 33484	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	<u>235.60</u>	<u>235.31</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 NH08-122G FYE 03/31/2006

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>LEESBURG HEALTH & REHAB</u>	Provider Number:	<u>0 252956-00</u>
<u>715 E DIXIE AVE</u>	Date:	<u>2/23/2015</u>
<u>LEESBURG, FL 34748</u>	Fiscal Year End:	<u>2/28/2009</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>211.09</u>	<u>199.57</u>	<u>7/1/2009</u>
	Level H: Aids	<u>351.44</u>	<u>339.92</u>	<u>7/1/2009</u>

Rate Type:

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

Basis:


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

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA & RFA #NH11-061L FYE 2/28/2009

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Medicaid Reimbursement Per Diem Rates

LEESBURG HEALTH & REHAB	Provider Number:	0 252956-00
715 E DIXIE AVE	Date:	2/23/2015
LEESBURG, FL 34748	Fiscal Year End:	2/28/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.17</u>	<u>201.63</u>	<u>1/1/2010</u>
	Level H: Aids	<u>353.09</u>	<u>343.55</u>	<u>1/1/2010</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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH11-061L FYE 2/28/2009

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Medicaid Reimbursement Per Diem Rates

RIVERWOOD CENTER, LLC	Provider Number:	0 260673-00
2802 PARENTAL HOME ROAD	Date:	3/4/2015
JACKSONVILLE, FL 32216	Fiscal Year End:	12/31/2006
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>190.33</u>	<u>190.34</u>	<u>7/1/2008</u>
	Level H: Aids	<u>326.61</u>	<u>326.62</u>	<u>7/1/2008</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 #NH06-048J FYE 8/31/2004

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 Suite 300
 Tampa, FL 33610

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Medicaid Reimbursement Per Diem Rates

RIVERWOOD CENTER, LLC	Provider Number:	0 260673-00
2802 PARENTAL HOME ROAD	Date:	3/4/2015
JACKSONVILLE, FL 32216	Fiscal Year End:	12/31/2007
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>185.33</u>	<u>185.34</u>	<u>1/1/2009</u>
	Level H: Aids	<u>323.68</u>	<u>323.69</u>	<u>1/1/2009</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH06-048J FYE
 8/31/2004

Distribution:

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Home Office: OPIS Management Resources, LLC
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 Suite 300
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Medicaid Reimbursement Per Diem Rates

RIVERWOOD CENTER, LLC
2802 PARENTAL HOME ROAD
JACKSONVILLE, FL 32216

Provider Number: 0 260673-00
Date: 3/4/2015
Fiscal Year End: 12/31/2007
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.42</u>	<u>202.43</u>	<u>7/1/2009</u>
	Level H: Aids	<u>342.77</u>	<u>342.78</u>	<u>7/1/2009</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 #NH06-048J FYE 8/31/2004

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<u>RIVERWOOD CENTER, LLC</u>	Provider Number:	<u>0 260673-00</u>
<u>2802 PARENTAL HOME ROAD</u>	Date:	<u>3/4/2015</u>
<u>JACKSONVILLE, FL 32216</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>208.56</u>	<u>208.57</u>	<u>7/1/2010</u>
	Level H: Aids	<u>351.90</u>	<u>351.91</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 #NH06-048J FYE 8/31/2004

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Medicaid Cost Reimbursement Planning and Finance

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>RIVERWOOD CENTER, LLC</u>	Provider Number:	<u>0 260673-00</u>
<u>2802 PARENTAL HOME ROAD</u>	Date:	<u>3/4/2015</u>
<u>JACKSONVILLE, FL 32216</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>211.24</u>	<u>211.25</u>	<u>1/1/2011</u>
	Level H: Aids	<u>356.10</u>	<u>356.11</u>	<u>1/1/2011</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 #NH06-048J FYE 8/31/2004

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Medicaid Reimbursement Per Diem Rates

RIVERWOOD CENTER, LLC	Provider Number:	0 260673-00
2802 PARENTAL HOME ROAD	Date:	3/4/2015
JACKSONVILLE, FL 32216	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.13	202.14	7/1/2011
	Level H: Aids	348.33	348.34	7/1/2011

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH06-048J FYE
 8/31/2004

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Medicaid Reimbursement Per Diem Rates

RIVERWOOD CENTER, LLC
2802 PARENTAL HOME ROAD
JACKSONVILLE, FL 32216

Provider Number: 0 260673-00
Date: 3/4/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>213.64</u>	<u>213.65</u>	<u>7/1/2013</u>

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH06-048J FYE 8/31/2004

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Medicaid Reimbursement Per Diem Rates

<u>RIVERWOOD CENTER, LLC</u>	Provider Number:	<u>0 260673-00</u>
<u>2802 PARENTAL HOME ROAD</u>	Date:	<u>3/4/2015</u>
<u>JACKSONVILLE, FL 32216</u>	Fiscal Year End:	<u>12/31/2013</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>213.53</u>	<u>213.54</u>	<u>1/1/2015</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 #NH06-048J FYE 8/31/2004

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Medicaid Reimbursement Per Diem Rates

HIALEAH NURSING AND REHABILITATION CENTER
190 W 28TH STREET
HIALEAH, FL 33010

Provider Number: 0 265730-00
Date: 2/24/2015
Fiscal Year End: 3/31/2008
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	163.55	159.54	7/1/2008
	Level H: Aids	299.83	295.82	7/1/2008

Rate Type:

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

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH10-021C FYE 3/31/2008

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Medicaid Reimbursement Per Diem Rates

HIALEAH NURSING AND REHABILITATION CENTER
190 W 28TH STREET
HIALEAH, FL 33010

Provider Number: 0 265730-00

Date: 2/24/2015

Fiscal Year End: 3/31/2008

Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
165.18	161.15	1/1/2009
303.53	299.50	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

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Medicaid Reimbursement Per Diem Rates

HIALEAH NURSING AND REHABILITATION CENTER
190 W 28TH STREET
HIALEAH, FL 33010

Provider Number: 0 265730-00

Date: 2/24/2015

Fiscal Year End: 3/31/2008

Audit Status: Revised Field Audit

Provider Type:

Nursing Home **Single Level**

Level H: Aids

Current Rate	New Rate	Effective Date
151.33	147.64	3/1/2009
289.68	285.99	3/1/2009

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 #NH10-021C FYE 3/31/2008

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Medicaid Reimbursement Per Diem Rates

HIALEAH NURSING AND REHABILITATION CENTER
190 W 28TH STREET
HIALEAH, FL 33010

Provider Number: 0 265730-00

Date: 2/24/2015

Fiscal Year End: 3/31/2008

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>180.62</u>	<u>176.35</u>	<u>4/1/2009</u>
	Level H: Aids	<u>318.97</u>	<u>314.70</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 #NH10-021C FYE 3/31/2008

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Medicaid Reimbursement Per Diem Rates

HIALEAH NURSING AND REHABILITATION CENTER

190 W 28TH STREET

HIALEAH, FL 33010

Provider Number:

0 265730-00

Date:

2/24/2015

Fiscal Year End:

3/31/2008

Audit Status:

Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	180.18	175.99	7/1/2009
	Level H: Aids	320.53	316.34	7/1/2009

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH10-021C FYE 3/31/2008

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Medicaid Reimbursement Per Diem Rates

HIALEAH NURSING AND REHABILITATION CENTER	Provider Number:	0 265730-00
190 W 28TH STREET	Date:	2/24/2015
HIALEAH, FL 33010	Fiscal Year End:	3/31/2009
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>179.31</u>	<u>179.00</u>	<u>1/1/2010</u>
	Level H: Aids	<u>321.23</u>	<u>320.92</u>	<u>1/1/2010</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 FA & RFA #NH10-021C FYE 3/31/2008

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Medicaid Reimbursement Per Diem Rates

HIALEAH NURSING AND REHABILITATION CENTER
190 W 28TH STREET
HIALEAH, FL 33010

Provider Number: 0 265730-00
Date: 2/24/2015
Fiscal Year End: 3/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>181.62</u>	<u>181.31</u>	<u>7/1/2010</u>
	Level H: Aids	<u>324.96</u>	<u>324.65</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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH10-021C FYE 3/31/2008

Distribution:

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Medicaid Reimbursement Per Djem Rates

<u>HIALEAH NURSING AND REHABILITATION CENTER</u>	Provider Number:	<u>0 265730-00</u>
<u>190 W 28TH STREET</u>	Date:	<u>2/24/2015</u>
<u>HIALEAH, FL 33010</u>	Fiscal Year End:	<u>3/31/2010</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>181.63</u>	<u>181.32</u>	<u>1/1/2011</u>
	Level H: Aids	<u>326.49</u>	<u>326.18</u>	<u>1/1/2011</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA #NH10-021C FYE 3/31/2008

Distribution:

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 Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

HIALEAH NURSING AND REHABILITATION CENTER
190 W 28TH STREET
HIALEAH, FL 33010

Provider Number: 0 265730-00
Date: 2/24/2015
Fiscal Year End: 3/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>184.22</u>	<u>183.93</u>	<u>7/1/2011</u>
	Level H: Aids	<u>330.42</u>	<u>330.13</u>	<u>7/1/2011</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH10-021C FYE 3/31/2008

Distribution:

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Medicaid Reimbursement Per Diem Rates

HIALEAH NURSING AND REHABILITATION CENTER
190 W 28TH STREET
HIALEAH, FL 33010

Provider Number: 0 265730-00
 Date: 2/24/2015
 Fiscal Year End: 3/31/2011
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	184.88	184.59	1/1/2012
	Level H: Aids	332.49	332.20	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 #NH10-021C FYE
 3/31/2008

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Medicaid Reimbursement Per Diem Rates

HIALEAH NURSING AND REHABILITATION CENTER
190 W 28TH STREET
HIALEAH, FL 33010

Provider Number: 0 265730-00
Date: 2/24/2015
Fiscal Year End: 3/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>189.07</u>	<u>188.77</u>	<u>7/1/2012</u>
	Level H: Aids	<u>338.28</u>	<u>337.98</u>	<u>7/1/2012</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH10-021C FYE 3/31/2008

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Medicaid Reimbursement Per Diem Rates

<u>HIALEAH NURSING AND REHABILITATION CENTER</u>	Provider Number:	<u>0 265730-00</u>
<u>190 W 28TH STREET</u>	Date:	<u>2/24/2015</u>
<u>HIALEAH, FL 33010</u>	Fiscal Year End:	<u>12/31/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>190.32</u>	<u>190.03</u>	<u>1/1/2013</u>
	Level H: Aids	<u>341.13</u>	<u>340.84</u>	<u>1/1/2013</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA #NH10-021C FYE 3/31/2008

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

HIALEAH NURSING AND REHABILITATION CENTER
190 W 28TH STREET
HIALEAH, FL 33010

Provider Number: 0 265730-00
Date: 2/24/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>194.56</u>	<u>194.25</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
_____ Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

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

Changes:

_____ Rate Semester Change
 Effects of FA & RFA #NH10-021C FYE 3/31/2008

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Medicaid Reimbursement Per Diem Rates

HIALEAH NURSING AND REHABILITATION CENTER
190 W 28TH STREET
HIALEAH, FL 33010

Provider Number: 0 265730-00
Date: 2/24/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>189.35</u>	<u>189.05</u>	<u>1/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ 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 #NH10-021C FYE 3/31/2008

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Home Office: No Home Office

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HIALEAH NURSING AND REHABILITATION CENTER
190 W 28TH STREET
HIALEAH, FL 33010

Provider Number: 0 265730-00
Date: 2/24/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>204.51</u>	<u>204.20</u>	<u>7/1/2014</u>

Rate Type:

Interim

_____ Total Interim

_____ Interim Component

_____ Settlement based on cost

_____ Prior Provider Prospective data

Prospective

_____ Total Prospective

_____ Total Prospective with Interim Component

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Effects of FA & RFA #NH10-021C FYE 3/31/2008

Distribution:

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Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: No Home Office

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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

HIALEAH NURSING AND REHABILITATION CENTER
190 W 28TH STREET
HIALEAH, FL 33010

Provider Number: 0 265730-00
Date: 2/24/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
207.06	206.75	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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH10-021C FYE 3/31/2008

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE SPRINGS AT BOCA CIEGA BAY
1255 PASADENA AVE S, SUITE C
SOUTH PASADENA, FL 33707

Provider Number: 0 267724-00
Date: 5/11/2015
Fiscal Year End: 12/31/2007
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	178.00	177.37	7/1/2008
	Level H: Aids	314.28	313.65	7/1/2008

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 FA NH09-117C FYE 12/31/2007

Distribution:

Contract Management / Fiscal Agent
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE SPRINGS AT BOCA CIEGA BAY	Provider Number:	0 267724-00
1255 PASADENA AVE S, SUITE C	Date:	5/11/2015
SOUTH PASADENA, FL 33707	Fiscal Year End:	12/31/2007
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>178.01</u>	<u>177.37</u>	<u>1/1/2009</u>
	Level H: Aids	<u>316.36</u>	<u>315.72</u>	<u>1/1/2009</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:

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> FA NH09-117C FYE 12/31/2007

Distribution:

Contract Management / Fiscal Agent

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_____ No Change in Rate

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

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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

THE SPRINGS AT BOCA CIEGA BAY
1255 PASADENA AVE S, SUITE C
SOUTH PASADENA, FL 33707

Provider Number: 0 267724-00
Date: 5/11/2015
Fiscal Year End: 12/31/2007
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	163.09	162.50	3/1/2009
	Level H: Aids	301.44	300.85	3/1/2009

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA NH09-117C FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE SPRINGS AT BOCA CIEGA BAY
1255 PASADENA AVE S. SUITE C
SOUTH PASADENA, FL 33707

Provider Number: 0 267724-00
Date: 5/11/2015
Fiscal Year End: 12/31/2007
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.06</u>	<u>198.38</u>	<u>4/1/2009</u>
	Level H: Aids	<u>337.41</u>	<u>336.73</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 NH09-117C FYE 12/31/2007

Distribution:

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Medicaid Cost Reimbursement Planning and Finance

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 Tallahassee, FL 32308



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Medicaid Reimbursement Per Diem Rates

<u>WATERCREST CARE CENTER</u>	Provider Number:	<u>0 310409-00</u>
<u>16650 W DIXIE HWY</u>	Date:	<u>3/13/2015</u>
<u>NORTH MIAMI BEACH, FL 33160</u>	Fiscal Year End:	<u>3/31/2008</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>174.51</u>	<u>175.41</u>	<u>7/1/2008</u>
	Level H: Aids	<u>310.79</u>	<u>311.69</u>	<u>7/1/2008</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:


 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of FA & RFA NH10-022C FYE
 03/31/2006

Distribution:

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 Home Office: No Home Office


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 Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

<u>WATERCREST CARE CENTER</u>	Provider Number:	<u>0 310409-00</u>
<u>16650 W DIXIE HWY</u>	Date:	<u>3/13/2015</u>
<u>NORTH MIAMI BEACH, FL 33160</u>	Fiscal Year End:	<u>3/31/2008</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>176.58</u>	<u>177.21</u>	<u>1/1/2009</u>
	Level H: Aids	<u>314.93</u>	<u>315.56</u>	<u>1/1/2009</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH10-022C FYE 03/31/2006

Distribution:

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Medicaid Reimbursement Per Diem Rates

WATERCREST CARE CENTER
16650 W DIXIE HWY
NORTH MIAMI BEACH, FL 33160

Provider Number: 0 310409-00
Date: 3/13/2015
Fiscal Year End: 3/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	161.78	162.35	3/1/2009
	Level H: Aids	300.13	300.70	3/1/2009

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH10-022C FYE 03/31/2006

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<u>WATERCREST CARE CENTER</u>	Provider Number:	<u>0 310409-00</u>
<u>16650 W DIXIE HWY</u>	Date:	<u>3/13/2015</u>
<u>NORTH MIAMI BEACH, FL 33160</u>	Fiscal Year End:	<u>3/31/2008</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>200.61</u>	<u>201.28</u>	<u>4/1/2009</u>
	Level H: Aids	<u>338.96</u>	<u>339.63</u>	<u>4/1/2009</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH10-022C FYE 03/31/2006

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>WATERCREST CARE CENTER</u>	Provider Number:	<u>0 310409-00</u>
<u>16650 W DIXIE HWY</u>	Date:	<u>3/13/2015</u>
<u>NORTH MIAMI BEACH, FL 33160</u>	Fiscal Year End:	<u>3/31/2010</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>209.17</u>	<u>211.08</u>	<u>7/1/2010</u>
	Level H: Aids	<u>352.51</u>	<u>354.42</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:

 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of FA & RFA NH10-022C FYE
 03/31/2006

Distribution:

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 Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

<u>WATERCREST CARE CENTER</u>	Provider Number:	<u>0 310409-00</u>
<u>16650 W DIXIE HWY</u>	Date:	<u>3/13/2015</u>
<u>NORTH MIAMI BEACH, FL 33160</u>	Fiscal Year End:	<u>3/31/2010</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>212.07</u>	<u>213.91</u>	<u>1/1/2011</u>
	Level H: Aids	<u>356.93</u>	<u>358.77</u>	<u>1/1/2011</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH10-022C FYE 03/31/2006

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

WATERCREST CARE CENTER	Provider Number:	0 310409-00
16650 W DIXIE HWY	Date:	3/13/2015
NORTH MIAMI BEACH, FL 33160	Fiscal Year End:	3/31/2011
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>206.67</u>	<u>209.63</u>	<u>7/1/2011</u>
	Level H: Aids	<u>352.87</u>	<u>355.83</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 checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH10-022C FYE 03/31/2006

Distribution:

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 Home Office: No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>WATERCREST CARE CENTER</u>	Provider Number:	<u>0 310409-00</u>
<u>16650 W DIXIE HWY</u>	Date:	<u>3/13/2015</u>
<u>NORTH MIAMI BEACH, FL 33160</u>	Fiscal Year End:	<u>3/31/2011</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>206.69</u>	<u>209.10</u>	<u>1/1/2012</u>
	Level H: Aids	<u>354.30</u>	<u>356.71</u>	<u>1/1/2012</u>

Rate Type:

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

Basis:


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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH10-022C FYE 03/31/2006

Distribution:

Contract Management / Fiscal Agent
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 Home Office: No Home Office


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Medicaid Reimbursement Per Diem Rates

<u>WATERCREST CARE CENTER</u>	Provider Number:	<u>0 310409-00</u>
<u>16650 W DIXIE HWY</u>	Date:	<u>3/13/2015</u>
<u>NORTH MIAMI BEACH, FL 33160</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>
Nursing Home	Single Level	<u>226.68</u>	<u>230.56</u>	<u>7/1/2012</u>
	Level H: Aids	<u>375.89</u>	<u>379.77</u>	<u>7/1/2012</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH10-022C FYE 03/31/2006

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

<u>WATERCREST CARE CENTER</u>	Provider Number:	<u>0 310409-00</u>
<u>16650 W DIXIE HWY</u>	Date:	<u>3/13/2015</u>
<u>NORTH MIAMI BEACH, FL 33160</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>
Nursing Home	Single Level	<u>230.87</u>	<u>234.88</u>	<u>1/1/2013</u>
	Level H: Aids	<u>381.68</u>	<u>385.69</u>	<u>1/1/2013</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:

 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of FA & RFA NH10-022C FYE
 03/31/2006

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Home Office: No Home Office

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>SOUTH POINTE PLAZA</u>	Provider Number:	<u>0 311308-00</u>
<u>42 COLLINS AVENUE</u>	Date:	<u>2/5/2015</u>
<u>MIAMI BEACH , FL 33139</u>	Fiscal Year End:	<u>7/31/2007</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>184.02</u>	<u>182.81</u>	<u>7/1/2008</u>
	Level H: Aids	<u>320.30</u>	<u>319.09</u>	<u>7/1/2008</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:

 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of FA & RFA #NH10-045G FYE
 7/31/2006

Distribution:

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 No Change in Rate

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTH POINTE PLAZA
42 COLLINS AVENUE
MIAMI BEACH, FL 33139

Provider Number: 0 311308-00
Date: 2/5/2015
Fiscal Year End: 7/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>185.62</u>	<u>184.55</u>	<u>1/1/2009</u>
	Level H: Aids	<u>323.97</u>	<u>322.90</u>	<u>1/1/2009</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH10-045G FYE 7/31/2006

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Medicaid Reimbursement Per Diem Rates

SOUTH POINTE PLAZA
42 COLLINS AVENUE
MIAMI BEACH , FL 33139

Provider Number: 0 311308-00
Date: 2/5/2015
Fiscal Year End: 7/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>170.06</u>	<u>169.08</u>	<u>3/1/2009</u>
	Level H: Aids	<u>308.41</u>	<u>307.43</u>	<u>3/1/2009</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Effects of FA & RFA #NH10-045G FYE 7/31/2006

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<u>SOUTH POINTE PLAZA</u>	Provider Number:	<u>0 311308-00</u>
<u>42 COLLINS AVENUE</u>	Date:	<u>2/5/2015</u>
<u>MIAMI BEACH , FL 33139</u>	Fiscal Year End:	<u>7/31/2008</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>202.23</u>	<u>201.10</u>	<u>4/1/2009</u>
	Level H: Aids	<u>340.58</u>	<u>339.45</u>	<u>4/1/2009</u>

Rate Type:

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

Basis:


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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA #NH10-045G FYE 7/31/2006

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Medicaid Reimbursement Per Diem Rates

SOUTH POINTE PLAZA
42 COLLINS AVENUE
MIAMI BEACH , FL 33139

Provider Number: 0 311308-00
Date: 2/5/2015
Fiscal Year End: 7/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.14</u>	<u>203.18</u>	<u>7/1/2009</u>
	Level H: Aids	<u>344.49</u>	<u>343.53</u>	<u>7/1/2009</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH10-045G FYE 7/31/2006

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Medicaid Reimbursement Per Diem Rates

SOUTH POINTE PLAZA
42 COLLINS AVENUE
MIAMI BEACH , FL 33139

Provider Number: 0 311308-00
Date: 2/5/2015
Fiscal Year End: 7/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>217.30</u>	<u>216.32</u>	<u>1/1/2010</u>
	Level H: Aids	<u>359.22</u>	<u>358.24</u>	<u>1/1/2010</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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH10-045G FYE 7/31/2006

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Medicaid Reimbursement Per Diem Rates

SOUTH POINTE PLAZA
42 COLLINS AVENUE
MIAMI BEACH, FL 33139

Provider Number: 0311308-00
Date: 2/5/2015
Fiscal Year End: 7/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>220.83</u>	<u>219.86</u>	<u>7/1/2010</u>
	Level H: Aids	<u>364.17</u>	<u>363.20</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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH10-045G FYE 7/31/2006

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SOUTH POINTE PLAZA
42 COLLINS AVENUE
MIAMI BEACH, FL 33139

Provider Number: 0311308-00
Date: 2/5/2015
Fiscal Year End: 7/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	223.81	222.81	1/1/2011
	Level H: Aids	368.67	367.67	1/1/2011

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH10-045G FYE 7/31/2006

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SOUTH POINTE PLAZA
 42 COLLINS AVENUE
 MIAMI BEACH, FL 33139

Provider Number: 0 311308-00
 Date: 2/5/2015
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>212.74</u>	<u>211.78</u>	<u>7/1/2011</u>
	Level H: Aids	<u>358.94</u>	<u>357.98</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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH10-045G FYE 7/31/2006

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SOUTH POINTE PLAZA
42 COLLINS AVENUE
MIAMI BEACH , FL 33139

Provider Number: 0 311308-00
Date: 2/5/2015
Fiscal Year End: 7/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.29</u>	<u>198.31</u>	<u>1/1/2012</u>
	Level H: Aids	<u>346.90</u>	<u>345.92</u>	<u>1/1/2012</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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

_____ Rate Semester Change
 Effects of FA & RFA #NH10-045G FYE 7/31/2006

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SOUTH POINTE PLAZA

42 COLLINS AVENUE

MIAMI BEACH, FL 33139

Provider Number:

0 311308-00

Date:

2/5/2015

Fiscal Year End:

7/31/2011

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>204.33</u>	<u>203.32</u>	<u>7/1/2012</u>
<u>353.54</u>	<u>352.53</u>	<u>7/1/2012</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 #NH10-045G FYE 7/31/2006

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SOUTH POINTE PLAZA
42 COLLINS AVENUE
MIAMI BEACH, FL 33139

Provider Number: 0 311308-00
Date: 2/5/2015
Fiscal Year End: 7/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>207.34</u>	<u>206.30</u>	<u>1/1/2013</u>
	Level H: Aids	<u>358.15</u>	<u>357.11</u>	<u>1/1/2013</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH10-045G FYE 7/31/2006

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SOUTH POINTE PLAZA
 42 COLLINS AVENUE
 MIAMI BEACH, FL 33139

Provider Number: 0311308-00
 Date: 2/5/2015
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>195.53</u>	<u>195.47</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
_____ Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

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

Changes:

_____ Rate Semester Change
 Effects of FA & RFA #NH10-045G FYE 7/31/2006

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SOUTH POINTE PLAZA
42 COLLINS AVENUE
MIAMI BEACH, FL 33139

Provider Number: 0 311308-00
Date: 2/5/2015
Fiscal Year End: 7/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
196.89	196.83	1/1/2014

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH10-045G FYE 7/31/2006

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SOUTH POINTE PLAZA
42 COLLINS AVENUE
MIAMI BEACH, FL 33139

Provider Number: 0 311308-00
Date: 2/5/2015
Fiscal Year End: 7/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>201.86</u>	<u>201.79</u>	<u>7/1/2014</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH10-045G FYE 7/31/2006

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SOUTH POINTE PLAZA

42 COLLINS AVENUE

MIAMI BEACH , FL 33139

Provider Number:

0 311308-00

Date:

2/5/2015

Fiscal Year End:

7/31/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

204.48

204.42

1/1/2015

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 #NH10-045G FYE
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Medicaid Reimbursement Per Diem Rates

COMMUNITY HEALTH AND REHAB CENTER
3611 TRANSMITTER ROAD
PANAMA CITY, FL 32404-9799

Provider Number: 0 318779-00
Date: 3/2/2015
Fiscal Year End: 6/30/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>194.42</u>	<u>192.68</u>	<u>7/1/2008</u>
	Level H: Aids	<u>330.70</u>	<u>328.96</u>	<u>7/1/2008</u>

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH11-141L FYE 6/30/2007

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Medicaid Reimbursement Per Diem Rates

COMMUNITY HEALTH AND REHAB CENTER	Provider Number:	0 318779-00
3611 TRANSMITTER ROAD	Date:	3/2/2015
PANAMA CITY, FL 32404-9799	Fiscal Year End:	6/30/2007
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	192.93	191.52	1/1/2009
	Level H: Aids	331.28	329.87	1/1/2009

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 #NH11-141L FYE 6/30/2007

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Medicaid Reimbursement Per Diem Rates

COMMUNITY HEALTH AND REHAB CENTER	Provider Number:	0 318779-00
3611 TRANSMITTER ROAD	Date:	3/2/2015
PANAMA CITY, FL 32404-9799	Fiscal Year End:	6/30/2007
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>176.76</u>	<u>175.46</u>	<u>3/1/2009</u>
	Level H: Aids	<u>315.11</u>	<u>313.81</u>	<u>3/1/2009</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH11-141L FYE 6/30/2007

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Medicaid Reimbursement Per Diem Rates

COMMUNITY HEALTH AND REHAB CENTER
3611 TRANSMITTER ROAD
PANAMA CITY, FL 32404-9799

Provider Number: 0 318779-00
Date: 3/2/2015
Fiscal Year End: 6/30/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>217.46</u>	<u>215.96</u>	<u>4/1/2009</u>
	Level H: Aids	<u>355.81</u>	<u>354.31</u>	<u>4/1/2009</u>

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH11-141L FYE 6/30/2007

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Home Office: No Home Office

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