



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: September 25, 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.	Royal Palm Beach Health and Rehabilitation Center	0 006489-00	12
2.	Avante at Leesburg, Inc.	0 203122-00	2
3.	Avante at Lake Worth	0 203238-00	2
4.	Lakeside Health Center	0 207683-00	3
5.	Stratford Court of Boca Raton	0 211010-00	3
6.	Life Care Center of Orlando	0 213403-00	3
7.	Life Care Center of Hilliard	0 214060-00	3
8.	Bradford Terrace	0 251739-00	2
9.	Avante at Ormond Beach, Inc.	0 252034-00	2
10.	Avante at Mount Dora, Inc.	0 252042-00	2
11.	Woodlands Care Center of Alachua County	0 255572-00	4
12.	Life Care Center of Ocala	0 266108-00	3
13.	Southpoint Terrace	0 266281-00	2
14.	The Nursing Center at Mercy	0 267902-00	2
15.	Life Care Center of Punta Gorda	0 311685-00	3
16.	Adventist Care Centers – Courtland, Inc.	0 320439-00	1
17.	Florida Living Nursing Center	0 320463-00	2
		TOTAL:	51

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

TP/kj



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)		
000648900	20081204	194.06	330.34	194.06	194.06	78041-15	NH12-048C
000648900	20090101	189.66	328.01	189.66	189.66	78041-15	NH12-048C
000648900	20090301	173.76	312.11	173.76	173.76	78041-15	NH12-048C
000648900	20090401	213.38	351.73	213.38	213.38	78041-15	NH12-048C
000648900	20090701	224.14	364.49	224.14	224.14	78041-15	NH12-048C
000648900	20100101	226.26	368.18	226.26	226.26	78041-15	NH12-048C
000648900	20100701	229.62	372.96	229.62	229.62	78041-15	NH12-048C
000648900	20110101	232.45	377.31	232.45	232.45	78041-15	NH12-048C
000648900	20110701	224.06	370.26	224.06	224.06	78041-15	NH12-048C
000648900	20120701	224.46	373.67	224.46	224.46	78041-15	NH12-048C
000648900	20130101	228.22	379.03	228.22	228.22	78041-15	NH12-048C
000648900	20130701	234.07	0.00	234.07	234.07	78041-15	NH12-048C
020312200	20120101	223.19	370.80	223.19	223.19	78041-15	NH13-036C
020312200	20120701	230.20	379.41	230.20	230.20	78041-15	NH13-036C
020323800	20110101	245.11	389.97	245.11	245.11	78041-15	NH13-038C
020323800	20110701	236.18	382.38	236.18	236.18	78041-15	NH13-038C
020768300	20120101	213.67	361.28	213.67	213.67	78041-15	NH13-061C
020768300	20120701	219.68	368.89	219.68	219.68	78041-15	NH13-061C
020768300	20130101	222.16	372.97	222.16	222.16	78041-15	NH13-061C
021101000	20120701	224.40	373.61	224.40	224.40	78041-15	NH13-165G
021101000	20130101	227.06	377.87	227.06	227.06	78041-15	NH13-165G
021101000	20130701	232.32	0.00	232.32	232.32	78041-15	NH13-165G
021340300	20120101	199.64	347.25	199.64	199.64	78041-15	NH13-065C
021340300	20120701	206.28	355.49	206.28	206.28	78041-15	NH13-065C
021340300	20130101	209.16	359.97	209.16	209.16	78041-15	NH13-065C
021406000	20120101	192.04	339.65	192.04	192.04	78041-15	NH13-066C
021406000	20120701	197.60	346.81	197.60	197.60	78041-15	NH13-066C
021406000	20130101	199.87	350.68	199.87	199.87	78041-15	NH13-066C
025173900	20120101	163.37	310.98	163.37	163.37	78041-15	NH12-012L
025173900	20120701	168.40	317.61	168.40	168.40	78041-15	NH12-012L
025203400	20120101	215.59	363.20	215.59	215.59	78041-15	NH13-042C
025203400	20120701	222.54	371.75	222.54	222.54	78041-15	NH13-042C
025204200	20120101	213.44	361.05	213.44	213.44	78041-15	NH13-043C
025204200	20120701	220.25	369.46	220.25	220.25	78041-15	NH13-043C
025557200	20090101	151.88	290.23	151.88	151.88	78041-15	NH09-121C
025557200	20090301	139.15	277.50	139.15	139.15	78041-15	NH09-121C
025557200	20090401	172.69	311.04	172.69	172.69	78041-15	NH09-121C
025557200	20090701	176.82	317.17	176.82	176.82	78041-15	NH09-121C
026610800	20110701	206.12	352.32	206.12	206.12	78041-15	NH13-075C
026610800	20120101	208.24	355.85	208.24	208.24	78041-15	NH13-075C
026610800	20120701	214.67	363.88	214.67	214.67	78041-15	NH13-075C
026628100	20120101	169.03	316.64	169.03	169.03	78041-15	NH12-010L
026628100	20120701	174.06	323.27	174.06	174.06	78041-15	NH12-010L
026790200	20120101	181.80	329.41	181.80	181.80	78041-15	NH12-011L
026790200	20120701	186.93	336.14	186.93	186.93	78041-15	NH12-011L
031168500	20110701	222.67	368.87	222.67	222.67	78041-15	NH13-079C
031168500	20120101	223.72	371.33	223.72	223.72	78041-15	NH13-079C
031168500	20120701	230.24	379.45	230.24	230.24	78041-15	NH13-079C
032043900	20100101	210.77	352.69	210.77	210.77	78041-15	NH11-013W
032046300	20100101	219.02	360.94	219.02	219.02	78041-15	NH11-038W
032046300	20100701	221.43	364.77	221.43	221.43	78041-15	NH11-038W



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

ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER
600 BUSINESS PARK WAY
ROYAL PALM BEACH, FL 33411-1747

Provider Number: 0 006489-00
Date: 7/20/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>195.50</u>	<u>194.06</u>	<u>12/4/2008</u>
	Level H: Aids	<u>331.78</u>	<u>330.34</u>	<u>12/4/2008</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
 FA & RFA #NH12-048C FYE 6/30/2009

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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



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600 BUSINESS PARK WAY
ROYAL PALM BEACH, FL 33411-1747

Provider Number: 0 006489-00
 Date: 7/20/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>191.57</u>	<u>189.66</u>	<u>1/1/2009</u>
	Level H: Aids	<u>329.92</u>	<u>328.01</u>	<u>1/1/2009</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
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600 BUSINESS PARK WAY
ROYAL PALM BEACH, FL 33411-1747

Provider Number: 0 006489-00
Date: 7/20/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>175.51</u>	<u>173.76</u>	<u>3/1/2009</u>
	Level H: Aids	<u>313.86</u>	<u>312.11</u>	<u>3/1/2009</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
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 600 BUSINESS PARK WAY
 ROYAL PALM BEACH, FL 33411-1747

Provider Number: 0 006489-00
 Date: 7/20/2015
 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
<u>215.40</u>	<u>213.38</u>	<u>4/1/2009</u>
<u>353.75</u>	<u>351.73</u>	<u>4/1/2009</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
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 600 BUSINESS PARK WAY
 ROYAL PALM BEACH, FL 33411-1747

Provider Number: 0 006489-00
 Date: 7/20/2015
 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
<u>226.19</u>	<u>224.14</u>	<u>7/1/2009</u>
<u>366.54</u>	<u>364.49</u>	<u>7/1/2009</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
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<u>ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 006489-00</u>
<u>600 BUSINESS PARK WAY</u>	Date:	<u>7/20/2015</u>
<u>ROYAL PALM BEACH, FL 33411-1747</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		228.33	226.26	1/1/2010
	Level H: Aids	370.25	368.18	1/1/2010

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
 FA & RFA #NH12-048C FYE 6/30/2009

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 40 South Palafox Place
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 Pensacola, FL 32502

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600 BUSINESS PARK WAY
ROYAL PALM BEACH, FL 33411-1747

Provider Number: 0 006489-00
Date: 7/20/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>231.46</u>	<u>229.62</u>	<u>7/1/2010</u>
	Level H: Aids	<u>374.80</u>	<u>372.96</u>	<u>7/1/2010</u>

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH12-048C FYE 6/30/2009

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600 BUSINESS PARK WAY
ROYAL PALM BEACH, FL 33411-1747

Provider Number: 0 006489-00
 Date: 7/20/2015
 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>234.54</u>	<u>232.45</u>	<u>1/1/2011</u>
	Level H: Aids	<u>379.40</u>	<u>377.31</u>	<u>1/1/2011</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
 FA & RFA #NH12-048C FYE 6/30/2009

Distribution:

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ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER
 600 BUSINESS PARK WAY
 ROYAL PALM BEACH, FL 33411-1747

Provider Number: 0 006489-00
 Date: 7/20/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>226.03</u>	<u>224.06</u>	<u>7/1/2011</u>
	Level H: Aids	<u>372.23</u>	<u>370.26</u>	<u>7/1/2011</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-048C FYE 6/30/2009

Distribution:

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<u>ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 006489-00</u>
<u>600 BUSINESS PARK WAY</u>	Date:	<u>7/20/2015</u>
<u>ROYAL PALM BEACH, FL 33411-1747</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>225.14</u>	<u>224.46</u>	<u>7/1/2012</u>
	Level H: Aids	<u>374.35</u>	<u>373.67</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 #NH12-048C FYE
 6/30/2009

Distribution:

Contract Management / Fiscal Agent
 Permanent File
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Home Office: Gulf Coast Healthcare, LLC
 40 South Palafox Place
 Suite 400
 Pensacola, FL 32502

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Medicaid Reimbursement Per Diem Rates

ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER
600 BUSINESS PARK WAY
ROYAL PALM BEACH, FL 33411-1747

Provider Number: 0 006489-00
Date: 7/20/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>228.92</u>	<u>228.22</u>	<u>1/1/2013</u>
	Level H: Aids	<u>379.73</u>	<u>379.03</u>	<u>1/1/2013</u>

Rate Type:

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

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH12-048C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 006489-00</u>
<u>600 BUSINESS PARK WAY</u>	Date:	<u>7/20/2015</u>
<u>ROYAL PALM BEACH, FL 33411-1747</u>	Fiscal Year End:	<u>12/31/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		234.80	234.07	7/1/2013

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 #NH12-048C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

AVANTE AT LEESBURG, INC.	Provider Number:	0 203122-00
2000 EDGEWOOD AVE	Date:	8/24/2015
LEESBURG, FL 34748	Fiscal Year End:	5/31/2011
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.48</u>	<u>223.19</u>	<u>1/1/2012</u>
	Level H: Aids	<u>371.09</u>	<u>370.80</u>	<u>1/1/2012</u>

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-036C FYE 05/31/2011

Distribution:

Contract Management / Fiscal Agent

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Medicaid Reimbursement Per Diem Rates

AVANTE AT LEESBURG, INC.	Provider Number:	0 203122-00
2000 EDGEWOOD AVE	Date:	8/24/2015
LEESBURG, FL 34748	Fiscal Year End:	5/31/2011
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>230.68</u>	<u>230.20</u>	<u>7/1/2012</u>
	Level H: Aids	<u>379.89</u>	<u>379.41</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 type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH13-036C FYE 05/31/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

AVANTE AT LAKE WORTH
2501 N A ST
LAKE WORTH, FL 33460-6013

Provider Number: 0 203238-00
Date: 8/25/2015
Fiscal Year End: 5/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>246.62</u>	<u>245.11</u>	<u>1/1/2011</u>
	Level H: Aids	<u>391.48</u>	<u>389.97</u>	<u>1/1/2011</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-038C FYE 5/31/2010

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Medicaid Reimbursement Per Diem Rates

AVANTE AT LAKE WORTH
2501 N A ST
LAKE WORTH, FL 33460-6013

Provider Number: 0 203238-00
Date: 8/25/2015
Fiscal Year End: 5/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	237.69	236.18	7/1/2011
	Level H: Aids	383.89	382.38	7/1/2011

Rate Type:

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

Prospective
Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-038C FYE 5/31/2010

Distribution:

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Thomas Parker
Medicaid Cost Reimbursement Planning and Finance

Home Office: Avante Group, Inc.
4000 Hollywood Blvd, Suite 540-N
Hollywood, FL 33021-6744



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<u>LAKESIDE HEALTH CENTER</u>	Provider Number:	<u>0 207683-00</u>
<u>2501 N AUSTRALIAN AVENUE</u>	Date:	<u>9/8/2015</u>
<u>WEST PALM BEACH, FL 33407</u>	Fiscal Year End:	<u>7/31/2011</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>213.71</u>	<u>213.67</u>	<u>1/1/2012</u>
	Level H: Aids	<u>361.32</u>	<u>361.28</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:


 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Field Audit #NH13-061C FYE 07/31/2011

Distribution:

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Thomas Parker
Medicaid Cost Reimbursement Planning and Finance

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



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Medicaid Reimbursement Per Diem Rates

LAKESIDE HEALTH CENTER	Provider Number:	0 207683-00
2501 N AUSTRALIAN AVENUE	Date:	9/8/2015
WEST PALM BEACH, FL 33407	Fiscal Year End:	7/31/2011
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>219.72</u>	<u>219.68</u>	<u>7/1/2012</u>
	Level H: Aids	<u>368.93</u>	<u>368.89</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 type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH13-061C FYE 07/31/2011

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

LAKESIDE HEALTH CENTER
2501 N AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33407

Provider Number: 0 207683-00
Date: 9/8/2015
Fiscal Year End: 7/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	222.20	222.16	1/1/2013
	Level H: Aids	373.01	372.97	1/1/2013

Rate Type:

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

Prospective
Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-061C FYE 07/31/2011

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Thomas Parker
Medicaid Cost Reimbursement Planning and Finance

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



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STRATFORD COURT OF BOCA RATON	Provider Number:	0 211010-00
6343 VIA DE SONRISA DEL SUR	Date:	8/14/2015
BOCA RATON, FL 33433	Fiscal Year End:	12/31/2011
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	230.36	224.40	7/1/2012
	Level H: Aids	379.57	373.61	7/1/2012

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH13-165G FYE 12/31/2011

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Sunrise Senior Living
 7900 W. Park Drive, STE T900
 McLean, VA 22102



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2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

STRATFORD COURT OF BOCA RATON

6343 VIA DE SONRISA DEL SUR

BOCA RATON, FL 33433

Provider Number:

0 211010-00

Date:

8/14/2015

Fiscal Year End:

12/31/2011

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home

Single Level

Current
Rate

New
Rate

Effective
Date

233.12

227.06

1/1/2013

Level H: Aids

383.93

377.87

1/1/2013

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH13-165G FYE 12/31/2011

Distribution:

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No Change in Rate

Home Office: Sunrise Senior Living
7900 W. Park Drive, STE T900
McLean, VA 22102

Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

STRATFORD COURT OF BOCA RATON

6343 VIA DE SONRISA DEL SUR

BOCA RATON, FL 33433

Provider Number:

0 211010-00

Date:

8/14/2015

Fiscal Year End:

12/31/2011

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>238.54</u>	<u>232.32</u>	<u>7/1/2013</u>

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH13-165G FYE 12/31/2011

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Home Office: Sunrise Senior Living
7900 W. Park Drive, STE T900
McLean, VA 22102

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ORLANDO
3211 ROUSE ROAD
ORLANDO, FL 32817

Provider Number: 0 213403-00

Date: 9/9/2015

Fiscal Year End: 7/31/2011

Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.86</u>	<u>199.64</u>	<u>1/1/2012</u>
	Level H: Aids	<u>347.47</u>	<u>347.25</u>	<u>1/1/2012</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-065C FYE 7/31/2011

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ORLANDO
3211 ROUSE ROAD
ORLANDO, FL 32817

Provider Number: 0 213403-00
Date: 9/9/2015
Fiscal Year End: 7/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>206.50</u>	<u>206.28</u>	<u>7/1/2012</u>
	Level H: Aids	<u>355.71</u>	<u>355.49</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
 Field Audit #NH13-065C FYE 7/31/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ORLANDO
3211 ROUSE ROAD
ORLANDO, FL 32817

Provider Number: 0 213403-00
Date: 9/9/2015
Fiscal Year End: 7/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.39	209.16	1/1/2013
	Level H: Aids	360.20	359.97	1/1/2013

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-065C FYE 7/31/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF HILLIARD
3756 W THIRD ST
HILLIARD, FL 32046

Provider Number: 0 214060-00
Date: 9/11/2015
Fiscal Year End: 7/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.17	192.04	1/1/2012
	Level H: Aids	339.78	339.65	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
 Field Audit #NH13-066C FYE 7/31/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF HILLIARD
3756 W THIRD ST
HILLIARD, FL 32046

Provider Number: 0 214060-00
Date: 9/11/2015
Fiscal Year End: 7/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.73	197.60	7/1/2012
	Level H: Aids	346.94	346.81	7/1/2012

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-066C FYE 7/31/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF HILLIARD
3756 W THIRD ST
HILLIARD, FL 32046

Provider Number: 0 214060-00
Date: 9/11/2015
Fiscal Year End: 7/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>200.01</u>	<u>199.87</u>	<u>1/1/2013</u>
	Level H: Aids	<u>350.82</u>	<u>350.68</u>	<u>1/1/2013</u>

Rate Type:

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

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-066C FYE 7/31/2011

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

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

BRADFORD TERRACE
808 S COLLEY RD
STARKE, FL 32091

Provider Number: 0 251739-00
Date: 8/17/2015
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>164.22</u>	<u>163.37</u>	<u>1/1/2012</u>
	Level H: Aids	<u>311.83</u>	<u>310.98</u>	<u>1/1/2012</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
 FA & RFA #NH12-012L FYE 12/31/2010

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Medicaid Reimbursement Per Diem Rates

BRADFORD TERRACE
808 S COLLEY RD
STARKE, FL 32091

Provider Number: 0 251739-00
Date: 8/17/2015
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>169.27</u>	<u>168.40</u>	<u>7/1/2012</u>
	Level H: Aids	<u>318.48</u>	<u>317.61</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
 FA & RFA #NH12-012L FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

AVANTE AT ORMOND BEACH INC	Provider Number:	0 252034-00
170 N KINGS ROAD	Date:	8/31/2015
ORMOND BEACH, FL 32174	Fiscal Year End:	5/31/2011
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>215.95</u>	<u>215.59</u>	<u>1/1/2012</u>
	Level H: Aids	<u>363.56</u>	<u>363.20</u>	<u>1/1/2012</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-042C FYE 5/31/2011

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Avante Group, Inc.
 4000 Hollywood Blvd, Suite 540-N
 Hollywood, FL 33021-6744



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE AT ORMOND BEACH INC
 170 N KINGS ROAD
 ORMOND BEACH, FL 32174

Provider Number: 0 252034-00
 Date: 8/31/2015
 Fiscal Year End: 5/31/2011
 Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.14</u>	<u>222.54</u>	<u>7/1/2012</u>
	Level H: Aids	<u>372.35</u>	<u>371.75</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
 Field Audit #NH13-042C FYE 5/31/2011

Distribution:

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 No Change in Rate


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Avante Group, Inc.
 4000 Hollywood Blvd, Suite 540-N
 Hollywood, FL 33021-6744



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE AT MT DORA INC
3050 BROWN AVE
MOUNT DORA, FL 32757

Provider Number: 0 252042-00
Date: 9/1/2015
Fiscal Year End: 5/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>213.81</u>	<u>213.44</u>	<u>1/1/2012</u>
	Level H: Aids	<u>361.42</u>	<u>361.05</u>	<u>1/1/2012</u>

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-043C FYE 05/31/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

AVANTE AT MT DORA INC	Provider Number:	0 252042-00
3050 BROWN AVE	Date:	9/1/2015
MOUNT DORA, FL 32757	Fiscal Year End:	5/31/2011
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>220.62</u>	<u>220.25</u>	<u>7/1/2012</u>
	Level H: Aids	<u>369.83</u>	<u>369.46</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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-043C FYE 05/31/2011

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Avante Group, Inc.
 4000 Hollywood Blvd, Suite 540-N
 Hollywood, FL 33021-6744



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WOODLANDS CARE CENTER OF ALACHUA COUNTY
7207 SW 24TH AVE
GAINESVILLE, FL 32607

Provider Number: 0 255572-00
Date: 8/5/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>152.68</u>	<u>151.88</u>	<u>1/1/2009</u>
	Level H: Aids	<u>291.03</u>	<u>290.23</u>	<u>1/1/2009</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
 FA & RFA #NH09-121C FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

WOODLANDS CARE CENTER OF ALACHUA COUNTY
 7207 SW 24TH AVE
 GAINESVILLE, FL 32607

Provider Number: 0 255572-00
 Date: 8/5/2015
 Fiscal Year End: 12/31/2007
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>139.89</u>	<u>139.15</u>	<u>3/1/2009</u>
	Level H: Aids	<u>278.24</u>	<u>277.50</u>	<u>3/1/2009</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
 FA & RFA #NH09-121C FYE 12/31/2007

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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



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

WOODLANDS CARE CENTER OF ALACHUA COUNTY
7207 SW 24TH AVE
GAINESVILLE, FL 32607

Provider Number: 0 255572-00
Date: 8/5/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

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

Rate Type:

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

X Prospective
Total Prospective
Total Prospective with Interim Component

Basis:

Budget
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X FA & RFA #NH09-121C FYE 12/31/2007

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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

WOODLANDS CARE CENTER OF ALACHUA COUNTY
 7207 SW 24TH AVE
 GAINESVILLE, FL 32607

Provider Number: 0 255572-00
 Date: 8/5/2015
 Fiscal Year End: 12/31/2007
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	178.17	176.82	7/1/2009
	Level H: Aids	318.52	317.17	7/1/2009

Rate Type:

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

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH09-121C FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF OCALA
2800 SW 41ST ST
OCALA, FL 34474

Provider Number: 0 266108-00
Date: 9/8/2015
Fiscal Year End: 1/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.38	206.12	7/1/2011
	Level H: Aids	352.58	352.32	7/1/2011

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-075C FYE 01/31/2011

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF OCALA
 2800 SW 41ST ST
 OCALA, FL 34474

Provider Number: 0 266108-00
 Date: 9/8/2015
 Fiscal Year End: 1/31/2011
 Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>208.50</u>	<u>208.24</u>	<u>1/1/2012</u>
	Level H: Aids	<u>356.11</u>	<u>355.85</u>	<u>1/1/2012</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
 Field Audit #NH13-075C FYE 01/31/2011

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF OCALA
2800 SW 41ST ST
OCALA, FL 34474

Provider Number: 0 266108-00
 Date: 9/8/2015
 Fiscal Year End: 1/31/2011
 Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.94</u>	<u>214.67</u>	<u>7/1/2012</u>
	Level H: Aids	<u>364.15</u>	<u>363.88</u>	<u>7/1/2012</u>

Rate Type:

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

 X Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Field Audit #NH13-075C FYE 01/31/2011

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

Thomas Parker

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTHPOINT TERRACE
4325 SOUTHPOINT BOULEVARD
JACKSONVILLE, FL 32216

Provider Number: 0 266281-00
Date: 8/26/2015
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	170.03	169.03	1/1/2012
	Level H: Aids	317.64	316.64	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
 FA & RFA #NH12-010L FYE 12/31/2010

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTHPOINT TERRACE
4325 SOUTHPOINT BOULEVARD
JACKSONVILLE, FL 32216

Provider Number: 0 266281-00
Date: 8/26/2015
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>175.09</u>	<u>174.06</u>	<u>7/1/2012</u>
	Level H: Aids	<u>324.30</u>	<u>323.27</u>	<u>7/1/2012</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
 FA & RFA #NH12-010L FYE 12/31/2010

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE NURSING CENTER AT MERCY
3671 S MIAMI AVENUE
MIAMI, FL 33133

Provider Number: 0 267902-00
Date: 8/19/2015
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>182.77</u>	<u>181.80</u>	<u>1/1/2012</u>
	Level H: Aids	<u>330.38</u>	<u>329.41</u>	<u>1/1/2012</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
 FA & RFA NH12-011L FYE 12/31/2010

Distribution:

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

Thomas Parker

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE NURSING CENTER AT MERCY
3671 S MIAMI AVENUE
MIAMI, FL 33133

Provider Number: 0 267902-00
Date: 8/19/2015
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

Nursing Home **Single Level**

Level H: Aids

Current Rate	New Rate	Effective Date
187.92	186.93	7/1/2012
337.13	336.14	7/1/2012

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
 FA & RFA NH12-011L FYE 12/31/2010

Distribution:

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

Thomas Parker

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2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF PUNTA GORDA
450 SHREVE STREET
PUNTA GORDA, FL 33950

Provider Number: 0 311685-00
Date: 9/14/2015
Fiscal Year End: 2/28/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>222.65</u>	<u>222.67</u>	<u>7/1/2011</u>
	Level H: Aids	<u>368.85</u>	<u>368.87</u>	<u>7/1/2011</u>

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-079C FYE 2/28/2011

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF PUNTA GORDA
 450 SHREVE STREET
 PUNTA GORDA, FL 33950

Provider Number: 0 311685-00
 Date: 9/14/2015
 Fiscal Year End: 2/28/2011
 Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	223.61	223.72	1/1/2012
	Level H: Aids	371.22	371.33	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
 Field Audit #NH13-079C FYE 2/28/2011

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF PUNTA GORDA

450 SHREVE STREET

PUNTA GORDA, FL 33950

Provider Number:

0 311685-00

Date:

9/14/2015

Fiscal Year End:

2/28/2011

Audit Status:

Field Audited

Provider Type:

Nursing Home

Single Level

Current
Rate

New
Rate

Effective
Date

230.22

230.24

7/1/2012

Level H: Aids

379.43

379.45

7/1/2012

Rate Type:

Interim

X Prospective

Total Interim

X Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Field Audit #NH13-079C FYE 2/28/2011

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ADVENTIST CARE CENTERS - COURTLAND, INC.
730 COURTLAND STREET
ORLANDO, FL 32804

Provider Number: 0 320439-00
Date: 8/18/2015
Fiscal Year End: 12/31/2008
Audit Status: Revised Field Audit

Provider Type:

Nursing Home **Single Level**

Level H: Aids

Current Rate	New Rate	Effective Date
201.59	210.77	1/1/2010
343.51	352.69	1/1/2010

Rate Type:

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

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Revised Field Audit #NH11-013W FYE 12/31/2008

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Adventist Care Centers
 602 Courtland Street, Suite 200
 Orlando, FL 32804



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

FLORIDA LIVING NURSING CENTER
3355 E SEMORAN BLVD
APOPKA, FL 32703

Provider Number: 0 320463-00
Date: 8/17/2015
Fiscal Year End: 7/31/2009
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.73</u>	<u>219.02</u>	<u>1/1/2010</u>
	Level H: Aids	<u>358.65</u>	<u>360.94</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

Revised Field Audit #NH11-038W FYE 07/31/2009


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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Sunbelt Health Care Centers, Inc.
 602 Courtland Street
 Suite 200
 Orlando, FL 32804



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FLORIDA LIVING NURSING CENTER

3355 E SEMORAN BLVD

APOPKA, FL 32703

Provider Number:

0 320463-00

Date:

8/17/2015

Fiscal Year End:

7/31/2009

Audit Status:

Field Audited

Provider Type:

Nursing Home

Single Level

Current
Rate

New
Rate

Effective
Date

219.12

221.43

7/1/2010

Level H: Aids

362.46

364.77

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

Revised Field Audit #NH11-038W FYE
07/31/2009

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Home Office: Sunbelt Health Care Centers, Inc.
602 Courtland Street
Suite 200
Orlando, FL 32804

Thomas Parker

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