




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: October 27, 2015
To: Gay Munyon, Bureau Chief, Medicaid Fiscal Agent Operations
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. | Braden River Care Center | 0 005021-00 | 12 |
| 2. | Lake Placid Health and Rehabilitation Center | 0 006339-00 | 10 |
| 3. | Braden River Rehabilitation Center, LLC | 0 073324-00 | 6 |
| 4. | Bon Secours Maria Manor Nursing Care Center | 0 200107-00 | 2 |
| 5. | Avante at Inverness | 0 203220-00 | 2 |
| 6. | Mease Continuing Care | 0 204072-00 | 3 |
| 7. | Life Care Center of Altamonte Springs | 0 210137-00 | 3 |
| 8. | Life Care Center of Citrus County | 0 211532-00 | 3 |
| 9. | Plaza West | 0 211885-00 | 16 |
| 10. | Life Care Center at Wells Crossing | 0 213161-00 | 3 |
| 11. | Life Care Center of Port Saint Lucie | 0 217824-00 | 3 |
| 12. | Doctors Lake of Orange Park | 0 223883-00 | 3 |
| 13. | South Tampa Health and Rehabilitation Center | 0 224910-00 | 3 |
| 14. | Life Care Center of Melbourne | 0 228338-00 | 8 |
| 15. | Avante at Melbourne, Inc. | 0 252018-00 | 2 |
| 16. | Life Care Center of New Port Richey | 0 259357-00 | 3 |
| 17. | Life Care Center of Estero | 0 265381-00 | 3 |
| 18. | Life Care Center of Palm Bay | 0 268186-00 | 8 |
| 19. | Life Care Center of Jacksonville | 0 283193-00 | 3 |
| 20. | Life Care Center of Orange Park | 0 284289-00 | 3 |



| | | | |
|-----|--|---------------|------------|
| 21. | South Pointe Plaza Rehabilitation and Nursing Center | 0 311308-00 | 16 |
| 22. | Life Care Center of Pensacola | 0 315664-00 | 2 |
| | | | |
| | | | |
| | | TOTAL: | 117 |

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) | | |
| 000502100 | 20081101 | 173.34 | 309.62 | 173.34 | 173.34 | 78205-15 | NH07-059J |
| 000502100 | 20090101 | 169.93 | 308.28 | 169.93 | 169.93 | 78205-15 | NH07-059J |
| 000502100 | 20090301 | 155.69 | 294.04 | 155.69 | 155.69 | 78205-15 | NH07-059J |
| 000502100 | 20090401 | 192.38 | 330.73 | 192.38 | 192.38 | 78205-15 | NH07-059J |
| 000502100 | 20090501 | 194.80 | 333.15 | 194.80 | 194.80 | 78205-15 | NH07-059J |
| 000502100 | 20090701 | 203.55 | 343.90 | 203.55 | 203.55 | 78205-15 | NH07-059J |
| 000502100 | 20100101 | 205.68 | 347.60 | 205.68 | 205.68 | 78205-15 | NH07-059J |
| 000502100 | 20100701 | 209.15 | 352.49 | 209.15 | 209.15 | 78205-15 | NH07-059J |
| 000502100 | 20110101 | 191.99 | 336.85 | 191.99 | 191.99 | 78205-15 | NH07-059J |
| 000502100 | 20110701 | 190.09 | 336.29 | 190.09 | 190.09 | 78205-15 | NH07-059J |
| 000502100 | 20120101 | 191.27 | 338.88 | 191.27 | 191.27 | 78205-15 | NH07-059J |
| 000502100 | 20120701 | 196.75 | 345.96 | 196.75 | 196.75 | 78205-15 | NH07-059J |
| 000633900 | 20081204 | 175.65 | 311.93 | 175.65 | 175.65 | 78205-15 | NH12-045C |
| 000633900 | 20090101 | 171.68 | 310.03 | 171.68 | 171.68 | 78205-15 | NH12-045C |
| 000633900 | 20090301 | 157.29 | 295.64 | 157.29 | 157.29 | 78205-15 | NH12-045C |
| 000633900 | 20090401 | 193.80 | 332.15 | 193.80 | 193.80 | 78205-15 | NH12-045C |
| 000633900 | 20090701 | 205.20 | 345.55 | 205.20 | 205.20 | 78205-15 | NH12-045C |
| 000633900 | 20100101 | 207.15 | 349.07 | 207.15 | 207.15 | 78205-15 | NH12-045C |
| 000633900 | 20100701 | 210.29 | 353.63 | 210.29 | 210.29 | 78205-15 | NH12-045C |
| 000633900 | 20110101 | 212.80 | 357.66 | 212.80 | 212.80 | 78205-15 | NH12-045C |
| 000633900 | 20110701 | 205.28 | 351.48 | 205.28 | 205.28 | 78205-15 | NH12-045C |
| 000633900 | 20151001 | 244.31 | 0.00 | 244.31 | 244.31 | 78205-15 | |
| 007332400 | 20130101 | 216.66 | 367.47 | 216.66 | 216.66 | 78205-15 | NH07-059J |
| 007332400 | 20130701 | 224.83 | 0.00 | 224.83 | 224.83 | 78205-15 | NH07-059J |
| 007332400 | 20140101 | 225.46 | 0.00 | 225.46 | 225.46 | 78205-15 | NH07-059J |
| 007332400 | 20140701 | 235.95 | 0.00 | 235.95 | 235.95 | 78205-15 | NH07-059J |
| 007332400 | 20150101 | 239.90 | 0.00 | 239.90 | 239.90 | 78205-15 | NH07-059J |
| 007332400 | 20150901 | 239.12 | 0.00 | 239.12 | 239.12 | 78205-15 | NH07-059J |
| 012225000 | 20140829 | 204.46 | 0.00 | 204.46 | 204.46 | | |
| 012225000 | 20150101 | 206.47 | 0.00 | 206.47 | 206.47 | | |
| 012225000 | 20150901 | 206.59 | 0.00 | 206.59 | 206.59 | | |
| 014146600 | 20150316 | 215.21 | 0.00 | 215.21 | 215.21 | | |
| 014146600 | 20150901 | 207.66 | 0.00 | 207.66 | 207.66 | | |
| 020010700 | 20120701 | 219.25 | 368.46 | 219.25 | 219.25 | 78205-15 | NH13-001W |
| 020010700 | 20130101 | 222.44 | 373.25 | 222.44 | 222.44 | 78205-15 | NH13-001W |
| 020322000 | 20120101 | 204.55 | 352.16 | 204.55 | 204.55 | 78205-15 | NH13-037C |
| 020322000 | 20120701 | 210.77 | 359.98 | 210.77 | 210.77 | 78205-15 | NH13-037C |
| 020407200 | 20110101 | 216.54 | 361.40 | 216.54 | 216.54 | 78205-15 | NH13-018W |
| 020407200 | 20110701 | 207.01 | 353.21 | 207.01 | 207.01 | 78205-15 | NH13-018W |
| 020407200 | 20120101 | 209.42 | 357.03 | 209.42 | 209.42 | 78205-15 | NH13-018W |
| 021013700 | 20120101 | 200.09 | 347.70 | 200.09 | 200.09 | 78205-15 | NH13-062C |
| 021013700 | 20120701 | 205.69 | 354.90 | 205.69 | 205.69 | 78205-15 | NH13-062C |
| 021013700 | 20130101 | 207.98 | 358.79 | 207.98 | 207.98 | 78205-15 | NH13-062C |
| 021153200 | 20120101 | 200.45 | 348.06 | 200.45 | 200.45 | 78205-15 | NH13-063C |
| 021153200 | 20120701 | 206.37 | 355.58 | 206.37 | 206.37 | 78205-15 | NH13-063C |
| 021153200 | 20130101 | 209.38 | 360.19 | 209.38 | 209.38 | 78205-15 | NH13-063C |
| 021188500 | 20090101 | 181.02 | 319.37 | 181.02 | 181.02 | 78205-15 | NH10-017L |
| 021188500 | 20090301 | 165.84 | 304.19 | 165.84 | 165.84 | 78205-15 | NH10-017L |
| 021188500 | 20090401 | 195.76 | 334.11 | 195.76 | 195.76 | 78205-15 | NH10-017L |
| 021188500 | 20090701 | 199.94 | 340.29 | 199.94 | 199.94 | 78205-15 | NH10-017L |
| 021188500 | 20100101 | 201.28 | 343.20 | 201.28 | 201.28 | 78205-15 | NH10-017L |
| 021188500 | 20100701 | 202.69 | 346.03 | 202.69 | 202.69 | 78205-15 | NH10-017L |
| 021188500 | 20110101 | 201.99 | 346.85 | 201.99 | 201.99 | 78205-15 | NH10-017L |
| 021188500 | 20110701 | 195.70 | 341.90 | 195.70 | 195.70 | 78205-15 | NH10-017L |
| 021188500 | 20120101 | 198.07 | 345.68 | 198.07 | 198.07 | 78205-15 | NH10-017L |
| 021188500 | 20120701 | 205.51 | 354.72 | 205.51 | 205.51 | 78205-15 | NH10-017L |
| 021188500 | 20130101 | 209.30 | 360.11 | 209.30 | 209.30 | 78205-15 | NH10-017L |
| 021188500 | 20130701 | 215.02 | 0.00 | 215.02 | 215.02 | 78205-15 | NH10-017L |
| 021188500 | 20140101 | 215.26 | 0.00 | 215.26 | 215.26 | 78205-15 | NH10-017L |
| 021188500 | 20140701 | 223.45 | 0.00 | 223.45 | 223.45 | 78205-15 | NH10-017L |

| Provider Number | Effective Date Format YYYYMMDD | Intermediate I (IN1) | Skilled AIDS (SKA) | Intermediate II (IN2) | Skilled (SKD) | MCM number | Audit Number |
|-----------------|--------------------------------|----------------------|--------------------|-----------------------|---------------|------------|--------------|
| 021188500 | 20150101 | 225.59 | 0.00 | 225.59 | 225.59 | 78205-15 | NH10-017L |
| 021188500 | 20150901 | 226.27 | 0.00 | 226.27 | 226.27 | 78205-15 | NH10-017L |
| 021316100 | 20120101 | 193.66 | 341.27 | 193.66 | 193.66 | 78205-15 | NH13-064C |
| 021316100 | 20120701 | 199.57 | 348.78 | 199.57 | 199.57 | 78205-15 | NH13-064C |
| 021316100 | 20130101 | 202.45 | 353.26 | 202.45 | 202.45 | 78205-15 | NH13-064C |
| 021782400 | 20120101 | 210.96 | 358.57 | 210.96 | 210.96 | 78205-15 | NH13-067C |
| 021782400 | 20120701 | 217.24 | 366.45 | 217.24 | 217.24 | 78205-15 | NH13-067C |
| 021782400 | 20130101 | 220.45 | 371.26 | 220.45 | 220.45 | 78205-15 | NH13-067C |
| 022388300 | 20120101 | 200.25 | 347.86 | 200.25 | 200.25 | 78205-15 | NH13-167G |
| 022388300 | 20120701 | 206.28 | 355.49 | 206.28 | 206.28 | 78205-15 | NH13-167G |
| 022388300 | 20130101 | 208.57 | 359.38 | 208.57 | 208.57 | 78205-15 | NH13-167G |
| 022491000 | 20120101 | 201.14 | 348.75 | 201.14 | 201.14 | 78205-15 | NH13-169G |
| 022491000 | 20120701 | 207.47 | 356.68 | 207.47 | 207.47 | 78205-15 | NH13-169G |
| 022491000 | 20130101 | 210.27 | 361.08 | 210.27 | 210.27 | 78205-15 | NH13-169G |
| 022833800 | 20120101 | 198.46 | 346.07 | 198.46 | 198.46 | 78205-15 | NH13-071C |
| 022833800 | 20120701 | 204.56 | 353.77 | 204.56 | 204.56 | 78205-15 | NH13-071C |
| 022833800 | 20130101 | 201.70 | 352.51 | 201.70 | 201.70 | 78205-15 | NH13-071C |
| 022833800 | 20130701 | 206.84 | 0.00 | 206.84 | 206.84 | 78205-15 | NH13-071C |
| 022833800 | 20140101 | 203.28 | 0.00 | 203.28 | 203.28 | 78205-15 | NH13-071C |
| 022833800 | 20140701 | 213.41 | 0.00 | 213.41 | 213.41 | 78205-15 | NH13-071C |
| 022833800 | 20150101 | 217.10 | 0.00 | 217.10 | 217.10 | 78205-15 | NH13-071C |
| 022833800 | 20150901 | 216.87 | 0.00 | 216.87 | 216.87 | 78205-15 | NH13-071C |
| 025201800 | 20120101 | 226.16 | 373.77 | 226.16 | 226.16 | 78205-15 | NH13-041C |
| 025201800 | 20120701 | 233.17 | 382.38 | 233.17 | 233.17 | 78205-15 | NH13-041C |
| 025935700 | 20120101 | 200.56 | 348.17 | 200.56 | 200.56 | 78205-15 | NH13-073C |
| 025935700 | 20120701 | 206.41 | 355.62 | 206.41 | 206.41 | 78205-15 | NH13-073C |
| 025935700 | 20130101 | 209.43 | 360.24 | 209.43 | 209.43 | 78205-15 | NH13-073C |
| 026538100 | 20120101 | 212.76 | 360.37 | 212.76 | 212.76 | 78205-15 | NH13-074C |
| 026538100 | 20120701 | 218.03 | 367.24 | 218.03 | 218.03 | 78205-15 | NH13-074C |
| 026538100 | 20150901 | 241.21 | 0.00 | 241.21 | 241.21 | 78205-15 | NH13-074C |
| 026818600 | 20120101 | 199.05 | 346.66 | 199.05 | 199.05 | 78205-15 | NH13-076C |
| 026818600 | 20120701 | 204.61 | 353.82 | 204.61 | 204.61 | 78205-15 | NH13-076C |
| 026818600 | 20130101 | 204.45 | 355.26 | 204.45 | 204.45 | 78205-15 | NH13-076C |
| 026818600 | 20130701 | 209.19 | 0.00 | 209.19 | 209.19 | 78205-15 | NH13-076C |
| 026818600 | 20140101 | 207.48 | 0.00 | 207.48 | 207.48 | 78205-15 | NH13-076C |
| 026818600 | 20140701 | 217.15 | 0.00 | 217.15 | 217.15 | 78205-15 | NH13-076C |
| 026818600 | 20150101 | 220.28 | 0.00 | 220.28 | 220.28 | 78205-15 | NH13-076C |
| 026818600 | 20150901 | 217.89 | 0.00 | 217.89 | 217.89 | 78205-15 | NH13-076C |
| 028319300 | 20120101 | 210.52 | 358.13 | 210.52 | 210.52 | 78205-15 | NH13-077C |
| 028319300 | 20120701 | 216.30 | 365.51 | 216.30 | 216.30 | 78205-15 | NH13-077C |
| 028319300 | 20130101 | 217.81 | 368.62 | 217.81 | 217.81 | 78205-15 | NH13-077C |
| 028428900 | 20120101 | 175.98 | 323.59 | 175.98 | 175.98 | 78205-15 | NH13-078C |
| 028428900 | 20120701 | 181.02 | 330.23 | 181.02 | 181.02 | 78205-15 | NH13-078C |
| 028428900 | 20130101 | 183.07 | 333.88 | 183.07 | 183.07 | 78205-15 | NH13-078C |
| 031130800 | 20090101 | 185.70 | 324.05 | 185.70 | 185.70 | 78205-15 | NH10-046G |
| 031130800 | 20090301 | 170.14 | 308.49 | 170.14 | 170.14 | 78205-15 | NH10-046G |
| 031130800 | 20090401 | 202.32 | 340.67 | 202.32 | 202.32 | 78205-15 | NH10-046G |
| 031130800 | 20090701 | 204.41 | 344.76 | 204.41 | 204.41 | 78205-15 | NH10-046G |
| 031130800 | 20100101 | 217.56 | 359.48 | 217.56 | 217.56 | 78205-15 | NH10-046G |
| 031130800 | 20100701 | 221.10 | 364.44 | 221.10 | 221.10 | 78205-15 | NH10-046G |
| 031130800 | 20110101 | 224.06 | 368.92 | 224.06 | 224.06 | 78205-15 | NH10-046G |
| 031130800 | 20110701 | 212.96 | 359.16 | 212.96 | 212.96 | 78205-15 | NH10-046G |
| 031130800 | 20120101 | 199.49 | 347.10 | 199.49 | 199.49 | 78205-15 | NH10-046G |
| 031130800 | 20120701 | 204.52 | 353.73 | 204.52 | 204.52 | 78205-15 | NH10-046G |
| 031130800 | 20130101 | 207.51 | 358.32 | 207.51 | 207.51 | 78205-15 | NH10-046G |
| 031130800 | 20130701 | 196.70 | 0.00 | 196.70 | 196.70 | 78205-15 | NH10-046G |
| 031130800 | 20140101 | 198.07 | 0.00 | 198.07 | 198.07 | 78205-15 | NH10-046G |
| 031130800 | 20140701 | 203.07 | 0.00 | 203.07 | 203.07 | 78205-15 | NH10-046G |
| 031130800 | 20150101 | 205.70 | 0.00 | 205.70 | 205.70 | 78205-15 | NH10-046G |
| 031130800 | 20150901 | 195.66 | 0.00 | 195.66 | 195.66 | 78205-15 | NH10-046G |
| 031566400 | 20120101 | 209.30 | 356.91 | 209.30 | 209.30 | 78205-15 | NH13-080C |

| Provider Number | Effective Date Format YYYYMMDD | Intermediate I (IN1) | Skilled AIDS (SKA) | Intermediate II (IN2) | Skilled (SKD) | MCM number | Audit Number |
|------------------------|---|-----------------------------|---------------------------|------------------------------|----------------------|-------------------|---------------------|
| 031566400 | 20120701 | 215.15 | 364.36 | 215.15 | 215.15 | 78205-15 | NH13-080C |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|--------------------------|------------------|-------------|
| BRADEN RIVER CARE CENTER | Provider Number: | 0 005021-00 |
| 2010 MANATEE AVE E | Date: | 8/12/2015 |
| BRADENTON, FL 34208-1560 | Fiscal Year End: | 4/30/2009 |
| | Audit Status: | Unaudited |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|----------------------|----------------------|----------------------|-------------------------|
| Nursing Home | Single Level | <u>173.25</u> | <u>173.34</u> | <u>11/1/2008</u> |
| | Level H: Aids | <u>309.53</u> | <u>309.62</u> | <u>11/1/2008</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 |
| <input checked="" type="checkbox"/> Unaudited costs |
| _____ Field audited costs |
| _____ Desk audited costs |

Changes:

| |
|--|
| _____ Rate Semester Change |
| <input checked="" type="checkbox"/> Effects of FA & RFA NH07-059J FYE 03/31/2004 for prior provider #265667 |

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

| | | |
|---------------------------------|------------------|--------------------|
| <u>BRADEN RIVER CARE CENTER</u> | Provider Number: | <u>0 005021-00</u> |
| <u>2010 MANATEE AVE E</u> | Date: | <u>8/12/2015</u> |
| <u>BRADENTON, FL 34208-1560</u> | Fiscal Year End: | <u>4/30/2009</u> |
| | Audit Status: | <u>Unaudited</u> |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|----------------------|----------------------|----------------------|------------------------|
| Nursing Home | Single Level | <u>169.85</u> | <u>169.93</u> | <u>1/1/2009</u> |
| | Level H: Aids | <u>308.20</u> | <u>308.28</u> | <u>1/1/2009</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
 Effects of FA & RFA NH07-059J FYE
 03/31/2004 for prior provider #265667

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

| | | |
|--------------------------|------------------|-------------|
| BRADEN RIVER CARE CENTER | Provider Number: | 0 005021-00 |
| 2010 MANATEE AVE | Date: | 8/12/2015 |
| BRADENTON, FL 34208-1560 | Fiscal Year End: | 4/30/2009 |
| | Audit Status: | Unaudited |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>155.61</u> | <u>155.69</u> | <u>3/1/2009</u> |
| | Level H: Aids | <u>293.96</u> | <u>294.04</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 |
| <input checked="" type="checkbox"/> Unaudited costs |
| _____ Field audited costs |
| _____ Desk audited costs |

Changes:

| |
|--|
| _____ Rate Semester Change |
| <input checked="" type="checkbox"/> Effects of FA & RFA NH07-059J FYE 03/31/2004 for prior provider #265667 |

Distribution:

Contract Management / Fiscal Agent
 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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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|--------------------------|------------------|-------------|
| BRADEN RIVER CARE CENTER | Provider Number: | 0 005021-00 |
| 2010 MANATEE AVE E | Date: | 8/12/2015 |
| BRADENTON, FL 34208-1560 | Fiscal Year End: | 4/30/2009 |
| | Audit Status: | Unaudited |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|----------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 192.29 | 192.38 | 4/1/2009 |
| | Level H: Aids | 330.64 | 330.73 | 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 |
| <input checked="" type="checkbox"/> Unaudited costs |
| _____ Field audited costs |
| _____ Desk audited costs |

Changes:

| |
|--|
| _____ Rate Semester Change |
| <input checked="" type="checkbox"/> Effects of FA & RFA NH07-059J FYE 03/31/2004 for prior provider #265667 |

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



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Medicaid Reimbursement Per Diem Rates

| | | |
|--------------------------|------------------|-------------|
| BRADEN RIVER CARE CENTER | Provider Number: | 0 005021-00 |
| 2010 MANATEE AVE E | Date: | 8/12/2015 |
| BRADENTON, FL 34208-1560 | Fiscal Year End: | 4/30/2009 |
| | Audit Status: | Unaudited |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>194.72</u> | <u>194.80</u> | <u>5/1/2009</u> |
| | Level H: Aids | <u>333.07</u> | <u>333.15</u> | <u>5/1/2009</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 checked="" type="checkbox"/> Unaudited costs |
| <input type="checkbox"/> Field audited costs |
| <input type="checkbox"/> Desk audited costs |

Changes:

| |
|---|
| <input type="checkbox"/> Rate Semester Change |
| <input checked="" type="checkbox"/> Effects of FA & RFA NH07-059J FYE 03/31/2004 for prior provider #265667 |

Distribution:

Contract Management / Fiscal Agent
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 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

| | | |
|---------------------------------|------------------|--------------------|
| <u>BRADEN RIVER CARE CENTER</u> | Provider Number: | <u>0 005021-00</u> |
| <u>2010 MANATEE AVE E</u> | Date: | <u>8/12/2015</u> |
| <u>BRADENTON, FL 34208-1560</u> | Fiscal Year End: | <u>4/30/2009</u> |
| | Audit Status: | <u>Unaudited</u> |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>203.46</u> | <u>203.55</u> | <u>7/1/2009</u> |
| | Level H: Aids | <u>343.81</u> | <u>343.90</u> | <u>7/1/2009</u> |

Rate Type:

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

Basis:


| |
|---------------------------------------|
| <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 NH07-059J FYE 03/31/2004 for prior provider #265667 |

Distribution:

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Medicaid Reimbursement Per Diem Rates

| | | |
|---------------------------------|------------------|--------------------|
| <u>BRADEN RIVER CARE CENTER</u> | Provider Number: | <u>0 005021-00</u> |
| <u>2010 MANATEE AVE E</u> | Date: | <u>8/12/2015</u> |
| <u>BRADENTON, FL 34208-1560</u> | Fiscal Year End: | <u>4/30/2009</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>205.59</u> | <u>205.68</u> | <u>1/1/2010</u> |
| | Level H: Aids | <u>347.51</u> | <u>347.60</u> | <u>1/1/2010</u> |

Rate Type:

| | |
|---|--|
| <u> </u> Interim | <u> X </u> Prospective |
| <u> </u> Total Interim | <u> </u> Total Prospective |
| <u> </u> Interim Component | <u> </u> Total Prospective with Interim Component |
| <u> </u> X 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 NH07-059J FYE 03/31/2004 for prior provider #265667 |

Distribution:

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Medicaid Reimbursement Per Diem Rates

| | | |
|--------------------------|------------------|-------------|
| BRADEN RIVER CARE CENTER | Provider Number: | 0 005021-00 |
| 2010 MANATEE AVE E | Date: | 8/12/2015 |
| BRADENTON, FL 34208-1560 | Fiscal Year End: | 4/30/2009 |
| | Audit Status: | Unaudited |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>209.07</u> | <u>209.15</u> | <u>7/1/2010</u> |
| | Level H: Aids | <u>352.41</u> | <u>352.49</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 checked="" type="checkbox"/> | Unaudited costs |
| <input type="checkbox"/> | Field audited costs |
| <input type="checkbox"/> | Desk audited costs |

Changes:

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | Rate Semester Change |
| <input checked="" type="checkbox"/> | Effects of FA & RFA NH07-059J FYE 03/31/2004 for prior provider #265667 |

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Medicaid Reimbursement Per Diem Rates

| | | |
|--------------------------|------------------|-------------|
| BRADEN RIVER CARE CENTER | Provider Number: | 0 005021-00 |
| 2010 MANATEE AVE E | Date: | 8/12/2015 |
| BRADENTON, FL 34208-1560 | Fiscal Year End: | 4/30/2010 |
| | Audit Status: | Unaudited |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|----------------------|----------------------|----------------------|------------------------|
| Nursing Home | Single Level | <u>191.90</u> | <u>191.99</u> | <u>1/1/2011</u> |
| | Level H: Aids | <u>336.76</u> | <u>336.85</u> | <u>1/1/2011</u> |

Rate Type:

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

Basis:

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

Changes:

| |
|---|
| <input type="checkbox"/> Rate Semester Change |
| <input checked="" type="checkbox"/> Effects of FA & RFA NH07-059J FYE 03/31/2004 for prior provider #265667 |

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Medicaid Reimbursement Per Diem Rates

| | | |
|---------------------------------|------------------|--------------------|
| <u>BRADEN RIVER CARE CENTER</u> | Provider Number: | <u>0 005021-00</u> |
| <u>2010 MANATEE AVE E</u> | Date: | <u>8/12/2015</u> |
| <u>BRADENTON, FL 34208-1560</u> | Fiscal Year End: | <u>12/31/2010</u> |
| | Audit Status: | <u>Unaudited</u> |

Provider Type:

| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|----------------------|-------------------------|----------------------|---------------------------|
| Nursing Home | Single Level | <u>190.00</u> | <u>190.09</u> | <u>7/1/2011</u> |
| | Level H: Aids | <u>336.20</u> | <u>336.29</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:

| |
|---------------------------------------|
| <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 NH07-059J FYE 03/31/2004 for prior provider #265667 |

Distribution:

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Medicaid Reimbursement Per Diem Rates

| | | |
|--------------------------|------------------|-------------|
| BRADEN RIVER CARE CENTER | Provider Number: | 0 005021-00 |
| 2010 MANATEE AVE E | Date: | 8/12/2015 |
| BRADENTON, FL 34208-1560 | Fiscal Year End: | 12/31/2010 |
| | Audit Status: | Unaudited |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>191.19</u> | <u>191.27</u> | <u>1/1/2012</u> |
| | Level H: Aids | <u>338.80</u> | <u>338.88</u> | <u>1/1/2012</u> |

Rate Type:

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

Basis:

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

Changes:

| |
|---|
| <input type="checkbox"/> Rate Semester Change |
| <input checked="" type="checkbox"/> Effects of FA & RFA NH07-059J FYE 03/31/2004 for prior provider #265667 |

Distribution:

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Medicaid Reimbursement Per Diem Rates

| | | |
|---------------------------------|------------------|--------------------|
| <u>BRADEN RIVER CARE CENTER</u> | Provider Number: | <u>0 005021-00</u> |
| <u>2010 MANATEE AVE E</u> | Date: | <u>8/12/2015</u> |
| <u>BRADENTON, FL 34208-1560</u> | Fiscal Year End: | <u>12/31/2010</u> |
| | Audit Status: | <u>Unaudited</u> |

Provider Type:

| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|----------------------|-------------------------|----------------------|---------------------------|
| Nursing Home | Single Level | <u>196.67</u> | <u>196.75</u> | <u>7/1/2012</u> |
| | Level H: Aids | <u>345.88</u> | <u>345.96</u> | <u>7/1/2012</u> |

Rate Type:

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

Basis:

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

Changes:

| |
|---|
| <u> </u> Rate Semester Change |
| <u> X </u> Effects of FA & RFA NH07-059J FYE 03/31/2004 for prior provider #265667 |

Distribution:

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 Home Office: No Home Office

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKE PLACID HEALTH AND REHABILITATION CENTER
 125 TOMOKA BLVD S
 LAKE PLACID, FL 33852-8123

Provider Number: 0 006339-00
 Date: 7/13/2015
 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>175.87</u> | <u>175.65</u> | <u>12/4/2008</u> |
| <u>312.15</u> | <u>311.93</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 #NH12-045C FYE 06/30/2009

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|---|------------------|----------------------------|
| <u>LAKE PLACID HEALTH AND REHABILITATION CENTER</u> | Provider Number: | <u>0 006339-00</u> |
| <u>125 TOMOKA BLVD S</u> | Date: | <u>7/13/2015</u> |
| <u>LAKE PLACID, FL 33852-8123</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>171.89</u> | <u>171.68</u> | <u>1/1/2009</u> |
| | Level H: Aids | <u>310.24</u> | <u>310.03</u> | <u>1/1/2009</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 #NH12-045C FYE 06/30/2009

Distribution:

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 _____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

| | | |
|---|------------------|----------------------------|
| <u>LAKE PLACID HEALTH AND REHABILITATION CENTER</u> | Provider Number: | <u>0 006339-00</u> |
| <u>125 TOMOKA BLVD S</u> | Date: | <u>7/13/2015</u> |
| <u>LAKE PLACID, FL 33852-8123</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>157.48</u> | <u>157.29</u> | <u>3/1/2009</u> |
| | Level H: Aids | <u>295.83</u> | <u>295.64</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 #NH12-045C FYE 06/30/2009

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

| | | |
|---|------------------|----------------------------|
| <u>LAKE PLACID HEALTH AND REHABILITATION CENTER</u> | Provider Number: | <u>0 006339-00</u> |
| <u>125 TOMOKA BLVD S</u> | Date: | <u>7/13/2015</u> |
| <u>LAKE PLACID, FL 33852-8123</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>194.03</u> | <u>193.80</u> | <u>4/1/2009</u> |
| | Level H: Aids | <u>332.38</u> | <u>332.15</u> | <u>4/1/2009</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> X </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 #NH12-045C FYE 06/30/2009

Distribution:

Contract Management / Fiscal Agent
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| | | |
|---|------------------|----------------------------|
| <u>LAKE PLACID HEALTH AND REHABILITATION CENTER</u> | Provider Number: | <u>0 006339-00</u> |
| <u>125 TOMOKA BLVD S</u> | Date: | <u>7/13/2015</u> |
| <u>LAKE PLACID, FL 33852-8123</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>205.43</u> | <u>205.20</u> | <u>7/1/2009</u> |
| | Level H: Aids | <u>345.78</u> | <u>345.55</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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-045C FYE 06/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

| | | |
|--|------------------|---------------------|
| LAKE PLACID HEALTH AND REHABILITATION CENTER | Provider Number: | 0 006339-00 |
| 125 TOMOKA BLVD S | Date: | 7/13/2015 |
| LAKE PLACID, FL 33852-8123 | Fiscal Year End: | 6/30/2009 |
| | Audit Status: | Revised Field Audit |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>207.38</u> | <u>207.15</u> | <u>1/1/2010</u> |
| | Level H: Aids | <u>349.30</u> | <u>349.07</u> | <u>1/1/2010</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 #NH12-045C FYE 06/30/2009 |

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Medicaid Reimbursement Per Diem Rates

LAKE PLACID HEALTH AND REHABILITATION CENTER
125 TOMOKA BLVD S
LAKE PLACID, FL 33852-8123

Provider Number: 0 006339-00
Date: 7/13/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 210.51 | 210.29 | 7/1/2010 |
| | Level H: Aids | 353.85 | 353.63 | 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 #NH12-045C FYE 06/30/2009

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

LAKE PLACID HEALTH AND REHABILITATION CENTER
 125 TOMOKA BLVD S
 LAKE PLACID, FL 33852-8123

Provider Number: 0 006339-00
 Date: 7/13/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|--------------|----------|----------------|
| Nursing Home | Single Level | 213.03 | 212.80 | 1/1/2011 |
| | Level H: Aids | 357.89 | 357.66 | 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
 FA & RFA #NH12-045C FYE 06/30/2009

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



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

Medicaid Reimbursement Per Diem Rates

LAKE PLACID HEALTH AND REHABILITATION CENTER
 125 TOMOKA BLVD S
 LAKE PLACID, FL 33852-8123

Provider Number: 0 006339-00
 Date: 7/13/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|-------------|-------------------|
| Nursing Home | Single Level | 205.50 | 205.28 | 7/1/2011 |
| | Level H: Aids | 351.70 | 351.48 | 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 #NH12-045C FYE 06/30/2009

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKE PLACID HEALTH AND REHABILITATION CENTER

125 TOMOKA BLVD S

LAKE PLACID, FL 33852-8123

Provider Number:

0 006339-00

Date:

10/14/2015

Fiscal Year End:

6/30/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|------------------|
| 236.54 | 244.31 | 10/1/2015 |

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

IRR Granted Effective 10/1/2015

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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Permanent File

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No Change in Rate

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



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 073324-00
Date: 8/12/2015
Fiscal Year End: 6/30/2013
Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 216.57 | 216.66 | 1/1/2013 |
| | Level H: Aids | 367.38 | 367.47 | 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
 Effects of FA & RFA NH07-059J FYE 03/31/2004 for prior provider #265667

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 073324-00
Date: 8/12/2015
Fiscal Year End: 6/30/2013
Audit Status: Unaudited

Provider Type:

| | | | | |
|--------------|--------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | Current Rate | New Rate | Effective Date |
| | | 239.81 | 239.90 | 1/1/2015 |

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH07-059J FYE 03/31/2004 for prior provider #265667

Distribution:

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

Thomas Parker
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 073324-00
Date: 8/12/2015
Fiscal Year End: 6/30/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| 239.03 | 239.12 | 9/1/2015 |

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

Effects of FA & RFA NH07-059J FYE 03/31/2004 for prior provider #265667

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

THE NURSING CENTER AT FREEDOM VILLAGE
6410 21ST AVE W
BRADENTON, FL 34209

Provider Number: 0 122250-00
Date: 9/23/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|--------------|----------|----------------|
| 209.26 | 204.46 | 8/29/2014 |

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

RP CHOP/NRP CHOW effective 08/29/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE NURSING CENTER AT FREEDOM VILLAGE

6410 21ST AVE W

BRADENTON, FL 34209

Provider Number:

0 122250-00

Date:

9/23/2015

Fiscal Year End:

12/31/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| 211.28 | 206.47 | 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

RP CHOP/NRP CHOW effective 08/29/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

Thomas Parker

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 NURSING CENTER AT FREEDOM VILLAGE
6410 21ST AVE W
BRADENTON, FL 34209

Provider Number: 0 122250-00
Date: 9/23/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|--------------|----------|----------------|
| 211.34 | 206.59 | 9/1/2015 |

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
- RP CHOP/NRP CHOW effective 08/29/2014

Distribution:

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

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

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

| | | |
|-----------------------------|------------------|-------------|
| LANIER TERRACE | Provider Number: | 0 141466-00 |
| 12740 LANIER ROAD | Date: | 10/14/2015 |
| JACKSONVILLE, FL 32226-1704 | Fiscal Year End: | 12/31/2015 |
| | Audit Status: | Unaudited |

Provider Type:

| | | | | |
|--------------|--------------|-------------------------------|---------------------------|---------------------------------|
| | | <u>Current</u> <u>Rate</u> | <u>New</u> <u>Rate</u> | <u>Effective</u> <u>Date</u> |
| Nursing Home | Single Level | 216.17 | 215.21 | 3/16/2015 |

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

| | |
|--|--|
| Basis: | |
| <input checked="" 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"/> NRP CHOP effective 03/16/2015 | |

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: No Home Office

Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|------------------------------------|------------------|--------------------|
| <u>LANIER TERRACE</u> | Provider Number: | <u>0 141466-00</u> |
| <u>12740 LANIER ROAD</u> | Date: | <u>10/14/2015</u> |
| <u>JACKSONVILLE, FL 32226-1704</u> | Fiscal Year End: | <u>12/31/2015</u> |
| | Audit Status: | <u>Unaudited</u> |

Provider Type:

| | | | | |
|---------------------|---------------------|---------------------|-----------------|-----------------------|
| Nursing Home | Single Level | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
| | | 212.47 | 207.66 | 9/1/2015 |

Rate Type:

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

Basis:

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

Changes:

| |
|---|
| <u> </u> Rate Semester Change |
| <input checked="" type="checkbox"/> NRP CHOP effective 03/16/2015 |

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



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BON SECOURS MARIA MANOR NURSING CARE CENTER
10300 4TH ST N
SAINT PETERSBURG, FL 33716

Provider Number: 0 200107-00
Date: 8/17/2015
Fiscal Year End: 8/31/2011
Audit Status: Field Audited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|--------------|----------|----------------|
| Nursing Home | Single Level | 222.64 | 219.25 | 7/1/2012 |
| | Level H: Aids | 371.85 | 368.46 | 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
 Field Audit #NH13-001W FYE 8/31/2011

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Bon Secours Health System, Inc
1505 Marriottsville Road
Marriottsville, MD 21104-1399

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

| | | |
|--|------------------|----------------------|
| <u>BON SECOURS MARIA MANOR NURSING CARE CENTER</u> | Provider Number: | <u>0 200107-00</u> |
| <u>10300 4TH ST N</u> | Date: | <u>8/17/2015</u> |
| <u>SAINT PETERSBURG, FL 33716</u> | Fiscal Year End: | <u>8/31/2011</u> |
| | Audit Status: | <u>Field Audited</u> |

Provider Type:

| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|----------------------|----------------------|----------------------|------------------------|
| Nursing Home | Single Level | <u>224.86</u> | <u>222.44</u> | <u>1/1/2013</u> |
| | Level H: Aids | <u>375.67</u> | <u>373.25</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> </u> Unaudited costs |
| <u> X </u> Field audited costs |
| <u> </u> Desk audited costs |

Changes:

| |
|---|
| <u> </u> Rate Semester Change |
| <u> X </u> Field Audit #NH13-001W FYE 8/31/2011 |

Distribution:

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


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Bon Secours Health System, Inc
 1505 Marriottsville Road
 Marriottsville, MD 21104-1399



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|----------------------------|------------------|----------------------|
| <u>AVANTE AT INVERNESS</u> | Provider Number: | <u>0 203220-00</u> |
| <u>304 S CITRUS AVE</u> | Date: | <u>8/25/2015</u> |
| <u>INVERNESS, FL 34452</u> | Fiscal Year End: | <u>5/31/2011</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>204.94</u> | <u>204.55</u> | <u>1/1/2012</u> |
| | Level H: Aids | <u>352.55</u> | <u>352.16</u> | <u>1/1/2012</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> 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> Field Audit #NH13-037C FYE 5/31/2011 |

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

AVANTE AT INVERNESS
304 S CITRUS AVE
INVERNESS, FL 34452

Provider Number: 0 203220-00
Date: 8/25/2015
Fiscal Year End: 5/31/2011
Audit Status: Field Audited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>211.16</u> | <u>210.77</u> | <u>7/1/2012</u> |
| | Level H: Aids | <u>360.37</u> | <u>359.98</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 #NH13-037C FYE 5/31/2011

Distribution:

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

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

MEASE CONTINUING CARE
 910 NEW YORK AVE
 DUNEDIN, FL 34698-6600

Provider Number: 0 204072-00
 Date: 8/24/2015
 Fiscal Year End: 7/31/2010
 Audit Status: Field Audited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>217.43</u> | <u>216.54</u> | <u>1/1/2011</u> |
| | Level H: Aids | <u>362.29</u> | <u>361.40</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
 Field Audit #NH13-018W FYE 7/31/2010

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



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|------------------------|------------------|---------------|
| MEASE CONTINUING CARE | Provider Number: | 0 204072-00 |
| 910 NEW YORK AVE | Date: | 8/24/2015 |
| DUNEDIN, FL 34698-6600 | Fiscal Year End: | 7/31/2010 |
| | Audit Status: | Field Audited |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 207.84 | 207.01 | 7/1/2011 |
| | Level H: Aids | 354.04 | 353.21 | 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
 Field Audit #NH13-018W FYE 7/31/2010

Distribution:

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

Thomas Parker
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MEASE CONTINUING CARE
 910 NEW YORK AVE
 DUNEDIN, FL 34698-6600

Provider Number: 0 204072-00
 Date: 8/24/2015
 Fiscal Year End: 7/31/2010
 Audit Status: Field Audited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>210.49</u> | <u>209.42</u> | <u>1/1/2012</u> |
| | Level H: Aids | <u>358.10</u> | <u>357.03</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 #NH13-018W FYE 7/31/2010

Distribution:

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

Home Office: No Home Office

Thomas Parker
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ALTAMONTE SPRINGS
989 ORIENTA AVE
ALTAMONTE SPRINGS, FL 32701

Provider Number: 0 210137-00
Date: 9/3/2015
Fiscal Year End: 7/31/2011
Audit Status: Field Audited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>200.28</u> | <u>200.09</u> | <u>1/1/2012</u> |
| | Level H: Aids | <u>347.89</u> | <u>347.70</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 #NH13-062C FYE 7/31/2011

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

| | | |
|--|------------------|----------------------|
| <u>LIFE CARE CENTER OF ALTAMONTE SPRINGS</u> | Provider Number: | <u>0 210137-00</u> |
| <u>989 ORIENTA AVE</u> | Date: | <u>9/3/2015</u> |
| <u>ALTAMONTE SPRINGS, FL 32701</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>205.89</u> | <u>205.69</u> | <u>7/1/2012</u> |
| | Level H: Aids | <u>355.10</u> | <u>354.90</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> </u> Unaudited costs |
| <u> X </u> Field audited costs |
| <u> </u> Desk audited costs |

Changes:

| |
|---|
| <u> </u> Rate Semester Change |
| <u> X </u> Field Audit #NH13-062C FYE 7/31/2011 |

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 No Change in Rate

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|--|------------------|----------------------|
| <u>LIFE CARE CENTER OF ALTAMONTE SPRINGS</u> | Provider Number: | <u>0 210137-00</u> |
| <u>989 ORIENTA AVE</u> | Date: | <u>9/3/2015</u> |
| <u>ALTAMONTE SPRINGS, FL 32701</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>208.18</u> | <u>207.98</u> | <u>1/1/2013</u> |
| | Level H: Aids | <u>358.99</u> | <u>358.79</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> </u> Unaudited costs |
| <u> X </u> Field audited costs |
| <u> </u> Desk audited costs |

Changes:

| |
|---|
| <u> </u> Rate Semester Change |
| <u> X </u> Field Audit #NH13-062C FYE 7/31/2011 |

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



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|--|------------------|----------------------|
| <u>LIFE CARE CENTER OF CITRUS COUNTY</u> | Provider Number: | <u>0 211532-00</u> |
| <u>3325 W JERWAYNE LN</u> | Date: | <u>9/9/2015</u> |
| <u>LECANTO, FL 34461</u> | Fiscal Year End: | <u>7/31/2011</u> |
| | Audit Status: | <u>Field Audited</u> |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|----------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>201.20</u> | <u>200.45</u> | <u>1/1/2012</u> |
| | Level H: Aids | <u>348.81</u> | <u>348.06</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 #NH13-063C FYE 7/31/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF CITRUS COUNTY
3325 W JERWAYNE LN
LECANTO, FL 34461

Provider Number: 0 211532-00
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 | 207.14 | 206.37 | 7/1/2012 |
| | Level H: Aids | 356.35 | 355.58 | 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 #NH13-063C FYE 7/31/2011

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Medicaid Reimbursement Per Diem Rates

| | | |
|--|------------------|----------------------|
| <u>LIFE CARE CENTER OF CITRUS COUNTY</u> | Provider Number: | <u>0 211532-00</u> |
| <u>3325 W JERWAYNE LN</u> | Date: | <u>9/9/2015</u> |
| <u>LECANTO, FL 34461</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>210.15</u> | <u>209.38</u> | <u>1/1/2013</u> |
| | Level H: Aids | <u>360.96</u> | <u>360.19</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> X | <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 Field Audit #NH13-063C FYE 7/31/2011

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Medicaid Reimbursement Per Diem Rates

PLAZA WEST

912 AMERICAN EAGLE BLVD

SUN CITY CENTER, FL 33573

Provider Number:

0 211885-00

Date:

10/20/2015

Fiscal Year End:

12/31/2007

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Level H: Aids

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| 186.70 | 181.02 | 1/1/2009 |
| 325.05 | 319.37 | 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 #NH10-017L FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

PLAZA WEST
 912 AMERICAN EAGLE BLVD
 SUN CITY CENTER, FL 33573

Provider Number: 0 211885-00
 Date: 10/20/2015
 Fiscal Year End: 12/31/2007
 Audit Status: Revised Field Audit

Provider Type:

Nursing Home **Single Level**

 Level H: Aids

| Current Rate | New Rate | Effective Date |
|--------------|----------|----------------|
| 171.05 | 165.84 | 3/1/2009 |
| 309.40 | 304.19 | 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 #NH10-017L FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

PLAZA WEST

912 AMERICAN EAGLE BLVD

SUN CITY CENTER, FL 33573

Provider Number:

0 211885-00

Date:

10/20/2015

Fiscal Year End:

12/31/2007

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home **Single Level**

Level H: Aids

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| <u>201.77</u> | <u>195.76</u> | <u>4/1/2009</u> |
| <u>340.12</u> | <u>334.11</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

FA & RFA #NH10-017L FYE 12/31/2007

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|---------------------------|------------------|---------------------|
| PLAZA WEST | Provider Number: | 0 211885-00 |
| 912 AMERICAN EAGLE BLVD | Date: | 10/20/2015 |
| SUN CITY CENTER, FL 33573 | Fiscal Year End: | 12/31/2007 |
| | Audit Status: | Revised Field Audit |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>206.52</u> | <u>199.94</u> | <u>7/1/2009</u> |
| | Level H: Aids | <u>346.87</u> | <u>340.29</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:

| |
|---|
| <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 #NH10-017L FYE 12/31/2007 |

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Medicaid Reimbursement Per Diem Rates

PLAZA WEST
912 AMERICAN EAGLE BLVD
SUN CITY CENTER, FL 33573

Provider Number: 0 211885-00
Date: 10/20/2015
Fiscal Year End: 12/31/2008
Audit Status: Unaudited

Provider Type:

Nursing Home **Single Level**

Level H: Aids

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| 201.78 | 201.28 | 1/1/2010 |
| 343.70 | 343.20 | 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
 Effects of FA & RFA #NH10-017L FYE 12/31/2007

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

PLAZA WEST
912 AMERICAN EAGLE BLVD
SUN CITY CENTER, FL 33573

Provider Number: 0 211885-00
Date: 10/20/2015
Fiscal Year End: 12/31/2008
Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 203.18 | 202.69 | 7/1/2010 |
| | Level H: Aids | 346.52 | 346.03 | 7/1/2010 |

Rate Type:

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

Prospective
Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH10-017L FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

PLAZA WEST
912 AMERICAN EAGLE BLVD
SUN CITY CENTER, FL 33573

Provider Number: 0 211885-00
Date: 10/20/2015
Fiscal Year End: 12/31/2009
Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 202.50 | 201.99 | 1/1/2011 |
| | Level H: Aids | 347.36 | 346.85 | 1/1/2011 |

Rate Type:

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

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH10-017L FYE 12/31/2007

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

PLAZA WEST
912 AMERICAN EAGLE BLVD
SUN CITY CENTER, FL 33573

Provider Number: 0 211885-00
Date: 10/20/2015
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| <u>196.17</u> | <u>195.70</u> | <u>7/1/2011</u> |
| <u>342.37</u> | <u>341.90</u> | <u>7/1/2011</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
 Effects of FA & RFA #NH10-017L FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

| | | |
|---------------------------|------------------|-------------|
| PLAZA WEST | Provider Number: | 0 211885-00 |
| 912 AMERICAN EAGLE BLVD | Date: | 10/20/2015 |
| SUN CITY CENTER, FL 33573 | Fiscal Year End: | 12/31/2010 |
| | Audit Status: | Unaudited |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 198.54 | 198.07 | 1/1/2012 |
| | Level H: Aids | 346.15 | 345.68 | 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 #NH10-017L FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

PLAZA WEST
912 AMERICAN EAGLE BLVD
SUN CITY CENTER, FL 33573

Provider Number: 0 211885-00
Date: 10/20/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>205.99</u> | <u>205.51</u> | <u>7/1/2012</u> |
| | Level H: Aids | <u>355.20</u> | <u>354.72</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 #NH10-017L FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

PLAZA WEST
912 AMERICAN EAGLE BLVD
SUN CITY CENTER, FL 33573

Provider Number: 0 211885-00
Date: 10/20/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 209.79 | 209.30 | 1/1/2013 |
| | Level H: Aids | 360.60 | 360.11 | 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
 Effects of FA & RFA #NH10-017L FYE 12/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

PLAZA WEST
912 AMERICAN EAGLE BLVD
SUN CITY CENTER, FL 33573

Provider Number: 0 211885-00
Date: 10/20/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
215.51 **215.02** **7/1/2013**

Rate Type:

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

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH10-017L FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

| | | |
|---------------------------|------------------|-------------|
| PLAZA WEST | Provider Number: | 0 211885-00 |
| 912 AMERICAN EAGLE BLVD | Date: | 10/20/2015 |
| SUN CITY CENTER, FL 33573 | Fiscal Year End: | 12/31/2012 |
| | Audit Status: | Unaudited |

Provider Type:

| | | | | |
|--------------|--------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | Current Rate | New Rate | Effective Date |
| | | <u>215.75</u> | <u>215.26</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 #NH10-017L FYE 12/31/2007 |

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| | | |
|---------------------------|------------------|-------------|
| PLAZA WEST | Provider Number: | 0 211885-00 |
| 912 AMERICAN EAGLE BLVD | Date: | 10/20/2015 |
| SUN CITY CENTER, FL 33573 | Fiscal Year End: | 12/31/2012 |
| | Audit Status: | Unaudited |

Provider Type:

| | | | | |
|---------------------|---------------------|---------------------|-----------------|-----------------------|
| Nursing Home | Single Level | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
| | | 223.95 | 223.45 | 7/1/2014 |

Rate Type:

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

Basis:

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

Changes:

| |
|---|
| <input type="checkbox"/> Rate Semester Change |
| <input checked="" type="checkbox"/> Effects of FA & RFA #NH10-017L FYE 12/31/2007 |

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|---------------------------|------------------|-------------|
| PLAZA WEST | Provider Number: | 0 211885-00 |
| 912 AMERICAN EAGLE BLVD | Date: | 10/20/2015 |
| SUN CITY CENTER, FL 33573 | 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 | 226.09 | 225.59 | 1/1/2015 |

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 #NH10-017L FYE 12/31/2007 |

Distribution:

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Medicaid Reimbursement Per Diem Rates

| | | |
|---------------------------|------------------|-------------|
| PLAZA WEST | Provider Number: | 0 211885-00 |
| 912 AMERICAN EAGLE BLVD | Date: | 10/20/2015 |
| SUN CITY CENTER, FL 33573 | Fiscal Year End: | 12/31/2013 |
| | Audit Status: | Unaudited |

Provider Type:

| | | | | |
|---------------------|---------------------|---------------------|-----------------|-----------------------|
| Nursing Home | Single Level | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
| | | 226.77 | 226.27 | 9/1/2015 |

Rate Type:

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

Basis:

| |
|---|
| <input type="checkbox"/> Budget |
| <input 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 #NH10-017L FYE 12/31/2007 |

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| | | |
|---|------------------|----------------------|
| <u>LIFE CARE CENTER AT WELLS CROSSING</u> | Provider Number: | <u>0 213161-00</u> |
| <u>355 CROSSING BLVD</u> | Date: | <u>9/9/2015</u> |
| <u>ORANGE PARK, FL 32073</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>194.53</u> | <u>193.66</u> | <u>1/1/2012</u> |
| | Level H: Aids | <u>342.14</u> | <u>341.27</u> | <u>1/1/2012</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> 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 Field Audit #NH13-064C FYE 7/31/2011

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate


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Cleveland, TN 37312



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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER AT WELLS CROSSING
355 CROSSING BLVD
ORANGE PARK, FL 32073

Provider Number: 0 213161-00
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>200.46</u> | <u>199.57</u> | <u>7/1/2012</u> |
| | Level H: Aids | <u>349.67</u> | <u>348.78</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 #NH13-064C FYE 7/31/2011

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|------------------------------------|------------------|---------------|
| LIFE CARE CENTER AT WELLS CROSSING | Provider Number: | 0 213161-00 |
| 355 CROSSING BLVD | Date: | 9/9/2015 |
| ORANGE PARK, FL 32073 | Fiscal Year End: | 7/31/2011 |
| | Audit Status: | Field Audited |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|----------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 203.36 | 202.45 | 1/1/2013 |
| | Level H: Aids | 354.17 | 353.26 | 1/1/2013 |

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 #NH13-064C FYE 7/31/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

| | | |
|---|------------------|----------------------|
| <u>LIFE CARE CENTER OF PORT SAINT LUCIE</u> | Provider Number: | <u>0 217824-00</u> |
| <u>3720 SE JENNINGS RD</u> | Date: | <u>9/11/2015</u> |
| <u>PORT ST LUCIE, FL 34952-7701</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>211.82</u> | <u>210.96</u> | <u>1/1/2012</u> |
| | Level H: Aids | <u>359.43</u> | <u>358.57</u> | <u>1/1/2012</u> |

Rate Type:

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

Basis:

 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Field Audit #NH13-067C FYE 7/31/2011

Distribution:

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

| | | |
|---|------------------|----------------------|
| <u>LIFE CARE CENTER OF PORT SAINT LUCIE</u> | Provider Number: | <u>0 217824-00</u> |
| <u>3720 SE JENNINGS RD</u> | Date: | <u>9/11/2015</u> |
| <u>PORT ST LUCIE, FL 34952-7701</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>218.13</u> | <u>217.24</u> | <u>7/1/2012</u> |
| | Level H: Aids | <u>367.34</u> | <u>366.45</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:

 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Field Audit #NH13-067C FYE 7/31/2011

Distribution:

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Cleveland, TN 37312



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|---|------------------|----------------------|
| <u>LIFE CARE CENTER OF PORT SAINT LUCIE</u> | Provider Number: | <u>0 217824-00</u> |
| <u>3720 SE JENNINGS RD</u> | Date: | <u>9/11/2015</u> |
| <u>PORT ST LUCIE, FL 34952-7701</u> | Fiscal Year End: | <u>7/31/2011</u> |
| | Audit Status: | <u>Field Audited</u> |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>221.34</u> | <u>220.45</u> | <u>1/1/2013</u> |
| | Level H: Aids | <u>372.15</u> | <u>371.26</u> | <u>1/1/2013</u> |

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-067C FYE 7/31/2011

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Medicaid Reimbursement Per Diem Rates

| | | |
|------------------------------------|------------------|----------------------|
| <u>DOCTORS LAKE OF ORANGE PARK</u> | Provider Number: | <u>0 223883-00</u> |
| <u>833 KINGSLEY AVE</u> | Date: | <u>9/15/2015</u> |
| <u>ORANGE PARK, FL 32073</u> | Fiscal Year End: | <u>9/30/2011</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>202.61</u> | <u>200.25</u> | <u>1/1/2012</u> |
| | Level H: Aids | <u>350.22</u> | <u>347.86</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> </u> Unaudited costs |
| <u> X </u> Field audited costs |
| <u> </u> Desk audited costs |

Changes:

| |
|---|
| <u> </u> Rate Semester Change |
| <u> X </u> Field Audit #NH13-167G FYE 9/30/2011 |

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 No Change in Rate

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 4178 Malbeth Ct
 Winston-Salem, NC 27104



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|-----------------------------|------------------|---------------|
| DOCTORS LAKE OF ORANGE PARK | Provider Number: | 0 223883-00 |
| 833 KINGSLEY AVE | Date: | 9/15/2015 |
| ORANGE PARK, FL 32073 | Fiscal Year End: | 9/30/2011 |
| | Audit Status: | Field Audited |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>209.25</u> | <u>206.28</u> | <u>7/1/2012</u> |
| | Level H: Aids | <u>358.46</u> | <u>355.49</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 #NH13-167G FYE 9/30/2011

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Medicaid Reimbursement Per Diem Rates

| | | |
|------------------------------------|------------------|----------------------|
| <u>DOCTORS LAKE OF ORANGE PARK</u> | Provider Number: | <u>0 223883-00</u> |
| <u>833 KINGSLEY AVE</u> | Date: | <u>9/15/2015</u> |
| <u>ORANGE PARK, FL 32073</u> | Fiscal Year End: | <u>9/30/2011</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>212.10</u> | <u>208.57</u> | <u>1/1/2013</u> |
| | Level H: Aids | <u>362.91</u> | <u>359.38</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
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Field Audit #NH13-167G FYE 9/30/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

SOUTH TAMPA HEALTH AND REHABILITATION CENTER
4610 S MANHATTAN AVE
TAMPA, FL 33611

Provider Number: 0 224910-00
Date: 9/14/2015
Fiscal Year End: 6/30/2011
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| <u>202.81</u> | <u>201.14</u> | <u>1/1/2012</u> |

Level H: Aids

| | | |
|---------------|---------------|-----------------|
| <u>350.42</u> | <u>348.75</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 NH13-169G FYE 06/30/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

SOUTH TAMPA HEALTH AND REHABILITATION CENTER
4610 S MANHATTAN AVE
TAMPA, FL 33611

Provider Number: 0 224910-00
Date: 9/14/2015
Fiscal Year End: 6/30/2011
Audit Status: Field Audited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|--------------|----------|----------------|
| Nursing Home | Single Level | 209.18 | 207.47 | 7/1/2012 |
| | Level H: Aids | 358.39 | 356.68 | 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
 Field Audit NH13-169G FYE 06/30/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

SOUTH TAMPA HEALTH AND REHABILITATION CENTER
 4610 S MANHATTAN AVE
 TAMPA, FL 33611

Provider Number: 0 224910-00
 Date: 9/14/2015
 Fiscal Year End: 6/30/2011
 Audit Status: Field Audited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>212.00</u> | <u>210.27</u> | <u>1/1/2013</u> |
| | Level H: Aids | <u>362.81</u> | <u>361.08</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
 Field Audit NH13-169G FYE 06/30/2011

Distribution:

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 228338-00
Date: 9/10/2015
Fiscal Year End: 2/28/2011
Audit Status: Field Audited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 198.92 | 198.46 | 1/1/2012 |
| | Level H: Aids | 346.53 | 346.07 | 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 NH13-071C FYE 02/28/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 228338-00
Date: 9/10/2015
Fiscal Year End: 2/28/2011
Audit Status: Field Audited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>205.03</u> | <u>204.56</u> | <u>7/1/2012</u> |
| | Level H: Aids | <u>354.24</u> | <u>353.77</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 NH13-071C FYE 02/28/2011

Distribution:

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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

| | | |
|-------------------------------|------------------|-------------|
| LIFE CARE CENTER OF MELBOURNE | Provider Number: | 0 228338-00 |
| 606 E SHERIDAN RD | Date: | 9/10/2015 |
| MELBOURNE, FL 32901 | Fiscal Year End: | 2/29/2012 |
| | Audit Status: | Unaudited |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>201.60</u> | <u>201.70</u> | <u>1/1/2013</u> |
| | Level H: Aids | <u>352.41</u> | <u>352.51</u> | <u>1/1/2013</u> |

Rate Type:

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

Basis:

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

Changes:

| |
|---|
| <input type="checkbox"/> Rate Semester Change |
| <input checked="" type="checkbox"/> Effects of Field Audit NH13-071C FYE 02/28/2011 |

Distribution:

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

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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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|--------------------------------------|------------------|--------------------|
| <u>LIFE CARE CENTER OF MELBOURNE</u> | Provider Number: | <u>0 228338-00</u> |
| <u>606 E SHERIDAN RD</u> | Date: | <u>9/10/2015</u> |
| <u>MELBOURNE, FL 32901</u> | Fiscal Year End: | <u>2/29/2012</u> |
| | Audit Status: | <u>Unaudited</u> |

Provider Type:

| | | | | |
|---------------------|---------------------|----------------------|----------------------|------------------------|
| | | Current | New | Effective |
| | | Rate | Rate | Date |
| Nursing Home | Single Level | <u>206.75</u> | <u>206.84</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 Field Audit NH13-071C FYE 02/28/2011 |

Distribution:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 228338-00
Date: 9/10/2015
Fiscal Year End: 2/28/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
203.19 203.28 1/1/2014

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
 Effects of Field Audit NH13-071C FYE
02/28/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 228338-00
Date: 9/10/2015
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
213.32 213.41 7/1/2014

Rate Type:

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

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of Field Audit NH13-071C FYE
02/28/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

| | | |
|--------------------------------------|------------------|--------------------|
| <u>LIFE CARE CENTER OF MELBOURNE</u> | Provider Number: | <u>0 228338-00</u> |
| <u>606 E SHERIDAN RD</u> | Date: | <u>9/10/2015</u> |
| <u>MELBOURNE, FL 32901</u> | Fiscal Year End: | <u>2/28/2014</u> |
| | Audit Status: | <u>Unaudited</u> |

Provider Type:

| | | | | |
|---------------------|---------------------|----------------------|----------------------|------------------------|
| Nursing Home | Single Level | Current Rate | New Rate | Effective Date |
| | | <u>217.00</u> | <u>217.10</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 Field Audit NH13-071C FYE 02/28/2011 |

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 228338-00
Date: 9/10/2015
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| <u>216.77</u> | <u>216.87</u> | <u>9/1/2015</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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit NH13-071C FYE 02/28/2011

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|-------------------------|------------------|---------------|
| AVANTE AT MELBOURNE INC | Provider Number: | 0 252018-00 |
| 1420 SOUTH OAK STREET | Date: | 8/31/2015 |
| MELBOURNE, FL 32901 | Fiscal Year End: | 5/31/2011 |
| | Audit Status: | Field Audited |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>227.67</u> | <u>226.16</u> | <u>1/1/2012</u> |
| | Level H: Aids | <u>375.28</u> | <u>373.77</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 #NH13-041C FYE 5/31/2011

Distribution:

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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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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|--------------------------------|------------------|----------------------|
| <u>AVANTE AT MELBOURNE INC</u> | Provider Number: | <u>0 252018-00</u> |
| <u>1420 SOUTH OAK STREET</u> | Date: | <u>8/31/2015</u> |
| <u>MELBOURNE, FL 32901</u> | Fiscal Year End: | <u>5/31/2011</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>234.71</u> | <u>233.17</u> | <u>7/1/2012</u> |
| | Level H: Aids | <u>383.92</u> | <u>382.38</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:


 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Field Audit #NH13-041C FYE 5/31/2011

Distribution:

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 Medicaid Cost Reimbursement Planning and Finance

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 4000 Hollywood Blvd, Suite 540-N
 Hollywood, FL 33021-6744



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|--|------------------|----------------------|
| <u>LIFE CARE CENTER OF NEW PORT RICHEY</u> | Provider Number: | <u>0 259357-00</u> |
| <u>7400 TROUBLE CREEK ROAD</u> | Date: | <u>9/8/2015</u> |
| <u>NEW PORT RICHEY, FL 34653</u> | Fiscal Year End: | <u>8/31/2011</u> |
| | Audit Status: | <u>Field Audited</u> |

Provider Type:

| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|----------------------|-------------------------|----------------------|---------------------------|
| Nursing Home | Single Level | <u>201.81</u> | <u>200.56</u> | <u>1/1/2012</u> |
| | Level H: Aids | <u>349.42</u> | <u>348.17</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 #NH13-073C FYE 8/31/2011

Distribution:

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 No Change in Rate

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Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|--|------------------|----------------------|
| <u>LIFE CARE CENTER OF NEW PORT RICHEY</u> | Provider Number: | <u>0 259357-00</u> |
| <u>7400 TROUBLE CREEK ROAD</u> | Date: | <u>9/8/2015</u> |
| <u>NEW PORT RICHEY, FL 34653</u> | Fiscal Year End: | <u>8/31/2011</u> |
| | Audit Status: | <u>Field Audited</u> |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|----------------------|----------------------|------------------------|
| Nursing Home | Single Level | <u>207.69</u> | <u>206.41</u> | <u>7/1/2012</u> |
| | Level H: Aids | <u>356.90</u> | <u>355.62</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> </u> Unaudited costs |
| <u> X </u> Field audited costs |
| <u> </u> Desk audited costs |

Changes:

| |
|---|
| <u> </u> Rate Semester Change |
| <u> X </u> Field Audit #NH13-073C FYE 8/31/2011 |

Distribution:

Contract Management / Fiscal Agent
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Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|--|------------------|----------------------|
| <u>LIFE CARE CENTER OF NEW PORT RICHEY</u> | Provider Number: | <u>0 259357-00</u> |
| <u>7400 TROUBLE CREEK ROAD</u> | Date: | <u>9/8/2015</u> |
| <u>NEW PORT RICHEY, FL 34653</u> | Fiscal Year End: | <u>8/31/2011</u> |
| | Audit Status: | <u>Field Audited</u> |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|----------------------|----------------------|----------------------|------------------------|
| Nursing Home | Single Level | <u>210.73</u> | <u>209.43</u> | <u>1/1/2013</u> |
| | Level H: Aids | <u>361.54</u> | <u>360.24</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> </u> Unaudited costs |
| <u> X </u> Field audited costs |
| <u> </u> Desk audited costs |

Changes:

| |
|---|
| <u> </u> Rate Semester Change |
| <u> X </u> Field Audit #NH13-073C FYE 8/31/2011 |

Distribution:

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Medicaid Reimbursement Per Diem Rates

| | | |
|-----------------------------------|------------------|----------------------|
| <u>LIFE CARE CENTER OF ESTERO</u> | Provider Number: | <u>0 265381-00</u> |
| <u>3850 WILLIAMS ROAD</u> | Date: | <u>9/8/2015</u> |
| <u>ESTERO, FL 33928</u> | Fiscal Year End: | <u>6/30/2011</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>213.24</u> | <u>212.76</u> | <u>1/1/2012</u> |
| | Level H: Aids | <u>360.85</u> | <u>360.37</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> </u> Unaudited costs |
| <u> X </u> Field audited costs |
| <u> </u> Desk audited costs |

Changes:

| |
|--|
| <u> </u> Rate Semester Change |
| <u> X </u> Field Audit #NH13-074C FYE 06/30/2011 |

Distribution:

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Medicaid Reimbursement Per Diem Rates

| | | |
|-----------------------------------|------------------|----------------------|
| <u>LIFE CARE CENTER OF ESTERO</u> | Provider Number: | <u>0 265381-00</u> |
| <u>3850 WILLIAMS ROAD</u> | Date: | <u>9/8/2015</u> |
| <u>ESTERO, FL 33928</u> | Fiscal Year End: | <u>6/30/2011</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>218.52</u> | <u>218.03</u> | <u>7/1/2012</u> |
| | Level H: Aids | <u>367.73</u> | <u>367.24</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> </u> Unaudited costs |
| <u> X </u> Field audited costs |
| <u> </u> Desk audited costs |

Changes:

| |
|--|
| <u> </u> Rate Semester Change |
| <u> X </u> Field Audit #NH13-074C FYE 06/30/2011 |

Distribution:

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ESTERO
 3850 WILLIAMS ROAD
 ESTERO, FL 33928

Provider Number: 0 265381-00
 Date: 9/8/2015
 Fiscal Year End: 6/30/2014
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| <u>241.20</u> | <u>241.21</u> | <u>9/1/2015</u> |

Rate Type:

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

Prospective
 _____ Total Prospective
 _____ Total Prospective with Interim Component

Basis:

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

Changes:

_____ Rate Semester Change
 Effects of Field Audit #NH13-074C FYE
 06/30/2011

Distribution:

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

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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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 268186-00
Date: 9/14/2015
Fiscal Year End: 12/31/2010
Audit Status: Field Audited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>199.19</u> | <u>199.05</u> | <u>1/1/2012</u> |
| | Level H: Aids | <u>346.80</u> | <u>346.66</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 #NH13-076C FYE 12/31/2010

Distribution:

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Home Office: Life Care Centers Of America
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2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 268186-00
Date: 9/14/2015
Fiscal Year End: 12/31/2010
Audit Status: Field Audited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>204.75</u> | <u>204.61</u> | <u>7/1/2012</u> |
| | Level H: Aids | <u>353.96</u> | <u>353.82</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 #NH13-076C FYE 12/31/2010

Distribution:

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 268186-00
Date: 9/14/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>204.42</u> | <u>204.45</u> | <u>1/1/2013</u> |
| | Level H: Aids | <u>355.23</u> | <u>355.26</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 Field Audit #NH13-076C FYE 12/31/2010

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 268186-00
Date: 9/14/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

| | Current Rate | New Rate | Effective Date |
|------------------------------|--------------|----------|----------------|
| Nursing Home Single Level | 209.16 | 209.19 | 7/1/2013 |

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of Field Audit #NH13-076C FYE 12/31/2010

Distribution:

Contract Management / Fiscal Agent
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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

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

Provider Number: 0 268186-00
Date: 9/14/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| 207.45 | 207.48 | 1/1/2014 |

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
 Effects of Field Audit #NH13-076C FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 268186-00
Date: 9/14/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
217.12 **217.15** **7/1/2014**

Rate Type:

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

Prospective
_____ Total Prospective
_____ Total Prospective with Interim Component

Basis:

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

Changes:

_____ Rate Semester Change
 Effects of Field Audit #NH13-076C FYE
12/31/2010

Distribution:

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Permanent File
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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 268186-00
Date: 9/14/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| <u>220.25</u> | <u>220.28</u> | <u>1/1/2015</u> |

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH13-076C FYE 12/31/2010

Distribution:

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For Information Only

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 268186-00
Date: 9/14/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| <u>217.86</u> | <u>217.89</u> | <u>9/1/2015</u> |

Rate Type:

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

Prospective
_____ Total Prospective
_____ Total Prospective with Interim Component

Basis:

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

Changes:

_____ Rate Semester Change
 Effects of Field Audit #NH13-076C FYE
12/31/2010

Distribution:

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_____ For Information Only

_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF JACKSONVILLE
4813 LENOIR AVENUE
JACKSONVILLE, FL 32216

Provider Number: 0 283193-00
Date: 9/14/2015
Fiscal Year End: 6/30/2011
Audit Status: Field Audited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|--------------|----------|----------------|
| Nursing Home | Single Level | 210.55 | 210.52 | 1/1/2012 |
| | Level H: Aids | 358.16 | 358.13 | 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
 Field Audit #NH13-077C FYE 06/30/2011

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

| | | |
|---|------------------|----------------------|
| <u>LIFE CARE CENTER OF JACKSONVILLE</u> | Provider Number: | <u>0 283193-00</u> |
| <u>4813 LENOIR AVENUE</u> | Date: | <u>9/14/2015</u> |
| <u>JACKSONVILLE, FL 32216</u> | Fiscal Year End: | <u>6/30/2011</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>216.33</u> | <u>216.30</u> | <u>7/1/2012</u> |
| | Level H: Aids | <u>365.54</u> | <u>365.51</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:

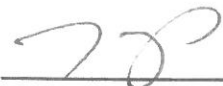
Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-077C FYE 06/30/2011

Distribution:

Contract Management / Fiscal Agent
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Medicaid Reimbursement Per Diem Rates

| | | |
|---|------------------|----------------------|
| <u>LIFE CARE CENTER OF JACKSONVILLE</u> | Provider Number: | <u>0 283193-00</u> |
| <u>4813 LENOIR AVENUE</u> | Date: | <u>9/14/2015</u> |
| <u>JACKSONVILLE, FL 32216</u> | Fiscal Year End: | <u>6/30/2011</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>217.84</u> | <u>217.81</u> | <u>1/1/2013</u> |
| | Level H: Aids | <u>368.65</u> | <u>368.62</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
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Field Audit #NH13-077C FYE 06/30/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

| | | |
|--|------------------|----------------------|
| <u>LIFE CARE CENTER OF ORANGE PARK</u> | Provider Number: | <u>0 284289-00</u> |
| <u>2145 KINGSLEY AVE</u> | Date: | <u>9/15/2015</u> |
| <u>ORANGE PARK, FL 32073</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>176.26</u> | <u>175.98</u> | <u>1/1/2012</u> |
| | Level H: Aids | <u>323.87</u> | <u>323.59</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 #NH13-078C FYE 07/31/2011

Distribution:

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


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Cleveland, TN 37312



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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ORANGE PARK
2145 KINGSLEY AVE
ORANGE PARK, FL 32073

Provider Number: 0 284289-00
Date: 9/15/2015
Fiscal Year End: 7/31/2011
Audit Status: Field Audited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>181.31</u> | <u>181.02</u> | <u>7/1/2012</u> |
| | Level H: Aids | <u>330.52</u> | <u>330.23</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 #NH13-078C FYE 07/31/2011

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ORANGE PARK
2145 KINGSLEY AVE
ORANGE PARK, FL 32073

Provider Number: 0 284289-00
Date: 9/15/2015
Fiscal Year End: 7/31/2011
Audit Status: Field Audited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|-------------|-------------------|
| Nursing Home | Single Level | 183.36 | 183.07 | 1/1/2013 |
| | Level H: Aids | 334.17 | 333.88 | 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 #NH13-078C FYE 07/31/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

SOUTH POINTE PLAZA REHABILITATION AND NURSING
 CENTER
 42 COLLINS AVENUE
 MIAMI BEACH, FL 33139

Provider Number: 0 311308-00
 Date: 7/14/2015
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 184.55 | 185.70 | 1/1/2009 |
| | Level H: Aids | 322.90 | 324.05 | 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
 Effects of FA & RFA NH10-046G FYE
 07/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

SOUTH POINTE PLAZA REHABILITATION AND NURSING CENTER
42 COLLINS AVENUE
MIAMI BEACH, FL 33139

Provider Number: 0 311308-00
Date: 7/14/2015
Fiscal Year End: 7/31/2008
Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|--------------|----------|----------------|
| Nursing Home | Single Level | 169.08 | 170.14 | 3/1/2009 |
| | Level H: Aids | 307.43 | 308.49 | 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
 Effects of FA & RFA NH10-046G FYE 07/31/2007

Distribution:

Contract Management / Fiscal Agent
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Thomas Parker
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTH POINTE PLAZA REHABILITATION AND NURSING
 CENTER
 42 COLLINS AVENUE
 MIAMI BEACH, FL 33139

Provider Number: 0 311308-00
 Date: 7/14/2015
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>201.10</u> | <u>202.32</u> | <u>4/1/2009</u> |
| | Level H: Aids | <u>339.45</u> | <u>340.67</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
 Effects of FA & RFA NH10-046G FYE 07/31/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

| | | |
|--|------------------|--------------------|
| SOUTH POINTE PLAZA REHABILITATION AND NURSING CENTER | Provider Number: | <u>0 311308-00</u> |
| 42 COLLINS AVENUE | Date: | <u>7/14/2015</u> |
| MIAMI BEACH , FL 33139 | Fiscal Year End: | <u>7/31/2008</u> |
| | Audit Status: | <u>Unaudited</u> |

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|----------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>203.18</u> | <u>204.41</u> | <u>7/1/2009</u> |
| | Level H: Aids | <u>343.53</u> | <u>344.76</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:

| |
|---|
| <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 NH10-046G FYE 07/31/2007 |

Distribution:

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Medicaid Reimbursement Per Diem Rates

SOUTH POINTE PLAZA REHABILITATION AND NURSING
 CENTER
 42 COLLINS AVENUE
 MIAMI BEACH, FL 33139

Provider Number: 0 311308-00
 Date: 7/14/2015
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>216.32</u> | <u>217.56</u> | <u>1/1/2010</u> |
| | Level H: Aids | <u>358.24</u> | <u>359.48</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
 Effects of FA & RFA NH10-046G FYE
 07/31/2007

Distribution:

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

SOUTH POINTE PLAZA REHABILITATION AND NURSING
 CENTER
 42 COLLINS AVENUE
 MIAMI BEACH, FL 33139

Provider Number: 0 311308-00
 Date: 7/14/2015
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 219.86 | 221.10 | 7/1/2010 |
| | Level H: Aids | 363.20 | 364.44 | 7/1/2010 |

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH10-046G FYE
 07/31/2007

Distribution:

Contract Management / Fiscal Agent
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Medicaid Reimbursement Per Diem Rates

SOUTH POINTE PLAZA REHABILITATION AND NURSING
 CENTER
 42 COLLINS AVENUE
 MIAMI BEACH, FL 33139

Provider Number: 0 311308-00
 Date: 7/14/2015
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>222.81</u> | <u>224.06</u> | <u>1/1/2011</u> |
| | Level H: Aids | <u>367.67</u> | <u>368.92</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
 Effects of FA & RFA NH10-046G FYE
 07/31/2007

Distribution:

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 Medicaid Cost Reimbursement Planning and Finance

Home Office: Hebrew Home Management Services
 1800 NE 168th Street, Suite 200
 Miami Beach, FL 33162



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

SOUTH POINTE PLAZA REHABILITATION AND NURSING
 CENTER
 42 COLLINS AVENUE
 MIAMI BEACH, FL 33139

Provider Number: 0 311308-00
 Date: 7/14/2015
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>211.78</u> | <u>212.96</u> | <u>7/1/2011</u> |
| | Level H: Aids | <u>357.98</u> | <u>359.16</u> | <u>7/1/2011</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
 Effects of FA & RFA NH10-046G FYE
 07/31/2007

Distribution:

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

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SOUTH POINTE PLAZA REHABILITATION AND NURSING
 CENTER
 42 COLLINS AVENUE
 MIAMI BEACH, FL 33139

Provider Number: 0 311308-00
 Date: 7/14/2015
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>198.31</u> | <u>199.49</u> | <u>1/1/2012</u> |
| | Level H: Aids | <u>345.92</u> | <u>347.10</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
 Effects of FA & RFA NH10-046G FYE
 07/31/2007

Distribution:

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SOUTH POINTE PLAZA REHABILITATION AND NURSING
 CENTER
 42 COLLINS AVENUE
 MIAMI BEACH, FL 33139

Provider Number: 0 311308-00
 Date: 7/14/2015
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>203.32</u> | <u>204.52</u> | <u>7/1/2012</u> |
| | Level H: Aids | <u>352.53</u> | <u>353.73</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 NH10-046G FYE
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 42 COLLINS AVENUE
 MIAMI BEACH, FL 33139

Provider Number: 0 311308-00
 Date: 7/14/2015
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|--------------|----------|----------------|
| Nursing Home | Single Level | 206.30 | 207.51 | 1/1/2013 |
| | Level H: Aids | 357.11 | 358.32 | 1/1/2013 |

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH10-046G FYE 07/31/2007

Distribution:

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SOUTH POINTE PLAZA REHABILITATION AND NURSING
 CENTER
 42 COLLINS AVENUE
 MIAMI BEACH, FL 33139

Provider Number: 0 311308-00
 Date: 7/14/2015
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| 195.47 | 196.70 | 7/1/2013 |

Rate Type:

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

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH10-046G FYE
 07/31/2007

Distribution:

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 42 COLLINS AVENUE
 MIAMI BEACH, FL 33139

Provider Number: 0 311308-00
 Date: 7/14/2015
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|--------------|----------|----------------|
| 196.83 | 198.07 | 1/1/2014 |

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
 Effects of FA & RFA NH10-046G FYE 07/31/2007

Distribution:

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 CENTER
 42 COLLINS AVENUE
 MIAMI BEACH, FL 33139

Provider Number: 0 311308-00
 Date: 7/14/2015
 Fiscal Year End: 7/31/2013
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| 201.79 | 203.07 | 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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH10-046G FYE
 07/31/2007

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|--|------------------|-------------|
| SOUTH POINTE PLAZA REHABILITATION AND NURSING CENTER | Provider Number: | 0 311308-00 |
| 42 COLLINS AVENUE | Date: | 7/14/2015 |
| MIAMI BEACH , FL 33139 | Fiscal Year End: | 7/31/2013 |
| | Audit Status: | Unaudited |

Provider Type:

| | | | | |
|--------------|--------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | Current Rate | New Rate | Effective Date |
| | | <u>204.42</u> | <u>205.70</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 NH10-046G FYE 07/31/2007 |

Distribution:

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 Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| | | |
|--|------------------|-------------|
| SOUTH POINTE PLAZA REHABILITATION AND NURSING CENTER | Provider Number: | 0 311308-00 |
| 42 COLLINS AVENUE | Date: | 7/14/2015 |
| MIAMI BEACH , FL 33139 | Fiscal Year End: | 1/31/2015 |
| | Audit Status: | Unaudited |

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| <u>194.40</u> | <u>195.66</u> | <u>9/1/2015</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 NH10-046G FYE 07/31/2007 |

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF PENSACOLA
3291 EAST OLIVE RD
PENSACOLA, FL 32514

Provider Number: 0 315664-00
Date: 9/14/2015
Fiscal Year End: 12/31/2010
Audit Status: Field Audited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>209.57</u> | <u>209.30</u> | <u>1/1/2012</u> |
| | Level H: Aids | <u>357.18</u> | <u>356.91</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 #NH13-080C FYE 12/31/2010

Distribution:

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

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 PENSACOLA
3291 EAST OLIVE RD
PENSACOLA, FL 32514

Provider Number: 0 315664-00
Date: 9/14/2015
Fiscal Year End: 12/31/2010
Audit Status: Field Audited

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>215.43</u> | <u>215.15</u> | <u>7/1/2012</u> |
| | Level H: Aids | <u>364.64</u> | <u>364.36</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 #NH13-080C FYE 12/31/2010

Distribution:

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