




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: November 20, 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	Avante at Ocala	0 005701-00	18
2	Windsor Health and Rehabilitation Center	0 006340-00	11
3	Salerno Bay Health and Rehabilitation Center	0 006483-00	9
4	Clyde E. Lassen State Veterans' Nursing Home	0 032049-00	9
5	Grace Healthcare of Lake Wales	0 034504-00	10
6	Avante Villa at Jacksonville Beach, Inc	0 200913-00	8
7	Regents Park Nursing & Rehabilitation Center	0 204170-00	11
8	Sun Terrace Health Care Center	0 209856-00	10
9	Covenant Village Care Center	0 210188-00	6
10	Pensacola Health Care Facility	0 224243-00	2
11	The Gardens Court	0 228320-00	8
12	Concordia Manor	0 251666-00	3
13	Eden Springs Nursing and Rehab Center	0 253707-00	13
14	Life Care Center at Inverrary	0 259080-00	6
15	Centre Pointe Health and Rehab Center	0 264563-00	11
16	Spring Lake Rehabilitation Center	0 264571-00	11
17	Darcy Hall of Life Care	0 317349-00	3
		TOTAL:	149

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

TP/kj



		Single Level	Level H: AIDS	Single Level	Single Level		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
000570100	20081115	173.73	310.01	173.73	173.73	78345-15	NH13-034C
000570100	20090101	174.21	312.56	174.21	174.21	78345-15	NH13-034C
000570100	20090301	159.60	297.95	159.60	159.60	78345-15	NH13-034C
000570100	20090401	195.07	333.42	195.07	195.07	78345-15	NH13-034C
000570100	20090701	202.08	342.43	202.08	202.08	78345-15	NH13-034C
000570100	20100101	202.28	344.20	202.28	202.28	78345-15	NH13-034C
000570100	20100701	203.82	347.16	203.82	203.82	78345-15	NH13-034C
000570100	20110101	206.93	351.79	206.93	206.93	78345-15	NH13-034C
000570100	20110601	206.93	351.79	206.93	206.93	78345-15	NH13-034C
000570100	20110701	199.31	345.51	199.31	199.31	78345-15	NH13-034C
000570100	20120101	201.09	348.70	201.09	201.09	78345-15	NH13-034C
000570100	20120701	208.36	357.57	208.36	208.36	78345-15	NH13-034C
000570100	20130101	208.16	358.97	208.16	208.16	78345-15	NH13-034C
000570100	20130701	213.93	0.00	213.93	213.93	78345-15	NH13-034C
000570100	20140101	220.37	0.00	220.37	220.37	78345-15	NH13-034C
000570100	20140701	232.25	0.00	232.25	232.25	78345-15	NH13-034C
000570100	20150101	233.79	0.00	233.79	233.79	78345-15	NH13-034C
000570100	20150901	232.15	0.00	232.15	232.15	78345-15	NH13-034C
000634000	20081204	179.04	315.32	179.04	179.04	78345-15	NH12-046C
000634000	20090101	175.04	313.39	175.04	175.04	78345-15	NH12-046C
000634000	20090301	160.37	298.72	160.37	160.37	78345-15	NH12-046C
000634000	20090401	197.67	336.02	197.67	197.67	78345-15	NH12-046C
000634000	20090701	209.30	349.65	209.30	209.30	78345-15	NH12-046C
000634000	20100101	211.03	352.95	211.03	211.03	78345-15	NH12-046C
000634000	20100701	214.49	357.83	214.49	214.49	78345-15	NH12-046C
000634000	20110101	217.04	361.90	217.04	217.04	78345-15	NH12-046C
000634000	20110701	209.01	355.21	209.01	209.01	78345-15	NH12-046C
000634000	20150101	230.87	0.00	230.87	230.87	78345-15	NH12-046C
000634000	20150901	229.72	0.00	229.72	229.72	78345-15	NH12-046C
000648300	20081204	188.62	324.90	188.62	188.62	78345-15	NH12-047C
000648300	20090101	183.81	322.16	183.81	183.81	78345-15	NH12-047C
000648300	20090301	168.40	306.75	168.40	168.40	78345-15	NH12-047C
000648300	20090401	207.88	346.23	207.88	207.88	78345-15	NH12-047C
000648300	20090701	219.32	359.67	219.32	219.32	78345-15	NH12-047C
000648300	20100101	221.08	363.00	221.08	221.08	78345-15	NH12-047C
000648300	20100701	224.81	368.15	224.81	224.81	78345-15	NH12-047C
000648300	20110101	227.54	372.40	227.54	227.54	78345-15	NH12-047C
000648300	20110701	219.21	365.41	219.21	219.21	78345-15	NH12-047C
003204900	20101116	214.25	357.59	214.25	214.25	78345-15	NH13-158L
003204900	20110101	217.58	362.44	217.58	217.58	78345-15	NH13-158L
003204900	20110701	210.61	356.81	210.61	210.61	78345-15	NH13-158L
003204900	20110913	209.76	355.96	209.76	209.76	78345-15	NH13-158L
003204900	20120101	211.78	359.39	211.78	211.78	78345-15	NH13-158L
003204900	20120313	211.78	359.39	211.78	211.78	78345-15	NH13-158L
003204900	20120701	219.90	369.11	219.90	219.90	78345-15	NH13-158L
003204900	20130101	222.30	373.11	222.30	222.30	78345-15	NH13-158L
003204900	20140101	228.55	0.00	228.55	228.55	78345-15	NH13-158L
003450400	20110309	198.29	343.15	198.29	198.29	78345-15	NH13-176G
003450400	20110701	189.99	336.19	189.99	189.99	78345-15	NH13-176G
003450400	20120101	192.84	340.45	192.84	192.84	78345-15	NH13-176G
003450400	20120701	198.70	347.91	198.70	198.70	78345-15	NH13-176G
003450400	20130101	200.97	351.78	200.97	200.97	78345-15	NH13-176G
003450400	20130701	205.70	0.00	205.70	205.70	78345-15	NH13-176G
003450400	20140101	190.47	0.00	190.47	190.47	78345-15	NH13-176G
003450400	20140701	202.38	0.00	202.38	202.38	78345-15	NH13-176G
003450400	20150101	204.71	0.00	204.71	204.71	78345-15	NH13-176G
003450400	20150901	203.73	0.00	203.73	203.73	78345-15	NH13-176G
012223200	20140829	217.03	0.00	217.03	217.03	78345-15	
012223200	20150101	219.17	0.00	219.17	219.17	78345-15	
012223200	20150901	219.96	0.00	219.96	219.96	78345-15	

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
020091300	20120101	209.46	357.07	209.46	209.46	78345-15	NH13-035C
020091300	20120701	215.31	364.52	215.31	215.31	78345-15	NH13-035C
020091300	20130101	219.27	370.08	219.27	219.27	78345-15	NH13-035C
020091300	20130701	224.37	0.00	224.37	224.37	78345-15	NH13-035C
020091300	20140101	218.69	0.00	218.69	218.69	78345-15	NH13-035C
020091300	20140701	227.99	0.00	227.99	227.99	78345-15	NH13-035C
020091300	20150101	223.35	0.00	223.35	223.35	78345-15	NH13-035C
020091300	20150901	225.85	0.00	225.85	225.85	78345-15	NH13-035C
020417000	20100701	229.54	372.88	229.54	229.54	78345-15	NH13-171G
020417000	20110101	232.29	377.15	232.29	232.29	78345-15	NH13-171G
020417000	20110701	223.28	369.48	223.28	223.28	78345-15	NH13-171G
020417000	20120101	224.03	371.64	224.03	224.03	78345-15	NH13-171G
020417000	20120701	236.53	385.74	236.53	236.53	78345-15	NH13-171G
020417000	20130101	238.84	389.65	238.84	238.84	78345-15	NH13-171G
020417000	20130701	245.76	0.00	245.76	245.76	78345-15	NH13-171G
020417000	20140101	245.53	0.00	245.53	245.53	78345-15	NH13-171G
020417000	20140701	255.79	0.00	255.79	255.79	78345-15	NH13-171G
020417000	20150101	259.91	0.00	259.91	259.91	78345-15	NH13-171G
020417000	20150901	260.95	0.00	260.95	260.95	78345-15	NH13-171G
020985600	20110101	208.46	353.32	208.46	208.46	78345-15	NH13-045C
020985600	20110701	201.04	347.24	201.04	201.04	78345-15	NH13-045C
020985600	20120101	203.30	350.91	203.30	203.30	78345-15	NH13-045C
020985600	20120701	210.02	359.23	210.02	210.02	78345-15	NH13-045C
020985600	20130101	213.53	364.34	213.53	213.53	78345-15	NH13-045C
020985600	20130701	215.52	0.00	215.52	215.52	78345-15	NH13-045C
020985600	20140101	218.15	0.00	218.15	218.15	78345-15	NH13-045C
020985600	20140701	226.67	0.00	226.67	226.67	78345-15	NH13-045C
020985600	20150101	234.02	0.00	234.02	234.02	78345-15	NH13-045C
020985600	20150901	234.39	0.00	234.39	234.39	78345-15	NH13-045C
021018800	20130101	222.67	373.48	222.67	222.67	78345-15	NH13-007W
021018800	20130701	228.28	0.00	228.28	228.28	78345-15	NH13-007W
021018800	20140101	238.91	0.00	238.91	238.91	78345-15	NH13-007W
021018800	20140701	248.24	0.00	248.24	248.24	78345-15	NH13-007W
021018800	20150101	245.21	0.00	245.21	245.21	78345-15	NH13-007W
021018800	20150901	237.34	0.00	237.34	237.34	78345-15	NH13-007W
022424300	20120701	209.14	358.35	209.14	209.14	78345-15	NH13-168G
022424300	20130101	212.00	362.81	212.00	212.00	78345-15	NH13-168G
022832000	20120101	222.74	370.35	222.74	222.74	78345-15	NH13-070C
022832000	20120701	229.70	378.91	229.70	229.70	78345-15	NH13-070C
022832000	20130101	232.63	383.44	232.63	232.63	78345-15	NH13-070C
022832000	20130701	238.06	0.00	238.06	238.06	78345-15	NH13-070C
022832000	20140101	240.49	0.00	240.49	240.49	78345-15	NH13-070C
022832000	20140701	248.75	0.00	248.75	248.75	78345-15	NH13-070C
022832000	20150101	252.45	0.00	252.45	252.45	78345-15	NH13-070C
022832000	20150901	254.49	0.00	254.49	254.49	78345-15	NH13-070C
025166600	20090101	177.01	315.36	177.01	177.01	78345-15	NH09-135C
025166600	20090301	162.17	300.52	162.17	162.17	78345-15	NH09-135C
025166600	20090401	191.51	329.86	191.51	191.51	78345-15	NH09-135C
025370700	20090101	185.02	323.37	185.02	185.02	78345-15	NH07-067J
025370700	20090301	169.51	307.86	169.51	169.51	78345-15	NH07-067J
025370700	20090401	209.17	347.52	209.17	209.17	78345-15	NH07-067J
025370700	20090701	215.85	356.20	215.85	215.85	78345-15	NH07-067J
025370700	20100101	215.93	357.85	215.93	215.93	78345-15	NH07-067J
025370700	20100701	207.22	350.56	207.22	207.22	78345-15	NH07-067J
025370700	20110101	219.23	364.09	219.23	219.23	78345-15	NH07-067J
025370700	20110701	211.56	357.76	211.56	211.56	78345-15	NH07-067J
025370700	20120101	216.47	364.08	216.47	216.47	78345-15	NH07-067J
025370700	20120701	223.74	372.95	223.74	223.74	78345-15	NH07-067J
025370700	20130101	225.65	376.46	225.65	225.65	78345-15	NH07-067J
025370700	20130701	226.07	0.00	226.07	226.07	78345-15	NH07-067J
025370700	20140101	225.72	0.00	225.72	225.72	78345-15	NH07-067J

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
025908000	20120101	212.39	360.00	212.39	212.39	78345-15	NH13-072C
025908000	20120701	219.51	368.72	219.51	219.51	78345-15	NH13-072C
025908000	20130101	222.71	373.52	222.71	222.71	78345-15	NH13-072C
025908000	20130701	226.07	0.00	226.07	226.07	78345-15	NH13-072C
025908000	20140701	238.99	0.00	238.99	238.99	78345-15	NH13-072C
025908000	20150101	242.05	0.00	242.05	242.05	78345-15	NH13-072C
026456300	20100701	204.35	347.69	204.35	204.35	78345-15	NH13-046C
026456300	20110101	206.92	351.78	206.92	206.92	78345-15	NH13-046C
026456300	20110701	199.22	345.42	199.22	199.22	78345-15	NH13-046C
026456300	20120101	196.76	344.37	196.76	196.76	78345-15	NH13-046C
026456300	20120701	205.96	355.17	205.96	205.96	78345-15	NH13-046C
026456300	20130101	208.93	359.74	208.93	208.93	78345-15	NH13-046C
026456300	20130701	215.97	0.00	215.97	215.97	78345-15	NH13-046C
026456300	20140101	215.20	0.00	215.20	215.20	78345-15	NH13-046C
026456300	20140701	223.56	0.00	223.56	223.56	78345-15	NH13-046C
026456300	20150101	216.71	0.00	216.71	216.71	78345-15	NH13-046C
026456300	20150901	214.75	0.00	214.75	214.75	78345-15	NH13-046C
026457100	20100701	213.48	356.82	213.48	213.48	78345-15	NH13-049C
026457100	20110101	216.11	360.97	216.11	216.11	78345-15	NH13-049C
026457100	20110701	207.83	354.03	207.83	207.83	78345-15	NH13-049C
026457100	20120101	203.21	350.82	203.21	203.21	78345-15	NH13-049C
026457100	20120701	218.66	367.87	218.66	218.66	78345-15	NH13-049C
026457100	20130101	221.69	372.50	221.69	221.69	78345-15	NH13-049C
026457100	20130701	227.78	0.00	227.78	227.78	78345-15	NH13-049C
026457100	20140101	224.63	0.00	224.63	224.63	78345-15	NH13-049C
026457100	20140701	231.81	0.00	231.81	231.81	78345-15	NH13-049C
026457100	20150101	236.74	0.00	236.74	236.74	78345-15	NH13-049C
026457100	20150901	241.41	0.00	241.41	241.41	78345-15	NH13-049C
031734900	20110701	204.18	350.38	204.18	204.18	78345-15	NH13-081C
031734900	20120101	206.94	354.55	206.94	206.94	78345-15	NH13-081C
031734900	20120701	214.02	363.23	214.02	214.02	78345-15	NH13-081C



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE AT OCALA
2021 SW 1ST AVE
OCALA, FL 34471

Provider Number: 0 005701-00
Date: 8/26/2015
Fiscal Year End: 5/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	174.14	173.73	11/15/2008
	Level H: Aids	310.42	310.01	11/15/2008

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 Field Audit NH13-034C FYE 05/31/2011

Distribution:

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

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

AVANTE AT OCALA
2021 SW 1ST AVE
OCALA, FL 34471

Provider Number: 0 005701-00
Date: 8/26/2015
Fiscal Year End: 5/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	174.59	174.21	1/1/2009
	Level H: Aids	312.94	312.56	1/1/2009

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 Field Audit NH13-034C FYE 05/31/2011

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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



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

Medicaid Reimbursement Per Diem Rates

AVANTE AT OCALA	Provider Number:	0 005701-00
2021 SW 1ST AVE	Date:	8/26/2015
OCALA, FL 34471	Fiscal Year End:	5/31/2011
	Audit Status:	Field Audited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	159.96	159.60	3/1/2009
	Level H: Aids	298.31	297.95	3/1/2009

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 Field Audit NH13-034C FYE 05/31/2011

Distribution:

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

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Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE AT OCALA
2021 SW 1ST AVE
OCALA, FL 34471

Provider Number: 0 005701-00
Date: 8/26/2015
Fiscal Year End: 5/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.48	195.07	4/1/2009
	Level H: Aids	333.83	333.42	4/1/2009

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 Field Audit NH13-034C FYE 05/31/2011

Distribution:

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

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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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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE AT OCALA
2021 SW 1ST AVE
OCALA, FL 34471

Provider Number: 0 005701-00
Date: 8/26/2015
Fiscal Year End: 5/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.97</u>	<u>202.08</u>	<u>7/1/2009</u>
	Level H: Aids	<u>343.32</u>	<u>342.43</u>	<u>7/1/2009</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
 Field Audit NH13-034C FYE 05/31/2011

Distribution:

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

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

Medicaid Reimbursement Per Diem Rates

<u>AVANTE AT OCALA</u>	Provider Number:	<u>0 005701-00</u>
<u>2021 SW 1ST AVE</u>	Date:	<u>8/26/2015</u>
<u>OCALA, FL 34471</u>	Fiscal Year End:	<u>5/31/2011</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.17</u>	<u>202.28</u>	<u>1/1/2010</u>
	Level H: Aids	<u>345.09</u>	<u>344.20</u>	<u>1/1/2010</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 Field Audit NH13-034C FYE 05/31/2011

Distribution:

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

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE AT OCALA	Provider Number:	0 005701-00
2021 SW 1ST AVE	Date:	8/26/2015
OCALA, FL 34471	Fiscal Year End:	5/31/2011
	Audit Status:	Field Audited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	204.71	203.82	7/1/2010
	Level H: Aids	348.05	347.16	7/1/2010

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
 Field Audit NH13-034C FYE 05/31/2011

Distribution:

Contract Management / Fiscal Agent
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AVANTE AT OCALA
2021 SW 1ST AVE
OCALA, FL 34471

Provider Number: 0 005701-00
Date: 8/26/2015
Fiscal Year End: 5/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.81	206.93	1/1/2011
	Level H: Aids	352.67	351.79	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

Field Audit NH13-034C FYE 05/31/2011


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Medicaid Reimbursement Per Diem Rates

AVANTE AT OCALA	Provider Number:	0 005701-00
2021 SW 1ST AVE	Date:	8/26/2015
OCALA, FL 34471	Fiscal Year End:	5/31/2011
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>207.81</u>	<u>206.93</u>	<u>6/1/2011</u>
	Level H: Aids	<u>352.67</u>	<u>351.79</u>	<u>6/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<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
 Field Audit NH13-034C FYE 05/31/2011

Distribution:

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AVANTE AT OCALA
2021 SW 1ST AVE
OCALA, FL 34471

Provider Number: 0 005701-00
Date: 8/26/2015
Fiscal Year End: 5/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.14	199.31	7/1/2011
	Level H: Aids	346.34	345.51	7/1/2011

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit NH13-034C FYE 05/31/2011

Distribution:

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AVANTE AT OCALA
2021 SW 1ST AVE
OCALA, FL 34471

Provider Number: 0 005701-00
Date: 8/26/2015
Fiscal Year End: 5/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.92	201.09	1/1/2012
	Level H: Aids	349.53	348.70	1/1/2012

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
 Field Audit NH13-034C FYE 05/31/2011

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2021 SW 1ST AVE
OCALA, FL 34471

Provider Number: 0 005701-00
Date: 8/26/2015
Fiscal Year End: 5/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.20	208.36	7/1/2012
	Level H: Aids	358.41	357.57	7/1/2012

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
 Field Audit NH13-034C FYE 05/31/2011

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AVANTE AT OCALA
2021 SW 1ST AVE
OCALA, FL 34471

Provider Number: 0 005701-00
Date: 8/26/2015
Fiscal Year End: 5/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home **Single Level**

Level H: Aids

Current Rate	New Rate	Effective Date
208.60	208.16	1/1/2013
359.41	358.97	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
 Effects of Field Audit NH13-034C FYE 05/31/2011

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AVANTE AT OCALA
 2021 SW 1ST AVE
 OCALA, FL 34471

Provider Number: 0 005701-00
 Date: 8/26/2015
 Fiscal Year End: 5/31/2012
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>214.38</u>	<u>213.93</u>	<u>7/1/2013</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of Field Audit NH13-034C FYE
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2021 SW 1ST AVE
OCALA, FL 34471

Provider Number: 0 005701-00
Date: 8/26/2015
Fiscal Year End: 5/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
220.82	220.37	1/1/2014

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of Field Audit NH13-034C FYE 05/31/2011

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AVANTE AT OCALA
2021 SW 1ST AVE
OCALA, FL 34471

Provider Number: 0 005701-00
Date: 8/26/2015
Fiscal Year End: 5/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>232.71</u>	<u>232.25</u>	<u>7/1/2014</u>

Rate Type:

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

. Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit NH13-034C FYE 05/31/2011


Distribution:

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 2021 SW 1ST AVE
 OCALA, FL 34471

Provider Number: 0 005701-00
 Date: 8/26/2015
 Fiscal Year End: 5/31/2014
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
234.26	233.79	1/1/2015

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 Effects of Field Audit NH13-034C FYE
 05/31/2011

Distribution:

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AVANTE AT OCALA

2021 SW 1ST AVE

OCALA, FL 34471

Provider Number:

0 005701-00

Date:

8/26/2015

Fiscal Year End:

5/31/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

232.61

232.15

9/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit NH13-034C FYE
05/31/2011

Distribution:

Contract Management / Fiscal Agent

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Medicaid Reimbursement Per Diem Rates

WINDSOR HEALTH AND REHABILITATION CENTER
602 E LAURA ST
STARKE, FL 32091

Provider Number: 0 006340-00

Date: 7/15/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>179.59</u>	<u>179.04</u>	<u>12/4/2008</u>
	Level H: Aids	<u>315.87</u>	<u>315.32</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 #NH12-046C FYE 06/30/2009

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

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

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Medicaid Reimbursement Per Diem Rates

WINDSOR HEALTH AND REHABILITATION CENTER
602 E LAURA ST
STARKE, FL 32091

Provider Number: 0 006340-00
Date: 7/15/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>175.57</u>	<u>175.04</u>	<u>1/1/2009</u>
	Level H: Aids	<u>313.92</u>	<u>313.39</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 #NH12-046C FYE 06/30/2009

Distribution:

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Provider Number: 0 006340-00

Date: 7/15/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>160.85</u>	<u>160.37</u>	<u>3/1/2009</u>
	Level H: Aids	<u>299.20</u>	<u>298.72</u>	<u>3/1/2009</u>

Rate Type:

Interim

Prospective

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

Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-046C FYE 06/30/2009

Distribution:

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WINDSOR HEALTH AND REHABILITATION CENTER

602 E LAURA ST

STARKE, FL 32091

Provider Number:

0 006340-00

Date:

7/15/2015

Fiscal Year End:

6/30/2009

Audit Status:

Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.23	197.67	4/1/2009
	Level H: Aids	336.58	336.02	4/1/2009

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

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Provider Number: 0 006340-00
Date: 7/15/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.95	209.30	7/1/2009
	Level H: Aids	350.30	349.65	7/1/2009

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #N1112-046C FYE 06/30/2009

Distribution:

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STARKE, FL 32091

Provider Number: 0 006340-00

Date: 7/15/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.77</u>	<u>211.03</u>	<u>1/1/2010</u>
	Level H: Aids	<u>353.69</u>	<u>352.95</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
 FA & RFA #NH12-046C FYE 06/30/2009

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WINDSOR HEALTH AND REHABILITATION CENTER

602 E LAURA ST

STARKE, FL 32091

Provider Number:

0 006340-00

Date:

7/15/2015

Fiscal Year End:

6/30/2009

Audit Status:

Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.24	214.49	7/1/2010
	Level H: Aids	358.58	357.83	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

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<u>WINDSOR HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 006340-00</u>
<u>602 E LAURA ST</u>	Date:	<u>7/15/2015</u>
<u>STARKE, FL 32091</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>217.81</u>	<u>217.04</u>	<u>1/1/2011</u>
	Level H: Aids	<u>362.67</u>	<u>361.90</u>	<u>1/1/2011</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> </u> X FA & RFA #NH12-046C FYE 06/30/2009

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WINDSOR HEALTH AND REHABILITATION CENTER
602 E LAURA ST
STARKE, FL 32091

Provider Number: 0 006340-00
Date: 7/15/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.74	209.01	7/1/2011
	Level H: Aids	355.94	355.21	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 #NH12-046C FYE 06/30/2009

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Medicaid Reimbursement Per Diem Rates

WINDSOR HEALTH AND REHABILITATION CENTER	Provider Number:	0 006340-00
602 E LAURA ST	Date:	7/15/2015
STARKE, FL 32091	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	231.44	230.87	1/1/2015

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH12-046C FYE 06/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

WINDSOR HEALTH AND REHABILITATION CENTER
602 E LAURA ST
STARKE, FL 32091

Provider Number: 0 006340-00
Date: 7/15/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
230.13	229.72	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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH12-046C FYE 06/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

SALERNO BAY HEALTH AND REHABILITATION CENTER
4801 SE COVE RD
STUART, FL 34997-1602

Provider Number: 0 006483-00
Date: 7/28/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>189.01</u>	<u>188.62</u>	<u>12/4/2008</u>
	Level H: Aids	<u>325.29</u>	<u>324.90</u>	<u>12/4/2008</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input 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 NH12-047C FYE 06/30/2009

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SALERNO BAY HEALTH AND REHABILITATION CENTER
4801 SE COVE RD
STUART, FL 34997-1602

Provider Number: 0 006483-00
 Date: 7/28/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>184.41</u>	<u>183.81</u>	<u>1/1/2009</u>
	Level H: Aids	<u>322.76</u>	<u>322.16</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 NH12-047C FYE 06/30/2009

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Medicaid Reimbursement Per Diem Rates

SALERNO BAY HEALTH AND REHABILITATION CENTER
4801 SE COVERD
STUART, FL 34997-1602

Provider Number: 0 006483-00
Date: 7/28/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	168.96	168.40	3/1/2009
	Level H: Aids	307.31	306.75	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
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4801 SE COVE RD
STUART, FL 34997-1602

Provider Number: 0 006483-00
Date: 7/28/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>208.52</u>	<u>207.88</u>	<u>4/1/2009</u>
	Level H: Aids	<u>346.87</u>	<u>346.23</u>	<u>4/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input 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 NH12-047C FYE 06/30/2009

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4801 SE COVE RD
STUART, FL 34997-1602

Provider Number: 0 006483-00
Date: 7/28/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>219.96</u>	<u>219.32</u>	<u>7/1/2009</u>
	Level H: Aids	<u>360.31</u>	<u>359.67</u>	<u>7/1/2009</u>

Rate Type:

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

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & REA NH12-047C FYE 06/30/2009

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4801 SE COVE RD
STUART, FL 34997-1602

Provider Number: 0 006483-00
Date: 7/28/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	221.72	221.08	1/1/2010
	Level H: Aids	363.64	363.00	1/1/2010

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA NH12-047C FYE 06/30/2009

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4801 SE COVE RD
STUART, FL 34997-1602

Provider Number: 0 006483-00
Date: 7/28/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	225.46	224.81	7/1/2010
	Level H: Aids	368.80	368.15	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 NH12-047C FYE 06/30/2009

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4801 SE COVE RD
STUART, FL 34997-1602

Provider Number: 0 006483-00
Date: 7/28/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>228.20</u>	<u>227.54</u>	<u>1/1/2011</u>
	Level H: Aids	<u>373.06</u>	<u>372.40</u>	<u>1/1/2011</u>

Rate Type:

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

Basis:

 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA NH12-047C FYE 06/30/2009

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SALERNO BAY HEALTH AND REHABILITATION CENTER
4801 SE COVE RD
STUART, FL 34997-1602

Provider Number: 0 006483-00
Date: 7/28/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.83	219.21	7/1/2011
	Level H: Aids	366.03	365.41	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 NH12-047C FYE 06/30/2009

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Medicaid Reimbursement Per Diem Rates

CLYDE E. LASSEN STATE VETERANS' NURSING HOME
4650 STATE RD 16
SAINT AUGUSTINE, FL 32092

Provider Number: 0 032049-00
Date: 9/30/2015
Fiscal Year End: 6/30/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.49</u>	<u>214.25</u>	<u>11/16/2010</u>
	Level H: Aids	<u>357.83</u>	<u>357.59</u>	<u>11/16/2010</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
 Field Audit #NH13-158L FYE 6/30/2011

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Medicaid Reimbursement Per Diem Rates

<u>CLYDE E. LASSEN STATE VETERANS' NURSING HOME</u>	Provider Number:	<u>0 032049-00</u>
<u>4650 STATE RD 16</u>	Date:	<u>9/30/2015</u>
<u>SAINT AUGUSTINE, FL 32092</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>217.82</u>	<u>217.58</u>	<u>1/1/2011</u>
	Level H: Aids	<u>362.68</u>	<u>362.44</u>	<u>1/1/2011</u>

Rate Type:

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

Basis:

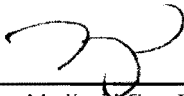
 Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 Field Audit #NH13-158L FYE 6/30/2011

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CLYDE E. LASSEN STATE VETERANS' NURSING HOME
4650 STATE RD 16
SAINT AUGUSTINE, FL 32092

Provider Number: 0 032049-00
Date: 9/30/2015
Fiscal Year End: 6/30/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>210.83</u>	<u>210.61</u>	<u>7/1/2011</u>
	Level H: Aids	<u>357.03</u>	<u>356.81</u>	<u>7/1/2011</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-158L FYE 6/30/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

CLYDE E. LASSEN STATE VETERANS' NURSING HOME	Provider Number:	0 032049-00
4650 STATE RD 16	Date:	9/30/2015
SAINT AUGUSTINE, FL 32092	Fiscal Year End:	6/30/2011
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.98	209.76	9/13/2011
	Level H: Aids	356.18	355.96	9/13/2011

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-158L FYE 6/30/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

CLYDE E. LASSEN STATE VETERANS' NURSING HOME
4650 STATE RD 16
SAINT AUGUSTINE, FL 32092

Provider Number: 0 032049-00
Date: 9/30/2015
Fiscal Year End: 6/30/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.00	211.78	1/1/2012
	Level H: Aids	359.61	359.39	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 #NH13-158L FYE 6/30/2011

Distribution:

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CLYDE E. LASSEN STATE VETERANS' NURSING HOME
4650 STATE RD 16
SAINT AUGUSTINE, FL 32092

Provider Number: 0 032049-00
Date: 9/30/2015
Fiscal Year End: 6/30/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.00	211.78	3/13/2012
	Level H: Aids	359.61	359.39	3/13/2012

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 #NH13-158L FYE 6/30/2011

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Medicaid Reimbursement Per Diem Rates

<u>CLYDE E. LASSEN STATE VETERANS' NURSING HOME</u>	Provider Number:	<u>0 032049-00</u>
<u>4650 STATE RD 16</u>	Date:	<u>9/30/2015</u>
<u>SAINT AUGUSTINE, FL 32092</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>220.12</u>	<u>219.90</u>	<u>7/1/2012</u>
	Level H: Aids	<u>369.33</u>	<u>369.11</u>	<u>7/1/2012</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Field Audit #NH13-158L FYE 6/30/2011

Distribution:

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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

CLYDE E. LASSEN STATE VETERANS' NURSING HOME
4650 STATE RD 16
SAINT AUGUSTINE, FL 32092

Provider Number: 0 032049-00
Date: 9/30/2015
Fiscal Year End: 6/30/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>222.52</u>	<u>222.30</u>	<u>1/1/2013</u>
	Level H: Aids	<u>373.33</u>	<u>373.11</u>	<u>1/1/2013</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-158L FYE 6/30/2011

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Florida Dept. of Veterans Affairs
 11351 Ulmerton Road, Room 332-1
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CLYDE E. LASSEN STATE VETERANS' NURSING HOME
4650 STATE RD 16
SAINT AUGUSTINE, FL 32092

Provider Number: 0 032049-00
Date: 9/30/2015
Fiscal Year End: 6/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
228.54	228.55	1/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ 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 #NH13-158L FYE 6/30/2011

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Medicaid Reimbursement Per Diem Rates

GRACE HEALTHCARE OF LAKE WALES
730 N SCENIC HWY
LAKE WALES, FL 33853-3208

Provider Number: 0 034504-00
Date: 9/15/2015
Fiscal Year End: 12/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>200.93</u>	<u>198.29</u>	<u>3/9/2011</u>
	Level H: Aids	<u>345.79</u>	<u>343.15</u>	<u>3/9/2011</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
 Field Audit #NH13-176G FYE 12/31/2011

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GRACE HEALTHCARE OF LAKE WALES
730 N SCENIC HWY
LAKE WALES, FL 33853-3208

Provider Number: 0 034504-00
Date: 9/15/2015
Fiscal Year End: 12/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.45	189.99	7/1/2011
	Level H: Aids	338.65	336.19	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

Field Audit #NH13-176G FYE 12/31/2011

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Medicaid Reimbursement Per Diem Rates

GRACE HEALTHCARE OF LAKE WALES
730 N SCENIC HWY
LAKE WALES, FL 33853-3208

Provider Number: 0 034504-00
Date: 9/15/2015
Fiscal Year End: 12/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.35	192.84	1/1/2012
	Level H: Aids	342.96	340.45	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 #NH13-176G FYE 12/31/2011

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Medicaid Reimbursement Per Diem Rates

GRACE HEALTHCARE OF LAKE WALES
730 N SCENIC HWY
LAKE WALES, FL 33853-3208

Provider Number: 0 034504-00
Date: 9/15/2015
Fiscal Year End: 12/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.27	198.70	7/1/2012
	Level H: Aids	350.48	347.91	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 #NH13-176G FYE 12/31/2011

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Medicaid Reimbursement Per Diem Rates

<u>GRACE HEALTHCARE OF LAKE WALES</u>	Provider Number:	<u>0 034504-00</u>
<u>730 N SCENIC HWY</u>	Date:	<u>9/15/2015</u>
<u>LAKE WALES, FL 33853-3208</u>	Fiscal Year End:	<u>12/31/2011</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>203.58</u>	<u>200.97</u>	<u>1/1/2013</u>
	Level H: Aids	<u>354.39</u>	<u>351.78</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> Total Prospective with Interim Component		
<u> </u> X Settlement based on cost			
<u> </u> Prior Provider Prospective data			

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> </u> X Field Audit #NH13-176G FYE 12/31/2011

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Medicaid Reimbursement Per Diem Rates

GRACE HEALTHCARE OF LAKE WALES
730 N SCENIC HWY
LAKE WALES, FL 33853-3208

Provider Number: 0 034504-00
Date: 9/15/2015
Fiscal Year End: 12/31/2011
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
208.38	205.70	7/1/2013

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
 Field Audit #NH13-176G FYE 12/31/2011

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Medicaid Reimbursement Per Diem Rates

GRACE HEALTHCARE OF LAKE WALES

730 N SCENIC HWY

LAKE WALES, FL 33853-3208

Provider Number:

0 034504-00

Date:

9/15/2015

Fiscal Year End:

12/31/2012

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
190.46	190.47	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 #NH13-176G FYE 12/31/2011

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Medicaid Reimbursement Per Diem Rates

<u>GRACE HEALTHCARE OF LAKE WALES</u>	Provider Number:	<u>0 034504-00</u>
<u>730 N SCENIC HWY</u>	Date:	<u>9/15/2015</u>
<u>LAKE WALES, FL 33853-3208</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		202.37	202.38	7/1/2014

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:

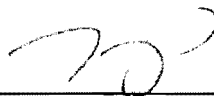
<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit #NH13-176G FYE: 12/31/2011

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Medicaid Reimbursement Per Diem Rates

<u>GRACE HEALTHCARE OF LAKE WALES</u>	Provider Number:	<u>0 034504-00</u>
<u>730 N SCENIC HWY</u>	Date:	<u>9/15/2015</u>
<u>LAKE WALES, FL 33853-3208</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>204.70</u>	<u>204.71</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:

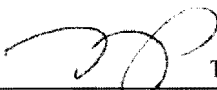
<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit #NH13-176G FYE 12/31/2011

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GRACE HEALTHCARE OF LAKE WALES

730 N SCENIC HWY

LAKE WALES, FL 33853-3208

Provider Number:

0 034504-00

Date:

9/15/2015

Fiscal Year End:

12/31/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

203.72

203.73

9/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH13-176G FYE
12/31/2011

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 122232-00
Date: 10/27/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>223.45</u>	<u>217.03</u>	<u>8/29/2014</u>

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 RP CHOP/NRP CHOW effective 08/29/2014

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 122232-00
Date: 10/27/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>225.59</u>	<u>219.17</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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

RP CHOP/NRP CHOW effective 08/29/2014

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 122232-00
Date: 10/27/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>226.27</u>	<u>219.96</u>	<u>9/1/2015</u>

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 RP CHOP/NRP CHOW effective 08/29/2014

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>AVANTE VILLA AT JACKSONVILLE BEACH INC</u>	Provider Number:	<u>0 200913-00</u>
<u>1504 SEABREEZE AVE</u>	Date:	<u>8/26/2015</u>
<u>JACKSONVILLE BEACH, FL 32250</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>209.95</u>	<u>209.46</u>	<u>1/1/2012</u>
	Level H: Aids	<u>357.56</u>	<u>357.07</u>	<u>1/1/2012</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 checked="" type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:


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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH13-035C FYE 05/31/2011

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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 Hollywood, FL 33021-6744



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>AVANTE VILLA AT JACKSONVILLE BEACH INC</u>	Provider Number:	<u>0 200913-00</u>
<u>1504 SEABREEZE AVE</u>	Date:	<u>8/26/2015</u>
<u>JACKSONVILLE BEACH, FL 32250</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>215.81</u>	<u>215.31</u>	<u>7/1/2012</u>
	Level H: Aids	<u>365.02</u>	<u>364.52</u>	<u>7/1/2012</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> X </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 #NH13-035C FYE 05/31/2011

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 Hollywood, FL 33021-6744



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE VILLA AT JACKSONVILLE BEACH INC
1504 SEABREEZE AVE
JACKSONVILLE BEACH, FL 32250

Provider Number: 0 200913-00
Date: 8/26/2015
Fiscal Year End: 5/31/2012
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.22	219.27	1/1/2013
	Level H: Aids	370.03	370.08	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

Effects of Field Audit #NH13-035C FYE 05/31/2011

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>AVANTE VILLA AT JACKSONVILLE BEACH INC</u>	Provider Number:	<u>0 200913-00</u>
<u>1504 SEABREEZE AVE</u>	Date:	<u>8/26/2015</u>
<u>JACKSONVILLE BEACH, FL 32250</u>	Fiscal Year End:	<u>5/31/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>224.32</u>	<u>224.37</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 #NH13-035C FYE 05/31/2011

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE VILLA AT JACKSONVILLE BEACH INC
1504 SEABREEZE AVE
JACKSONVILLE BEACH, FL 32250

Provider Number: 0 200913-00
Date: 8/26/2015
Fiscal Year End: 5/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
218.64	218.69	1/1/2014

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH13-035C FYE 05/31/2011

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Medicaid Reimbursement Per Diem Rates

AVANTE VILLA AT JACKSONVILLE BEACH INC	Provider Number:	0 200913-00
1504 SEABREEZE AVE	Date:	8/26/2015
JACKSONVILLE BEACH, FL 32250	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>227.94</u>	<u>227.99</u>	<u>7/1/2014</u>

Rate Type:

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

Basis:

<input type="checkbox"/> Budget
<input 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 #NH13-035C FYE 05/31/2011

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Medicaid Reimbursement Per Diem Rates

<u>AVANTE VILLA AT JACKSONVILLE BEACH INC</u>	Provider Number:	<u>0 200913-00</u>
<u>1504 SEABREEZE AVE</u>	Date:	<u>8/26/2015</u>
<u>JACKSONVILLE BEACH, FL 32250</u>	Fiscal Year End:	<u>5/31/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current	New	Effective
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>223.30</u>	<u>223.35</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 #NH13-035C FYE 05/31/2011

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Medicaid Reimbursement Per Diem Rates

<u>AVANTE VILLA AT JACKSONVILLE BEACH INC</u>	Provider Number:	<u>0 200913-00</u>
<u>1504 SEABREEZE AVE</u>	Date:	<u>8/26/2015</u>
<u>JACKSONVILLE BEACH, FL 32250</u>	Fiscal Year End:	<u>12/31/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		225.80	225.85	9/1/2015

Rate Type:

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

Basis:

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

Changes:

<u>Rate Semester Change</u>
<u>X</u> Effects of Field Audit #NH13-035C FYE 05/31/2011

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Medicaid Reimbursement Per Diem Rates

<u>REGENTS PARK NURSING & REHABILITATION CENTER</u>	Provider Number:	<u>0 204170-00</u>
<u>6363 VERDE TRAIL</u>	Date:	<u>10/7/2015</u>
<u>BOCA RATON, FL 33433</u>	Fiscal Year End:	<u>2/28/2010</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>234.92</u>	<u>229.54</u>	<u>7/1/2010</u>
	Level H: Aids	<u>378.26</u>	<u>372.88</u>	<u>7/1/2010</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> 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 NH13-171G FYE 02/28/2010

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Medicaid Reimbursement Per Diem Rates

REGENTS PARK NURSING & REHABILITATION CENTER
6363 VERDE TRAIL
BOCA RATON, FL 33433

Provider Number: 0 204170-00
Date: 10/7/2015
Fiscal Year End: 2/28/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>237.73</u>	<u>232.29</u>	<u>1/1/2011</u>
	Level H: Aids	<u>382.59</u>	<u>377.15</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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit NH13-171G FYE 02/28/2010

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Medicaid Reimbursement Per Diem Rates

REGENTS PARK NURSING & REHABILITATION CENTER	Provider Number:	0 204170-00
6363 VERDE TRAIL	Date:	10/7/2015
BOCA RATON, FL 33433	Fiscal Year End:	2/28/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>228.41</u>	<u>223.28</u>	<u>7/1/2011</u>
	Level H: Aids	<u>374.61</u>	<u>369.48</u>	<u>7/1/2011</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit NH13-171G FYE 02/28/2010

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Medicaid Reimbursement Per Diem Rates

REGENTS PARK NURSING & REHABILITATION CENTER	Provider Number:	0 204170-00
6363 VERDE TRAIL	Date:	10/7/2015
BOCA RATON, FL 33433	Fiscal Year End:	2/28/2011
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.18</u>	<u>224.03</u>	<u>1/1/2012</u>
	Level H: Aids	<u>374.79</u>	<u>371.64</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 Field Audit NH13-171G FYE 02/28/2010

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Medicaid Reimbursement Per Diem Rates

REGENTS PARK NURSING & REHABILITATION CENTER

6363 VERDE TRAIL

BOCA RATON, FL 33433

Provider Number:

0 204170-00

Date:

10/7/2015

Fiscal Year End:

2/29/2012

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
239.74	236.53	7/1/2012
388.95	385.74	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

Effects of Field Audit NH13-171G FYE 02/28/2010

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Medicaid Reimbursement Per Diem Rates

<u>REGENTS PARK NURSING & REHABILITATION CENTER</u>	Provider Number:	<u>0 204170-00</u>
<u>6363 VERDE TRAIL</u>	Date:	<u>10/7/2015</u>
<u>BOCA RATON, FL 33433</u>	Fiscal Year End:	<u>2/29/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>242.06</u>	<u>238.84</u>	<u>1/1/2013</u>
	Level H: Aids	<u>392.87</u>	<u>389.65</u>	<u>1/1/2013</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit NH13-171G FYE 02/28/2010

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Medicaid Reimbursement Per Diem Rates

<u>REGENTS PARK NURSING & REHABILITATION CENTER</u>	Provider Number:	<u>0 204170-00</u>
<u>6363 VERDE TRAIL</u>	Date:	<u>10/7/2015</u>
<u>BOCA RATON, FL 33433</u>	Fiscal Year End:	<u>2/28/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>249.04</u>	<u>245.76</u>	<u>7/1/2013</u>

Rate Type:

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

Basis:

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

Changes:

<u>Rate Semester Change</u>
<u>X</u> Effects of Field Audit NH13-171G FYE 02/28/2010

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Medicaid Reimbursement Per Diem Rates

REGENTS PARK NURSING & REHABILITATION CENTER
6363 VERDE TRAIL
BOCA RATON, FL 33433

Provider Number: 0 204170-00
Date: 10/7/2015
Fiscal Year End: 2/28/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
248.83	245.53	1/1/2014

Rate Type:

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

Basis:

<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 NH13-171G FYE 02/28/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

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6363 VERDE TRAIL
BOCA RATON, FL 33433

Provider Number: 0 204170-00
Date: 10/7/2015
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
259.19	255.79	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 Field Audit NH13-171G FYE 02/28/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>REGENTS PARK NURSING & REHABILITATION CENTER</u>	Provider Number:	<u>0 204170-00</u>
<u>6363 VERDE TRAIL</u>	Date:	<u>10/7/2015</u>
<u>BOCA RATON, FL 33433</u>	Fiscal Year End:	<u>2/28/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>263.32</u>	<u>259.91</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 Field Audit NH13-171G FYE 02/28/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>REGENTS PARK NURSING & REHABILITATION CENTER</u>	Provider Number:	<u>0 204170-00</u>
<u>6363 VERDE TRAIL</u>	Date:	<u>10/7/2015</u>
<u>BOCA RATON, FL 33433</u>	Fiscal Year End:	<u>2/28/2015</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>264.33</u>	<u>260.95</u>	<u>9/1/2015</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 NH13-171G FYE
02/28/2010

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Medicaid Reimbursement Per Diem Rates

SUN TERRACE HEALTH CARE CENTER
105 TRINITY LAKES DR
SUN CITY CENTER, FL 33573

Provider Number: 0 209856-00
Date: 8/31/2015
Fiscal Year End: 8/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.35	208.46	1/1/2011
	Level H: Aids	361.21	353.32	1/1/2011

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-045C FYE 08/31/2010

Distribution:

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Thomas Parker
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 Melbourne, FL 32901



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

SUN TERRACE HEALTH CARE CENTER
105 TRINITY LAKES DR
SUN CITY CENTER, FL 33573

Provider Number: 0 209856-00
Date: 8/31/2015
Fiscal Year End: 8/31/2010
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

 Level H: Aids

Current Rate	New Rate	Effective Date
<u>208.43</u>	<u>201.04</u>	<u>7/1/2011</u>
<u>354.63</u>	<u>347.24</u>	<u>7/1/2011</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-045C FYE 08/31/2010

Distribution:

Contract Management / Fiscal Agent
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Thomas Parker
Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

<u>SUN TERRACE HEALTH CARE CENTER</u>	Provider Number:	<u>0 209856-00</u>
<u>105 TRINITY LAKES DR</u>	Date:	<u>8/31/2015</u>
<u>SUN CITY CENTER, FL 33573</u>	Fiscal Year End:	<u>8/31/2010</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>210.13</u>	<u>203.30</u>	<u>1/1/2012</u>
	Level H: Aids	<u>357.74</u>	<u>350.91</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 #NH13-045C FYE 08/31/2010

Distribution:

Contract Management / Fiscal Agent
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Medicaid Reimbursement Per Diem Rates

<u>SUN TERRACE HEALTH CARE CENTER</u>	Provider Number:	<u>0 209856-00</u>
<u>105 TRINITY LAKES DR</u>	Date:	<u>8/31/2015</u>
<u>SUN CITY CENTER, FL 33573</u>	Fiscal Year End:	<u>8/31/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>214.19</u>	<u>210.02</u>	<u>7/1/2012</u>
	Level H: Aids	<u>363.40</u>	<u>359.23</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
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of Field Audit #NH13-045C FYE
 08/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

SUN TERRACE HEALTH CARE CENTER	Provider Number:	0 209856-00
105 TRINITY LAKES DR	Date:	8/31/2015
SUN CITY CENTER, FL 33573	Fiscal Year End:	8/31/2011
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>217.71</u>	<u>213.53</u>	<u>1/1/2013</u>
	Level H: Aids	<u>368.52</u>	<u>364.34</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 #NH13-045C FYE 08/31/2010

Distribution:

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Home Office: Clear Choice Health Care, LLC
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Thomas Parker
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Medicaid Reimbursement Per Diem Rates

SUN TERRACE HEALTH CARE CENTER
 105 TRINITY LAKES DR
 SUN CITY CENTER, FL 33573

Provider Number: 0 209856-00
 Date: 8/31/2015
 Fiscal Year End: 8/31/2012
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
219.90	215.52	7/1/2013

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
 Effects of Field Audit #NH13-045C FYE 08/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

SUN TERRACE HEALTH CARE CENTER
 105 TRINITY LAKES DR
 SUN CITY CENTER, FL 33573

Provider Number: 0 209856-00
 Date: 8/31/2015
 Fiscal Year End: 8/31/2012
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
222.54	218.15	1/1/2014

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of Field Audit #NH13-045C FYE 08/31/2010

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUN TERRACE HEALTH CARE CENTER	Provider Number:	0 209856-00
105 TRINITY LAKES DR	Date:	8/31/2015
SUN CITY CENTER, FL 33573	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>231.29</u>	<u>226.67</u>	<u>7/1/2014</u>

Rate Type:

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

Basis:

<input type="checkbox"/> Budget
<input 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 #NH13-045C FYE 08/31/2010

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Medicaid Reimbursement Per Diem Rates

SUN TERRACE HEALTH CARE CENTER
105 TRINITY LAKES DR
SUN CITY CENTER, FL 33573

Provider Number: 0 209856-00
Date: 8/31/2015
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
238.72	234.02	1/1/2015

Rate Type:

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

Basis:

<input type="checkbox"/> Budget
<input 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 #NH13-045C FYE 08/31/2010

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUN TERRACE HEALTH CARE CENTER	Provider Number:	0 209856-00
105 TRINITY LAKES DR	Date:	8/31/2015
SUN CITY CENTER, FL 33573	Fiscal Year End:	8/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	239.03	234.39	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 Field Audit #NH13-045C FYE 08/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

COVENANT VILLAGE CARE CENTER
9211 W BROWARD BLVD
PLANTATION, FL 33324

Provider Number: 0 210188-00
Date: 8/25/2015
Fiscal Year End: 1/31/2012
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>232.38</u>	<u>222.67</u>	<u>1/1/2013</u>
	Level H: Aids	<u>383.19</u>	<u>373.48</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 #NH13-007W FYE 1/31/2012

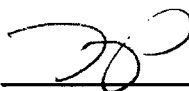
Distribution:

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Thomas Parker
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 5700 Old Orchard Road
 Skokie, IL 60077



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COVENANT VILLAGE CARE CENTER

9211 W BROWARD BLVD

PLANTATION, FL 33324

Provider Number:

0 210188-00

Date:

8/25/2015

Fiscal Year End:

1/31/2012

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

239.37

228.28

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

Field Audit #NH13-007W FYE 1/31/2012

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COVENANT VILLAGE CARE CENTER
9211 W BROWARD BLVD
PLANTATION, FL 33324

Provider Number: 0 210188-00
Date: 8/25/2015
Fiscal Year End: 1/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>238.97</u>	<u>238.91</u>	<u>1/1/2014</u>

Rate Type:

Interim

_____ Total Interim

_____ Interim Component

_____ Settlement based on cost

_____ Prior Provider Prospective data

Prospective

_____ Total Prospective

_____ Total Prospective with Interim Component

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Effects of Field Audit #NH13-007W FYE 1/31/2012

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_____ No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COVENANT VILLAGE CARE CENTER

9211 W BROWARD BLVD

PLANTATION, FL 33324

Provider Number:

0 210188-00

Date:

8/25/2015

Fiscal Year End:

1/31/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

248.31

248.24

7/1/2014

Rate Type:

Interim

X Prospective

Total Interim

X Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Effects of Field Audit #NH13-007W FYE
1/31/2012

Distribution:

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Home Office: Covenant Retirement Communities
5700 Old Orchard Road
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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

COVENANT VILLAGE CARE CENTER
9211 W BROWARD BLVD
PLANTATION, FL 33324

Provider Number: 0 210188-00
Date: 8/25/2015
Fiscal Year End: 1/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>245.27</u>	<u>245.21</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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH13-007W FYE 1/31/2012

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Covenant Retirement Communities
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Medicaid Reimbursement Per Diem Rates

COVENANT VILLAGE CARE CENTER
9211 W BROWARD BLVD
PLANTATION, FL 33324

Provider Number: 0 210188-00
Date: 8/25/2015
Fiscal Year End: 1/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>237.41</u>	<u>237.34</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 #NH13-007W FYE 1/31/2012

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Medicaid Reimbursement Per Diem Rates

PENSACOLA HEALTH CARE FACILITY
1717 W AVERY ST
PENSACOLA, FL 32501

Provider Number: 0 224243-00
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	209.46	209.14	7/1/2012
	Level H: Aids	358.67	358.35	7/1/2012

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-168G FYE 6/30/2011

Distribution:

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 No Change in Rate
Home Office: No Home Office

Thomas Parker
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>PENSACOLA HEALTH CARE FACILITY</u>	Provider Number:	<u>0 224243-00</u>
<u>1717 W AVERY ST</u>	Date:	<u>9/14/2015</u>
<u>PENSACOLA, FL 32501</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>212.51</u>	<u>212.00</u>	<u>1/1/2013</u>
	Level H: Aids	<u>363.32</u>	<u>362.81</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:

<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 #NH13-168G FYE 6/30/2011

Distribution:


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 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

<u>THE GARDENS COURT</u>	Provider Number:	<u>0 228320-00</u>
<u>3803 PGA BOULEVARD</u>	Date:	<u>9/9/2015</u>
<u>PALM BEACH GARDENS, FL 33410</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>222.71</u>	<u>222.74</u>	<u>1/1/2012</u>
	Level H: Aids	<u>370.32</u>	<u>370.35</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:


<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 NH13-070C FYE 08/31/2011

Distribution:

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 No Change in Rate


Thomas Parker
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 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>THE GARDENS COURT</u>	Provider Number:	<u>0 228320-00</u>
<u>3803 PGA BOULEVARD</u>	Date:	<u>9/9/2015</u>
<u>PALM BEACH GARDENS, FL 33410</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>229.68</u>	<u>229.70</u>	<u>7/1/2012</u>
	Level H: Aids	<u>378.89</u>	<u>378.91</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 NH13-070C FYE 08/31/2011

Distribution:

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 Cleveland, TN 37312



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Medicaid Reimbursement Per Diem Rates

THE GARDENS COURT
3803 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410

Provider Number: 0 228320-00
Date: 9/9/2015
Fiscal Year End: 8/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>232.61</u>	<u>232.63</u>	<u>1/1/2013</u>
	Level H: Aids	<u>383.42</u>	<u>383.44</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 NH13-070C FYE 08/31/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>THE GARDENS COURT</u>	Provider Number:	<u>0 228320-00</u>
<u>3803 PGA BOULEVARD</u>	Date:	<u>9/9/2015</u>
<u>PALM BEACH GARDENS, FL 33410</u>	Fiscal Year End:	<u>8/31/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>238.02</u>	<u>238.06</u>	<u>7/1/2013</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </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 NH13-070C FYE 08/31/2011

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Medicaid Reimbursement Per Diem Rates

THE GARDENS COURT	Provider Number:	0 228320-00
3803 PGA BOULEVARD	Date:	9/9/2015
PALM BEACH GARDENS, FL 33410	Fiscal Year End:	8/31/2012
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	240.45	240.49	1/1/2014

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of Field Audit NH13-070C FYE 08/31/2011

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THE GARDENS COURT
3803 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410

Provider Number: 0 228320-00
Date: 9/9/2015
Fiscal Year End: 8/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
248.71	248.75	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 NH13-070C FYE 08/31/2011

Distribution:

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<u>THE GARDENS COURT</u>	Provider Number:	<u>0 228320-00</u>
<u>3803 PGA BOULEVARD</u>	Date:	<u>9/9/2015</u>
<u>PALM BEACH GARDENS, FL 33410</u>	Fiscal Year End:	<u>8/31/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>252.41</u>	<u>252.45</u>	<u>1/1/2015</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:

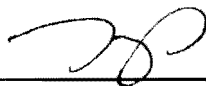
<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit NH13-070C FYE 08/31/2011

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Medicaid Reimbursement Per Diem Rates

CONCORDIA MANOR
321 13TH AVENUE
SAINT PETERSBURG, FL 33701

Provider Number: 0 251666-00
Date: 9/24/2015
Fiscal Year End: 6/30/2007
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	179.86	177.01	1/1/2009
	Level H: Aids	318.21	315.36	1/1/2009

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH09-135C FYE 6/30/2007

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

CONCORDIA MANOR
321 13TH AVE N
SAINT PETERSBURG, FL 33701

Provider Number: 0 251666-00
Date: 9/24/2015
Fiscal Year End: 6/30/2007
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	164.78	162.17	3/1/2009
	Level H: Aids	303.13	300.52	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
 Field Audit #NH09-135C FYE 6/30/2007

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

CONCORDIA MANOR	Provider Number:	0 251666-00
321 13TH AVEN	Date:	9/24/2015
SAINT PETERSBURG, FL 33701	Fiscal Year End:	6/30/2007
	Audit Status:	Field Audited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	194.53	191.51	4/1/2009
	Level H: Aids	332.88	329.86	4/1/2009

Rate Type:

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

Basis:


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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH09-135C FYE 6/30/2007

Distribution:

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 Home Office: No Home Office


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Medicaid Reimbursement Per Diem Rates

EDEN SPRINGS NURSING AND REHAB CENTER
4679 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32326

Provider Number: 0 253707-00
Date: 8/19/2015
Fiscal Year End: 7/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	187.49	185.02	1/1/2009
	Level H: Aids	325.84	323.37	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
 Effects of FA & RFA #NH07-067J FYE 07/31/2006

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Medicaid Reimbursement Per Diem Rates

EDEN SPRINGS NURSING AND REHAB CENTER
4679 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32326

Provider Number: 0 253707-00
Date: 8/19/2015
Fiscal Year End: 7/31/2008
Audit Status: Unaudited

Provider Type:

Nursing Home **Single Level**

Level H: Aids

Current Rate	New Rate	Effective Date
171.77	169.51	3/1/2009
310.12	307.86	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
 Effects of FA & RFA #NH07-067J FYE 07/31/2006

Distribution:

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Medicaid Reimbursement Per Diem Rates

EDEN SPRINGS NURSING AND REHAB CENTER
4679 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32326

Provider Number: 0 253707-00
Date: 8/19/2015
Fiscal Year End: 7/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.78	209.17	4/1/2009
	Level H: Aids	350.13	347.52	4/1/2009

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH07-067J FYE 07/31/2006

Distribution:

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Medicaid Reimbursement Per Diem Rates

EDEN SPRINGS NURSING AND REHAB CENTER
4679 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32326

Provider Number: 0 253707-00
Date: 8/19/2015
Fiscal Year End: 7/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.49	215.85	7/1/2009
	Level H: Aids	358.84	356.20	7/1/2009

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH07-067J FYE 07/31/2006

Distribution:

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Medicaid Reimbursement Per Diem Rates

EDEN SPRINGS NURSING AND REHAB CENTER
4679 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32326

Provider Number: 0 253707-00
Date: 8/19/2015
Fiscal Year End: 7/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.61	215.93	1/1/2010
	Level H: Aids	360.53	357.85	1/1/2010

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH07-067J FYE 07/31/2006

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Medicaid Reimbursement Per Diem Rates

EDEN SPRINGS NURSING AND REHAB CENTER
4679 CRAWFORDVILLE HWY
CRAWFORDVILLE , FL 32326

Provider Number: 0 253707-00
Date: 8/19/2015
Fiscal Year End: 7/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>209.91</u>	<u>207.22</u>	<u>7/1/2010</u>
	Level H: Aids	<u>353.25</u>	<u>350.56</u>	<u>7/1/2010</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH07-067J FYE 07/31/2006

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<u>EDEN SPRINGS NURSING AND REHAB CENTER</u>	Provider Number:	<u>0 253707-00</u>
<u>4679 CRAWFORDVILLE HWY</u>	Date:	<u>8/19/2015</u>
<u>CRAWFORDVILLE , FL 32326</u>	Fiscal Year End:	<u>7/31/2010</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>221.98</u>	<u>219.23</u>	<u>1/1/2011</u>
	Level H: Aids	<u>366.84</u>	<u>364.09</u>	<u>1/1/2011</u>

Rate Type:

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

Basis:


 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of FA & RFA #NH07-067J FYE
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4679 CRAWFORDVILLE HWY
CRAWFORDVILLE , FL 32326

Provider Number: 0 253707-00
Date: 8/19/2015
Fiscal Year End: 7/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.19</u>	<u>211.56</u>	<u>7/1/2011</u>
	Level H: Aids	<u>360.39</u>	<u>357.76</u>	<u>7/1/2011</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH07-067J FYE 07/31/2006

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4679 CRAWFORDVILLE HWY
CRAWFORDVILLE , FL 32326

Provider Number: 0 253707-00
Date: 8/19/2015
Fiscal Year End: 7/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>219.17</u>	<u>216.47</u>	<u>1/1/2012</u>
	Level H: Aids	<u>366.78</u>	<u>364.08</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
 Effects of FA & RFA #NH07-067J FYE 07/31/2006

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4679 CRAWFORDVILLE HWY
CRAWFORDVILLE .FL 32326

Provider Number: 0 253707-00
Date: 8/19/2015
Fiscal Year End: 7/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>226.36</u>	<u>223.74</u>	<u>7/1/2012</u>
	Level H: Aids	<u>375.57</u>	<u>372.95</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
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EDEN SPRINGS NURSING AND REHAB CENTER
4679 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32326

Provider Number: 0 253707-00
Date: 8/19/2015
Fiscal Year End: 7/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	227.85	225.65	1/1/2013
	Level H: Aids	378.66	376.46	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
 Effects of FA & RFA #NH07-067J FYE 07/31/2006

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

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

EDEN SPRINGS NURSING AND REHAB CENTER
4679 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32326

Provider Number: 0 253707-00
Date: 8/19/2015
Fiscal Year End: 7/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>227.93</u>	<u>226.07</u>	<u>7/1/2013</u>

Rate Type:

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

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH07-067J FYE 07/31/2006

Distribution:

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No Change in Rate

Home Office: DOS Health Care
300 71 Street
Suite #400
Miami Beach, FL 33141

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>EDEN SPRINGS NURSING AND REHAB CENTER</u>	Provider Number:	<u>0 253707-00</u>
<u>4679 CRAWFORDVILLE HWY</u>	Date:	<u>8/19/2015</u>
<u>CRAWFORDVILLE . FL 32326</u>	Fiscal Year End:	<u>7/31/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>227.18</u>	<u>225.72</u>	<u>1/1/2014</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA #NH07-067J FYE 07/31/2006

Distribution:

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER AT INVERRARY
4300 ROCK ISLAND ROAD
LAUDERHILL, FL 33319

Provider Number: 0 259080-00
Date: 10/15/2015
Fiscal Year End: 8/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.14	212.39	1/1/2012
	Level H: Aids	359.75	360.00	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 #NH13-072C FYE 8/31/2011


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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 AT INVERRARY</u>	Provider Number:	<u>0 259080-00</u>
<u>4300 ROCK ISLAND ROAD</u>	Date:	<u>10/15/2015</u>
<u>LAUDERHILL, FL 33319</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>219.26</u>	<u>219.51</u>	<u>7/1/2012</u>
	Level H: Aids	<u>368.47</u>	<u>368.72</u>	<u>7/1/2012</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> 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 #NH13-072C FYE 8/31/2011

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Medicaid Reimbursement Per Diem Rates

<u>LIFE CARE CENTER AT INVERRARY</u>	Provider Number:	<u>0 259080-00</u>
<u>4300 ROCK ISLAND ROAD</u>	Date:	<u>10/15/2015</u>
<u>LAUDERHILL, FL 33319</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>222.47</u>	<u>222.71</u>	<u>1/1/2013</u>
	Level H: Aids	<u>373.28</u>	<u>373.52</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 #NH13-072C FYE 8/31/2011

Distribution:

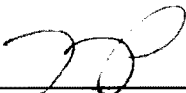
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Home Office: Life Care Centers Of America
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Cleveland, TN 37312


Thomas Parker
Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>LIFE CARE CENTER AT INVERRARY</u>	Provider Number:	<u>0 259080-00</u>
<u>4300 ROCK ISLAND ROAD</u>	Date:	<u>10/15/2015</u>
<u>LAUDERHILL, FL 33319</u>	Fiscal Year End:	<u>8/31/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>226.06</u>	<u>226.07</u>	<u>7/1/2013</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit #NH13-072C FYE 8/31/2011

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER AT INVERRARY	Provider Number:	0 259080-00
4300 ROCK ISLAND ROAD	Date:	10/15/2015
LAUDERHILL, FL 33319	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>238.98</u>	<u>238.99</u>	<u>7/1/2014</u>

Rate Type:

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

Basis:

<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 #NH13-072C FYE 8/31/2011

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Medicaid Reimbursement Per Diem Rates

<u>LIFE CARE CENTER AT INVERRARY</u>	Provider Number:	<u>0 259080-00</u>
<u>4300 ROCK ISLAND ROAD</u>	Date:	<u>10/15/2015</u>
<u>LAUDERHILL, FL 33319</u>	Fiscal Year End:	<u>8/31/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		242.04	242.05	1/1/2015

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit #NH13-072C FYE 8/31/2011

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CENTRE POINTE HEALTH AND REHAB CENTER
2255 CENTERVILLE ROAD
TALLAHASSEE, FL 32308

Provider Number: 0 264563-00
Date: 9/2/2015
Fiscal Year End: 12/31/2009
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.23	204.35	7/1/2010
	Level H: Aids	348.57	347.69	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
 Field Audit #NH13-046C FYE 12/31/2009

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CENTRE POINTE HEALTH AND REHAB CENTER
2255 CENTERVILLE ROAD
TALLAHASSEE , FL 32308

Provider Number: 0 264563-00
Date: 9/2/2015
Fiscal Year End: 12/31/2009
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.79	206.92	1/1/2011
	Level H: Aids	352.65	351.78	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
 Field Audit #NH13-046C FYE 12/31/2009

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Clear Choice Health Care, LLC
 709 S. Harbor City Blvd. Suite 240
 Melbourne, FL 32901



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>CENTRE POINTE HEALTH AND REHAB CENTER</u>	Provider Number:	<u>0 264563-00</u>
<u>2255 CENTERVILLE ROAD</u>	Date:	<u>9/2/2015</u>
<u>TALLAHASSEE , FL 32308</u>	Fiscal Year End:	<u>12/31/2009</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>200.04</u>	<u>199.22</u>	<u>7/1/2011</u>
	Level H: Aids	<u>346.24</u>	<u>345.42</u>	<u>7/1/2011</u>

Rate Type:

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

Basis:

 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Field Audit #NH13-046C FYE 12/31/2009

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CENTRE POINTE HEALTH AND REHAB CENTER
2255 CENTERVILLE ROAD
TALLAHASSEE, FL 32308

Provider Number: 0 264563-00
Date: 9/2/2015
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.49	196.76	1/1/2012
	Level H: Aids	345.10	344.37	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 Field Audit #NH13-046C FYE 12/31/2009

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

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

<u>CENTRE POINTE HEALTH AND REHAB CENTER</u>	Provider Number:	<u>0 264563-00</u>
<u>2255 CENTERVILLE ROAD</u>	Date:	<u>9/2/2015</u>
<u>TALLAHASSEE , FL 32308</u>	Fiscal Year End:	<u>12/31/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>206.83</u>	<u>205.96</u>	<u>7/1/2012</u>
	Level H: Aids	<u>356.04</u>	<u>355.17</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
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of Field Audit #NH13-046C FYE
 12/31/2009

Distribution:

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Thomas Parker
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>CENTRE POINTE HEALTH AND REHAB CENTER</u>	Provider Number:	<u>0 264563-00</u>
<u>2255 CENTERVILLE ROAD</u>	Date:	<u>9/2/2015</u>
<u>TALLAHASSEE . FL 32308</u>	Fiscal Year End:	<u>12/31/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>209.81</u>	<u>208.93</u>	<u>1/1/2013</u>
	Level H: Aids	<u>360.62</u>	<u>359.74</u>	<u>1/1/2013</u>

Rate Type:

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

Basis:

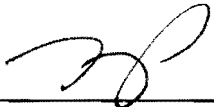
<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit #NH13-046C FYE 12/31/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>CENTRE POINTE HEALTH AND REHAB CENTER</u>	Provider Number:	<u>0 264563-00</u>
<u>2255 CENTERVILLE ROAD</u>	Date:	<u>9/2/2015</u>
<u>TALLAHASSEE , FL 32308</u>	Fiscal Year End:	<u>12/31/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>216.87</u>	<u>215.97</u>	<u>7/1/2013</u>

Rate Type:

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

Basis:

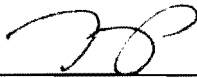
<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit #NH13-046C FYE 12/31/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>CENTRE POINTE HEALTH AND REHAB CENTER</u>	Provider Number:	<u>0 264563-00</u>
<u>2255 CENTERVILLE ROAD</u>	Date:	<u>9/2/2015</u>
<u>TALLAHASSEE . FL 32308</u>	Fiscal Year End:	<u>12/31/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.11</u>	<u>215.20</u>	<u>1/1/2014</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit #NH13-046C FYE 12/31/2009

Distribution:

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 Melbourne, FL 32901



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Medicaid Reimbursement Per Diem Rates

CENTRE POINTE HEALTH AND REHAB CENTER

2255 CENTERVILLE ROAD

TALLAHASSEE, FL 32308

Provider Number:

0 264563-00

Date:

9/2/2015

Fiscal Year End:

12/31/2012

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
224.49	223.56	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 #NH13-046C FYE 12/31/2009

Distribution:

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No Change in Rate

Home Office: Clear Choice Health Care, LLC
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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CENTRE POINTE HEALTH AND REHAB CENTER

2255 CENTERVILLE ROAD

TALLAHASSEE, FL 32308

Provider Number:

0 264563-00

Date:

9/2/2015

Fiscal Year End:

12/31/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
217.65	216.71	1/1/2015

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH13-046C FYE 12/31/2009

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Medicaid Reimbursement Per Diem Rates

CENTRE POINTE HEALTH AND REHAB CENTER
2255 CENTERVILLE ROAD
TALLAHASSEE, FL 32308

Provider Number: 0 264563-00
Date: 9/2/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
215.68	214.75	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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH13-046C FYE 12/31/2009

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Medicaid Reimbursement Per Diem Rates

SPRING LAKE REHABILITATION CENTER	Provider Number:	0 264571-00
1540 6TH ST NW	Date:	9/16/2015
WINTER HAVEN, FL 33881	Fiscal Year End:	12/31/2009
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.74	213.48	7/1/2010
	Level H: Aids	360.08	356.82	7/1/2010

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH13-049C FYE 12/31/2009

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SPRING LAKE REHABILITATION CENTER
1540 6TH ST NW
WINTER HAVEN, FL 33881

Provider Number: 0 264571-00
Date: 9/16/2015
Fiscal Year End: 12/31/2009
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.38	216.11	1/1/2011
	Level H: Aids	364.24	360.97	1/1/2011

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-049C FYE 12/31/2009

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SPRING LAKE REHABILITATION CENTER
1540 6TH ST NW
WINTER HAVEN, FL 33881

Provider Number: 0 264571-00
Date: 9/16/2015
Fiscal Year End: 12/31/2009
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.90	207.83	7/1/2011
	Level H: Aids	357.10	354.03	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 #NH13-049C FYE 12/31/2009

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SPRING LAKE REHABILITATION CENTER
1540 6TH ST NW
WINTER HAVEN, FL 33881

Provider Number: 0 264571-00
Date: 9/16/2015
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.78	203.21	1/1/2012
	Level H: Aids	352.39	350.82	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 Field Audit #NH13-049C FYE 12/31/2009

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Medicaid Reimbursement Per Diem Rates

<u>SPRING LAKE REHABILITATION CENTER</u>	Provider Number:	<u>0 264571-00</u>
<u>1540 6TH ST NW</u>	Date:	<u>9/16/2015</u>
<u>WINTER HAVEN, FL 33881</u>	Fiscal Year End:	<u>12/31/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>220.26</u>	<u>218.66</u>	<u>7/1/2012</u>
	Level H: Aids	<u>369.47</u>	<u>367.87</u>	<u>7/1/2012</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit #NH13-049C FYE 12/31/2009

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1540 6TH ST NW
WINTER HAVEN, FL 33881

Provider Number: 0 264571-00
Date: 9/16/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	223.30	221.69	1/1/2013
	Level H: Aids	374.11	372.50	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

Effects of Field Audit #NH13-049C FYE 12/31/2009

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SPRING LAKE REHABILITATION CENTER
1540 6TH ST NW
WINTER HAVEN, FL 33881

Provider Number: 0 264571-00
 Date: 9/16/2015
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>229.42</u>	<u>227.78</u>	<u>7/1/2013</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:


 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of Field Audit #NH13-049C FYE
 12/31/2009

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SPRING LAKE REHABILITATION CENTER
1540 6TH ST NW
WINTER HAVEN, FL 33881

Provider Number: 0 264571-00
Date: 9/16/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
226.29 **224.63** **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 #NH13-049C FYE 12/31/2009

Distribution:

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1540 6TH ST NW
WINTER HAVEN, FL 33881

Provider Number: 0 264571-00
Date: 9/16/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
233.56	231.81	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 Field Audit #NH13-049C FYE 12/31/2009

Distribution:

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SPRING LAKE REHABILITATION CENTER
1540 6TH ST NW
WINTER HAVEN, FL 33881

Provider Number: 0 264571-00
Date: 9/16/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
238.50	236.74	1/1/2015

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH13-049C FYE 12/31/2009

Distribution:

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1540 6TH ST NW
WINTER HAVEN, FL 33881

Provider Number: 0 264571-00
Date: 9/16/2015
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
243.15 **241.41** **9/1/2015**

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 Effects of Field Audit #NH13-049C FYE
12/31/2009

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

DARCY HALL OF LIFE CARE	Provider Number:	0 317349-00
2170 PALM BEACH LAKES BLVD	Date:	9/15/2015
WEST PALM BEACH, FL 33409	Fiscal Year End:	12/31/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.39</u>	<u>204.18</u>	<u>7/1/2011</u>
	Level H: Aids	<u>350.59</u>	<u>350.38</u>	<u>7/1/2011</u>

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-081C FYE 12/31/2010

Distribution:

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Cleveland, TN 37312



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Medicaid Reimbursement Per Diem Rates

DARCY HALL OF LIFE CARE	Provider Number:	0 317349-00
2170 PALM BEACH LAKES BLVD	Date:	9/15/2015
WEST PALM BEACH, FL 33409	Fiscal Year End:	12/31/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>207.15</u>	<u>206.94</u>	<u>1/1/2012</u>
	Level H: Aids	<u>354.76</u>	<u>354.55</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 type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH13-081C FYE 12/31/2010

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DARCY HALL OF LIFE CARE	Provider Number:	0 317349-00
2170 PALM BEACH LAKES BLVD	Date:	9/15/2015
WEST PALM BEACH, FL 33409	Fiscal Year End:	12/31/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.24</u>	<u>214.02</u>	<u>7/1/2012</u>
	Level H: Aids	<u>363.45</u>	<u>363.23</u>	<u>7/1/2012</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH13-081C FYE 12/31/2010

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