



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

## MEMORANDUM

**Date:** December 30, 2015  
**To:** Gay Munyon, Bureau Chief, Medicaid Fiscal Agent Operations  
**From:** Lisa Smith, Medicaid Cost Reimbursement Planning Administrator  
**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.	Grace Rehabilitation Center of Vero Beach	0 011998-00	12
2.	Astoria Health and Rehabilitation Center	0 023255-00	8
3.	Sarasota Point Rehabilitation Center	0 085643-00	6
4.	Watercrest Care Center	0 089220-00	1
5.	Astoria Health and Rehabilitation Center	0 103165-00	7
6.	Desoto Health and Rehab	0 103177-00	5
7.	Joseph L. Morse Geriatric Center, Inc.	0 207381-00	1
8.	Bernard L Samson Nursing Center	0 208442-00	3
9.	Avante at Boca Raton, Inc.	0 210676-00	8
10.	Life Care Center of Winter Haven	0 219380-00	3
11.	Life Care Center of Sarasota	0 223786-00	5
12.	Hialeah Shores Nursing and Rehab Center	0 250988-00	10
13.	Avante at St. Cloud, Inc.	0 259780-00	2
14.	Conway Lakes Health & Rehabilitation Center	0 264512-00	11
15.	Belleair Health Care Center	0 264521-00	11
16.	Jacaranda Manor	0 281743-00	11
17.	Coral Reef Nursing & Rehabilitation Center	0 282529-00	13
18.	The Terrace at Daytona Beach	0 282553-00	12
19.	Watercrest Care Center	0 310409-00	5
20.	Brookdale Atrium Way 2	0 319376-00	16
21.	Consulate Health Care of West Palm Beach	0 320153-00	3
22.	Seminole Pavilion Rehabilitation & Nursing Services	0 324230-00	4
		<b>TOTAL:</b>	<b>157</b>



If you have any questions regarding the above contact Lisa Smith at 412-4114.

LS/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
001199800	20090307	163.60	301.95	163.60	163.60	78487-15	NH13-174G
001199800	20090401	198.46	336.81	198.46	198.46	78487-15	NH13-174G
001199800	20090701	205.05	345.40	205.05	205.05	78487-15	NH13-174G
001199800	20100101	205.99	347.91	205.99	205.99	78487-15	NH13-174G
001199800	20100307	205.99	347.91	205.99	205.99	78487-15	NH13-174G
001199800	20100701	209.57	352.91	209.57	209.57	78487-15	NH13-174G
001199800	20110101	212.81	357.67	212.81	212.81	78487-15	NH13-174G
001199800	20110701	204.76	350.96	204.76	204.76	78487-15	NH13-174G
001199800	20120101	216.34	363.95	216.34	216.34	78487-15	NH13-174G
001199800	20120701	223.60	372.81	223.60	223.60	78487-15	NH13-174G
001199800	20130101	226.93	377.74	226.93	226.93	78487-15	NH13-174G
001199800	20130701	233.55	0.00	233.55	233.55	78487-15	NH13-174G
002325500	20101104	223.17	366.51	223.17	223.17	78487-15	NH13-160G
002325500	20110101	226.40	371.26	226.40	226.40	78487-15	NH13-160G
002325500	20110603	226.40	371.26	226.40	226.40	78487-15	NH13-160G
002325500	20110701	217.00	363.20	217.00	217.00	78487-15	NH13-160G
002325500	20111104	215.23	361.43	215.23	215.23	78487-15	NH13-160G
002325500	20120101	217.03	364.64	217.03	217.03	78487-15	NH13-160G
002325500	20120504	217.03	364.64	217.03	217.03	78487-15	NH13-160G
002325500	20120701	225.11	374.32	225.11	225.11	78487-15	NH13-160G
008564300	20131024	245.55	0.00	245.55	245.55	78487-15	
008564300	20140101	245.78	0.00	245.78	245.78	78487-15	
008564300	20140701	257.96	0.00	257.96	257.96	78487-15	
008564300	20141101	259.52	0.00	259.52	259.52	78487-15	
008564300	20150101	266.81	0.00	266.81	266.81	78487-15	
008564300	20150901	268.87	0.00	268.87	268.87	78487-15	
008922000	20140701	257.18	0.00	257.18	257.18	78487-15	NH10-024C
010316500	20121201	225.11	374.32	225.11	225.11	78487-15	NH13-160G
010316500	20130101	227.90	378.71	227.90	227.90	78487-15	NH13-160G
010316500	20130701	221.70	0.00	221.70	221.70	78487-15	NH13-160G
010316500	20140101	218.78	0.00	218.78	218.78	78487-15	NH13-160G
010316500	20140701	208.33	0.00	208.33	208.33	78487-15	NH13-160G
010316500	20150101	217.43	0.00	217.43	217.43	78487-15	NH13-160G
010316500	20150901	215.58	0.00	215.58	215.58	78487-15	NH13-160G
010317700	20131231	260.24	0.00	260.24	260.24	78487-15	
010317700	20140101	261.70	0.00	261.70	261.70	78487-15	
010317700	20140701	272.37	0.00	272.37	272.37	78487-15	
010317700	20150101	276.58	0.00	276.58	276.58	78487-15	
010317700	20150901	278.15	0.00	278.15	278.15	78487-15	
014622200	20150201	268.31	0.00	268.31	268.31	78487-15	
014622200	20150901	261.53	0.00	261.53	261.53	78487-15	
015658600	20151101	222.71	0.00	222.71	222.71	78487-15	
020738100	20151201	247.07	0.00	247.07	247.07	78487-15	
020844200	20110101	235.46	380.32	235.46	235.46	78487-15	NH13-019W
020844200	20110701	226.79	372.99	226.79	226.79	78487-15	NH13-019W
020844200	20120101	228.57	376.18	228.57	228.57	78487-15	NH13-019W
021067600	20120101	232.68	380.29	232.68	232.68	78487-15	NH13-039C
021067600	20120701	240.34	389.55	240.34	240.34	78487-15	NH13-039C
021067600	20130101	240.30	391.11	240.30	240.30	78487-15	NH13-039C
021067600	20130701	246.31	0.00	246.31	246.31	78487-15	NH13-039C
021067600	20140101	236.34	0.00	236.34	236.34	78487-15	NH13-039C
021067600	20140701	248.28	0.00	248.28	248.28	78487-15	NH13-039C
021067600	20150101	248.78	0.00	248.78	248.78	78487-15	NH13-039C
021067600	20150901	248.98	0.00	248.98	248.98	78487-15	NH13-039C
021938000	20120101	199.45	347.06	199.45	199.45	78487-15	NH13-068C
021938000	20120701	205.46	354.67	205.46	205.46	78487-15	NH13-068C
021938000	20130101	208.44	359.25	208.44	208.44	78487-15	NH13-068C
022378600	20120101	212.38	359.99	212.38	212.38	78487-15	NH13-069C
022378600	20120701	222.21	371.42	222.21	222.21	78487-15	NH13-069C
022378600	20130101	224.33	375.14	224.33	224.33	78487-15	NH13-069C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
022378600	20130701	229.96	0.00	229.96	229.96	78487-15	NH13-069C
022378600	20140101	224.25	0.00	224.25	224.25	78487-15	NH13-069C
025098800	20090101	194.20	332.55	194.20	194.20	78487-15	NH07-068J
025098800	20090301	177.92	316.27	177.92	177.92	78487-15	NH07-068J
025098800	20090401	217.32	355.67	217.32	217.32	78487-15	NH07-068J
025098800	20090701	226.04	366.39	226.04	226.04	78487-15	NH07-068J
025098800	20100101	228.35	370.27	228.35	228.35	78487-15	NH07-068J
025098800	20100701	231.35	374.69	231.35	231.35	78487-15	NH07-068J
025098800	20110101	234.03	378.89	234.03	234.03	78487-15	NH07-068J
025098800	20110701	224.79	370.99	224.79	224.79	78487-15	NH07-068J
025098800	20120101	227.08	374.69	227.08	227.08	78487-15	NH07-068J
025098800	20120701	235.41	384.62	235.41	235.41	78487-15	NH07-068J
025987000	20110101	218.25	363.11	218.25	218.25	78487-15	NH13-044C
025987000	20110701	209.41	355.61	209.41	209.41	78487-15	NH13-044C
026451200	20100701	210.49	353.83	210.49	210.49	78487-15	NH13-047C
026451200	20110101	213.22	358.08	213.22	213.22	78487-15	NH13-047C
026451200	20110701	205.67	351.87	205.67	205.67	78487-15	NH13-047C
026451200	20120101	207.16	354.77	207.16	207.16	78487-15	NH13-047C
026451200	20120701	215.86	365.07	215.86	215.86	78487-15	NH13-047C
026451200	20130101	218.49	369.30	218.49	218.49	78487-15	NH13-047C
026451200	20130701	224.04	0.00	224.04	224.04	78487-15	NH13-047C
026451200	20140101	224.99	0.00	224.99	224.99	78487-15	NH13-047C
026451200	20140701	237.10	0.00	237.10	237.10	78487-15	NH13-047C
026451200	20150101	240.94	0.00	240.94	240.94	78487-15	NH13-047C
026451200	20150901	240.06	0.00	240.06	240.06	78487-15	NH13-047C
026452100	20100701	205.99	349.33	205.99	205.99	78487-15	NH13-048C
026452100	20110101	208.51	353.37	208.51	208.51	78487-15	NH13-048C
026452100	20110701	201.31	347.51	201.31	201.31	78487-15	NH13-048C
026452100	20120101	199.85	347.46	199.85	199.85	78487-15	NH13-048C
026452100	20120701	211.00	360.21	211.00	211.00	78487-15	NH13-048C
026452100	20130101	214.51	365.32	214.51	214.51	78487-15	NH13-048C
026452100	20130701	220.55	0.00	220.55	220.55	78487-15	NH13-048C
026452100	20140101	215.95	0.00	215.95	215.95	78487-15	NH13-048C
026452100	20140701	225.03	0.00	225.03	225.03	78487-15	NH13-048C
026452100	20150101	229.61	0.00	229.61	229.61	78487-15	NH13-048C
026452100	20150901	229.47	0.00	229.47	229.47	78487-15	NH13-048C
028174300	20100701	169.07	312.41	169.07	169.07	78487-15	NH13-175G
028174300	20110101	171.54	316.40	171.54	171.54	78487-15	NH13-175G
028174300	20110701	163.98	310.18	163.98	163.98	78487-15	NH13-175G
028174300	20120101	167.21	314.82	167.21	167.21	78487-15	NH13-175G
028174300	20120701	171.41	320.62	171.41	171.41	78487-15	NH13-175G
028174300	20130101	164.52	315.33	164.52	164.52	78487-15	NH13-175G
028174300	20130701	169.66	0.00	169.66	169.66	78487-15	NH13-175G
028174300	20140101	166.48	0.00	166.48	166.48	78487-15	NH13-175G
028174300	20140701	178.79	0.00	178.79	178.79	78487-15	NH13-175G
028174300	20150101	179.48	0.00	179.48	179.48	78487-15	NH13-175G
028174300	20150901	180.52	0.00	180.52	180.52	78487-15	NH13-175G
028252900	20090101	196.60	334.95	196.60	196.60	78487-15	NH06-160J
028252900	20090301	180.12	318.47	180.12	180.12	78487-15	NH06-160J
028252900	20090401	221.66	360.01	221.66	221.66	78487-15	NH06-160J
028252900	20090701	228.66	369.01	228.66	228.66	78487-15	NH06-160J
028252900	20100101	229.71	371.63	229.71	229.71	78487-15	NH06-160J
028252900	20100701	234.09	377.43	234.09	234.09	78487-15	NH06-160J
028252900	20110101	237.13	381.99	237.13	237.13	78487-15	NH06-160J
028252900	20110701	228.40	374.60	228.40	228.40	78487-15	NH06-160J
028252900	20120101	227.34	374.95	227.34	227.34	78487-15	NH06-160J
028252900	20120701	235.28	384.49	235.28	235.28	78487-15	NH06-160J
028252900	20140101	240.04	0.00	240.04	240.04	78487-15	NH06-160J
028252900	20140701	250.17	0.00	250.17	250.17	78487-15	NH06-160J
028252900	20150901	247.28	0.00	247.28	247.28	78487-15	NH06-160J
028255300	20090101	174.33	312.68	174.33	174.33	78487-15	NH11-094C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
028255300	20090301	159.72	298.07	159.72	159.72	78487-15	NH11-094C
028255300	20090401	197.94	336.29	197.94	197.94	78487-15	NH11-094C
028255300	20090701	193.26	333.61	193.26	193.26	78487-15	NH11-094C
028255300	20100101	195.20	337.12	195.20	195.20	78487-15	NH11-094C
028255300	20100701	174.24	317.58	174.24	174.24	78487-15	NH11-094C
028255300	20110101	176.78	321.64	176.78	176.78	78487-15	NH11-094C
028255300	20120701	165.63	314.84	165.63	165.63	78487-15	NH11-094C
028255300	20130701	163.79	0.00	163.79	163.79	78487-15	NH11-094C
028255300	20140101	168.52	0.00	168.52	168.52	78487-15	NH11-094C
028255300	20140701	226.00	0.00	226.00	226.00	78487-15	NH11-094C
028255300	20150901	223.63	0.00	223.63	223.63	78487-15	NH11-094C
031040900	20090101	175.14	313.49	175.14	175.14	78487-15	NH10-024C
031040900	20090301	160.46	298.81	160.46	160.46	78487-15	NH10-024C
031040900	20090401	199.08	337.43	199.08	199.08	78487-15	NH10-024C
031040900	20090701	202.22	342.57	202.22	202.22	78487-15	NH10-024C
031040900	20100101	204.67	346.59	204.67	204.67	78487-15	NH10-024C
031937600	20090101	166.37	304.72	166.37	166.37	78487-15	NH13-147L
031937600	20090301	152.42	290.77	152.42	152.42	78487-15	NH13-147L
031937600	20090401	187.73	326.08	187.73	187.73	78487-15	NH13-147L
031937600	20090701	191.72	332.07	191.72	191.72	78487-15	NH13-147L
031937600	20100101	196.83	338.75	196.83	196.83	78487-15	NH13-147L
031937600	20100701	200.42	343.76	200.42	200.42	78487-15	NH13-147L
031937600	20110101	206.38	351.24	206.38	206.38	78487-15	NH13-147L
031937600	20110701	198.90	345.10	198.90	198.90	78487-15	NH13-147L
031937600	20120101	202.12	349.73	202.12	202.12	78487-15	NH13-147L
031937600	20120701	208.83	358.04	208.83	208.83	78487-15	NH13-147L
031937600	20130101	204.61	355.42	204.61	204.61	78487-15	NH13-147L
031937600	20130701	209.32	0.00	209.32	209.32	78487-15	NH13-147L
031937600	20140101	208.22	0.00	208.22	208.22	78487-15	NH13-147L
031937600	20140701	214.56	0.00	214.56	214.56	78487-15	NH13-147L
031937600	20150101	215.99	0.00	215.99	215.99	78487-15	NH13-147L
031937600	20150901	214.33	0.00	214.33	214.33	78487-15	NH13-147L
032015300	20090101	173.57	311.92	173.57	173.57	78487-15	NH08-083C
032015300	20090301	159.02	297.37	159.02	159.02	78487-15	NH08-083C
032015300	20090401	197.08	335.43	197.08	197.08	78487-15	NH08-083C
032423000	20090101	191.67	330.02	191.67	191.67	78487-15	NH10-048L
032423000	20090301	175.60	313.95	175.60	175.60	78487-15	NH10-048L
032423000	20090401	207.02	345.37	207.02	207.02	78487-15	NH10-048L
032423000	20090701	209.75	350.10	209.75	209.75	78487-15	NH10-048L



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

GRACE REHABILITATION CENTER OF VERO BEACH  
2180 10TH AVENUE  
VERO BEACH, FL 32960

Provider Number: 0 011998-00  
Date: 11/10/2015  
Fiscal Year End: 6/30/2010  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home    Single Level**  
  
**Level H: Aids**

Current Rate	New Rate	Effective Date
<b>164.56</b>	<b>163.60</b>	<b>3/7/2009</b>
<b>302.91</b>	<b>301.95</b>	<b>3/7/2009</b>

**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 NH13-174G FYE 06/30/2010

**Distribution:**

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

 for **Thomas Parker**  
Medicaid Cost Reimbursement Planning and Finance

Home Office: Grace Healthcare, Inc  
7201 Shallowford Rd, STE 200  
Chattanooga, TN 37421



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

GRACE REHABILITATION CENTER OF VERO BEACH  
2180 10TH AVENUE  
VERO BEACH, FL 32960

Provider Number: 0 011998-00  
Date: 11/10/2015  
Fiscal Year End: 6/30/2010  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.57</u>	<u>198.46</u>	<u>4/1/2009</u>
	Level H: Aids	<u>337.92</u>	<u>336.81</u>	<u>4/1/2009</u>

**Rate Type:**

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

\_\_\_\_\_ Prospective  
 \_\_\_\_\_ Total Prospective  
 \_\_\_\_\_ Total Prospective with Interim Component

**Basis:**


\_\_\_\_\_ Budget  
 \_\_\_\_\_ Unaudited costs  
 Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Field Audit NH13-174G FYE 06/30/2010

**Distribution:**

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

 For **Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Grace Healthcare, Inc  
 7201 Shallowford Rd, STE 200  
 Chattanooga, TN 37421



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**

GRACE REHABILITATION CENTER OF VERO BEACH  
2180 10TH AVENUE  
VERO BEACH, FL 32960

Provider Number: 0 011998-00  
Date: 11/10/2015  
Fiscal Year End: 6/30/2010  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>206.17</u>	<u>205.05</u>	<u>7/1/2009</u>
	Level H: Aids	<u>346.52</u>	<u>345.40</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:**

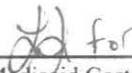
\_\_\_\_ Budget  
\_\_\_\_ Unaudited costs  
 Field audited costs  
\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_ Rate Semester Change  
 Field Audit NH13-174G FYE 06/30/2010

**Distribution:**

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

 for **Thomas Parker**  
\_\_\_\_  
Medicaid Cost Reimbursement Planning and Finance

Home Office: Grace Healthcare, Inc  
7201 Shallowford Rd, STE 200  
Chattanooga, TN 37421





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**

GRACE REHABILITATION CENTER OF VERO BEACH  
2180 10TH AVENUE  
VERO BEACH, FL 32960

Provider Number: 0 011998-00  
Date: 11/10/2015  
Fiscal Year End: 6/30/2010  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>207.11</u>	<u>205.99</u>	<u>1/1/2010</u>
	Level H: Aids	<u>349.03</u>	<u>347.91</u>	<u>1/1/2010</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:**

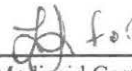
\_\_\_\_\_ Budget  
 \_\_\_\_\_ Unaudited costs  
 Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Field Audit NH13-174G FYE 06/30/2010

**Distribution:**

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

 **Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

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**Medicaid Reimbursement Per Diem Rates**

GRACE REHABILITATION CENTER OF VERO BEACH  
2180 10TH AVENUE  
VERO BEACH, FL 32960

Provider Number: 0 011998-00  
Date: 11/10/2015  
Fiscal Year End: 6/30/2010  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>207.11</u>	<u>205.99</u>	<u>3/7/2010</u>
	Level H: Aids	<u>349.03</u>	<u>347.91</u>	<u>3/7/2010</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:**

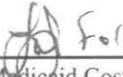
\_\_\_\_\_ Budget  
 \_\_\_\_\_ Unaudited costs  
 Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Field Audit NH13-174G FYE 06/30/2010

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

GRACE REHABILITATION CENTER OF VERO BEACH
2180 10TH AVENUE
VERO BEACH, FL 32960

Provider Number: 0 011998-00
Date: 11/10/2015
Fiscal Year End: 6/30/2010
Audit Status: Field Audited

Provider Type:

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

Rate Type:

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

Basis:

Budget
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Field Audit NH13-174G FYE 06/30/2010

Distribution:

Contract Management / Fiscal Agent
Permanent File
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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

GRACE REHABILITATION CENTER OF VERO BEACH  
2180 10TH AVENUE  
VERO BEACH, FL 32960

Provider Number: 0 011998-00  
Date: 11/10/2015  
Fiscal Year End: 6/30/2010  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>213.96</u>	<u>212.81</u>	<u>1/1/2011</u>
	Level H: Aids	<u>358.82</u>	<u>357.67</u>	<u>1/1/2011</u>

**Rate Type:**

Interim  Prospective

Total Interim  Total Prospective

Interim Component  Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Field Audit NH13-174G FYE 06/30/2010

**Distribution:**

Contract Management / Fiscal Agent

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

GRACE REHABILITATION CENTER OF VERO BEACH  
2180 10TH AVENUE  
VERO BEACH, FL 32960

Provider Number: 0 011998-00  
Date: 11/10/2015  
Fiscal Year End: 6/30/2010  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>205.84</u>	<u>204.76</u>	<u>7/1/2011</u>
	Level H: Aids	<u>352.04</u>	<u>350.96</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  
 Field Audit NH13-174G FYE 06/30/2010

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

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*Thomas Parker*  
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Medicaid Reimbursement Per Diem Rates

GRACE REHABILITATION CENTER OF VERO BEACH
2180 10TH AVENUE
VERO BEACH, FL 32960

Provider Number: 0 011998-00
Date: 11/10/2015
Fiscal Year End: 6/30/2011
Audit Status: Unaudited

Provider Type:

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

Rate Type:

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

Basis:

Budget, X Unaudited costs, Field audited costs, Desk audited costs

Changes:

Rate Semester Change, X Effects of Field Audit NH13-174G FYE 06/30/2010

Distribution:

Contract Management / Fiscal Agent
Permanent File
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No Change in Rate

Signature for Thomas Parker
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**Medicaid Reimbursement Per Diem Rates**

GRACE REHABILITATION CENTER OF VERO BEACH  
2180 10TH AVENUE  
VERO BEACH, FL 32960

Provider Number: 0 011998-00  
Date: 11/10/2015  
Fiscal Year End: 6/30/2011  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.63</u>	<u>223.60</u>	<u>7/1/2012</u>
	Level H: Aids	<u>372.84</u>	<u>372.81</u>	<u>7/1/2012</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of Field Audit NH13-174G FYE 06/30/2010

**Distribution:**

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*Thomas Parker*  
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Medicaid Reimbursement Per Diem Rates

GRACE REHABILITATION CENTER OF VERO BEACH  
2180 10TH AVENUE  
VERO BEACH, FL 32960

Provider Number: 0 011998-00  
Date: 11/10/2015  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.49</u>	<u>226.93</u>	<u>1/1/2013</u>
	Level H: Aids	<u>378.30</u>	<u>377.74</u>	<u>1/1/2013</u>

**Rate Type:**

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

Prospective  
 Total Prospective  
 Total Prospective with Interim Component

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of Field Audit NH13-174G FYE 06/30/2010

**Distribution:**

Contract Management / Fiscal Agent  
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 for **Thomas Parker**  
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 Chattanooga, TN 37421





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**Medicaid Reimbursement Per Diem Rates**

GRACE REHABILITATION CENTER OF VERO BEACH  
2180 10TH AVENUE  
VERO BEACH, FL 32960

Provider Number: 0 011998-00  
Date: 11/10/2015  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>234.12</u>	<u>233.55</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 Field Audit NH13-174G FYE  
06/30/2010

**Distribution:**

Contract Management / Fiscal Agent  
Permanent File  
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 No Change in Rate

 **Thomas Parker**  
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Chattanooga, TN 37421



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>ASTORIA HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 023255-00</u>
<u>701 OVERLOOK DR SE</u>	Date:	<u>9/17/2015</u>
<u>WINTER HAVEN, FL 33884-1671</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>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>228.38</u></b>	<b><u>223.17</u></b>	<b><u>11/4/2010</u></b>
	<b>Level H: Aids</b>	<b><u>371.72</u></b>	<b><u>366.51</u></b>	<b><u>11/4/2010</u></b>

**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 #NH13-160G FYE 6/30/2011

**Distribution:**

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

*dd For* **Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: TLC Management  
 1800 North Wabash Ave  
 Suite 300  
 Marion, IN 46952



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

ASTORIA HEALTH AND REHABILITATION CENTER  
701 OVERLOOK DR SE  
WINTER HAVEN, FL 33884-1671

Provider Number: 0 023255-00  
Date: 9/17/2015  
Fiscal Year End: 6/30/2011  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>231.62</u>	<u>226.40</u>	<u>1/1/2011</u>
	Level H: Aids	<u>376.48</u>	<u>371.26</u>	<u>1/1/2011</u>

**Rate Type:**

Interim  Prospective

\_\_\_\_\_ Total Interim \_\_\_\_\_ Total Prospective

\_\_\_\_\_ Interim Component \_\_\_\_\_ Total Prospective with Interim Component

Settlement based on cost

\_\_\_\_\_ Prior Provider Prospective data

**Basis:**

\_\_\_\_\_ Budget

\_\_\_\_\_ Unaudited costs

Field audited costs

\_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change

Field Audit #NH13-160G FYE 6/30/2011

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

\_\_\_\_\_ For Information Only

\_\_\_\_\_ No Change in Rate

 **Thomas Parker**  
Medicaid Cost Reimbursement Planning and Finance

Home Office: TLC Management  
1800 North Wabash Ave  
Suite 300  
Marion, IN 46952



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>ASTORIA HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 023255-00</u>
<u>701 OVERLOOK DR SE</u>	Date:	<u>11/3/2015</u>
<u>WINTER HAVEN, FL 33884-1671</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>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>231.62</u></b>	<b><u>226.40</u></b>	<b><u>6/3/2011</u></b>
	<b>Level H: Aids</b>	<b><u>376.48</u></b>	<b><u>371.26</u></b>	<b><u>6/3/2011</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

_____ Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH13-160G FYE 6/30/2011

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
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Home Office: TLC Management  
 1800 North Wabash Ave  
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*[Signature]* for **Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ASTORIA HEALTH AND REHABILITATION CENTER	Provider Number:	0 023255-00
701 OVERLOOK DR SE	Date:	9/17/2015
WINTER HAVEN, FL 33884-1671	Fiscal Year End:	6/30/2011
	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>221.87</u></b>	<b><u>217.00</u></b>	<b><u>7/1/2011</u></b>
	<b>Level H: Aids</b>	<b><u>368.07</u></b>	<b><u>363.20</u></b>	<b><u>7/1/2011</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH13-160G FYE 6/30/2011

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

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Home Office: TLC Management  
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Thomas Parker  
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Medicaid Reimbursement Per Diem Rates

<u>ASTORIA HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 023255-00</u>
<u>701 OVERLOOK DR SE</u>	Date:	<u>9/17/2015</u>
<u>WINTER HAVEN, FL 33884-1671</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>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>220.02</u></b>	<b><u>215.23</u></b>	<b><u>11/4/2011</u></b>
	<b>Level H: Aids</b>	<b><u>366.22</u></b>	<b><u>361.43</u></b>	<b><u>11/4/2011</u></b>

**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> <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 #NH13-160G FYE 6/30/2011

**Distribution:**

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Thomas Parker  
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<u>ASTORIA HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 023255-00</u>
<u>701 OVERLOOK DR SE</u>	Date:	<u>9/17/2015</u>
<u>WINTER HAVEN, FL 33884-1671</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>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>221.83</u></b>	<b><u>217.03</u></b>	<b><u>1/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>369.44</u></b>	<b><u>364.64</u></b>	<b><u>1/1/2012</u></b>

**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 #NH13-160G FYE 6/30/2011

**Distribution:**

Contract Management / Fiscal Agent

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           No Change in Rate

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                      Marion, IN 46952

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ASTORIA HEALTH AND REHABILITATION CENTER  
701 OVERLOOK DR SE  
WINTER HAVEN, FL 33884-1671

Provider Number: 0 023255-00  
Date: 9/17/2015  
Fiscal Year End: 6/30/2011  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	221.83	217.03	5/4/2012
	Level H: Aids	369.44	364.64	5/4/2012

**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 #NH13-160G FYE 6/30/2011

**Distribution:**

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ASTORIA HEALTH AND REHABILITATION CENTER  
701 OVERLOOK DR SE  
WINTER HAVEN, FL 33884-1671

Provider Number: 0 023255-00  
Date: 9/17/2015  
Fiscal Year End: 6/30/2011  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>229.98</u>	<u>225.11</u>	<u>7/1/2012</u>
	Level H: Aids	<u>379.19</u>	<u>374.32</u>	<u>7/1/2012</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Field Audit #NH13-160G FYE 6/30/2011

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
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 No Change in Rate

  
 Thomas Parker  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: TLC Management  
 1800 North Wabash Ave  
 Suite 300  
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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**

SARASOTA POINT REHABILITATION CENTER	Provider Number:	0 085643-00
2600 COURTLAND STREET	Date:	11/16/2015
SARASOTA, FL 34237	Fiscal Year End:	10/31/2014
	Audit Status:	Unaudited

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>243.00</b>	<b>245.55</b>	<b>10/24/2013</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 10/31/2014

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
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 No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

<u>SARASOTA POINT REHABILITATION CENTER</u>	Provider Number:	<u>0 085643-00</u>
<u>2600 COURTLAND STREET</u>	Date:	<u>11/16/2015</u>
<u>SARASOTA, FL 34237</u>	Fiscal Year End:	<u>10/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

**Nursing Home    Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>241.38</u></b>	<b><u>245.78</u></b>	<b><u>1/1/2014</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Cost Settlement FYE 10/31/2014

**Distribution:**

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           No Change in Rate

Home Office:    Southern HealthCare Management, LLC  
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 **Thomas Parker**  
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>SARASOTA POINT REHABILITATION CENTER</u>	Provider Number:	<u>0 085643-00</u>
<u>2600 COURTLAND STREET</u>	Date:	<u>11/16/2015</u>
<u>SARASOTA, FL 34237</u>	Fiscal Year End:	<u>10/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
		<u>252.90</u>	<u>257.96</u>	<u>7/1/2014</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:**

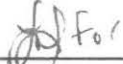
<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 10/31/2014

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>SARASOTA POINT REHABILITATION CENTER</u>	Provider Number:	<u>0 085643-00</u>
<u>2600 COURTLAND STREET</u>	Date:	<u>11/16/2015</u>
<u>SARASOTA, FL 34237</u>	Fiscal Year End:	<u>10/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

**Nursing Home      Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>252.90</u></b>	<b><u>259.52</u></b>	<b><u>11/1/2014</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Cost Settlement FYE 10/31/2014

**Distribution:**

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Permanent File

           For Information Only

           No Change in Rate

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Medicaid Reimbursement Per Diem Rates

<u>SARASOTA POINT REHABILITATION CENTER</u>	Provider Number:	<u>0 085643-00</u>
<u>2600 COURTLAND STREET</u>	Date:	<u>11/16/2015</u>
<u>SARASOTA, FL 34237</u>	Fiscal Year End:	<u>10/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<u>257.96</u>	<u>266.81</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>  X  </u> Settlement based on cost	
<u>      </u> Prior Provider Prospective data	

**Basis:**

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

**Changes:**

<u>      </u> Rate Semester Change
<u>  X  </u> Cost Settlement FYE 10/31/2014

**Distribution:**

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       No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

<u>SARASOTA POINT REHABILITATION CENTER</u>	Provider Number:	<u>0 085643-00</u>
<u>2600 COURTLAND STREET</u>	Date:	<u>11/16/2015</u>
<u>SARASOTA, FL 34237</u>	Fiscal Year End:	<u>10/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<u>256.99</u>	<u>268.87</u>	<u>9/1/2015</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>  X  </u> Settlement based on cost	
<u>      </u> Prior Provider Prospective data	

**Basis:**

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

**Changes:**

<u>      </u> Rate Semester Change
<u>  X  </u> Cost Settlement FYE 10/31/2014

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

WATERCREST CARE CENTER	Provider Number:	0 089220-00
16650 W DIXIE HWY	Date:	10/13/2015
NORTH MIAMI BEACH, FL 33160	Fiscal Year End:	1/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>257.17</u>	<u>257.18</u>	<u>7/1/2014</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit & Revised Field Audit #NH10-024C FYE 3/31/2008 for Prior Provider #310409

Distribution:

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 Home Office:      No Home Office

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**Medicaid Reimbursement Per Diem Rates**

ASTORIA HEALTH & REHABILITATION CENTER  
701 OVERLOOK DR SE  
WINTER HAVEN, FL 33884-1671

Provider Number: 0 103165-00  
Date: 9/17/2015  
Fiscal Year End: 6/30/2011  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>229.98</u>	<u>225.11</u>	<u>12/1/2012</u>
	Level H: Aids	<u>379.19</u>	<u>374.32</u>	<u>12/1/2012</u>

**Rate Type:**

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

Prospective  
 Total Prospective  
 Total Prospective with Interim Component

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Field Audit #NH13-160G FYE 6/30/2011

**Distribution:**

Contract Management / Fiscal Agent  
Permanent File

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No Change in Rate

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*Thomas Parker*  
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Medicaid Cost Reimbursement Planning and Finance



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**Medicaid Reimbursement Per Diem Rates**

ASTORIA HEALTH & REHABILITATION CENTER	Provider Number:	0 103165-00
701 OVERLOOK DR SE	Date:	9/17/2015
WINTER HAVEN, FL 33884-1671	Fiscal Year End:	6/30/2011
	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>232.77</u>	<u>227.90</u>	<u>1/1/2013</u>
	<b>Level H: Aids</b>	<u>383.58</u>	<u>378.71</u>	<u>1/1/2013</u>

**Rate Type:**

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

**Basis:**

\_\_\_\_\_ Budget  
 \_\_\_\_\_ Unaudited costs  
 Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Field Audit #NH13-160G FYE 6/30/2011

**Distribution:**

Contract Management / Fiscal Agent  
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 No Change in Rate

Home Office: TLC Management  
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*Ad For* **Thomas Parker**  
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ASTORIA HEALTH & REHABILITATION CENTER	Provider Number:	0 103165-00
701 OVERLOOK DR SE	Date:	9/17/2015
WINTER HAVEN, FL 33884-1671	Fiscal Year End:	6/30/2012
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b>222.10</b>	<b>221.70</b>	<b>7/1/2013</b>

**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 #NH13-160G FYE 6/30/2011

**Distribution:**

Contract Management / Fiscal Agent

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No Change in Rate

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>ASTORIA HEALTH &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 103165-00</u>
<u>701 OVERLOOK DR SE</u>	Date:	<u>9/17/2015</u>
<u>WINTER HAVEN, FL 33884-1671</u>	Fiscal Year End:	<u>6/30/2012</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>219.18</u></b>	<b><u>218.78</u></b>	<b><u>1/1/2014</u></b>

**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 #NH13-160G FYE 6/30/2011

**Distribution:**

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

 **Thomas Parker**  
Medicaid Cost Reimbursement Planning and Finance

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**Medicaid Reimbursement Per Diem Rates**

ASTORIA HEALTH & REHABILITATION CENTER  
701 OVERLOOK DR SE  
WINTER HAVEN, FL 33884-1671

Provider Number: 0 103165-00  
Date: 9/17/2015  
Fiscal Year End: 6/30/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>208.75</b>	<b>208.33</b>	<b>7/1/2014</b>

**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 #NH13-160G FYE 6/30/2011

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

<u>ASTORIA HEALTH &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 103165-00</u>
<u>701 OVERLOOK DR SE</u>	Date:	<u>9/17/2015</u>
<u>WINTER HAVEN, FL 33884-1671</u>	Fiscal Year End:	<u>6/30/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>217.85</u></b>	<b><u>217.43</u></b>	<b><u>1/1/2015</u></b>

**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 #NH13-160G FYE 6/30/2011

**Distribution:**

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 No Change in Rate

 For **Thomas Parker**  
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Medicaid Reimbursement Per Diem Rates

ASTORIA HEALTH & REHABILITATION CENTER  
701 OVERLOOK DR SE  
WINTER HAVEN, FL 33884-1671

Provider Number: 0 103165-00  
Date: 9/17/2015  
Fiscal Year End: 6/30/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>216.00</u>	<u>215.58</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 #NH13-160G FYE 6/30/2011

**Distribution:**

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\_\_\_\_\_ No Change in Rate

Home Office:    TLC Management  
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**Medicaid Reimbursement Per Diem Rates**

DESOTO HEALTH AND REHAB	Provider Number:	0 103177-00
475 NURSING HOME DR	Date:	12/22/2015
ARCADIA, FL 34266	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>260.32</u></b>	<b><u>260.24</u></b>	<b><u>12/31/2013</u></b>

**Rate Type:**

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

**Basis:**

<input type="checkbox"/> Budget
<input 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"/> Cost Settlement FYE 6/30/2014

**Distribution:**

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

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

Home Office:      No Home Office





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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DESOTO HEALTH AND REHAB	Provider Number:	0 103177-00
475 NURSING HOME DR	Date:	12/22/2015
ARCADIA, FL 34266	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>261.09</u></b>	<b><u>261.70</u></b>	<b><u>1/1/2014</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 6/30/2014

**Distribution:**

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 No Change in Rate

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

DESOTO HEALTH AND REHAB	Provider Number:	0 103177-00
475 NURSING HOME DR	Date:	12/22/2015
ARCADIA, FL 34266	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>270.45</u>	<u>272.37</u>	<u>7/1/2014</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 6/30/2014

**Distribution:**

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**Lisa Smith**

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Medicaid Reimbursement Per Diem Rates

DESOTO HEALTH AND REHAB	Provider Number:	0 103177-00
475 NURSING HOME DR	Date:	12/22/2015
ARCADIA, FL 34266	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>271.79</u>	<u>276.58</u>	<u>1/1/2015</u>

**Rate Type:**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> 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"/> Cost Settlement FYE 6/30/2014

**Distribution:**

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**Lisa Smith**

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Medicaid Reimbursement Per Diem Rates

DESOTO HEALTH AND REHAB	Provider Number:	0 103177-00
475 NURSING HOME DR	Date:	12/22/2015
ARCADIA, FL 34266	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>270.10</u></b>	<b><u>278.15</u></b>	<b><u>9/1/2015</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 6/30/2014

**Distribution:**

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**Lisa Smith**  
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Medicaid Reimbursement Per Diem Rates

THE FLORIDEAN NURSING AND REHABILITATION CENTER
47 NW 32ND PLACE
MIAMI, FL 33125

Provider Number: 0 146222-00
Date: 11/9/2015
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 264.97, 268.31, 2/1/2015

Rate Type:

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

Prospective
Total Prospective
Total Prospective with Interim Component

Basis:

X Budget
Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X NRP CHOP/CHOW effective 02/01/2015

Distribution:

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No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Handwritten signature of Lisa Smith

Home Office: No Home Office



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**Medicaid Reimbursement Per Diem Rates**

THE FLORIDEAN NURSING AND REHABILITATION CENTER  
47 NW 32ND PLACE  
MIAMI, FL 33125

Provider Number: 0 146222-00  
Date: 11/9/2015  
Fiscal Year End: 1/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>265.69</b>	<b>261.53</b>	<b>9/1/2015</b>

**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

NRP CHOP/CHOW effective 02/01/2015

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

**Lisa Smith**

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Home Office: No Home Office



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**Medicaid Reimbursement Per Diem Rates**

NORTHBROOK HEALTH AND REHABILITATION CENTER  
575 LAMAR AVE  
BROOKSVILLE, FL 34601

Provider Number: 0 156586-00  
Date: 12/18/2015  
Fiscal Year End: 10/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<u>220.29</u>	<u>222.71</u>	<u>11/1/2015</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 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

NRP CHOP/CHOW Effective 11/01/2015

**Distribution:**

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**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

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



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Medicaid Reimbursement Per Diem Rates

JOSEPH L MORSE GERIATRIC CENTER INC  
4847 FRED GLADSTONE DRIVE  
WEST PALM BEACH, FL 33417

Provider Number: 0 207381-00  
Date: 12/8/2015  
Fiscal Year End: 5/31/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>263.11</u>	<u>247.07</u>	<u>12/1/2015</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  
 Change for Normal Volume to High Volume NFQA effective 12/1/2015

**Distribution:**

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

Home Office:    No Home Office

\_\_\_\_\_  
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**Medicaid Reimbursement Per Diem Rates**

BERNARD L SAMSON NURSING CENTER	Provider Number:	0 208442-00
255 59TH ST N	Date:	9/2/2015
SAINT PETERSBURG, FL 33710	Fiscal Year End:	6/30/2010
	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>236.66</u>	<u>235.46</u>	<u>1/1/2011</u>
	Level H: Aids	<u>381.52</u>	<u>380.32</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 NH13-019W FYE 06/30/2010

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:      No Home Office

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**Medicaid Reimbursement Per Diem Rates**

BERNARD L SAMSON NURSING CENTER	Provider Number:	0 208442-00
255 59TH ST N	Date:	9/2/2015
SAINT PETERSBURG, FL 33710	Fiscal Year End:	6/30/2010
	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>227.92</u>	<u>226.79</u>	<u>7/1/2011</u>
	<b>Level H: Aids</b>	<u>374.12</u>	<u>372.99</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 NH13-019W FYE 06/30/2010

**Distribution:**

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

*For*  
 \_\_\_\_\_  
 Thomas Parker  
 Medicaid Cost Reimbursement Planning and Finance



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**Medicaid Reimbursement Per Diem Rates**

BERNARD L SAMSON NURSING CENTER  
255 59TH ST N  
SAINT PETERSBURG, FL 33710

Provider Number: 0 208442-00  
Date: 9/2/2015  
Fiscal Year End: 6/30/2010  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>229.41</u>	<u>228.57</u>	<u>1/1/2012</u>
	Level H: Aids	<u>377.02</u>	<u>376.18</u>	<u>1/1/2012</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Field Audit NH13-019W FYE 06/30/2010

**Distribution:**

Contract Management / Fiscal Agent  
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 No Change in Rate  
 Home Office:      No Home Office

 For **Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance



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**Medicaid Reimbursement Per Diem Rates**

AVANTE AT BOCA RATON INC.  
1130 NW 15TH STREET  
BOCA RATON, FL 33486

Provider Number: 0 210676-00  
Date: 9/17/2015  
Fiscal Year End: 5/31/2011  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	233.22	232.68	1/1/2012
	Level H: Aids	380.83	380.29	1/1/2012

**Rate Type:**

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

Prospective  
 Total Prospective  
 Total Prospective with Interim Component

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Field Audit #NH13-039C FYE 5/31/2011

**Distribution:**

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

Thomas Parker  
Medicaid Cost Reimbursement Planning and Finance

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 BOCA RATON INC.	Provider Number:	0 210676-00
1130 NW 15TH STREET	Date:	9/17/2015
BOCA RATON, FL 33486	Fiscal Year End:	5/31/2011
	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>240.88</u>	<u>240.34</u>	<u>7/1/2012</u>
	Level H: Aids	<u>390.09</u>	<u>389.55</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 #NH13-039C FYE 5/31/2011

**Distribution:**

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 For Information Only  
 No Change in Rate

 for **Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

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 Hollywood, FL 33021-6744



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Medicaid Reimbursement Per Diem Rates

AVANTE AT BOCA RATON INC.	Provider Number:	0 210676-00
1130 NW 15TH STREET	Date:	9/17/2015
BOCA RATON, FL 33486	Fiscal Year End:	5/31/2012
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>240.28</u>	<u>240.30</u>	<u>1/1/2013</u>
	Level H: Aids	<u>391.09</u>	<u>391.11</u>	<u>1/1/2013</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of Field Audit #NH13-039C FYE 5/31/2011

**Distribution:**

Contract Management / Fiscal Agent

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Home Office: Avante Group, Inc.  
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 For **Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance



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**Medicaid Reimbursement Per Diem Rates**

AVANTE AT BOCA RATON INC.	Provider Number:	0 210676-00
1130 NW 15TH STREET	Date:	9/17/2015
BOCA RATON, FL 33486	Fiscal Year End:	5/31/2012
	Audit Status:	Unaudited

**Provider Type:**

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>246.29</u>	<u>246.31</u>	<u>7/1/2013</u>

**Rate Type:**

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

**Basis:**

<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 #NH13-039C FYE 5/31/2011

**Distribution:**

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 No Change in Rate

 for **Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

AVANTE AT BOCA RATON INC.  
1130 NW 15TH STREET  
BOCA RATON, FL 33486

Provider Number: 0 210676-00  
Date: 9/17/2015  
Fiscal Year End: 5/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>236.32</u>	<u>236.34</u>	<u>1/1/2014</u>

**Rate Type:**

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

**Basis:**

\_\_\_\_\_ Budget  
 Unaudited costs  
 \_\_\_\_\_ Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Effects of Field Audit #NH13-039C FYE 5/31/2011

**Distribution:**

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\_\_\_\_\_ No Change in Rate

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Thomas Parker  
Medicaid Cost Reimbursement Planning and Finance





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**Medicaid Reimbursement Per Diem Rates**

AVANTE AT BOCA RATON INC.	Provider Number:	0 210676-00
1130 NW 15TH STREET	Date:	9/17/2015
BOCA RATON, FL 33486	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

**Provider Type:**

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>248.26</u>	<u>248.28</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 #NH13-039C FYE 5/31/2011

**Distribution:**

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 **Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

AVANTE AT BOCA RATON INC.

1130 NW 15TH STREET

BOCA RATON, FL 33486

Provider Number:

0 210676-00

Date:

9/17/2015

Fiscal Year End:

5/31/2014

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current  
Rate

New  
Rate

Effective  
Date

**248.76**

**248.78**

**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 #NH13-039C FYE 5/31/2011

**Distribution:**

Contract Management / Fiscal Agent

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 For **Thomas Parker**  
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2727 Mahan Drive - Mail Stop 23

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**Medicaid Reimbursement Per Diem Rates**

AVANTE AT BOCA RATON INC.	Provider Number:	0 210676-00
1130 NW 15TH STREET	Date:	9/17/2015
BOCA RATON, FL 33486	Fiscal Year End:	12/31/2014
	Audit Status:	Unaudited

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>248.96</b>	<b>248.98</b>	<b>9/1/2015</b>

**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 #NH13-039C FYE 5/31/2011

**Distribution:**

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

 **Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: 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**

<u>LIFE CARE CENTER OF WINTER HAVEN</u>	Provider Number:	<u>0 219380-00</u>
<u>1510 CYPRESS GARDENS BLVD</u>	Date:	<u>11/4/2015</u>
<u>WINTER HAVEN, FL 33884</u>	Fiscal Year End:	<u>7/31/2011</u>
	Audit Status:	<u>Field Audited</u>

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>199.84</u></b>	<b><u>199.45</u></b>	<b><u>1/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>347.45</u></b>	<b><u>347.06</u></b>	<b><u>1/1/2012</u></b>

**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 #NH13-068C FYE 7/31/2011

**Distribution:**

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

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



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>LIFE CARE CENTER OF WINTER HAVEN</u>	Provider Number:	<u>0 219380-00</u>
<u>1510 CYPRESS GARDENS BLVD</u>	Date:	<u>11/4/2015</u>
<u>WINTER HAVEN, FL 33884</u>	Fiscal Year End:	<u>7/31/2011</u>
	Audit Status:	<u>Field Audited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<u>205.85</u>	<u>205.46</u>	<u>7/1/2012</u>
	<b>Level H: Aids</b>	<u>355.06</u>	<u>354.67</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 #NH13-068C FYE 7/31/2011

**Distribution:**

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

Home Office: Life Care Centers Of America  
 3570 NW Keith Street  
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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>LIFE CARE CENTER OF WINTER HAVEN</u>	Provider Number:	<u>0 219380-00</u>
<u>1510 CYPRESS GARDENS BLVD</u>	Date:	<u>11/4/2015</u>
<u>WINTER HAVEN, FL 33884</u>	Fiscal Year End:	<u>7/31/2011</u>
	Audit Status:	<u>Field Audited</u>

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>208.83</u>	<u>208.44</u>	<u>1/1/2013</u>
	<b>Level H: Aids</b>	<u>359.64</u>	<u>359.25</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:**

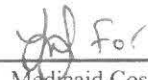
<u>          </u> Budget
<u>          </u> Unaudited costs
<u>  X  </u> Field audited costs
<u>          </u> Desk audited costs

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Field Audit #NH13-068C FYE 7/31/2011

**Distribution:**

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 Permanent File  
           For Information Only  
           No Change in Rate

 **Thomas Parker**  
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

LIFE CARE CENTER OF SARASOTA  
8104 TUTTLE AVE  
SARASOTA, FL 34243-2885

Provider Number: 0 223786-00  
Date: 10/23/2015  
Fiscal Year End: 1/31/2011  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.04</u>	<u>212.38</u>	<u>1/1/2012</u>
	Level H: Aids	<u>361.65</u>	<u>359.99</u>	<u>1/1/2012</u>

**Rate Type:**

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

Prospective  
 Total Prospective  
 Total Prospective with Interim Component

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Field Audit #NH13-069C FYE 01/31/2011

**Distribution:**

Contract Management / Fiscal Agent  
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 No Change in Rate

Home Office: Life Care Centers Of America  
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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**

LIFE CARE CENTER OF SARASOTA  
8104 TUTTLE AVE  
SARASOTA, FL 34243-2885

Provider Number: 0 223786-00  
Date: 10/23/2015  
Fiscal Year End: 1/31/2012  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.99</u>	<u>222.21</u>	<u>7/1/2012</u>
	Level H: Aids	<u>373.20</u>	<u>371.42</u>	<u>7/1/2012</u>

**Rate Type:**

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

Prospective  
 Total Prospective  
 Total Prospective with Interim Component

**Basis:**


Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of Field Audit #NH13-069C FYE  
 01/31/2011

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

LIFE CARE CENTER OF SARASOTA  
8104 TUTTLE AVE  
SARASOTA, FL 34243-2885

Provider Number: 0 223786-00  
Date: 10/23/2015  
Fiscal Year End: 1/31/2012  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>226.58</u>	<u>224.33</u>	<u>1/1/2013</u>
	Level H: Aids	<u>377.39</u>	<u>375.14</u>	<u>1/1/2013</u>

**Rate Type:**

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

Prospective  
 Total Prospective  
 Total Prospective with Interim Component

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of Field Audit #NH13-069C FYE 01/31/2011

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF SARASOTA  
8104 TUTTLE AVE  
SARASOTA, FL 34243-2885

Provider Number: 0 223786-00  
Date: 10/23/2015  
Fiscal Year End: 1/31/2012  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>231.64</u>	<u>229.96</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 Field Audit #NH13-069C FYE 01/31/2011

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF SARASOTA  
8104 TUTTLE AVE  
SARASOTA, FL 34243-2885

Provider Number: 0 223786-00  
Date: 10/23/2015  
Fiscal Year End: 1/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>225.81</u>	<u>224.25</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 #NH13-069C FYE 01/31/2011

**Distribution:**

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\_\_\_\_\_ No Change in Rate

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

HIALEAH SHORES NURSING AND REHAB CENTER	Provider Number:	0 250988-00
8785 NW 32ND AVENUE	Date:	9/24/2015
MIAMI , FL 33147	Fiscal Year End:	8/31/2008
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>197.23</u>	<u>194.20</u>	<u>1/1/2009</u>
	Level H: Aids	<u>335.58</u>	<u>332.55</u>	<u>1/1/2009</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH07-068J FYE 08/31/2006

**Distribution:**

Contract Management / Fiscal Agent  
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Home Office: DOS Health Care, Inc  
 300 71st Street, Suite 400  
 Miami, FL 33141

 for **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**

HIALEAH SHORES NURSING AND REHAB CENTER	Provider Number:	0 250988-00
8785 NW 32ND AVENUE	Date:	9/24/2015
MIAMI , FL 33147	Fiscal Year End:	8/31/2008
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>180.70</u>	<u>177.92</u>	<u>3/1/2009</u>
	Level H: Aids	<u>319.05</u>	<u>316.27</u>	<u>3/1/2009</u>

**Rate Type:**

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

**Basis:**


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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH07-068J FYE 08/31/2006

**Distribution:**

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 Thomas Parker  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: DOS Health Care, Inc  
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HIALEAH SHORES NURSING AND REHAB CENTER
8785 NW 32ND AVENUE
MIAMI, FL 33147

Provider Number: 0 250988-00
Date: 9/24/2015
Fiscal Year End: 8/31/2008
Audit Status: Unaudited

Provider Type:

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

Rate Type:

Form with checkboxes for Interim, Prospective, Total Interim, Total Prospective, etc.

Basis:

Form with checkboxes for Budget, Unaudited costs, Field audited costs, Desk audited costs.

Changes:

Form with checkboxes for Rate Semester Change, Effects of FA & RFA #NH07-068J FYE 08/31/2006.

Distribution:

Form with checkboxes for Contract Management / Fiscal Agent, Permanent File, For Information Only, No Change in Rate.

Home Office: DOS Health Care, Inc
300 71st Street, Suite 400
Miami, FL 33141

Signature of 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>HIALEAH SHORES NURSING AND REHAB CENTER</u>	Provider Number:	<u>0 250988-00</u>
<u>8785 NW 32ND AVENUE</u>	Date:	<u>9/24/2015</u>
<u>MIAMI , FL 33147</u>	Fiscal Year End:	<u>8/31/2008</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>228.30</u></b>	<b><u>226.04</u></b>	<b><u>7/1/2009</u></b>
	<b>Level H: Aids</b>	<b><u>368.65</u></b>	<b><u>366.39</u></b>	<b><u>7/1/2009</u></b>

**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 #NH07-068J FYE  
           08/31/2006

**Distribution:**

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           No Change in Rate

Home Office:      DOS Health Care, Inc  
                          300 71st Street, Suite 400  
                          Miami, FL 33141

                           *dd For* **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**

HIALEAH SHORES NURSING AND REHAB CENTER  
8785 NW 32ND AVENUE  
MIAMI, FL 33147

Provider Number: 0 250988-00  
Date: 9/24/2015  
Fiscal Year End: 8/31/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>230.62</u>	<u>228.35</u>	<u>1/1/2010</u>
	Level H: Aids	<u>372.54</u>	<u>370.27</u>	<u>1/1/2010</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 #NH07-068J FYE 08/31/2006

**Distribution:**

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

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

HIALEAH SHORES NURSING AND REHAB CENTER	Provider Number:	0 250988-00
8785 NW 32ND AVENUE	Date:	9/24/2015
MIAMI, FL 33147	Fiscal Year End:	8/31/2009
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>233.80</u>	<u>231.35</u>	<u>7/1/2010</u>
	Level H: Aids	<u>377.14</u>	<u>374.69</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 #NH07-068J FYE 08/31/2006

**Distribution:**

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 No Change in Rate

*for* **Thomas Parker**  
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Home Office: DOS Health Care, Inc  
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

HIALEAH SHORES NURSING AND REHAB CENTER  
8785 NW 32ND AVENUE  
MIAMI, FL 33147

Provider Number: 0 250988-00  
Date: 9/24/2015  
Fiscal Year End: 8/31/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>236.17</u>	<u>234.03</u>	<u>1/1/2011</u>
	Level H: Aids	<u>381.03</u>	<u>378.89</u>	<u>1/1/2011</u>

**Rate Type:**

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

**Basis:**

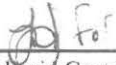
Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH07-068J FYE 08/31/2006

**Distribution:**

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**Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

HIALEAH SHORES NURSING AND REHAB CENTER
8785 NW 32ND AVENUE
MIAMI, FL 33147

Provider Number: 0 250988-00
Date: 9/24/2015
Fiscal Year End: 8/31/2010
Audit Status: Unaudited

Provider Type:

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

Rate Type:

Interim Total Interim
X Prospective Total Prospective
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 FA & RFA #NH07-068J FYE
08/31/2006

Distribution:

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Medicaid Cost Reimbursement Planning and Finance

Home Office: DOS Health Care, Inc
300 71st Street, Suite 400
Miami, FL 33141



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**

HIALEAH SHORES NURSING AND REHAB CENTER  
8785 NW 32ND AVENUE  
MIAMI, FL 33147

Provider Number: 0 250988-00  
Date: 9/24/2015  
Fiscal Year End: 8/31/2011  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.58</u>	<u>227.08</u>	<u>1/1/2012</u>
	Level H: Aids	<u>375.19</u>	<u>374.69</u>	<u>1/1/2012</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH07-068J FYE 08/31/2006

**Distribution:**

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

**Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

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**Medicaid Reimbursement Per Diem Rates**

HIALEAH SHORES NURSING AND REHAB CENTER	Provider Number:	0 250988-00
8785 NW 32ND AVENUE	Date:	9/24/2015
MIAMI , FL 33147	Fiscal Year End:	8/31/2011
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>235.98</u>	<u>235.41</u>	<u>7/1/2012</u>
	Level H: Aids	<u>385.19</u>	<u>384.62</u>	<u>7/1/2012</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH07-068J FYE 08/31/2006

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

AVANTE AT ST CLOUD INC	Provider Number:	0 259870-00
1301 KANSAS AVE	Date:	11/13/2015
SAINT CLOUD, FL 34769-5999	Fiscal Year End:	5/31/2010
	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>219.43</u>	<u>218.25</u>	<u>1/1/2011</u>
	Level H: Aids	<u>364.29</u>	<u>363.11</u>	<u>1/1/2011</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 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 #NH13-044C FYE 05/31/2010

**Distribution:**

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No Change in Rate

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

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**Medicaid Reimbursement Per Diem Rates**

AVANTE AT ST CLOUD INC  
1301 KANSAS AVE  
SAINT CLOUD, FL 34769-5999

Provider Number: 0 259870-00  
Date: 11/13/2015  
Fiscal Year End: 5/31/2010  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>210.52</u>	<u>209.41</u>	<u>7/1/2011</u>
	Level H: Aids	<u>356.72</u>	<u>355.61</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  
 Field Audit #NH13-044C FYE 05/31/2010

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

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**Medicaid Reimbursement Per Diem Rates**

CONWAY LAKES HEALTH & REHABILITATION CENTER  
5201 CURRY FORD ROAD  
ORLANDO, FL 32812

Provider Number: 0 264512-00  
Date: 9/30/2015  
Fiscal Year End: 12/31/2009  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.46	210.49	7/1/2010
	Level H: Aids	357.80	353.83	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:**

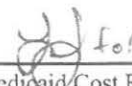
Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Field Audit #NH13-047C FYE 12/31/2009

**Distribution:**

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 **Thomas Parker**  
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**Medicaid Reimbursement Per Diem Rates**

CONWAY LAKES HEALTH & REHABILITATION CENTER  
5201 CURRY FORD ROAD  
ORLANDO, FL 32812

Provider Number: 0 264512-00  
Date: 9/30/2015  
Fiscal Year End: 12/31/2009  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.24	213.22	1/1/2011
	Level H: Aids	362.10	358.08	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 #NH13-047C FYE 12/31/2009

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONWAY LAKES HEALTH & REHABILITATION CENTER  
5201 CURRY FORD ROAD  
ORLANDO, FL 32812

Provider Number: 0 264512-00  
 Date: 9/30/2015  
 Fiscal Year End: 12/31/2009  
 Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>209.48</u></b>	<b><u>205.67</u></b>	<b><u>7/1/2011</u></b>
	<b>Level H: Aids</b>	<b><u>355.68</u></b>	<b><u>351.87</u></b>	<b><u>7/1/2011</u></b>

**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 #NH13-047C FYE 12/31/2009

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONWAY LAKES HEALTH & REHABILITATION CENTER  
5201 CURRY FORD ROAD  
ORLANDO, FL 32812

Provider Number: 0 264512-00  
Date: 9/30/2015  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.78	207.16	1/1/2012
	Level H: Aids	356.39	354.77	1/1/2012

**Rate Type:**

Interim  Prospective

Total Interim  Total Prospective

Interim Component  Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of Field Audit #NH13-047C FYE 12/31/2009

**Distribution:**

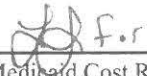
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Medicaid Reimbursement Per Diem Rates

CONWAY LAKES HEALTH & REHABILITATION CENTER	Provider Number:	0 264512-00
5201 CURRY FORD ROAD	Date:	9/30/2015
ORLANDO, FL 32812	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>217.52</u>	<u>215.86</u>	<u>7/1/2012</u>
	Level H: Aids	<u>366.73</u>	<u>365.07</u>	<u>7/1/2012</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit #NH13-047C FYE 12/31/2009

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Medicaid Reimbursement Per Diem Rates

CONWAY LAKES HEALTH & REHABILITATION CENTER  
5201 CURRY FORD ROAD  
ORLANDO, FL 32812

Provider Number: 0 264512-00  
Date: 9/30/2015  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>220.16</u>	<u>218.49</u>	<u>1/1/2013</u>
	Level H: Aids	<u>370.97</u>	<u>369.30</u>	<u>1/1/2013</u>

**Rate Type:**

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

Prospective  
 Total Prospective  
 Total Prospective with Interim Component

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of Field Audit #NH13-047C FYE 12/31/2009

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

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5201 CURRY FORD ROAD  
ORLANDO, FL 32812

Provider Number: 0 264512-00  
Date: 9/30/2015  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>225.74</u>	<u>224.04</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 Field Audit #NH13-047C FYE 12/31/2009

**Distribution:**


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\_\_\_\_\_ For Information Only

\_\_\_\_\_ No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

CONWAY LAKES HEALTH & REHABILITATION CENTER  
5201 CURRY FORD ROAD  
ORLANDO, FL 32812

Provider Number: 0 264512-00  
Date: 9/30/2015  
Fiscal Year End: 12/31/2012  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>226.71</u>	<u>224.99</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 #NH13-047C FYE 12/31/2009

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

<u>CONWAY LAKES HEALTH &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 264512-00</u>
<u>5201 CURRY FORD ROAD</u>	Date:	<u>9/30/2015</u>
<u>ORLANDO, FL 32812</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>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>238.89</u></b>	<b><u>237.10</u></b>	<b><u>7/1/2014</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of Field Audit #NH13-047C FYE 12/31/2009

**Distribution:**

Contract Management / Fiscal Agent

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Medicaid Reimbursement Per Diem Rates

CONWAY LAKES HEALTH & REHABILITATION CENTER	Provider Number:	0 264512-00
5201 CURRY FORD ROAD	Date:	9/30/2015
ORLANDO, FL 32812	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

**Provider Type:**

		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	<u>242.74</u>	<u>240.94</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 #NH13-047C FYE 12/31/2009

**Distribution:**

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CONWAY LAKES HEALTH & REHABILITATION CENTER  
5201 CURRY FORD ROAD  
ORLANDO, FL 32812

Provider Number: 0 264512-00  
Date: 9/30/2015  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>241.84</u>	<u>240.06</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 #NH13-047C FYE 12/31/2009

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

BELLEAIR HEALTH CARE CENTER	Provider Number:	0 264521-00
1150 PONCE DE LEON BLVD	Date:	9/2/2015
CLEARWATER, FL 33756	Fiscal Year End:	12/31/2009
	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>206.90</u>	<u>205.99</u>	<u>7/1/2010</u>
	Level H: Aids	<u>350.24</u>	<u>349.33</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:**

<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 #NH13-048C FYE 12/31/2009

**Distribution:**

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

*Thomas Parker*  
 for **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



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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

BELLEAIR HEALTH CARE CENTER	Provider Number:	0 264521-00
1150 PONCE DE LEON BLVD	Date:	9/2/2015
CLEARWATER, FL 33756	Fiscal Year End:	12/31/2009
	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>209.67</u>	<u>208.51</u>	<u>1/1/2011</u>
	Level H: Aids	<u>354.53</u>	<u>353.37</u>	<u>1/1/2011</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Field Audit #NH13-048C FYE 12/31/2009

**Distribution:**

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 Melbourne, FL 32901



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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

BELLEAIR HEALTH CARE CENTER	Provider Number:	0 264521-00
1150 PONCE DE LEON BLVD	Date:	9/2/2015
CLEARWATER, FL 33756	Fiscal Year End:	12/31/2009
	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.79</u>	<u>201.31</u>	<u>7/1/2011</u>
	Level H: Aids	<u>348.99</u>	<u>347.51</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 #NH13-048C FYE 12/31/2009

**Distribution:**

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

\_\_\_\_\_  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Clear Choice Health Care, LLC  
 709 S. Harbor City Blvd. Suite 240  
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

BELLEAIR HEALTH CARE CENTER  
1150 PONCE DE LEON BLVD  
CLEARWATER, FL 33756

Provider Number: 0 264521-00  
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	<u>199.81</u>	<u>199.85</u>	<u>1/1/2012</u>
	Level H: Aids	<u>347.42</u>	<u>347.46</u>	<u>1/1/2012</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of Field Audit #NH13-048C FYE 12/31/2009

**Distribution:**

Contract Management / Fiscal Agent  
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>BELLEAIR HEALTH CARE CENTER</u>	Provider Number:	<u>0 264521-00</u>
<u>1150 PONCE DE LEON BLVD</u>	Date:	<u>9/2/2015</u>
<u>CLEARWATER, FL 33756</u>	Fiscal Year End:	<u>12/31/2011</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>210.95</u>	<u>211.00</u>	<u>7/1/2012</u>
	Level H: Aids	<u>360.16</u>	<u>360.21</u>	<u>7/1/2012</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit #NH13-048C FYE 12/31/2009

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

BELLEAIR HEALTH CARE CENTER	Provider Number:	0 264521-00
1150 PONCE DE LEON BLVD	Date:	9/2/2015
CLEARWATER, FL 33756	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.47</u>	<u>214.51</u>	<u>1/1/2013</u>
	Level H: Aids	<u>365.28</u>	<u>365.32</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 #NH13-048C FYE 12/31/2009

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

BELLEAIR HEALTH CARE CENTER  
1150 PONCE DE LEON BLVD  
CLEARWATER, FL 33756

Provider Number: 0 264521-00  
Date: 9/2/2015  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>220.50</u>	<u>220.55</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 Field Audit #NH13-048C FYE 12/31/2009

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>BELLEAIR HEALTH CARE CENTER</u>	Provider Number:	<u>0 264521-00</u>
<u>1150 PONCE DE LEON BLVD</u>	Date:	<u>9/2/2015</u>
<u>CLEARWATER, FL 33756</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>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>215.91</u></b>	<b><u>215.95</u></b>	<b><u>1/1/2014</u></b>

**Rate Type:**

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

**Basis:**

                   Budget  
  X   Unaudited costs  
                   Field audited costs  
                   Desk audited costs

**Changes:**

                   Rate Semester Change  
  X   Effects of Field Audit #NH13-048C FYE  
                   12/31/2009

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<u>BELLEAIR HEALTH CARE CENTER</u>	Provider Number:	<u>0 264521-00</u>
<u>1150 PONCE DE LEON BLVD</u>	Date:	<u>9/2/2015</u>
<u>CLEARWATER, FL 33756</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>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>224.98</u></b>	<b><u>225.03</u></b>	<b><u>7/1/2014</u></b>

**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 #NH13-048C FYE 12/31/2009

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**Medicaid Reimbursement Per Diem Rates**

<u>BELLEAIR HEALTH CARE CENTER</u>	Provider Number:	<u>0 264521-00</u>
<u>1150 PONCE DE LEON BLVD</u>	Date:	<u>9/2/2015</u>
<u>CLEARWATER, FL 33756</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	Current Rate	New Rate	Effective Date
		<u>229.56</u>	<u>229.61</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 #NH13-048C FYE 12/31/2009

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

BELLEAIR HEALTH CARE CENTER  
1150 PONCE DE LEON BLVD  
CLEARWATER, FL 33756

Provider Number: 0 264521-00  
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
<u>229.43</u>	<u>229.47</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 #NH13-048C FYE 12/31/2009

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

JACARANDA MANOR	Provider Number:	0 281743-00
4250 66TH ST N	Date:	9/14/2015
SAINT PETERSBURG, FL 33709	Fiscal Year End:	12/31/2009
	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>170.91</u>	<u>169.07</u>	<u>7/1/2010</u>
	Level H: Aids	<u>314.25</u>	<u>312.41</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:**

<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 #NH13-175G 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

Home Office: Grace Healthcare, Inc  
 7201 Shallowford Rd. STE 200  
 Chattanooga, TN 37421



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

JACARANDA MANOR  
4250 66TH ST N  
SAINT PETERSBURG, FL 33709

Provider Number: 0 281743-00  
Date: 9/14/2015  
Fiscal Year End: 12/31/2009  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>173.38</u>	<u>171.54</u>	<u>1/1/2011</u>
	Level H: Aids	<u>318.24</u>	<u>316.40</u>	<u>1/1/2011</u>

**Rate Type:**

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

Prospective  
 Total Prospective  
 Total Prospective with Interim Component

**Basis:**

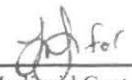
Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Field Audit #NH13-175G FYE 12/31/2009

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

JACARANDA MANOR	Provider Number:	0 281743-00
4250 66TH ST N	Date:	9/14/2015
SAINT PETERSBURG, FL 33709	Fiscal Year End:	12/31/2009
	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>165.71</u>	<u>163.98</u>	<u>7/1/2011</u>
	Level H: Aids	<u>311.91</u>	<u>310.18</u>	<u>7/1/2011</u>

**Rate Type:**

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

**Basis:**


<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 #NH13-175G FYE 12/31/2009

**Distribution:**

Contract Management / Fiscal Agent  
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Medicaid Reimbursement Per Diem Rates

JACARANDA MANOR

4250 66TH ST N

SAINT PETERSBURG, FL 33709

Provider Number:

0 281743-00

Date:

9/14/2015

Fiscal Year End:

12/31/2010

Audit Status:

Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>168.69</u>	<u>167.21</u>	<u>1/1/2012</u>
	Level H: Aids	<u>316.30</u>	<u>314.82</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 #NH13-175G FYE 12/31/2009

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

JACARANDA MANOR	Provider Number:	0 281743-00
4250 66TH ST N	Date:	9/14/2015
SAINT PETERSBURG, FL 33709	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>172.91</u>	<u>171.41</u>	<u>7/1/2012</u>
	<b>Level H: Aids</b>	<u>322.12</u>	<u>320.62</u>	<u>7/1/2012</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit #NH13-175G FYE 12/31/2009

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

JACARANDA MANOR	Provider Number:	0 281743-00
4250 66TH ST N	Date:	9/14/2015
SAINT PETERSBURG, FL 33709	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>166.02</u>	<u>164.52</u>	<u>1/1/2013</u>
	Level H: Aids	<u>316.83</u>	<u>315.33</u>	<u>1/1/2013</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

_____ Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit #NH13-175G FYE 12/31/2009

**Distribution:**

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\_\_\_\_\_ No Change in Rate

Home Office: Grace Healthcare, Inc  
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 For **Thomas Parker**  
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**Medicaid Reimbursement Per Diem Rates**

JACARANDA MANOR

4250 66TH ST N

SAINT PETERSBURG, FL 33709

Provider Number:

0 281743-00

Date:

9/14/2015

Fiscal Year End:

12/31/2011

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>171.19</u>	<u>169.66</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 Field Audit #NH13-175G FYE  
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Medicaid Reimbursement Per Diem Rates

JACARANDA MANOR	Provider Number:	0 281743-00
4250 66TH ST N	Date:	9/14/2015
SAINT PETERSBURG, FL 33709	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

**Provider Type:**

		Current	New	Effective
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>168.00</u></b>	<b><u>166.48</u></b>	<b><u>1/1/2014</u></b>

**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 #NH13-175G FYE 12/31/2009

**Distribution:**

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

  
 Thomas Parker  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Grace Healthcare, Inc  
 7201 Shallowford Rd, STE 200  
 Chattanooga, TN 37421



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

JACARANDA MANOR	Provider Number:	0 281743-00
4250 66TH ST N	Date:	9/14/2015
SAINT PETERSBURG, FL 33709	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>180.36</u>	<u>178.79</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 #NH13-175G FYE 12/31/2009

**Distribution:**

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*[Signature]* for **Thomas Parker**  
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Medicaid Reimbursement Per Diem Rates

JACARANDA MANOR	Provider Number:	0 281743-00
4250 66TH ST N	Date:	9/14/2015
SAINT PETERSBURG, FL 33709	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

**Provider Type:**

		Current	New	Effective
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>181.05</u></b>	<b><u>179.48</u></b>	<b><u>1/1/2015</u></b>

**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:**

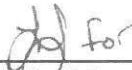
<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit #NH13-175G FYE 12/31/2009

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

JACARANDA MANOR	Provider Number:	0 281743-00
4250 66TH ST N	Date:	9/14/2015
SAINT PETERSBURG, FL 33709	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

**Provider Type:**

		Current	New	Effective
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<b>182.06</b>	<b>180.52</b>	<b>9/1/2015</b>

**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 #NH13-175G FYE 12/31/2009

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>CORAL REEF NURSING &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 282529-00</u>
<u>9869 SW 152ND STREET</u>	Date:	<u>8/5/2015</u>
<u>MIAMI , FL 33157</u>	Fiscal Year End:	<u>12/31/2007</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>196.61</u>	<u>196.60</u>	<u>1/1/2009</u>
	<b>Level H: Aids</b>	<u>334.96</u>	<u>334.95</u>	<u>1/1/2009</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH06-160J FYE 7/31/2004

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

<u>CORAL REEF NURSING &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 282529-00</u>
<u>9869 SW 152ND STREET</u>	Date:	<u>8/5/2015</u>
<u>MIAMI , FL 33157</u>	Fiscal Year End:	<u>12/31/2007</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>180.13</u></b>	<b><u>180.12</u></b>	<b><u>3/1/2009</u></b>
	<b>Level H: Aids</b>	<b><u>318.48</u></b>	<b><u>318.47</u></b>	<b><u>3/1/2009</u></b>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH06-160J FYE  
 7/31/2004

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>CORAL REEF NURSING &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 282529-00</u>
<u>9869 SW 152ND STREET</u>	Date:	<u>8/5/2015</u>
<u>MIAMI , FL 33157</u>	Fiscal Year End:	<u>12/31/2007</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>221.67</u>	<u>221.66</u>	<u>4/1/2009</u>
	Level H: Aids	<u>360.02</u>	<u>360.01</u>	<u>4/1/2009</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH06-160J FYE  
 7/31/2004

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CORAL REEF NURSING & REHABILITATION CENTER	Provider Number:	0 282529-00
9869 SW 152ND STREET	Date:	8/5/2015
MIAMI , FL 33157	Fiscal Year End:	12/31/2008
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>228.68</u>	<u>228.66</u>	<u>7/1/2009</u>
	Level H: Aids	<u>369.03</u>	<u>369.01</u>	<u>7/1/2009</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH06-160J FYE  
 7/31/2004

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>CORAL REEF NURSING &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 282529-00</u>
<u>9869 SW 152ND STREET</u>	Date:	<u>8/5/2015</u>
<u>MIAMI , FL 33157</u>	Fiscal Year End:	<u>12/31/2008</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>229.73</u></b>	<b><u>229.71</u></b>	<b><u>1/1/2010</u></b>
	<b>Level H: Aids</b>	<b><u>371.65</u></b>	<b><u>371.63</u></b>	<b><u>1/1/2010</u></b>

**Rate Type:**

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

**Basis:**

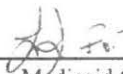
<u>          </u> Budget
<u>  X  </u> Unaudited costs
<u>          </u> Field audited costs
<u>          </u> Desk audited costs

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH06-160J FYE 7/31/2004

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>CORAL REEF NURSING &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 282529-00</u>
<u>9869 SW 152ND STREET</u>	Date:	<u>8/5/2015</u>
<u>MIAMI , FL 33157</u>	Fiscal Year End:	<u>12/31/2009</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>234.10</u></b>	<b><u>234.09</u></b>	<b><u>7/1/2010</u></b>
	<b>Level H: Aids</b>	<b><u>377.44</u></b>	<b><u>377.43</u></b>	<b><u>7/1/2010</u></b>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH06-160J FYE 7/31/2004

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

Home Office:      No Home Office

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Medicaid Reimbursement Per Diem Rates

<u>CORAL REEF NURSING &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 282529-00</u>
<u>9869 SW 152ND STREET</u>	Date:	<u>8/5/2015</u>
<u>MIAMI , FL 33157</u>	Fiscal Year End:	<u>12/31/2009</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>237.14</u></b>	<b><u>237.13</u></b>	<b><u>1/1/2011</u></b>
	<b>Level H: Aids</b>	<b><u>382.00</u></b>	<b><u>381.99</u></b>	<b><u>1/1/2011</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH06-160J FYE 7/31/2004

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<u>CORAL REEF NURSING &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 282529-00</u>
<u>9869 SW 152ND STREET</u>	Date:	<u>8/5/2015</u>
<u>MIAMI , FL 33157</u>	Fiscal Year End:	<u>12/31/2009</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>228.41</u></b>	<b><u>228.40</u></b>	<b><u>7/1/2011</u></b>
	<b>Level H: Aids</b>	<b><u>374.61</u></b>	<b><u>374.60</u></b>	<b><u>7/1/2011</u></b>

**Rate Type:**

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

**Basis:**

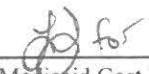
<u>          </u> Budget
<u>  X  </u> Unaudited costs
<u>          </u> Field audited costs
<u>          </u> Desk audited costs

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH06-160J FYE 7/31/2004

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CORAL REEF NURSING & REHABILITATION CENTER	Provider Number:	0 282529-00
9869 SW 152ND STREET	Date:	8/5/2015
MIAMI, FL 33157	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.35</u>	<u>227.34</u>	<u>1/1/2012</u>
	Level H: Aids	<u>374.96</u>	<u>374.95</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 #NH06-160J FYE  
 7/31/2004

**Distribution:**

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<u>9869 SW 152ND STREET</u>	Date:	<u>8/5/2015</u>
<u>MIAMI , FL 33157</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>235.29</u></b>	<b><u>235.28</u></b>	<b><u>7/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>384.50</u></b>	<b><u>384.49</u></b>	<b><u>7/1/2012</u></b>

**Rate Type:**

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

**Basis:**


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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH06-160J FYE 7/31/2004

**Distribution:**

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<u>CORAL REEF NURSING &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 282529-00</u>
<u>9869 SW 152ND STREET</u>	Date:	<u>8/5/2015</u>
<u>MIAMI , FL 33157</u>	Fiscal Year End:	<u>12/31/2012</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>240.05</u></b>	<b><u>240.04</u></b>	<b><u>1/1/2014</u></b>

**Rate Type:**

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

**Basis:**

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

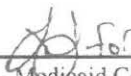
**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH06-160J FYE 7/31/2004

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**Medicaid Reimbursement Per Diem Rates**

<u>CORAL REEF NURSING &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 282529-00</u>
<u>9869 SW 152ND STREET</u>	Date:	<u>8/5/2015</u>
<u>MIAMI , FL 33157</u>	Fiscal Year End:	<u>12/31/2012</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>250.18</u></b>	<b><u>250.17</u></b>	<b><u>7/1/2014</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH06-160J FYE 7/31/2004

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**Medicaid Reimbursement Per Diem Rates**

<u>CORAL REEF NURSING &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 282529-00</u>
<u>9869 SW 152ND STREET</u>	Date:	<u>8/5/2015</u>
<u>MIAMI , FL 33157</u>	Fiscal Year End:	<u>12/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home    Single Level</b>	<b><u>247.29</u></b>	<b><u>247.28</u></b>	<b><u>9/1/2015</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH06-160J FYE 7/31/2004

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**Medicaid Reimbursement Per Diem Rates**

THE TERRACE AT DAYTONA BEACH	Provider Number:	0 282553-00
1704 HUNTINGTON VILLAGE CIRCLE	Date:	7/14/2015
DAYTONA BEACH , FL 32114	Fiscal Year End:	7/31/2007
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>175.83</u></b>	<b><u>174.33</u></b>	<b><u>1/1/2009</u></b>
	<b>Level H: Aids</b>	<b><u>314.18</u></b>	<b><u>312.68</u></b>	<b><u>1/1/2009</u></b>

**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 NH11-094C FYE  
 07/31/2006

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Medicaid Reimbursement Per Diem Rates

THE TERRACE AT DAYTONA BEACH	Provider Number:	0 282553-00
1704 HUNTINGTON VILLAGE CIRCLE	Date:	7/14/2015
DAYTONA BEACH , FL 32114	Fiscal Year End:	7/31/2007
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>161.09</u>	<u>159.72</u>	<u>3/1/2009</u>
	Level H: Aids	<u>299.44</u>	<u>298.07</u>	<u>3/1/2009</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH11-094C FYE 07/31/2006

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Medicaid Reimbursement Per Diem Rates

THE TERRACE AT DAYTONA BEACH  
1704 HUNTINGTON VILLAGE CIRCLE  
DAYTONA BEACH , FL 32114

Provider Number: 0 282553-00  
Date: 7/14/2015  
Fiscal Year End: 7/31/2007  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.53</u>	<u>197.94</u>	<u>4/1/2009</u>
	Level H: Aids	<u>337.88</u>	<u>336.29</u>	<u>4/1/2009</u>

**Rate Type:**

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

Prospective  
Total Prospective  
Total Prospective with Interim Component

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA NH11-094C FYE 07/31/2006

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Medicaid Reimbursement Per Diem Rates

THE TERRACE AT DAYTONA BEACH	Provider Number:	0 282553-00
1704 HUNTINGTON VILLAGE CIRCLE	Date:	7/14/2015
DAYTONA BEACH , FL 32114	Fiscal Year End:	7/31/2008
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>194.43</u>	<u>193.26</u>	<u>7/1/2009</u>
	Level H: Aids	<u>334.78</u>	<u>333.61</u>	<u>7/1/2009</u>

**Rate Type:**

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

**Basis:**


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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH11-094C FYE 07/31/2006

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Medicaid Reimbursement Per Diem Rates

THE TERRACE AT DAYTONA BEACH	Provider Number:	0 282553-00
1704 HUNTINGTON VILLAGE CIRCLE	Date:	7/14/2015
DAYTONA BEACH , FL 32114	Fiscal Year End:	7/31/2008
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>196.10</b>	<b>195.20</b>	<b>1/1/2010</b>
	Level H: Aids	<b>338.02</b>	<b>337.12</b>	<b>1/1/2010</b>

**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 NH11-094C FYE 07/31/2006

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**Medicaid Reimbursement Per Diem Rates**

<u>THE TERRACE AT DAYTONA BEACH</u>	Provider Number:	<u>0 282553-00</u>
<u>1704 HUNTINGTON VILLAGE CIRCLE</u>	Date:	<u>7/14/2015</u>
<u>DAYTONA BEACH , FL 32114</u>	Fiscal Year End:	<u>7/31/2009</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>174.25</u></b>	<b><u>174.24</u></b>	<b><u>7/1/2010</u></b>
	<b>Level H: Aids</b>	<b><u>317.59</u></b>	<b><u>317.58</u></b>	<b><u>7/1/2010</u></b>

**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 NH11-094C FYE 07/31/2006

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**Medicaid Reimbursement Per Diem Rates**

THE TERRACE AT DAYTONA BEACH	Provider Number:	0 282553-00
1704 HUNTINGTON VILLAGE CIRCLE	Date:	7/14/2015
DAYTONA BEACH , FL 32114	Fiscal Year End:	7/31/2009
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>176.79</u>	<u>176.78</u>	<u>1/1/2011</u>
	Level H: Aids	<u>321.65</u>	<u>321.64</u>	<u>1/1/2011</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH11-094C FYE 07/31/2006

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

THE TERRACE AT DAYTONA BEACH  
1704 HUNTINGTON VILLAGE CIRCLE  
DAYTONA BEACH, FL 32114

Provider Number: 0 282553-00  
Date: 7/14/2015  
Fiscal Year End: 7/31/2011  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	165.64	165.63	7/1/2012
	Level H: Aids	314.85	314.84	7/1/2012

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA NH11-094C FYE 07/31/2006

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**Medicaid Reimbursement Per Diem Rates**

THE TERRACE AT DAYTONA BEACH	Provider Number:	0 282553-00
1704 HUNTINGTON VILLAGE CIRCLE	Date:	7/14/2015
DAYTONA BEACH , FL 32114	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<u>163.80</u>	<u>163.79</u>	<u>7/1/2013</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

_____ Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH11-094C FYE 07/31/2006

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**Medicaid Reimbursement Per Diem Rates**

THE TERRACE AT DAYTONA BEACH  
1704 HUNTINGTON VILLAGE CIRCLE  
DAYTONA BEACH , FL 32114

Provider Number: 0 282553-00  
Date: 7/14/2015  
Fiscal Year End: 7/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
168.53	168.52	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 FA & RFA NH11-094C FYE 07/31/2006

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

THE GARDENS HEALTH & REHABILITATION CENTER  
1704 HUNTINGTON VILLAGE CIRCLE  
DAYTONA BEACH , FL 32114

Provider Number: 0 122342-00  
Date: 7/14/2015  
Fiscal Year End: 5/31/2015  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
226.01    226.00    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 FA & RFA NH11-094C FYE 07/31/2006 for prior provider #282553

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**Medicaid Reimbursement Per Diem Rates**

THE GARDENS HEALTH & REHABILITATION CENTER  
1704 HUNTINGTON VILLAGE CIRCLE  
DAYTONA BEACH , FL 32114

Provider Number: 0 122342-00  
Date: 7/14/2015  
Fiscal Year End: 5/31/2015  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
223.64	223.63	9/1/2015

**Rate Type:**

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 NH11-094C FYE 07/31/2006 for prior provider #282553

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**Medicaid Reimbursement Per Diem Rates**

WATERCREST CARE CENTER	Provider Number:	0 310409-00
16650 W DIXIE HWY	Date:	10/13/2015
NORTH MIAMI BEACH, FL 33160	Fiscal Year End:	3/31/2008
	Audit Status:	Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>177.21</u>	<u>175.14</u>	<u>1/1/2009</u>
	Level H: Aids	<u>315.56</u>	<u>313.49</u>	<u>1/1/2009</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Field Audit & Revised Field Audit #NH10-024C  
FYE 3/31/2008

**Distribution:**

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Home Office:      No Home Office

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Medicaid Reimbursement Per Diem Rates

WATERCREST CARE CENTER	Provider Number:	0 310409-00
16650 W DIXIE HWY	Date:	10/13/2015
NORTH MIAMI BEACH, FL 33160	Fiscal Year End:	3/31/2008
	Audit Status:	Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>162.35</u>	<u>160.46</u>	<u>3/1/2009</u>
	Level H: Aids	<u>300.70</u>	<u>298.81</u>	<u>3/1/2009</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Field Audit & Revised Field Audit #NH10-024C  
FYE 3/31/2008

**Distribution:**

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No Change in Rate

Home Office: No Home Office

*dd For* **Thomas Parker**

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Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>WATERCREST CARE CENTER</u>	Provider Number:	<u>0 310409-00</u>
<u>16650 W DIXIE HWY</u>	Date:	<u>10/13/2015</u>
<u>NORTH MIAMI BEACH, FL 33160</u>	Fiscal Year End:	<u>3/31/2008</u>
	Audit Status:	<u>Revised Field Audit</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>201.28</u></b>	<b><u>199.08</u></b>	<b><u>4/1/2009</u></b>
	<b>Level H: Aids</b>	<b><u>339.63</u></b>	<b><u>337.43</u></b>	<b><u>4/1/2009</u></b>

**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 & Revised Field Audit #NH10-024C FYE 3/31/2008

**Distribution:**

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           For Information Only  
           No Change in Rate  
 Home Office:      No Home Office

 **Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 0 310409-00  
Date: 10/13/2015  
Fiscal Year End: 3/31/2008  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.50</u>	<u>202.22</u>	<u>7/1/2009</u>
	Level H: Aids	<u>344.85</u>	<u>342.57</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  
 Field Audit & Revised Field Audit #NH10-024C  
 FYE 3/31/2008

**Distribution:**

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 No Change in Rate  
 Home Office:      No Home Office

  
 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

WATERCREST CARE CENTER	Provider Number:	0 310409-00
16650 W DIXIE HWY	Date:	10/13/2015
NORTH MIAMI BEACH, FL 33160	Fiscal Year End:	3/31/2009
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.66</u>	<u>204.67</u>	<u>1/1/2010</u>
	Level H: Aids	<u>346.58</u>	<u>346.59</u>	<u>1/1/2010</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of Field Audit & Revised Field Audit #NH10-024C FYE 3/31/2008

**Distribution:**

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:      No Home Office

*for* **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**

BROOKDALE ATRIUM WAY 2	Provider Number:	0 319376-00
9960 ATRIUM WAY	Date:	9/24/2015
JACKSONVILLE , FL 32225	Fiscal Year End:	12/31/2007
	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>171.04</u>	<u>166.37</u>	<u>1/1/2009</u>
	Level H: Aids	<u>309.39</u>	<u>304.72</u>	<u>1/1/2009</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Field Audit #NH13-147L FYE 12/31/2007

**Distribution:**

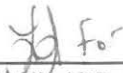
Contract Management / Fiscal Agent

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No Change in Rate

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

 For **Thomas Parker**  
Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>BROOKDALE ATRIUM WAY 2</u>	Provider Number:	<u>0 319376-00</u>
<u>9960 ATRIUM WAY</u>	Date:	<u>9/24/2015</u>
<u>JACKSONVILLE , FL 32225</u>	Fiscal Year End:	<u>12/31/2007</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>156.71</u>	<u>152.42</u>	<u>3/1/2009</u>
	Level H: Aids	<u>295.06</u>	<u>290.77</u>	<u>3/1/2009</u>

**Rate Type:**

<u>          </u> Interim	<u>          </u> Total Interim	<u>  X  </u> Prospective	<u>          </u> Total Prospective
<u>          </u> Interim Component	<u>          </u> 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 #NH13-147L FYE 12/31/2007

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>BROOKDALE ATRIUM WAY 2</u>	Provider Number:	<u>0 319376-00</u>
<u>9960 ATRIUM WAY</u>	Date:	<u>9/24/2015</u>
<u>JACKSONVILLE , FL 32225</u>	Fiscal Year End:	<u>12/31/2007</u>
	Audit Status:	<u>Field Audited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>192.67</u></b>	<b><u>187.73</u></b>	<b><u>4/1/2009</u></b>
	<b>Level H: Aids</b>	<b><u>331.02</u></b>	<b><u>326.08</u></b>	<b><u>4/1/2009</u></b>

**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 #NH13-147L FYE 12/31/2007

**Distribution:**


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**Medicaid Reimbursement Per Diem Rates**

<u>BROOKDALE ATRIUM WAY 2</u>	Provider Number:	<u>0 319376-00</u>
<u>9960 ATRIUM WAY</u>	Date:	<u>9/24/2015</u>
<u>JACKSONVILLE , FL 32225</u>	Fiscal Year End:	<u>12/31/2007</u>
	Audit Status:	<u>Field Audited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>196.55</u></b>	<b><u>191.72</u></b>	<b><u>7/1/2009</u></b>
	<b>Level H: Aids</b>	<b><u>336.90</u></b>	<b><u>332.07</u></b>	<b><u>7/1/2009</u></b>

**Rate Type:**

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

**Basis:**

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

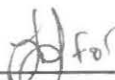
**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH13-147L FYE 12/31/2007

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>BROOKDALE ATRIUM WAY 2</u>	Provider Number:	<u>0 319376-00</u>
<u>9960 ATRIUM WAY</u>	Date:	<u>9/24/2015</u>
<u>JACKSONVILLE , FL 32225</u>	Fiscal Year End:	<u>12/31/2008</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>196.87</u></b>	<b><u>196.83</u></b>	<b><u>1/1/2010</u></b>
	<b>Level H: Aids</b>	<b><u>338.79</u></b>	<b><u>338.75</u></b>	<b><u>1/1/2010</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of Field Audit #NH13-147L FYE 12/31/2007

**Distribution:**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>BROOKDALE ATRIUM WAY 2</u>	Provider Number:	<u>0 319376-00</u>
<u>9960 ATRIUM WAY</u>	Date:	<u>9/24/2015</u>
<u>JACKSONVILLE , FL 32225</u>	Fiscal Year End:	<u>12/31/2008</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>200.45</u></b>	<b><u>200.42</u></b>	<b><u>7/1/2010</u></b>
	<b>Level H: Aids</b>	<b><u>343.79</u></b>	<b><u>343.76</u></b>	<b><u>7/1/2010</u></b>

**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 #NH13-147L FYE 12/31/2007

**Distribution:**

Contract Management / Fiscal Agent

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>BROOKDALE ATRIUM WAY 2</u>	Provider Number:	<u>0 319376-00</u>
<u>9960 ATRIUM WAY</u>	Date:	<u>9/24/2015</u>
<u>JACKSONVILLE , FL 32225</u>	Fiscal Year End:	<u>12/31/2008</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b><u>206.42</u></b>	<b><u>206.38</u></b>	<b><u>1/1/2011</u></b>
	Level H: Aids	<b><u>351.28</u></b>	<b><u>351.24</u></b>	<b><u>1/1/2011</u></b>

**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 #NH13-147L FYE 12/31/2007

**Distribution:**

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Home Office: Brookdale Senior Living, Inc.  
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 for **Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance



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**Medicaid Reimbursement Per Diem Rates**

<u>BROOKDALE ATRIUM WAY 2</u>	Provider Number:	<u>0 319376-00</u>
<u>9960 ATRIUM WAY</u>	Date:	<u>9/24/2015</u>
<u>JACKSONVILLE , FL 32225</u>	Fiscal Year End:	<u>12/31/2009</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>198.93</u></b>	<b><u>198.90</u></b>	<b><u>7/1/2011</u></b>
	<b>Level H: Aids</b>	<b><u>345.13</u></b>	<b><u>345.10</u></b>	<b><u>7/1/2011</u></b>

**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 #NH13-147L FYE 12/31/2007

**Distribution:**


Contract Management / Fiscal Agent

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**Medicaid Reimbursement Per Diem Rates**

<u>BROOKDALE ATRIUM WAY 2</u>	Provider Number:	<u>0 319376-00</u>
<u>9960 ATRIUM WAY</u>	Date:	<u>9/24/2015</u>
<u>JACKSONVILLE , FL 32225</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>203.36</u></b>	<b><u>202.12</u></b>	<b><u>1/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>350.97</u></b>	<b><u>349.73</u></b>	<b><u>1/1/2012</u></b>

**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 #NH13-147L FYE 12/31/2007

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

<u>BROOKDALE ATRIUM WAY 2</u>	Provider Number:	<u>0 319376-00</u>
<u>9960 ATRIUM WAY</u>	Date:	<u>9/24/2015</u>
<u>JACKSONVILLE , FL 32225</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>209.54</u>	<u>208.83</u>	<u>7/1/2012</u>
	<b>Level H: Aids</b>	<u>358.75</u>	<u>358.04</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 #NH13-147L FYE 12/31/2007

**Distribution:**

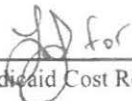
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<u>BROOKDALE ATRIUM WAY 2</u>	Provider Number:	<u>0 319376-00</u>
<u>9960 ATRIUM WAY</u>	Date:	<u>9/24/2015</u>
<u>JACKSONVILLE , FL 32225</u>	Fiscal Year End:	<u>12/31/2011</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>204.64</u></b>	<b><u>204.61</u></b>	<b><u>1/1/2013</u></b>
	<b>Level H: Aids</b>	<b><u>355.45</u></b>	<b><u>355.42</u></b>	<b><u>1/1/2013</u></b>

**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> X Total Prospective with Interim Component	<u>          </u> Total Prospective with Interim Component
<u>          </u> Prior Provider Prospective data			

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>          </u> X Effects of Field Audit #NH13-147L FYE 12/31/2007

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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           No Change in Rate

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

 **Thomas Parker**  
Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>BROOKDALE ATRIUM WAY 2</u>	Provider Number:	<u>0 319376-00</u>
<u>9960 ATRIUM WAY</u>	Date:	<u>9/24/2015</u>
<u>JACKSONVILLE , FL 32225</u>	Fiscal Year End:	<u>12/31/2011</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>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>209.36</u></b>	<b><u>209.32</u></b>	<b><u>7/1/2013</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of Field Audit #NH13-147L FYE 12/31/2007

**Distribution:**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>BROOKDALE ATRIUM WAY 2</u>	Provider Number:	<u>0 319376-00</u>
<u>9960 ATRIUM WAY</u>	Date:	<u>9/24/2015</u>
<u>JACKSONVILLE , FL 32225</u>	Fiscal Year End:	<u>12/31/2012</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
		<u>208.25</u>	<u>208.22</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 #NH13-147L FYE 12/31/2007

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

BROOKDALE ATRIUM WAY 2  
9960 ATRIUM WAY  
JACKSONVILLE, FL 32225

Provider Number: 0 319376-00  
Date: 9/24/2015  
Fiscal Year End: 12/31/2012  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>214.58</u>	<u>214.56</u>	<u>7/1/2014</u>

**Rate Type:**

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

Prospective  
 Total Prospective  
 Total Prospective with Interim Component

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of Field Audit #NH13-147L FYE 12/31/2007

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

<u>BROOKDALE ATRIUM WAY 2</u>	Provider Number:	<u>0 319376-00</u>
<u>9960 ATRIUM WAY</u>	Date:	<u>9/24/2015</u>
<u>JACKSONVILLE , FL 32225</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>216.00</b>	<b>215.99</b>	<b>1/1/2015</b>

**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 #NH13-147L FYE 12/31/2007

**Distribution:**


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           No Change in Rate

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Medicaid Reimbursement Per Diem Rates

<u>BROOKDALE ATRIUM WAY 2</u>	Provider Number:	<u>0 319376-00</u>
<u>9960 ATRIUM WAY</u>	Date:	<u>9/24/2015</u>
<u>JACKSONVILLE , FL 32225</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>
<b><u>214.34</u></b>	<b><u>214.33</u></b>	<b><u>9/1/2015</u></b>

**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 #NH13-147L FYE 12/31/2007

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF WEST PALM BEACH	Provider Number:	0 320153-00
1626 DAVIS RD	Date:	10/19/2015
WEST PALM BCH, FL 33406-5640	Fiscal Year End:	8/31/2007
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>173.66</u>	<u>173.57</u>	<u>1/1/2009</u>
	Level H: Aids	<u>312.01</u>	<u>311.92</u>	<u>1/1/2009</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

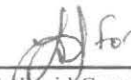
**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH08-083C FYE 08/31/2005

**Distribution:**

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

Home Office: Consulate Management Company  
 800 Concourse Parkway South  
 Maitland, FL 32751

  
 Thomas Parker  
 Medicaid Cost Reimbursement Planning and Finance



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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF WEST PALM BEACH  
1626 DAVIS RD  
WEST PALM BCH, FL 33406-5640

Provider Number: 0 320153-00  
Date: 10/19/2015  
Fiscal Year End: 8/31/2007  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>159.11</u>	<u>159.02</u>	<u>3/1/2009</u>
	Level H: Aids	<u>297.46</u>	<u>297.37</u>	<u>3/1/2009</u>

**Rate Type:**

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

Prospective  
 Total Prospective  
 Total Prospective with Interim Component

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH08-083C FYE 08/31/2005

**Distribution:**

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 No Change in Rate

For **Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Consulate Management Company  
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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF WEST PALM BEACH	Provider Number:	0 320153-00
1626 DAVIS RD	Date:	10/19/2015
WEST PALM BCH, FL 33406-5640	Fiscal Year End:	8/31/2007
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>197.17</u>	<u>197.08</u>	<u>4/1/2009</u>
	Level H: Aids	<u>335.52</u>	<u>335.43</u>	<u>4/1/2009</u>

**Rate Type:**

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

**Basis:**


Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH08-083C FYE  
 08/31/2005

**Distribution:**

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

 For **Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Consulate Management Company  
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>SEMINOLE PAVILION REHABILITATION &amp; NURSING SERVICES</u>	Provider Number:	<u>0 324230-00</u>
<u>10800 TEMPLE TERRACE</u>	Date:	<u>9/22/2015</u>
<u>SEMINOLE, FL 33772</u>	Fiscal Year End:	<u>5/31/2008</u>
	Audit Status:	<u>Revised Field Audit</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>193.88</u></b>	<b><u>191.67</u></b>	<b><u>1/1/2009</u></b>
	<b>Level H: Aids</b>	<b><u>332.23</u></b>	<b><u>330.02</u></b>	<b><u>1/1/2009</u></b>

**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> FA & RFA #NH10-048L FYE 05/31/2008

**Distribution:**

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

  
**Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

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



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**

SEMINOLE PAVILION REHABILITATION & NURSING SERVICES  
10800 TEMPLE TERRACE  
SEMINOLE, FL 33772

Provider Number: 0 324230-00  
Date: 9/22/2015  
Fiscal Year End: 5/31/2008  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>177.63</u>	<u>175.60</u>	<u>3/1/2009</u>
	Level H: Aids	<u>315.98</u>	<u>313.95</u>	<u>3/1/2009</u>

**Rate Type:**

Interim  Prospective

\_\_\_\_\_ Total Interim \_\_\_\_\_ Total Prospective

\_\_\_\_\_ Interim Component \_\_\_\_\_ Total Prospective with Interim Component

Settlement based on cost

\_\_\_\_\_ Prior Provider Prospective data

**Basis:**

\_\_\_\_\_ Budget

\_\_\_\_\_ Unaudited costs

Field audited costs

\_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change

FA & RFA #NH10-048L FYE 05/31/2008

**Distribution:**

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\_\_\_\_\_ For Information Only

\_\_\_\_\_ No Change in Rate

  
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**Medicaid Reimbursement Per Diem Rates**

SEMINOLE PAVILION REHABILITATION & NURSING SERVICES  
10800 TEMPLE TERRACE  
SEMINOLE, FL 33772

Provider Number: 0 324230-00  
Date: 9/22/2015  
Fiscal Year End: 5/31/2008  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>209.36</u>	<u>207.02</u>	<u>4/1/2009</u>
	Level H: Aids	<u>347.71</u>	<u>345.37</u>	<u>4/1/2009</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 FA & RFA #NH10-048L FYE 05/31/2008

**Distribution:**

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SEMINOLE PAVILION REHABILITATION & NURSING SERVICES  
10800 TEMPLE TERRACE  
SEMINOLE, FL 33772

Provider Number: 0 324230-00  
Date: 9/22/2015  
Fiscal Year End: 5/31/2008  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.02</u>	<u>209.75</u>	<u>7/1/2009</u>
	Level H: Aids	<u>354.37</u>	<u>350.10</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 & RFA #NH10-048L FYE 05/31/2008

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