




RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

### MEMORANDUM

**Date:** January 29, 2016  
**To:** Gay Munyon, Bureau Chief, Medicaid Fiscal Agent Operations  
**From:**  Lisa Smith, Medicaid Cost Reimbursement 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.	Braden River Care Center	0 005021-00	8
2.	Longwood Health and Rehabilitation Center	0 005379-00	1
3.	Accentia Health & Rehab Center of Tampa	0 005826-00	1
4.	Margate Health and Rehabilitation Center	0 017222-00	1
5.	Consulate Health Care of Sarasota	0 080413-00	7
6.	Consulate Health Care of West Altamonte	0 080431-00	7
7.	Winter Park Towers	0 209848-00	2
8.	Lake Park of Madison	0 211923-00	4
9.	Cross City Rehabilitation & Health Care Center	0 312151-00	8
10.	Consulate Health Care of West Altamonte	0 319546-00	10
11.	Consulate Health Care of Sarasota	0 320137-00	10
		<b>TOTAL:</b>	<b>59</b>

If you have any questions regarding the above contact Lisa Smith 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
000502100	20081101	173.36	309.64	173.36	173.36	78758-16	NH13-177C
000502100	20090101	169.74	308.09	169.74	169.74	78758-16	NH13-177C
000502100	20090301	155.51	293.86	155.51	155.51	78758-16	NH13-177C
000502100	20090401	192.17	330.52	192.17	192.17	78758-16	NH13-177C
000502100	20090501	194.56	332.91	194.56	194.56	78758-16	NH13-177C
000502100	20090701	202.90	343.25	202.90	202.90	78758-16	NH13-177C
000502100	20100101	205.02	346.94	205.02	205.02	78758-16	NH13-177C
000502100	20100701	208.49	351.83	208.49	208.49	78758-16	NH13-177C
000537900	20160101	236.72	0.00	236.72	236.72	78758-16	
000582600	20160101	233.45	0.00	233.45	233.45	78758-16	
001722200	20151101	246.47	0.00	246.47	246.47	78758-16	
008041300	20121001	229.82	379.03	229.82	229.82	78758-16	NH08-086C
008041300	20130101	218.31	369.12	218.31	218.31	78758-16	NH08-086C
008041300	20130701	224.03	0.00	224.03	224.03	78758-16	NH08-086C
008041300	20140101	217.67	0.00	217.67	217.67	78758-16	NH08-086C
008041300	20140701	227.23	0.00	227.23	227.23	78758-16	NH08-086C
008041300	20150101	237.01	0.00	237.01	237.01	78758-16	NH08-086C
008041300	20150901	236.32	0.00	236.32	236.32	78758-16	NH08-086C
008043100	20121001	204.82	354.03	204.82	204.82	78758-16	NH06-023C
008043100	20130101	197.97	348.78	197.97	197.97	78758-16	NH06-023C
008043100	20130701	202.63	0.00	202.63	202.63	78758-16	NH06-023C
008043100	20140101	195.43	0.00	195.43	195.43	78758-16	NH06-023C
008043100	20140701	205.13	0.00	205.13	205.13	78758-16	NH06-023C
008043100	20150101	208.65	0.00	208.65	208.65	78758-16	NH06-023C
008043100	20150901	206.42	0.00	206.42	206.42	78758-16	NH06-023C
015318100	20150720	250.22	0.00	250.22	250.22	78758-16	
015318100	20150901	254.01	84.00	254.01	254.01	78758-16	
015506200	20150918	277.56	0.00	277.56	277.56	78758-16	
020984800	20110101	188.50	333.36	188.50	188.50	78758-16	NH13-108C
020984800	20110701	179.70	325.90	179.70	179.70	78758-16	NH13-108C
021192300	20100701	178.80	322.14	178.80	178.80	78758-16	NH13-050C
021192300	20110101	181.19	326.05	181.19	181.19	78758-16	NH13-050C
021192300	20110701	174.03	320.23	174.03	174.03	78758-16	NH13-051C
021192300	20120101	175.05	322.66	175.05	175.05	78758-16	NH13-051C
031215100	20120101	191.99	339.60	191.99	191.99	78758-16	NH13-054C
031215100	20120701	190.07	339.28	190.07	190.07	78758-16	NH13-054C
031215100	20130101	192.40	343.21	192.40	192.40	78758-16	NH13-054C
031215100	20130701	194.97	0.00	194.97	194.97	78758-16	NH13-054C
031215100	20140101	198.07	0.00	198.07	198.07	78758-16	NH13-054C
031215100	20140701	194.40	0.00	194.40	194.40	78758-16	NH13-054C
031215100	20150101	200.39	0.00	200.39	200.39	78758-16	NH13-054C
031215100	20150901	196.96	0.00	196.96	196.96	78758-16	NH13-054C
031954600	20090101	170.79	309.14	170.79	170.79	78758-16	NH06-023C
031954600	20090301	156.47	294.82	156.47	156.47	78758-16	NH06-023C
031954600	20090401	193.37	331.72	193.37	193.37	78758-16	NH06-023C
031954600	20090701	198.48	338.83	198.48	198.48	78758-16	NH06-023C
031954600	20100101	193.55	335.47	193.55	193.55	78758-16	NH06-023C
031954600	20100701	197.47	340.81	197.47	197.47	78758-16	NH06-023C
031954600	20110101	201.81	346.67	201.81	201.81	78758-16	NH06-023C
031954600	20110701	197.43	343.63	197.43	197.43	78758-16	NH06-023C
031954600	20120101	199.09	346.70	199.09	199.09	78758-16	NH06-023C
031954600	20120701	204.82	354.03	204.82	204.82	78758-16	NH06-023C
032013700	20090101	198.33	336.68	198.33	198.33	78758-16	NH08-086C
032013700	20090301	181.71	320.06	181.71	181.71	78758-16	NH08-086C
032013700	20090401	222.90	361.25	222.90	222.90	78758-16	NH08-086C
032013700	20090701	214.71	355.06	214.71	214.71	78758-16	NH08-086C
032013700	20100101	216.52	358.44	216.52	216.52	78758-16	NH08-086C
032013700	20100701	217.83	361.17	217.83	217.83	78758-16	NH08-086C
032013700	20110101	220.91	365.77	220.91	220.91	78758-16	NH08-086C
032013700	20110701	212.93	359.13	212.93	212.93	78758-16	NH08-086C

<b>Provider Number</b>	<b>Effective Date Format YYYYMMDD</b>	<b>Intermediate I (IN1)</b>	<b>Skilled AIDS (SKA)</b>	<b>Intermediate II (IN2)</b>	<b>Skilled (SKD)</b>	<b>MCM number</b>	<b>Audit Number</b>
032013700	20120101	223.23	370.84	223.23	223.23	78758-16	NH08-086C
032013700	20120701	229.82	379.03	229.82	229.82	78758-16	NH08-086C



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

BRADEN RIVER CARE CENTER	Provider Number:	0 005021-00
2010 MANATEE AVE E	Date:	10/14/2015
BRADENTON, FL 34208-1560	Fiscal Year End:	4/30/2009
	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>173.34</u>	<u>173.36</u>	<u>11/1/2008</u>
	Level H: Aids	<u>309.62</u>	<u>309.64</u>	<u>11/1/2008</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

_____ Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH13-177C FYE 4/30/2009

**Distribution:**

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

Home Office: No Home Office



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**Medicaid Reimbursement Per Diem Rates**

BRADEN RIVER CARE CENTER	Provider Number:	0 005021-00
2010 MANATEE AVE E	Date:	10/14/2015
BRADENTON, FL 34208-1560	Fiscal Year End:	4/30/2009
	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>169.93</u>	<u>169.74</u>	<u>1/1/2009</u>
	Level H: Aids	<u>308.28</u>	<u>308.09</u>	<u>1/1/2009</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

_____ Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH13-177C FYE 4/30/2009

**Distribution:**

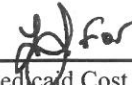
Contract Management / Fiscal Agent

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

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

Home Office:      No Home Office

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

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

Provider Number: 0 005021-00  
Date: 10/14/2015  
Fiscal Year End: 4/30/2009  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	155.69	155.51	3/1/2009
	Level H: Aids	294.04	293.86	3/1/2009

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Field Audit #NH13-177C FYE 4/30/2009

**Distribution:**

Contract Management / Fiscal Agent


Permanent File

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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**

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

Provider Number: 0 005021-00  
Date: 10/14/2015  
Fiscal Year End: 4/30/2009  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>192.38</b>	<b>192.17</b>	<b>4/1/2009</b>
	Level H: Aids	<b>330.73</b>	<b>330.52</b>	<b>4/1/2009</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 #NH13-177C FYE 4/30/2009

**Distribution:**

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Home Office:

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**Medicaid Reimbursement Per Diem Rates**

BRADEN RIVER CARE CENTER	Provider Number:	0 005021-00
2010 MANATEE AVE E	Date:	10/14/2015
BRADENTON, FL 34208-1560	Fiscal Year End:	4/30/2009
	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>194.80</u>	<u>194.56</u>	<u>5/1/2009</u>
	Level H: Aids	<u>333.15</u>	<u>332.91</u>	<u>5/1/2009</u>

**Rate Type:**

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

**Basis:**

<input type="checkbox"/> Budget
<input 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 #NH13-177C FYE 4/30/2009

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**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office





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**Medicaid Reimbursement Per Diem Rates**

BRADEN RIVER CARE CENTER	Provider Number:	0 005021-00
2010 MANATEE AVE E	Date:	10/14/2015
BRADENTON, FL 34208-1560	Fiscal Year End:	4/30/2009
	Audit Status:	Field Audited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>203.55</u></b>	<b><u>202.90</u></b>	<b><u>7/1/2009</u></b>
	<b>Level H: Aids</b>	<b><u>343.90</u></b>	<b><u>343.25</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:**

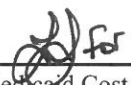
<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH13-177C FYE 4/30/2009

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 0 005021-00  
Date: 10/14/2015  
Fiscal Year End: 4/30/2009  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.68	205.02	1/1/2010
	Level H: Aids	347.60	346.94	1/1/2010

**Rate Type:**

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

**Basis:**


Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Field Audit #NH13-177C FYE 4/30/2009

**Distribution:**

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 Home Office: No Home Office

  
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**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 0 005021-00  
Date: 10/14/2015  
Fiscal Year End: 4/30/2009  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.15	208.49	7/1/2010
	Level H: Aids	352.49	351.83	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 #NH13-177C FYE 4/30/2009

**Distribution:**

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 For Information Only  
 No Change in Rate

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Home Office: No Home Office



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**Medicaid Reimbursement Per Diem Rates**

<u>LONGWOOD HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 005379-00</u>
<u>1520 S GRANT ST</u>	Date:	<u>1/21/2016</u>
<u>LONGWOOD, FL 32750</u>	Fiscal Year End:	<u>6/30/2014</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>231.92</u></b>	<b><u>236.72</u></b>	<b><u>1/1/2016</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> IRR Granted Effective 1/1/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

           For Information Only

           No Change in Rate

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

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



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ACCENTIA HEALTH & REHAB. CENTER OF TAMPA  
1818 E FLETCHER AVE  
TAMPA, FL 33612-3770

Provider Number: 0 005826-00  
Date: 1/22/2016  
Fiscal Year End: 6/30/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>228.86</b>	<b>233.45</b>	<b>1/1/2016</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

IRR Granted Effective 1/1/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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**Medicaid Reimbursement Per Diem Rates**

MARGATE HEALTH AND REHABILITATION CENTER  
5951 COLONIAL DRIVE  
MARGATE, FL 33063

Provider Number: 0 017222-00  
Date: 12/9/2015  
Fiscal Year End: 6/30/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<u>243.82</u>	<u>246.47</u>	<u>11/1/2015</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:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 IRR Granted Effective 11/1/2015

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

*TP* 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

CONSULATE HEALTH CARE OF SARASOTA  
4783 FRUITVILLE ROAD  
SARASOTA, FL 34232

Provider Number: 0 080413-00  
Date: 12/22/2015  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>229.71</u>	<u>229.82</u>	<u>10/1/2012</u>
	Level H: Aids	<u>378.92</u>	<u>379.03</u>	<u>10/1/2012</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 #NH08-086C FYE  
08/31/2005 for Prior Provider #226556

**Distribution:**

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No Change in Rate

**Lisa Smith**

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



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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF SARASOTA

4783 FRUITVILLE ROAD

SARASOTA, FL 34232

Provider Number:

0 080413-00

Date:

12/22/2015

Fiscal Year End:

12/31/2011

Audit Status:

Unaudited

Provider Type:

Nursing Home

Single Level

Current Rate

New Rate

Effective Date

218.20

218.31

1/1/2013

Level H: Aids

369.01

369.12

1/1/2013

Rate Type:

Interim

X Prospective

Total Interim

X Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Effects of FA & RFA #NH08-086C FYE 08/31/2005 for Prior Provider #226556

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF SARASOTA

4783 FRUITVILLE ROAD

SARASOTA, FL 34232

Provider Number:

0 080413-00

Date:

12/22/2015

Fiscal Year End:

12/31/2011

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>223.92</u>	<u>224.03</u>	<u>7/1/2013</u>

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-086C FYE 08/31/2005 for Prior Provider #226556

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF SARASOTA  
4783 FRUITVILLE ROAD  
SARASOTA, FL 34232

Provider Number: 0 080413-00  
Date: 12/22/2015  
Fiscal Year End: 12/31/2012  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>217.55</b>	<b>217.67</b>	<b>1/1/2014</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

Effects of FA & RFA #NH08-086C FYE 08/31/2005 for Prior Provider #226556

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF SARASOTA	Provider Number:	0 080413-00
4783 FRUITVILLE ROAD	Date:	12/22/2015
SARASOTA, FL 34232	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<u>227.15</u>	<u>227.23</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 FA & RFA #NH08-086C FYE 08/31/2005 for Prior Provider #226556

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF SARASOTA
4783 FRUITVILLE ROAD
SARASOTA, FL 34232

Provider Number: 0 080413-00
Date: 12/22/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Table with 4 columns: Provider Type, Single Level, Current Rate, New Rate, Effective Date. Row: Nursing Home, Single Level, 236.93, 237.01, 1/1/2015

Rate Type:

Interim

X Prospective

Total Interim

X Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Effects of FA & RFA #NH08-086C FYE 08/31/2005 for Prior Provider #226556

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF SARASOTA	Provider Number:	0 080413-00
4783 FRUITVILLE ROAD	Date:	12/22/2015
SARASOTA, FL 34232	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<b>236.24</b>	<b>236.32</b>	<b>9/1/2015</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH08-086C FYE 08/31/2005 for Prior Provider #226556

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE AT WEST ALTAMONTE  
 1099 WEST TOWN PARKWAY  
 ALTAMONTE SPRINGS, FL 32714

Provider Number: 0 080431-00  
 Date: 10/16/2015  
 Fiscal Year End: 7/31/2010  
 Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.92</u>	<u>204.82</u>	<u>10/1/2012</u>
	Level H: Aids	<u>354.13</u>	<u>354.03</u>	<u>10/1/2012</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 and Revised Field Audit  
 NH06-023C FYE 01/31/2004 for prior provider  
 #266205

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**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE AT WEST ALTAMONTE</u>	Provider Number:	<u>0 080431-00</u>
<u>1099 WEST TOWN PARKWAY</u>	Date:	<u>10/16/2015</u>
<u>ALTAMONTE SPRINGS, FL 32714</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>198.07</u></b>	<b><u>197.97</u></b>	<b><u>1/1/2013</u></b>
	<b>Level H: Aids</b>	<b><u>348.88</u></b>	<b><u>348.78</u></b>	<b><u>1/1/2013</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 Field Audit and Revised Field Audit  
 NH06-023C FYE 01/31/2004 for prior provider  
 #266205

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE AT WEST ALTAMONTE  
1099 WEST TOWN PARKWAY  
ALTAMONTE SPRINGS, FL 32714

Provider Number: 0 080431-00  
Date: 10/16/2015  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>202.72</u>	<u>202.63</u>	<u>7/1/2013</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of Field Audit and Revised Field Audit NH06-023C FYE 01/31/2004 for prior provider #266205

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No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE AT WEST ALTAMONTE  
1099 WEST TOWN PARKWAY  
ALTAMONTE SPRINGS, FL 32714

Provider Number: 0 080431-00  
 Date: 10/16/2015  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate	New Rate	Effective Date
<b><u>195.52</u></b>	<b><u>195.43</u></b>	<b><u>1/1/2014</u></b>

**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 and Revised Field Audit  
 NH06-023C FYE 01/31/2004 for prior provider  
 #266205

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           No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE AT WEST ALTAMONTE  
1099 WEST TOWN PARKWAY  
ALTAMONTE SPRINGS, FL 32714

Provider Number: 0 080431-00  
Date: 10/16/2015  
Fiscal Year End: 12/31/2012  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**205.23**    **205.13**    **7/1/2014**

**Rate Type:**

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

Prospective  
 Total Prospective  
 Total Prospective with Interim Component

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of Field Audit and Revised Field Audit NH06-023C FYE 01/31/2004 for prior provider #266205

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE AT WEST ALTAMONTE  
1099 WEST TOWN PARKWAY  
ALTAMONTE SPRINGS, FL 32714

Provider Number: 0 080431-00  
Date: 10/16/2015  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>208.75</b>	<b>208.65</b>	<b>1/1/2015</b>

**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 and Revised Field Audit  
 NH06-023C FYE 01/31/2004 for prior provider  
 #266205

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE AT WEST ALTAMONTE  
1099 WEST TOWN PARKWAY  
ALTAMONTE SPRINGS, FL 32714

Provider Number: 0 080431-00  
Date: 10/16/2015  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>206.52</u>	<u>206.42</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 and Revised Field Audit  
NH06-023C FYE 01/31/2004 for prior provider  
#266205

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**Medicaid Reimbursement Per Diem Rates**

GLADES WEST REHABILITATION AND NURSING CENTER  
15955 BASS CREEK ROAD  
PEMBROKE PINES, FL 33027

Provider Number: 0 153181-00  
Date: 12/29/2015  
Fiscal Year End: 2/29/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
0.00	250.22	7/20/2015

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

New Facility effective 07/20/2015

**Distribution:**

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**Lisa Smith**

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Home Office:

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**Medicaid Reimbursement Per Diem Rates**

GLADES WEST REHABILITATION AND NURSING CENTER  
15955 BASS CREEK ROAD  
PEMBROKE PINES, FL 33027

Provider Number: 0 153181-00  
Date: 12/29/2015  
Fiscal Year End: 2/29/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
0.00	254.01	9/1/2015

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

New Facility effective 07/20/2015

**Distribution:**

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No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

PINES NURSING HOME	Provider Number:	0 155062-00
301 NE 141 STREET	Date:	1/12/2016
MIAMI, FL 33161	Fiscal Year End:	9/30/2016
	Audit Status:	Unaudited

**Provider Type:**

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>240.22</b>	<b>277.56</b>	<b>9/18/2015</b>

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

<b>Basis:</b>	
<input checked="" type="checkbox"/> Budget <hr/> <input type="checkbox"/> Unaudited costs <hr/> <input type="checkbox"/> Field audited costs <hr/> <input type="checkbox"/> Desk audited costs	

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change <hr/> <input checked="" type="checkbox"/> NRP CHOP/CHOW effective 09/18/2015	

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**Lisa Smith**

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Medicaid Reimbursement Per Diem Rates

WINTER PARK TOWERS	Provider Number:	0 209848-00
1111 S LAKEMONT AVE	Date:	11/23/2015
STE 101	Fiscal Year End:	3/31/2010
WINTER PARK, FL 32792-5469	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>189.26</u>	<u>188.50</u>	<u>1/1/2011</u>
	Level H: Aids	<u>334.12</u>	<u>333.36</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 #NH13-108C FYE 3/31/2010

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Home Office: Westminster Services  
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Orlando, FL 32801

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

WINTER PARK TOWERS	Provider Number:	0 209848-00
1111 S LAKEMONT AVE	Date:	11/23/2015
STE 101	Fiscal Year End:	3/31/2010
WINTER PARK, FL 32792-5469	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>180.79</u>	<u>179.70</u>	<u>7/1/2011</u>
	Level H: Aids	<u>326.99</u>	<u>325.90</u>	<u>7/1/2011</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH13-108C FYE 3/31/2010

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 Thomas Parker  
 Medicaid Cost Reimbursement Planning and Finance

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 80 West Lucerne Circle  
 Orlando, FL 32801



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**Medicaid Reimbursement Per Diem Rates**

LAKE PARK OF MADISON  
259 SW CAPTAIN BROWN RD  
MADISON, FL 32340

Provider Number: 0 211923-00  
Date: 12/21/2015  
Fiscal Year End: 8/31/2009  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>182.97</u>	<u>178.80</u>	<u>7/1/2010</u>
	Level H: Aids	<u>326.30</u>	<u>322.14</u>	<u>7/1/2010</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Field Audit NH13-050C FYE 08/31/2009

**Distribution:**

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

**Lisa Smith**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: CNH, LLC  
 46 Third Street NW  
 Hickory, NC 28601



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

LAKE PARK OF MADISON	Provider Number:	0 211923-00
259 SW CAPTAIN BROWN RD	Date:	12/21/2015
MADISON, FL 32340	Fiscal Year End:	8/31/2009
	Audit Status:	Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>185.33</u>	<u>181.19</u>	<u>1/1/2011</u>
	Level H: Aids	<u>330.19</u>	<u>326.05</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 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 NH13-050C FYE 08/31/2009

**Distribution:**

Contract Management / Fiscal Agent  
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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

LAKE PARK OF MADISON  
259 SW CAPTAIN BROWN RD  
MADISON, FL 32340

Provider Number: 0 211923-00  
Date: 1/11/2016  
Fiscal Year End: 8/31/2010  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level  
  
                          Level H: Aids

Current Rate	New Rate	Effective Date
<u>176.97</u>	<u>174.03</u>	<u>7/1/2011</u>
<u>323.17</u>	<u>320.23</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 #NH13-051C FYE 8/31/2010

**Distribution:**

Contract Management / Fiscal Agent

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

LAKE PARK OF MADISON  
259 SW CAPTAIN BROWN RD  
MADISON, FL 32340

Provider Number: 0 211923-00  
Date: 1/11/2016  
Fiscal Year End: 8/31/2010  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>178.02</u>	<u>175.05</u>	<u>1/1/2012</u>
	Level H: Aids	<u>325.63</u>	<u>322.66</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 #NH13-051C FYE 8/31/2010

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

**Lisa Smith**

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**Medicaid Reimbursement Per Diem Rates**

<u>CROSS CITY REHABILITATION &amp; HEALTH CARE CENTER</u>	Provider Number:	<u>0 312151-00</u>
<u>583 NE 351 HWY</u>	Date:	<u>11/23/2015</u>
<u>CROSS CITY, FL 32628</u>	Fiscal Year End:	<u>9/30/2010</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>197.87</u></b>	<b><u>191.99</u></b>	<b><u>1/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>345.48</u></b>	<b><u>339.60</u></b>	<b><u>1/1/2012</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>          </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 #NH13-054C FYE 09/30/2010

**Distribution:**

Contract Management / Fiscal Agent  
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           No Change in Rate

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

<u>CROSS CITY REHABILITATION &amp; HEALTH CARE CENTER</u>	Provider Number:	<u>0 312151-00</u>
<u>583 NE 351 HWY</u>	Date:	<u>11/23/2015</u>
<u>CROSS CITY, FL 32628</u>	Fiscal Year End:	<u>9/30/2011</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>191.98</u></b>	<b><u>190.07</u></b>	<b><u>7/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>341.19</u></b>	<b><u>339.28</u></b>	<b><u>7/1/2012</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 #NH13-054C FYE 09/30/2010

**Distribution:**

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           No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

<u>CROSS CITY REHABILITATION &amp; HEALTH CARE CENTER</u>	Provider Number:	<u>0 312151-00</u>
<u>583 NE 351 HWY</u>	Date:	<u>11/23/2015</u>
<u>CROSS CITY, FL 32628</u>	Fiscal Year End:	<u>9/30/2011</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>194.33</u></b>	<b><u>192.40</u></b>	<b><u>1/1/2013</u></b>
	<b>Level H: Aids</b>	<b><u>345.14</u></b>	<b><u>343.21</u></b>	<b><u>1/1/2013</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 #NH13-054C FYE 09/30/2010

**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

<u>CROSS CITY REHABILITATION &amp; HEALTH CARE CENTER</u>	Provider Number:	<u>0 312151-00</u>
<u>583 NE 351 HWY</u>	Date:	<u>11/23/2015</u>
<u>CROSS CITY, FL 32628</u>	Fiscal Year End:	<u>9/30/2012</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>196.97</u></b>	<b><u>194.97</u></b>	<b><u>7/1/2013</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 #NH13-054C FYE 09/30/2010

**Distribution:**


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Medicaid Reimbursement Per Diem Rates

<u>CROSS CITY REHABILITATION &amp; HEALTH CARE CENTER</u>	Provider Number:	<u>0 312151-00</u>
<u>583 NE 351 HWY</u>	Date:	<u>11/23/2015</u>
<u>CROSS CITY, FL 32628</u>	Fiscal Year End:	<u>9/30/2012</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>200.09</u></b>	<b><u>198.07</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 Field Audit #NH13-054C FYE 09/30/2010

**Distribution:**

Contract Management / Fiscal Agent  
Permanent File  
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Medicaid Reimbursement Per Diem Rates

<u>CROSS CITY REHABILITATION &amp; HEALTH CARE CENTER</u>	Provider Number:	<u>0 312151-00</u>
<u>583 NE 351 HWY</u>	Date:	<u>11/23/2015</u>
<u>CROSS CITY, FL 32628</u>	Fiscal Year End:	<u>9/30/2013</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>196.49</b>	<b>194.40</b>	<b>7/1/2014</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 #NH13-054C FYE 09/30/2010

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

           For Information Only

           No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

<u>CROSS CITY REHABILITATION &amp; HEALTH CARE CENTER</u>	Provider Number:	<u>0 312151-00</u>
<u>583 NE 351 HWY</u>	Date:	<u>11/23/2015</u>
<u>CROSS CITY, FL 32628</u>	Fiscal Year End:	<u>9/30/2014</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>202.50</u></b>	<b><u>200.39</u></b>	<b><u>1/1/2015</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 #NH13-054C FYE 09/30/2010

**Distribution:**

Contract Management / Fiscal Agent  
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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

<u>CROSS CITY REHABILITATION &amp; HEALTH CARE CENTER</u>	Provider Number:	<u>0 312151-00</u>
<u>583 NE 351 HWY</u>	Date:	<u>11/23/2015</u>
<u>CROSS CITY, FL 32628</u>	Fiscal Year End:	<u>9/30/2014</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>199.07</u></b>	<b><u>196.96</u></b>	<b><u>9/1/2015</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> 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 #NH13-054C FYE 09/30/2010

**Distribution:**

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**Thomas Parker**

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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF WEST ALTAMONTE  
 1099 WEST TOWN PARKWAY  
 ALTAMONTE SPRINGS, FL 32714

Provider Number: 0 319546-00  
 Date: 10/16/2015  
 Fiscal Year End: 1/31/2008  
 Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
170.88	170.79	1/1/2009
309.23	309.14	1/1/2009

**Rate Type:**

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

Prospective  
 Total Prospective  
 Total Prospective with Interim Component

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of Field Audit and Revised Field Audit NH06-023C FYE 01/31/2004 for prior provider #266205

**Distribution:**

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

**Lisa Smith**  
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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF WEST ALTAMONTE  
 1099 WEST TOWN PARKWAY  
 ALTAMONTE SPRINGS, FL 32714

Provider Number: 0 319546-00  
 Date: 10/16/2015  
 Fiscal Year End: 1/31/2008  
 Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>156.56</u>	<u>156.47</u>	<u>3/1/2009</u>
<u>294.91</u>	<u>294.82</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 Field Audit and Revised Field Audit NH06-023C FYE 01/31/2004 for prior provider #266205

**Distribution:**

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

**Lisa Smith**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF WEST ALTAMONTE  
 1099 WEST TOWN PARKWAY  
 ALTAMONTE SPRINGS, FL 32714

Provider Number: 0 319546-00  
 Date: 10/16/2015  
 Fiscal Year End: 1/31/2008  
 Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.47	193.37	4/1/2009
	Level H: Aids	331.82	331.72	4/1/2009

**Rate Type:**

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

Prospective  
 Total Prospective  
 Total Prospective with Interim Component

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of Field Audit and Revised Field Audit NH06-023C FYE 01/31/2004 for prior provider #266205

**Distribution:**

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 Permanent File  
 For Information Only  
 No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE OF WEST ALTAMONTE</u>	Provider Number:	<u>0 319546-00</u>
<u>1099 WEST TOWN PARKWAY</u>	Date:	<u>10/16/2015</u>
<u>ALTAMONTE SPRINGS, FL 32714</u>	Fiscal Year End:	<u>1/31/2008</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>198.58</b>	<b>198.48</b>	<b>7/1/2009</b>
	<b>Level H: Aids</b>	<b>338.93</b>	<b>338.83</b>	<b>7/1/2009</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 Field Audit and Revised Field Audit NH06-023C FYE 01/31/2004 for prior provider #266205

**Distribution:**

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

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF WEST ALTAMONTE  
1099 WEST TOWN PARKWAY  
ALTAMONTE SPRINGS, FL 32714

Provider Number: 0 319546-00  
Date: 10/16/2015  
Fiscal Year End: 1/31/2009  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>193.65</u>	<u>193.55</u>	<u>1/1/2010</u>
<u>335.57</u>	<u>335.47</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 Field Audit and Revised Field Audit  
NH06-023C FYE 01/31/2004 for prior provider  
#266205

**Distribution:**

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

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF WEST ALTAMONTE  
1099 WEST TOWN PARKWAY  
ALTAMONTE SPRINGS, FL 32714

Provider Number: 0 319546-00  
Date: 10/16/2015  
Fiscal Year End: 1/31/2009  
Audit Status: Unaudited

**Provider Type:**

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>197.57</u>	<u>197.47</u>	<u>7/1/2010</u>
<u>340.91</u>	<u>340.81</u>	<u>7/1/2010</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 Field Audit and Revised Field Audit NH06-023C FYE 01/31/2004 for prior provider #266205

**Distribution:**

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 No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF WEST ALTAMONTE  
 1099 WEST TOWN PARKWAY  
 ALTAMONTE SPRINGS, FL 32714

Provider Number: 0 319546-00  
 Date: 10/16/2015  
 Fiscal Year End: 1/31/2009  
 Audit Status: Unaudited

**Provider Type:**

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

Current Rate	New Rate	Effective Date
<b>201.91</b>	<b>201.81</b>	<b>1/1/2011</b>
<b>346.77</b>	<b>346.67</b>	<b>1/1/2011</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 and Revised Field Audit  
 NH06-023C FYE 01/31/2004 for prior provider  
 #266205

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE OF WEST ALTAMONTE</u>	Provider Number:	<u>0 319546-00</u>
<u>1099 WEST TOWN PARKWAY</u>	Date:	<u>10/16/2015</u>
<u>ALTAMONTE SPRINGS, FL 32714</u>	Fiscal Year End:	<u>7/31/2010</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>197.52</u>	<u>197.43</u>	<u>7/1/2011</u>
	Level H: Aids	<u>343.72</u>	<u>343.63</u>	<u>7/1/2011</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of Field Audit and Revised Field Audit  
 NH06-023C FYE 01/31/2004 for prior provider  
 #266205

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF WEST ALTAMONTE  
1099 WEST TOWN PARKWAY  
ALTAMONTE SPRINGS, FL 32714

Provider Number: 0 319546-00  
Date: 10/16/2015  
Fiscal Year End: 7/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.18</u>	<u>199.09</u>	<u>1/1/2012</u>
	Level H: Aids	<u>346.79</u>	<u>346.70</u>	<u>1/1/2012</u>

**Rate Type:**

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

Prospective  
 Total Prospective  
 Total Prospective with Interim Component

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of Field Audit and Revised Field Audit NH06-023C FYE 01/31/2004 for prior provider #266205

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF WEST ALTAMONTE  
 1099 WEST TOWN PARKWAY  
 ALTAMONTE SPRINGS, FL 32714

Provider Number: 0 319546-00  
 Date: 10/16/2015  
 Fiscal Year End: 7/31/2010  
 Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.92</u>	<u>204.82</u>	<u>7/1/2012</u>
	Level H: Aids	<u>354.13</u>	<u>354.03</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 and Revised Field Audit NH06-023C FYE 01/31/2004 for prior provider #266205

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF SARASOTA  
4783 FRUITVILLE ROAD  
SARASOTA, FL 34232

Provider Number: 0 320137-00  
Date: 12/22/2015  
Fiscal Year End: 8/31/2007  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.23	198.33	1/1/2009
	Level H: Aids	336.58	336.68	1/1/2009

**Rate Type:**

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

Prospective  
 Total Prospective  
 Total Prospective with Interim Component

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH08-086C FYE  
08/31/2005

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF SARASOTA  
4783 FRUITVILLE ROAD  
SARASOTA, FL 34232

Provider Number: 0 320137-00  
Date: 12/22/2015  
Fiscal Year End: 8/31/2007  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>181.61</u>	<u>181.71</u>	<u>3/1/2009</u>
	Level H: Aids	<u>319.96</u>	<u>320.06</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

Effects of FA & RFA #NH08-086C FYE 08/31/2005

**Distribution:**

Contract Management / Fiscal Agent

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF SARASOTA

4783 FRUITVILLE ROAD

SARASOTA, FL 34232

Provider Number:

0 320137-00

Date:

12/22/2015

Fiscal Year End:

8/31/2007

Audit Status:

Unaudited

**Provider Type:**

Nursing Home

Single Level

Current  
Rate

New  
Rate

Effective  
Date

222.79

222.90

4/1/2009

Level H: Aids

361.14

361.25

4/1/2009

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-086C FYE  
08/31/2005

**Distribution:**

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Permanent File

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF SARASOTA  
4783 FRUITVILLE ROAD  
SARASOTA, FL 34232

Provider Number: 0 320137-00  
Date: 12/22/2015  
Fiscal Year End: 8/31/2008  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.59</u>	<u>214.71</u>	<u>7/1/2009</u>
	Level H: Aids	<u>354.94</u>	<u>355.06</u>	<u>7/1/2009</u>

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-086C FYE  
08/31/2005

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF SARASOTA  
4783 FRUITVILLE ROAD  
SARASOTA, FL 34232

Provider Number: 0 320137-00  
Date: 12/22/2015  
Fiscal Year End: 8/31/2008  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>216.41</b>	<b>216.52</b>	<b>1/1/2010</b>
	Level H: Aids	<b>358.33</b>	<b>358.44</b>	<b>1/1/2010</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

Effects of FA & RFA #NH08-086C FYE  
08/31/2005

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF SARASOTA

4783 FRUITVILLE ROAD

SARASOTA, FL 34232

Provider Number:

0 320137-00

Date:

12/22/2015

Fiscal Year End:

8/31/2009

Audit Status:

Unaudited

**Provider Type:**

Nursing Home

Single Level

Current  
Rate

New  
Rate

Effective  
Date

217.72

217.83

7/1/2010

Level H: Aids

361.06

361.17

7/1/2010

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-086C FYE  
08/31/2005

**Distribution:**

Contract Management / Fiscal Agent

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF SARASOTA  
4783 FRUITVILLE ROAD  
SARASOTA, FL 34232

Provider Number: 0 320137-00  
Date: 12/22/2015  
Fiscal Year End: 8/31/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>220.79</u>	<u>220.91</u>	<u>1/1/2011</u>
	Level H: Aids	<u>365.65</u>	<u>365.77</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 #NH08-086C FYE  
08/31/2005

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF SARASOTA  
4783 FRUITVILLE ROAD  
SARASOTA, FL 34232

Provider Number: 0 320137-00  
Date: 12/22/2015  
Fiscal Year End: 8/31/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>212.82</u>	<u>212.93</u>	<u>7/1/2011</u>
	Level H: Aids	<u>359.02</u>	<u>359.13</u>	<u>7/1/2011</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Effects of FA & RFA #NH08-086C FYE 08/31/2005

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

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SARASOTA, FL 34232

Provider Number: 0 320137-00  
Date: 12/22/2015  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.12</u>	<u>223.23</u>	<u>1/1/2012</u>
	Level H: Aids	<u>370.73</u>	<u>370.84</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 #NH08-086C FYE  
08/31/2005

**Distribution:**

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CONSULATE HEALTH CARE OF SARASOTA  
4783 FRUITVILLE ROAD  
SARASOTA, FL 34232

Provider Number: 0 320137-00  
Date: 12/22/2015  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>229.71</u>	<u>229.82</u>	<u>7/1/2012</u>
	Level H: Aids	<u>378.92</u>	<u>379.03</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

Effects of FA & RFA #NH08-086C FYE 08/31/2005

**Distribution:**

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