




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: February 26, 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.	Viera Health & Rehabilitation Center	0 110482-00	4
2.	Citrus Hills Health & Rehabilitation Center	0 122340-00	3
3.	Woodland Grove Health & Rehabilitation Center	0 122341-00	3
4.	The Gardens Health & Rehabilitation Center	0 122342-00	3
5.	Isle Health & Rehabilitation Center	0 122343-00	3
6.	Riverwood Health & Rehabilitation Center	0 122344-00	3
7.	Terrace Health & Rehabilitation Center	0 122346-00	3
8.	Villa Health & Rehabilitation Center	0 122347-00	3
9.	Fannie E Taylor Home For The Aged INC	0 204536-00	1
10	Lafayette Health Care Center	0 264482-00	10
11	Westwood Health Care Center	0 316075-00	11
		TOTAL:	47

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

LS/kc



		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
011048200	20140601	227.96	0.00	227.96	227.96	78900-16	
011048200	20140701	239.15	0.00	239.15	239.15	78900-16	
011048200	20150101	243.25	0.00	243.25	243.25	78900-16	
011048200	20150901	240.61	0.00	240.61	240.61	78900-16	
012234000	20140701	228.91	0.00	228.91	228.91	78900-16	
012234000	20150101	232.55	0.00	232.55	232.55	78900-16	
012234000	20150901	232.19	0.00	232.19	232.19	78900-16	
012234100	20140701	229.39	0.00	229.39	229.39	78900-16	
012234100	20150101	234.83	0.00	234.83	234.83	78900-16	
012234100	20150901	233.52	0.00	233.52	233.52	78900-16	
012234200	20140701	227.25	0.00	227.25	227.25	78900-16	
012234200	20150101	232.36	0.00	232.36	232.36	78900-16	
012234200	20150901	231.71	0.00	231.71	231.71	78900-16	
012234300	20140701	229.68	0.00	229.68	229.68	78900-16	
012234300	20150101	232.93	0.00	232.93	232.93	78900-16	
012234300	20150901	230.59	0.00	230.59	230.59	78900-16	
012234400	20140701	230.32	0.00	230.32	230.32	78900-16	
012234400	20150101	236.51	0.00	236.51	236.51	78900-16	
012234400	20150901	234.10	0.00	234.10	234.10	78900-16	
012234600	20140701	227.69	0.00	227.69	227.69	78900-16	
012234600	20150101	230.18	0.00	230.18	230.18	78900-16	
012234600	20150901	227.35	0.00	227.35	227.35	78900-16	
012234700	20140701	225.51	0.00	225.51	225.51	78900-16	
012234700	20150101	229.61	0.00	229.61	229.61	78900-16	
012234700	20150901	227.94	0.00	227.94	227.94	78900-16	
020453600	20150901	198.31	0.00	198.31	198.31	78900-16	
026448200	20110101	189.91	334.77	189.91	189.91	78900-16	NH13-052C
026448200	20110701	180.32	326.52	180.32	180.32	78900-16	NH13-053C
026448200	20120101	181.41	329.02	181.41	181.41	78900-16	NH13-053C
026448200	20120701	178.54	327.75	178.54	178.54	78900-16	NH13-052C
026448200	20130101	180.54	331.35	180.54	180.54	78900-16	NH13-052C
026448200	20130701	181.66	0.00	181.66	181.66	78900-16	NH13-052C
026448200	20140101	184.26	0.00	184.26	184.26	78900-16	NH13-052C
026448200	20140701	185.22	0.00	185.22	185.22	78900-16	NH13-052C
026448200	20150101	187.01	0.00	187.01	187.01	78900-16	NH13-052C
026448200	20150901	187.22	0.00	187.22	187.22	78900-16	NH13-052C
031607500	20090301	153.82	292.17	153.82	153.82	78900-16	NH11-002L
031607500	20090401	189.05	327.40	189.05	189.05	78900-16	NH11-002L
031607500	20090701	195.12	335.47	195.12	195.12	78900-16	NH11-002L
031607500	20100101	201.90	343.82	201.90	201.90	78900-16	NH11-002L
031607500	20100701	205.03	348.37	205.03	205.03	78900-16	NH11-002L
031607500	20110101	200.31	345.17	200.31	200.31	78900-16	NH11-002L
031607500	20110701	193.64	339.84	193.64	193.64	78900-16	NH11-002L
031607500	20120101	191.29	338.90	191.29	191.29	78900-16	NH11-002L
031607500	20120701	197.40	346.61	197.40	197.40	78900-16	NH11-002L
031607500	20130101	200.89	351.70	200.89	200.89	78900-16	NH11-002L
031607500	20130701	208.78	0.00	208.78	208.78	78900-16	NH11-002L



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

VIERA HEALTH & REHABILITATION CENTER
8050 SPYGLASS HILL RD
VIERA, FL 32940

Provider Number: 0 110482-00
Date: 2/4/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>218.49</u>	<u>227.96</u>	<u>6/1/2014</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

Cost Settlement FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

VIERA HEALTH & REHABILITATION CENTER
8050 SPYGLASS HILL RD
VIERA, FL 32940

Provider Number: 0 110482-00
Date: 2/4/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
229.16 **239.15** **7/1/2014**

Rate Type:

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

_____ Prospective
_____ Total Prospective
_____ Total Prospective with Interim Component

Basis:

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

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 12/31/2014

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

VIERA HEALTH & REHABILITATION CENTER
 8050 SPYGLASS HILL RD
 VIERA, FL 32940

Provider Number: 0 110482-00
 Date: 2/4/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>230.35</u>	<u>243.25</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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Cost Settlement FYE 12/31/2014

Distribution:

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

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VIERA HEALTH & REHABILITATION CENTER
8050 SPYGLASS HILL RD
VIERA, FL 32940

Provider Number: 0 110482-00
Date: 2/4/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
225.79 240.61 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
 Cost Settlement FYE 12/31/2014

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

CITRUS HILLS HEALTH & REHABILITATION CENTER
124 W NORVELL BRYANT HWY
HERNANDO, FL 34442

Provider Number: 0 122340-00
Date: 2/1/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
226.51	228.91	7/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

CITRUS HILLS HEALTH & REHABILITATION CENTER
124 W NORVELL BRYANT HWY
HERNANDO, FL 34442

Provider Number: 0 122340-00
Date: 2/1/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>227.80</u>	<u>232.55</u>	<u>1/1/2015</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

Cost Settlement FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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CITRUS HILLS HEALTH & REHABILITATION CENTER
124 W NORVELL BRYANT HWY
HERNANDO, FL 34442

Provider Number: 0 122340-00
Date: 2/1/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>222.00</u>	<u>232.19</u>	<u>9/1/2015</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<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

Cost Settlement FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

WOODLAND GROVE HEALTH & REHABILITATION CENTER
4325 SOUTHPOINT BOULEVARD
JACKSONVILLE, FL 32216

Provider Number: 0 122341-00
Date: 2/5/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
226.34 229.39 7/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

<u>WOODLAND GROVE HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 122341-00</u>
<u>4325 SOUTHPOINT BOULEVARD</u>	Date:	<u>2/5/2016</u>
<u>JACKSONVILLE, FL 32216</u>	Fiscal Year End:	<u>12/31/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>229.00</u>	<u>234.83</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 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

<u>WOODLAND GROVE HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 122341-00</u>
<u>4325 SOUTHPOINT BOULEVARD</u>	Date:	<u>2/5/2016</u>
<u>JACKSONVILLE, FL 32216</u>	Fiscal Year End:	<u>12/31/2014</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>
Nursing Home	Single Level	<u>224.15</u>	<u>233.52</u>	<u>9/1/2015</u>

Rate Type:

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

Basis:

<u> </u> Budget
<u> 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 12/31/2014

Distribution:

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

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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: 2/9/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
226.01 **227.25** **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
 Cost Settlement using FYE 12/31/2014 C/R

Distribution:

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

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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: 2/9/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
228.48	232.36	1/1/2015

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

Cost Settlement using FYE 12/31/2014 C/R

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Permanent File

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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: 2/9/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
223.64	231.71	9/1/2015

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement using FYE 12/31/2014 C/R

Distribution:

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

ISLE HEALTH & REHABILITATION CENTER
1125 FLEMING PLANTATION BLVD
ORANGE PARK, FL 32003

Provider Number: 0 122343-00
Date: 2/9/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
226.50	229.68	7/1/2014

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

Cost Settlement using FYE 12/31/2014 C/R

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

ISLE HEALTH & REHABILITATION CENTER	Provider Number:	0 122343-00
1125 FLEMING PLANTATION BLVD	Date:	2/9/2016
ORANGE PARK, FL 32003	Fiscal Year End:	12/31/2014
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		227.88	232.93	1/1/2015

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 using FYE 12/31/2014 C/R

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

ISLE HEALTH & REHABILITATION CENTER
1125 FLEMING PLANTATION BLVD
ORANGE PARK, FL 32003

Provider Number: 0 122343-00
Date: 2/9/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>222.23</u>	<u>230.59</u>	<u>9/1/2015</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

Cost Settlement using FYE 12/31/2014 C/R

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: Greystone Healthcare Management, LLC
4042 Park Oaks Blvd, Suite 300
Tampa, FL 33610



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

RIVERWOOD HEALTH & REHABILITATION CENTER
808 S COLLEY RD
STARKE, FL 32091

Provider Number: 0 122344-00
Date: 2/2/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
228.64 230.32 7/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Changes:

Budget

Rate Semester Change

Unaudited costs

Cost Settlement Using FYE 12/31/2014 C/R

Field audited costs

Desk audited costs

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

RIVERWOOD HEALTH & REHABILITATION CENTER
808 S COLLEY RD
STARKE, FL 32091

Provider Number: 0 122344-00
Date: 2/2/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>232.13</u>	<u>236.51</u>	<u>1/1/2015</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

Cost Settlement Using FYE 12/31/2014 C/R

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

RIVERWOOD HEALTH & REHABILITATION CENTER
808 S COLLEY RD
STARKE, FL 32091

Provider Number: 0 122344-00
Date: 2/2/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
228.02 **234.10** **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
 Cost Settlement Using FYE 12/31/2014 C/R

Distribution:

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

Lisa Smith

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TERRACE HEALTH & REHABILITATION CENTER

7207 SW 24TH AVE

GAINESVILLE, FL 32607

Provider Number: 0 122346-00

Date: 2/9/2016

Fiscal Year End: 12/31/2014

Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
225.46	227.69	7/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement using FYE 12/31/2014 C/R

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TERRACE HEALTH & REHABILITATION CENTER
7207 SW 24TH AVE
GAINESVILLE, FL 32607

Provider Number: 0 122346-00
Date: 2/9/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
227.51	230.18	1/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<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
 Cost Settlement using FYE 12/31/2014 C/R

Distribution:

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

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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Tampa, FL 33610



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

TERRACE HEALTH & REHABILITATION CENTER
 7207 SW 24TH AVE
 GAINESVILLE, FL 32607

Provider Number: 0 122346-00
 Date: 2/9/2016
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
222.31	227.35	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

Cost Settlement using FYE 12/31/2014 C/R

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

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 Tampa, FL 33610



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

VILLA HEALTH & REHABILITATION CENTER
120 CHIPOLA AVE
DELAND, FL 32720

Provider Number: 0 122347-00
Date: 2/23/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>223.74</u>	<u>225.51</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

Cost Settlement FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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Tampa, FL 33610



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VILLA HEALTH & REHABILITATION CENTER
120 CHIPOLA AVE
DELAND, FL 32720

Provider Number: 0 122347-00
Date: 2/23/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
226.10	229.61	1/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

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Tampa, FL 33610



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VILLA HEALTH & REHABILITATION CENTER
120 CHIPOLA AVE
DELAND, FL 32720

Provider Number: 0 122347-00
Date: 2/23/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>221.22</u>	<u>227.94</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

Cost Settlement FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

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Tampa, FL 33610



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FANNIE E TAYLOR HOME FOR THE AGED INC
3937 SPRING PARK ROAD
JACKSONVILLE, FL 32207

Provider Number: 0 204536-00
Date: 2/3/2016
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
177.25 198.31 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
 Amended Cost Report FYE 8/31/2014

Distribution:

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

Lisa Smith

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6601 Chester Avenue
Jacksonville, FL 32217



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAFAYETTE HEALTH CARE CENTER
512 W MAIN ST
MAYO, FL 32066

Provider Number: 0 264482-00
Date: 2/19/2016
Fiscal Year End: 10/31/2009
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.74	189.91	1/1/2011
	Level H: Aids	338.60	334.77	1/1/2011

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit NH13-052C FYE 10/31/2009

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

LAFAYETTE HEALTH CARE CENTER	Provider Number:	0 264482-00
512 W MAIN ST	Date:	2/19/2016
MAYO, FL 32066	Fiscal Year End:	10/31/2010
	Audit Status:	Field Audited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	184.85	180.32	7/1/2011
	Level H: Aids	331.05	326.52	7/1/2011

Rate Type:

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

Basis:

<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 NH13-053C FYE 10/31/2010 and effects of Field Audit NH13-052C FYE 10/31/2009

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

LAFAYETTE HEALTH CARE CENTER
512 W MAIN ST
MAYO, FL 32066

Provider Number: 0 264482-00
Date: 2/19/2016
Fiscal Year End: 10/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	186.11	181.41	1/1/2012
	Level H: Aids	333.72	329.02	1/1/2012

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit NH13-053C FYE 10/31/2010 and effects of Field Audit NH13-052C FYE 10/31/2009

Distribution:

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

Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance

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 Hickory, NC 28601



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAFAYETTE HEALTH CARE CENTER
512 W MAIN ST
MAYO, FL 32066

Provider Number: 0 264482-00
Date: 2/19/2016
Fiscal Year End: 10/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>181.86</u>	<u>178.54</u>	<u>7/1/2012</u>
	Level H: Aids	<u>331.07</u>	<u>327.75</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 Field Audit NH13-052C FYE 10/31/2009

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAFAYETTE HEALTH CARE CENTER
512 W MAIN ST
MAYO, FL 32066

Provider Number: 0 264482-00
Date: 2/19/2016
Fiscal Year End: 10/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	183.88	180.54	1/1/2013
	Level H: Aids	334.69	331.35	1/1/2013

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit NH13-052C FYE 10/31/2009

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAFAYETTE HEALTH CARE CENTER
512 W MAIN ST
MAYO, FL 32066

Provider Number: 0 264482-00
Date: 2/19/2016
Fiscal Year End: 10/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 185.09
New Rate: 181.66
Effective Date: 7/1/2013

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 Field Audit NH13-052C FYE 10/31/2009 _____

Distribution:

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

Lisa Smith

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAFAYETTE HEALTH CARE CENTER
512 W MAIN ST
MAYO, FL 32066

Provider Number: 0 264482-00
Date: 2/19/2016
Fiscal Year End: 10/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>187.72</u>	<u>184.26</u>	<u>1/1/2014</u>

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit NH13-052C FYE 10/31/2009

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAFAYETTE HEALTH CARE CENTER
512 W MAIN ST
MAYO, FL 32066

Provider Number: 0 264482-00
Date: 2/19/2016
Fiscal Year End: 10/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>188.81</u>	<u>185.22</u>	<u>7/1/2014</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:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Effects of Field Audit NH13-052C FYE 10/31/2009

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAFAYETTE HEALTH CARE CENTER
512 W MAIN ST
MAYO, FL 32066

Provider Number: 0 264482-00
Date: 2/19/2016
Fiscal Year End: 10/31/2013
Audit Status: Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	190.63	187.01	1/1/2015

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit NH13-052C FYE 10/31/2009

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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Hickory, NC 28601



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAFAYETTE HEALTH CARE CENTER
512 W MAIN ST
MAYO, FL 32066

Provider Number: 0 264482-00
Date: 2/19/2016
Fiscal Year End: 10/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
190.84 **187.22** **9/1/2015**

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of Field Audit NH13-052C FYE 10/31/2009

Distribution:

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

Lisa Smith

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WESTWOOD HEALTH CARE CENTER
1001 MAR-WALT DRIVE
FORT WALTON BEACH, FL 32547

Provider Number: 0 316075-00
Date: 2/25/2016
Fiscal Year End: 12/31/2006
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	166.53	153.82	3/1/2009
	Level H: Aids	304.88	292.17	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

FA & RFA #NH11-002L FYE 12/31/2006

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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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

WESTWOOD HEALTH CARE CENTER
1001 MAR-WALT DRIVE
FORT WALTON BEACH, FL 32547

Provider Number: 0 316075-00
Date: 2/25/2016
Fiscal Year End: 12/31/2006
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.72	189.05	4/1/2009
	Level H: Aids	342.07	327.40	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
 FA & RFA #NH11-002L FYE 12/31/2006

Distribution:

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

Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance

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FORT WALTON BEACH, FL 32547

Provider Number: 0 316075-00

Date: 2/25/2016

Fiscal Year End: 12/31/2006

Audit Status: Revised Field Audit

Provider Type:

Table with 4 columns: Provider Type, Level, Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level and Level H: Aids.

Rate Type:

Interim

X Prospective

Total Interim

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 FA & RFA #NH11-002L FYE 12/31/2006

Distribution:

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Handwritten signature of Lisa Smith

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1001 MAR-WALT DRIVE
FORT WALTON BEACH, FL 32547

Provider Number: 0 316075-00
Date: 2/25/2016
Fiscal Year End: 12/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.75	201.90	1/1/2010
	Level H: Aids	350.67	343.82	1/1/2010

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH11-002L FYE 12/31/2006

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Provider Number: 0 316075-00
Date: 2/25/2016
Fiscal Year End: 12/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.08	205.03	7/1/2010
	Level H: Aids	355.42	348.37	7/1/2010

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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FORT WALTON BEACH, FL 32547

Provider Number: 0 316075-00
Date: 2/25/2016
Fiscal Year End: 12/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.08	200.31	1/1/2011
	Level H: Aids	352.94	345.17	1/1/2011

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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Provider Number: 0 316075-00
Date: 2/25/2016
Fiscal Year End: 12/31/2009
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>200.73</u>	<u>193.64</u>	<u>7/1/2011</u>
<u>346.93</u>	<u>339.84</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

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Provider Number: 0 316075-00
Date: 2/25/2016
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
199.01	191.29	1/1/2012
346.62	338.90	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:

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Provider Number: 0 316075-00
Date: 2/25/2016
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.24	197.40	7/1/2012
	Level H: Aids	354.45	346.61	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:

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Provider Number: 0 316075-00
Date: 2/25/2016
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.95	200.89	1/1/2013
	Level H: Aids	358.76	351.70	1/1/2013

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

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Provider Number: 0 316075-00
Date: 2/26/2016
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
218.02	208.78	7/1/2013

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

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