




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: April 28, 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.	Signature Healthcare of Palm Beach	0 001136-00	14
2.	Golfview Healthcare Center	0 019085-00	1
3.	University Center East	0 041686-00	1
4.	Central Park Healthcare and Rehabilitation Center	0 043856-00	1
5.	Rosewood Health and Rehabilitation Center	0 059869-00	1
6.	Heritage Park Rehabilitation and Healthcare	0 061095-00	1
7.	Palm Garden of Ocala	0 098584-00	6
8.	The Terrace of Kissimmee	0 100487-00	6
9.	The Oaks of Clearwater	0 101391-00	4
10.	The Terrace of St. Cloud	0 102419-00	6
11.	Cross Terrace Rehabilitation Center	0 102791-00	6
12.	Cypress Village	0 122242-00	3
13.	Lake Bennet Health and Rehabilitation	0 135647-00	3
14.	Jackson Memorial Perdue Medical Center	0 203670-00	1
15.	Good Samaritan Society- Kissimmee Village	0 205303-00	1
16.	Westminster Towers	0 208540-00	2
17.	Westminster Woods on Julington Creek	0 212083-00	10
18.	Life Care Center of Hilliard	0 214060-00	1
19.	Haines City Health Care	0 224341-00	1
20.	South Heritage Health & Rehabilitation Center	0 226360-00	6
21.	Wilton Manors Health and Rehabilitation Center	0 227579-00	1
22.	First Coast Health and Rehabilitation Center	0 227838-00	4
23.	Hawthorne Health and Rehab of Ocala	0 253456-00	4
24.	Avalon Healthcare Center	0 261629-00	1
25.	Emerald Health Care Center	0 261637-00	1



26.	Metro West Nursing and Rehab Center	0 263541-00	1
27.	Titusville Rehabilitation and Nursing Center	0 263974-00	1
28.	Cypress Village	0 307998-00	12
29.	Westwood Health Care Center	0 316075-00	9
30.	Madison Pointe Rehabilitation and Health Center	0 324124-00	1
31.	Winter Park Care and Rehabilitation Center	0 324515-00	1
32.	Manorcare Health Services-Carrollwood	0 325678-00	1
33.	Moosehaven, Inc.	0 326011-00	2
		TOTAL:	114

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
000113600	20090401	200.40	338.75	200.40	200.40	79263-16	NH11-077C
000113600	20090701	209.52	349.87	209.52	209.52	79263-16	NH11-077C
000113600	20100101	211.92	353.84	211.92	211.92	79263-16	NH11-077C
000113600	20100701	203.61	346.95	203.61	203.61	79263-16	NH11-077C
000113600	20110101	212.08	356.94	212.08	212.08	79263-16	NH11-077C
000113600	20110701	204.86	351.06	204.86	204.86	79263-16	NH11-077C
000113600	20120101	210.06	357.67	210.06	210.06	79263-16	NH11-077C
000113600	20120701	217.29	366.50	217.29	217.29	79263-16	NH11-077C
000113600	20130101	220.90	371.71	220.90	220.90	79263-16	NH11-077C
000113600	20130701	220.71	0.00	220.71	220.71	79263-16	NH11-077C
000113600	20140101	220.71	0.00	220.71	220.71	79263-16	NH11-077C
000113600	20140701	231.48	0.00	231.48	231.48	79263-16	NH11-077C
000113600	20150101	234.77	0.00	234.77	234.77	79263-16	NH11-077C
000113600	20150901	232.82	0.00	232.82	232.82	79263-16	NH11-077C
001908500	20150901	200.16	0.00	200.16	200.16	79263-16	
004168600	20150901	214.82	0.00	214.82	214.82	79263-16	
004385600	20150901	208.16	0.00	208.16	208.16	79263-16	
005986900	20150901	207.26	0.00	207.26	207.26	79263-16	
006109500	20150901	206.72	0.00	206.72	206.72	79263-16	
009858400	20131101	218.92	0.00	218.92	218.92	79263-16	
009858400	20140101	218.74	0.00	218.74	218.74	79263-16	
009858400	20140501	221.16	0.00	221.16	221.16	79263-16	
009858400	20140701	232.28	0.00	232.28	232.28	79263-16	
009858400	20150101	231.72	0.00	231.72	231.72	79263-16	
009858400	20150901	231.10	0.00	231.10	231.10	79263-16	
010048700	20131201	190.99	0.00	190.99	190.99	79263-16	
010048700	20140101	193.20	0.00	193.20	193.20	79263-16	
010048700	20140701	200.47	0.00	200.47	200.47	79263-16	
010048700	20150101	201.29	0.00	201.29	201.29	79263-16	
010048700	20150301	205.56	0.00	205.56	205.56	79263-16	
010048700	20150901	203.65	0.00	203.65	203.65	79263-16	
010139100	20140117	192.54	0.00	192.54	192.54	79263-16	
010139100	20140701	199.99	0.00	199.99	199.99	79263-16	
010139100	20150101	205.97	0.00	205.97	205.97	79263-16	
010139100	20150901	203.30	0.00	203.30	203.30	79263-16	
010241900	20131201	187.24	0.00	187.24	187.24	79263-16	
010241900	20140101	188.95	0.00	188.95	188.95	79263-16	
010241900	20140701	197.84	0.00	197.84	197.84	79263-16	
010241900	20150101	199.19	0.00	199.19	199.19	79263-16	
010241900	20150301	203.43	0.00	203.43	203.43	79263-16	
010241900	20150901	201.45	0.00	201.45	201.45	79263-16	
010279100	20131230	233.16	0.00	233.16	233.16	79263-16	
010279100	20140101	233.20	0.00	233.20	233.20	79263-16	
010279100	20140701	245.07	0.00	245.07	245.07	79263-16	
010279100	20140801	249.08	0.00	249.08	249.08	79263-16	
010279100	20150101	254.00	0.00	254.00	254.00	79263-16	
010279100	20150901	254.72	0.00	254.72	254.72	79263-16	
012224200	20140829	222.54	0.00	222.54	222.54	79263-16	NH11-045L
012224200	20150101	223.38	0.00	223.38	223.38	79263-16	NH11-045L
012224200	20150901	223.84	0.00	223.84	223.84	79263-16	NH11-045L
013564700	20150101	236.38	0.00	236.38	236.38	79263-16	
013564700	20150701	236.71	0.00	236.71	236.71	79263-16	
013564700	20150901	236.74	0.00	236.74	236.74	79263-16	
020367000	20150901	265.55	0.00	265.55	265.55	79263-16	
020530300	20150901	223.39	0.00	223.39	223.39	79263-16	
020854000	20110101	190.89	335.75	190.89	190.89	79263-16	NH13-106C
020854000	20110701	182.32	328.52	182.32	182.32	79263-16	NH13-106C
021208300	20110101	200.05	344.91	200.05	200.05	79263-16	NH13-109C
021208300	20110701	191.12	337.32	191.12	191.12	79263-16	NH13-109C
021208300	20120101	190.00	337.61	190.00	190.00	79263-16	NH13-109C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
021208300	20120701	195.26	344.47	195.26	195.26	79263-16	NH13-109C
021208300	20130101	193.29	344.10	193.29	193.29	79263-16	NH13-109C
021208300	20130701	197.92	0.00	197.92	197.92	79263-16	NH13-109C
021208300	20140101	199.89	0.00	199.89	199.89	79263-16	NH13-109C
021208300	20140701	207.23	0.00	207.23	207.23	79263-16	NH13-109C
021208300	20150101	219.97	0.00	219.97	219.97	79263-16	NH13-109C
021208300	20150901	221.00	0.00	221.00	221.00	79263-16	NH13-109C
021406000	20150901	203.25	0.00	203.25	203.25	79263-16	
022434100	20150901	223.74	0.00	223.74	223.74	79263-16	
022636000	20100701	202.94	346.28	202.94	202.94	79263-16	NH07-106C
022636000	20120101	209.48	357.09	209.48	209.48	79263-16	NH07-106C
022636000	20140101	232.91	0.00	232.91	232.91	79263-16	NH13-262C
022636000	20140701	244.04	0.00	244.04	244.04	79263-16	NH13-262C
022636000	20150101	252.21	0.00	252.21	252.21	79263-16	NH13-262C
022636000	20150901	248.32	0.00	248.32	248.32	79263-16	NH13-262C
022757900	20150901	225.20	0.00	225.20	225.20	79263-16	
022783800	20140101	210.11	0.00	210.11	210.11	79263-16	NH13-263C
022783800	20140701	218.78	0.00	218.78	218.78	79263-16	NH13-263C
022783800	20150101	221.50	0.00	221.50	221.50	79263-16	NH13-263C
022783800	20150901	219.83	0.00	219.83	219.83	79263-16	NH13-263C
025345600	20140101	201.76	0.00	201.76	201.76	79263-16	NH13-266C
025345600	20140701	208.16	0.00	208.16	208.16	79263-16	NH13-266C
025345600	20150101	220.00	0.00	220.00	220.00	79263-16	NH13-266C
025345600	20150901	217.71	0.00	217.71	217.71	79263-16	NH13-266C
026162900	20090701	186.46	326.81	186.46	186.46	79263-16	NH11-041L
026163700	20090701	198.89	339.24	198.89	198.89	79263-16	NH11-040L
026354100	20150901	212.83	0.00	212.83	212.83	79263-16	
026397400	20150901	216.08	0.00	216.08	216.08	79263-16	
030799800	20090401	200.06	338.41	200.06	200.06	79263-16	NH11-045L
030799800	20090701	200.04	340.39	200.04	200.04	79263-16	NH11-045L
030799800	20100101	206.29	348.21	206.29	206.29	79263-16	NH11-045L
030799800	20100701	207.20	350.54	207.20	207.20	79263-16	NH11-045L
030799800	20110101	209.70	354.56	209.70	209.70	79263-16	NH11-045L
030799800	20110701	200.01	346.21	200.01	200.01	79263-16	NH11-045L
030799800	20120101	200.43	348.04	200.43	200.43	79263-16	NH11-045L
030799800	20120701	208.84	358.05	208.84	208.84	79263-16	NH11-045L
030799800	20130101	212.14	362.95	212.14	212.14	79263-16	NH11-045L
030799800	20130701	217.51	0.00	217.51	217.51	79263-16	NH11-045L
030799800	20140101	213.65	0.00	213.65	213.65	79263-16	NH11-045L
030799800	20140701	222.54	0.00	222.54	222.54	79263-16	NH11-045L
031607500	20090701	198.77	339.12	198.77	198.77	79263-16	NH11-002L
031607500	20100101	205.12	347.04	205.12	205.12	79263-16	NH11-002L
031607500	20100701	208.44	351.78	208.44	208.44	79263-16	NH11-002L
031607500	20110101	204.20	349.06	204.20	204.20	79263-16	NH11-002L
031607500	20110701	197.16	343.36	197.16	197.16	79263-16	NH11-002L
031607500	20120101	195.10	342.71	195.10	195.10	79263-16	NH11-002L
031607500	20120701	201.36	350.57	201.36	201.36	79263-16	NH11-002L
031607500	20130101	204.57	355.38	204.57	204.57	79263-16	NH11-002L
031607500	20130701	213.01	0.00	213.01	213.01	79263-16	NH11-002L
032412400	20150901	243.87	0.00	243.87	243.87	79263-16	
032451500	20150901	205.69	0.00	205.69	205.69	79263-16	
032567800	20150901	224.27	0.00	224.27	224.27	79263-16	
032601100	20160101	236.10	0.00	236.10	236.10	79263-16	
032601100	20160701	236.10	0.00	236.10	236.10	79263-16	



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

SIGNATURE HEALTHCARE OF PALM BEACH
4405 LAKEWOOD ROAD
LAKE WORTH, FL 33461

Provider Number: 0 001136-00
Date: 11/12/2015
Fiscal Year End: 9/30/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	199.89	200.40	4/1/2009
	Level H: Aids	338.24	338.75	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 #NH11-077C FYE 9/30/2005 for Prior Provider #257117

Distribution:

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

Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Signature Healthcare LLC
 12201 Bluegrass Parkway
 Louisville, KY 40299



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF PALM BEACH
4405 LAKEWOOD ROAD
LAKE WORTH, FL 33461

Provider Number: 0 001136-00
Date: 11/12/2015
Fiscal Year End: 9/30/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.90</u>	<u>211.92</u>	<u>1/1/2010</u>
	Level H: Aids	<u>353.82</u>	<u>353.84</u>	<u>1/1/2010</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH11-077C FYE 9/30/2005 for Prior Provider #257117

Distribution:

Contract Management / Fiscal Agent

Permanent File

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Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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Louisville, KY 40299



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF PALM BEACH

4405 LAKEWOOD ROAD

LAKE WORTH, FL 33461

Provider Number:

0 001136-00

Date:

11/12/2015

Fiscal Year End:

9/30/2009

Audit Status:

Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.60</u>	<u>203.61</u>	<u>7/1/2010</u>
	Level H: Aids	<u>346.94</u>	<u>346.95</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

Effects of FA & RFA #NH11-077C FYE 9/30/2005 for Prior Provider #257117

Distribution:

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SIGNATURE HEALTHCARE OF PALM BEACH
4405 LAKEWOOD ROAD
LAKE WORTH, FL 33461

Provider Number: 0 001136-00
Date: 11/12/2015
Fiscal Year End: 9/30/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>212.06</u>	<u>212.08</u>	<u>1/1/2011</u>
	Level H: Aids	<u>356.92</u>	<u>356.94</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 #NH11-077C FYE 9/30/2005 for Prior Provider #257117

Distribution:

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SIGNATURE HEALTHCARE OF PALM BEACH
4405 LAKEWOOD ROAD
LAKE WORTH, FL 33461

Provider Number: 0 001136-00
Date: 11/12/2015
Fiscal Year End: 9/30/2010
Audit Status: Unaudited

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 Total Interim
X Prospective Total Prospective
X 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 #NH11-077C FYE
9/30/2005 for Prior Provider #257117

Distribution:

Contract Management / Fiscal Agent
Permanent File
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No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Handwritten signature of Lisa Smith

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SIGNATURE HEALTHCARE OF PALM BEACH
4405 LAKEWOOD ROAD
LAKE WORTH, FL 33461

Provider Number: 0 001136-00
Date: 11/12/2015
Fiscal Year End: 9/30/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>210.04</u>	<u>210.06</u>	<u>1/1/2012</u>
	Level H: Aids	<u>357.65</u>	<u>357.67</u>	<u>1/1/2012</u>

Rate Type:

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

Prospective
_____ Total Prospective
_____ Total Prospective with Interim Component

Basis:

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

Changes:

_____ Rate Semester Change
 Effects of FA & RFA #NH11-077C FYE 9/30/2005 for Prior Provider #257117

Distribution:

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_____ No Change in Rate

Lisa Smith

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF PALM BEACH
4405 LAKEWOOD ROAD
LAKE WORTH, FL 33461

Provider Number: 0 001136-00
Date: 11/12/2015
Fiscal Year End: 9/30/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>217.27</u>	<u>217.29</u>	<u>7/1/2012</u>
	Level H: Aids	<u>366.48</u>	<u>366.50</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 #NH11-077C FYE 9/30/2005 for Prior Provider #257117

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF PALM BEACH

4405 LAKEWOOD ROAD

LAKE WORTH, FL 33461

Provider Number:

0 001136-00

Date:

11/12/2015

Fiscal Year End:

9/30/2011

Audit Status:

Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>220.88</u>	<u>220.90</u>	<u>1/1/2013</u>
	Level H: Aids	<u>371.69</u>	<u>371.71</u>	<u>1/1/2013</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH11-077C FYE
9/30/2005 for Prior Provider #257117

Distribution:

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SIGNATURE HEALTHCARE OF PALM BEACH
4405 LAKEWOOD ROAD
LAKE WORTH, FL 33461

Provider Number: 0 001136-00
Date: 11/12/2015
Fiscal Year End: 9/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
220.70	220.71	7/1/2013

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH11-077C FYE 9/30/2005 for Prior Provider #257117

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: Signature Healthcare LLC
12201 Bluegrass Parkway
Louisville, KY 40299



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

SIGNATURE HEALTHCARE OF PALM BEACH
4405 LAKEWOOD ROAD
LAKE WORTH, FL 33461

Provider Number: 0 001136-00
Date: 11/12/2015
Fiscal Year End: 9/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
220.69	220.71	1/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH11-077C FYE 9/30/2005 for Prior Provider #257117

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

SIGNATURE HEALTHCARE OF PALM BEACH
4405 LAKEWOOD ROAD
LAKE WORTH, FL 33461

Provider Number: 0 001136-00
Date: 11/12/2015
Fiscal Year End: 9/30/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
231.47	231.48	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

Effects of FA & RFA #NH11-077C FYE 9/30/2005 for Prior Provider #257117

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

SIGNATURE HEALTHCARE OF PALM BEACH
4405 LAKEWOOD ROAD
LAKE WORTH, FL 33461

Provider Number: 0 001136-00
Date: 11/12/2015
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
234.75	234.77	1/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH11-077C FYE 9/30/2005 for Prior Provider #257117

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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Louisville, KY 40299



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF PALM BEACH
4405 LAKEWOOD ROAD
LAKE WORTH, FL 33461

Provider Number: 0 001136-00
Date: 11/12/2015
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>232.80</u>	<u>232.82</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

Effects of FA & RFA #NH11-077C FYE 9/30/2005 for Prior Provider #257117

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

GOLFVIEW HEALTHCARE CENTER
3636 10TH AVE N
SAINT PETERSBURG, FL 33713

Provider Number: 0 019085-00
Date: 3/23/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
200.26	200.16	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

Retro for 9/2015 rate semester to add Ratings Days

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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12201 Bluegrass Parkway
Louisville, KY 40299



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

UNIVERSITY CENTER EAST
991 E NEW YORK AVE
DELAND, FL 32724

Provider Number: 0 041686-00
Date: 3/23/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>215.64</u>	<u>214.82</u>	<u>9/1/2015</u>

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Retro for 9/2015 rate semester to add Ratings Days

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office:

No Home Office



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ROSEWOOD HEALTH AND REHABILITATION CENTER
3920 ROSEWOOD WAY
ORLANDO, FL 32808

Provider Number: 0 059869-00
Date: 3/24/2016
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>207.51</u>	<u>207.26</u>	<u>9/1/2015</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Retro for 9/15 rate semester to add Rating Days	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office:

CMC II, LLC
800 Concourse Parkway South
Suite 200
Maitland, FL 32751



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

HERITAGE PARK REHABILITATION AND HEALTHCARE
2826 CLEVELAND AVE
FORT MYERS, FL 33901-6001

Provider Number: 0 061095-00
Date: 3/24/2016
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
206.94 206.72 9/1/2015

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

Basis:	
<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"/> Retro for 9/15 rate semester to add Rating Days	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

CMC II, LLC
800 Concourse Parkway South
Suite 200
Maitland, FL 32751

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

<u>PALM GARDEN OF OCALA</u>	Provider Number:	<u>0 098584-00</u>
<u>2700 SW 34TH ST</u>	Date:	<u>3/22/2016</u>
<u>OCALA, FL 34474</u>	Fiscal Year End:	<u>4/30/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		217.23	218.92	11/1/2013

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement Using FYE 4/30/2014 C/R

Distribution:

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

Lisa Smith

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Home Office: Palm Garden Healthcare Holdings, LLC
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 Suite 300
 Sarasota, FL 34237



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

PALM GARDEN OF OCALA

2700 SW 34TH ST

OCALA, FL 34474

Provider Number:

0 098584-00

Date:

3/22/2016

Fiscal Year End:

4/30/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>220.59</u>	<u>218.74</u>	<u>1/1/2014</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 Using FYE 4/30/2014 C/R

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

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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

<u>PALM GARDEN OF OCALA</u>	Provider Number:	<u>0 098584-00</u>
<u>2700 SW 34TH ST</u>	Date:	<u>3/22/2016</u>
<u>OCALA, FL 34474</u>	Fiscal Year End:	<u>4/30/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		220.59	221.16	5/1/2014

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 4/30/2014 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

<u>PALM GARDEN OF OCALA</u>	Provider Number:	<u>0 098584-00</u>
<u>2700 SW 34TH ST</u>	Date:	<u>3/22/2016</u>
<u>OCALA, FL 34474</u>	Fiscal Year End:	<u>4/30/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		231.07	232.28	7/1/2014

Rate Type:

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

Basis:

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

Changes:

<u>Rate Semester Change</u>
<u>X</u> <u>Cost Settlement Using FYE 4/30/2014 C/R</u>

Distribution:


Contract Management / Fiscal Agent

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No Change in Rate

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 Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF OCALA
2700 SW 34TH ST
OCALA, FL 34474

Provider Number: 0 098584-00
Date: 3/22/2016
Fiscal Year End: 4/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>226.83</u>	<u>231.72</u>	<u>1/1/2015</u>

Rate Type:

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

Prospective
Total Prospective
Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Cost Settlement Using FYE 4/30/2014 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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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF OCALA

2700 SW 34TH ST

OCALA, FL 34474

Provider Number:

0 098584-00

Date:

3/22/2016

Fiscal Year End:

4/30/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>220.35</u>	<u>231.10</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 4/30/2014 C/R

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE TERRACE OF KISSIMMEE
221 PARK PLACE BLVD
KISSIMMEE, FL 34741

Provider Number: 0 100487-00
Date: 4/14/2016
Fiscal Year End: 2/28/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>203.14</u>	<u>193.20</u>	<u>1/1/2014</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 using FYE 2/28/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

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Daytona Beach, FL 32114

Lisa Smith
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE TERRACE OF KISSIMMEE
221 PARK PLACE BLVD
KISSIMMEE, FL 34741

Provider Number: 0 100487-00
Date: 4/14/2016
Fiscal Year End: 2/28/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>209.70</u>	<u>200.47</u>	<u>7/1/2014</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 using FYE 2/28/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: SMJ Enterprises, LLC
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE TERRACE OF KISSIMMEE
221 PARK PLACE BLVD
KISSIMMEE, FL 34741

Provider Number: 0 100487-00
Date: 4/14/2016
Fiscal Year End: 2/28/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>209.27</u>	<u>201.29</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 2/28/2015

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: SMJ Enterprises, LLC
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE TERRACE OF KISSIMMEE

221 PARK PLACE BLVD

KISSIMMEE, FL 34741

Provider Number:

0 100487-00

Date:

4/14/2016

Fiscal Year End:

2/28/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

202.72

203.65

9/1/2015

Rate Type:

Interim

_____ Total Interim

_____ Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Prospective

_____ Total Prospective

_____ Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement using FYE 2/28/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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Daytona Beach, FL 32114

Lisa Smith

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE OAKS OF CLEARWATER
420 BAY AVE
CLEARWATER, FL 33756

Provider Number: 0 101391-00
Date: 4/6/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
220.63	199.99	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

Home Office:

TJM Properties
5801 Ulmerton Road
Suite 200
Clearwater, FL 33760

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE OAKS OF CLEARWATER
420 BAY AVE
CLEARWATER, FL 33756

Provider Number: 0 101391-00
Date: 4/6/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>220.32</u>	<u>205.97</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

Lisa Smith

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Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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5801 Ulmerton Road
Suite 200
Clearwater, FL 33760



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Medicaid Reimbursement Per Diem Rates

THE OAKS OF CLEARWATER
420 BAY AVE
CLEARWATER, FL 33756

Provider Number: 0 101391-00
Date: 4/6/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
213.25	203.30	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

Home Office:

TJM Properties
5801 Ulmerton Road
Suite 200
Clearwater, FL 33760

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE TERRACE OF ST. CLOUD
3855 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769

Provider Number: 0 102419-00
Date: 4/20/2016
Fiscal Year End: 2/28/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>205.72</u>	<u>187.24</u>	<u>12/1/2013</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

Cost Settlement using FYE 2/28/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: SMJ Enterprises, LLC
480 Fentress Blvd. Suite H
Daytona Beach, FL 32114

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

THE TERRACE OF ST. CLOUD
3855 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769

Provider Number: 0 102419-00
Date: 4/20/2016
Fiscal Year End: 2/28/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
207.90	188.95	1/1/2014

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 2/28/2015

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

THE TERRACE OF ST. CLOUD
3855 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769

Provider Number: 0 102419-00
Date: 4/20/2016
Fiscal Year End: 2/28/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>216.99</u>	<u>197.84</u>	<u>7/1/2014</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 using FYE 2/28/2015

Lisa Smith

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Distribution:

Contract Management / Fiscal Agent

Permanent File

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_____ No Change in Rate

Home Office: SMJ Enterprises, LLC
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE TERRACE OF ST. CLOUD
3855 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769

Provider Number: 0 102419-00
Date: 4/20/2016
Fiscal Year End: 2/28/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>216.72</u>	<u>199.19</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 2/28/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: SMJ Enterprises, LLC
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Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>THE TERRACE OF ST. CLOUD</u>	Provider Number:	<u>0 102419-00</u>
<u>3855 OLD CANOE CREEK ROAD</u>	Date:	<u>4/20/2016</u>
<u>SAINT CLOUD, FL 34769</u>	Fiscal Year End:	<u>2/28/2015</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>216.72</u>	<u>203.43</u>	<u>3/1/2015</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 using FYE 2/28/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

Home Office: SMJ Enterprises, LLC
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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

CROSS TERRACE REHABILITATION CENTER
1351 SAN CHRISTOPHER DR
DUNEDIN, FL 34698

Provider Number: 0 102791-00
Date: 3/17/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
232.74 **233.16** **12/30/2013**

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
 Cost Settlement FYE 7/31/2014

Distribution:

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

Lisa Smith

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

CROSS TERRACE REHABILITATION CENTER
1351 SAN CHRISTOPHER DR
DUNEDIN, FL 34698

Provider Number: 0 102791-00
Date: 3/17/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>233.27</u>	<u>233.20</u>	<u>1/1/2014</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 7/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

CROSS TERRACE REHABILITATION CENTER
1351 SAN CHRISTOPHER DR
DUNEDIN, FL 34698

Provider Number: 0 102791-00
Date: 3/17/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>244.42</u>	<u>245.07</u>	<u>7/1/2014</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 7/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office:

No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CROSS TERRACE REHABILITATION CENTER
1351 SAN CHRISTOPHER DR
DUNEDIN, FL 34698

Provider Number: 0 102791-00
Date: 3/17/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
244.42	249.08	8/1/2014

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 7/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office:

No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CROSS TERRACE REHABILITATION CENTER
1351 SAN CHRISTOPHER DR
DUNEDIN, FL 34698

Provider Number: 0 102791-00
Date: 3/17/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>246.79</u>	<u>254.00</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 7/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office:

No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CROSS TERRACE REHABILITATION CENTER
1351 SAN CHRISTOPHER DR
DUNEDIN, FL 34698

Provider Number: 0 102791-00
Date: 3/17/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>241.70</u>	<u>254.72</u>	<u>9/1/2015</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 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 FYE 7/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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

CYPRESS VILLAGE
4600 MIDDLETON PARK CIR E
JACKSONVILLE, FL 32224

Provider Number: 0 122242-00
Date: 10/22/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>222.55</u>	<u>222.54</u>	<u>8/29/2014</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

Effects of FA & RFA #NH11-045L FYE 12/31/2005 for Prior Provider #307998

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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111 Westwood Place
Suite 400
Brentwood, TN 37027



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE	Provider Number:	0 122242-00
4600 MIDDLETON PARK CIR E	Date:	10/22/2015
JACKSONVILLE, FL 32224	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	223.40	223.38	1/1/2015

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-045L FYE 12/31/2005 for Prior Provider #307998

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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 111 Westwood Place
 Suite 400
 Brentwood, TN 37027



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>CYPRESS VILLAGE</u>	Provider Number:	<u>0 122242-00</u>
<u>4600 MIDDLETON PARK CIR E</u>	Date:	<u>10/22/2015</u>
<u>JACKSONVILLE, FL 32224</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>223.86</u>	<u>223.84</u>	<u>9/1/2015</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-045L FYE 12/31/2005 for Prior Provider #307998

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



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKE BENNETT HEALTH AND REHABILITATION

1091 KELTON AVE

OCOEE, FL 34761

Provider Number:

0 135647-00

Date:

4/12/2016

Fiscal Year End:

6/30/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>246.20</u>	<u>236.38</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 6/30/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

No Home Office

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

LAKE BENNETT HEALTH AND REHABILITATION

1091 KELTON AVE

OCOEE, FL 34761

Provider Number:

0 135647-00

Date:

4/12/2016

Fiscal Year End:

6/30/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

246.20

236.71

7/1/2015

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 6/30/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Lisa Smith

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKE BENNETT HEALTH AND REHABILITATION

1091 KELTON AVE

OCOEE, FL 34761

Provider Number:

0 135647-00

Date:

4/12/2016

Fiscal Year End:

6/30/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
239.44	236.74	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 6/30/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

JACKSON MEMORIAL PERDUE MEDICAL CENTER
19590 OLD CUTLER ROAD
CUTLER RIDGE, FL 33157

Provider Number: 0 203670-00
Date: 3/22/2016
Fiscal Year End: 9/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
265.73	265.55	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

Retro for 9/15 rate semester to add Rating Days

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GOOD SAMARITAN SOCIETY-KISSIMMEE VILLAGE
1500 SOUTHGATE DRIVE
KISSIMMEE, FL 34746

Provider Number: 0 205303-00
Date: 3/23/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
223.58	223.39	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

Retro for 9/15 rate semester to add Rating Days

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Evangelical Lutheran Good Samaritan
4800 West 57th Street
Sioux Falls, SD 57117

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WESTMINSTER TOWERS
70 WEST LUCERNE CIRCLE
ORLANDO, FL 32801

Provider Number: 0 208540-00
Date: 3/16/2016
Fiscal Year End: 3/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>190.96</u>	<u>190.89</u>	<u>1/1/2011</u>
	Level H: Aids	<u>335.82</u>	<u>335.75</u>	<u>1/1/2011</u>

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-106C FYE 3/31/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

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Home Office:

Westminster Services
80 West Lucerne Circle
Orlando, FL 32801



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WESTMINSTER TOWERS
70 WEST LUCERNE CIRCLE
ORLANDO, FL 32801

Provider Number: 0 208540-00
Date: 3/16/2016
Fiscal Year End: 3/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>182.39</u>	<u>182.32</u>	<u>7/1/2011</u>
	Level H: Aids	<u>328.59</u>	<u>328.52</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 #NH13-106C FYE 3/31/2010

Distribution:

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No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: Westminster Services
80 West Lucerne Circle
Orlando, FL 32801



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

WESTMINSTER WOODS ON JULINGTON CREEK
25 STATE ROAD 13
JACKSONVILLE, FL 32259

Provider Number: 0 212083-00
Date: 3/31/2016
Fiscal Year End: 3/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.28	200.05	1/1/2011
	Level H: Aids	345.14	344.91	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 #NH13-109C FYE 03/31/2010

Lisa Smith

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Medicaid Reimbursement Per Diem Rates

WESTMINSTER WOODS ON JULINGTON CREEK	Provider Number:	0 212083-00
25 STATE ROAD 13	Date:	3/31/2016
JACKSONVILLE, FL 32259	Fiscal Year End:	3/31/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>191.33</u>	<u>191.12</u>	<u>7/1/2011</u>
	Level H: Aids	<u>337.53</u>	<u>337.32</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 #NH13-109C FYE 03/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

WESTMINSTER WOODS ON JULINGTON CREEK	Provider Number:	0 212083-00
25 STATE ROAD 13	Date:	3/31/2016
JACKSONVILLE, FL 32259	Fiscal Year End:	3/31/2011
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>190.05</u>	<u>190.00</u>	<u>1/1/2012</u>
	Level H: Aids	<u>337.66</u>	<u>337.61</u>	<u>1/1/2012</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit #NH13-109C FYE 03/31/2010

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Medicaid Reimbursement Per Diem Rates

<u>WESTMINSTER WOODS ON JULINGTON CREEK</u>	Provider Number:	<u>0 212083-00</u>
<u>25 STATE ROAD 13</u>	Date:	<u>3/31/2016</u>
<u>JACKSONVILLE, FL 32259</u>	Fiscal Year End:	<u>3/31/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>195.31</u>	<u>195.26</u>	<u>7/1/2012</u>
	Level H: Aids	<u>344.52</u>	<u>344.47</u>	<u>7/1/2012</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit #NH13-109C FYE 03/31/2010

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Medicaid Reimbursement Per Diem Rates

WESTMINSTER WOODS ON JULINGTON CREEK	Provider Number:	0 212083-00
25 STATE ROAD 13	Date:	3/31/2016
JACKSONVILLE, FL 32259	Fiscal Year End:	3/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.34	193.29	1/1/2013
	Level H: Aids	344.15	344.10	1/1/2013

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Effects of Field Audit #NH13-109C FYE 03/31/2010

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Medicaid Reimbursement Per Diem Rates

WESTMINSTER WOODS ON JULINGTON CREEK	Provider Number:	0 212083-00
25 STATE ROAD 13	Date:	3/31/2016
JACKSONVILLE, FL 32259	Fiscal Year End:	3/31/2012
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>197.97</u>	<u>197.92</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:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit #NH13-109C FYE 03/31/2010

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Medicaid Reimbursement Per Diem Rates

<u>WESTMINSTER WOODS ON JULINGTON CREEK</u>	Provider Number:	<u>0 212083-00</u>
<u>25 STATE ROAD 13</u>	Date:	<u>3/31/2016</u>
<u>JACKSONVILLE, FL 32259</u>	Fiscal Year End:	<u>3/31/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>199.94</u>	<u>199.89</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:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit #NH13-109C FYE 03/31/2010

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<u>WESTMINSTER WOODS ON JULINGTON CREEK</u>	Provider Number:	<u>0 212083-00</u>
<u>25 STATE ROAD 13</u>	Date:	<u>3/31/2016</u>
<u>JACKSONVILLE, FL 32259</u>	Fiscal Year End:	<u>3/31/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>207.29</u>	<u>207.23</u>	<u>7/1/2014</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit #NH13-109C FYE 03/31/2010

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Medicaid Reimbursement Per Diem Rates

<u>WESTMINSTER WOODS ON JULINGTON CREEK</u>	Provider Number:	<u>0 212083-00</u>
<u>25 STATE ROAD 13</u>	Date:	<u>3/31/2016</u>
<u>JACKSONVILLE, FL 32259</u>	Fiscal Year End:	<u>3/31/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>220.02</u>	<u>219.97</u>	<u>1/1/2015</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Effects of Field Audit #NH13-109C FYE 03/31/2010

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Medicaid Reimbursement Per Diem Rates

WESTMINSTER WOODS ON JULINGTON CREEK	Provider Number:	0 212083-00
25 STATE ROAD 13	Date:	3/31/2016
JACKSONVILLE, FL 32259	Fiscal Year End:	3/31/2014
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		221.05	221.00	9/1/2015

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit #NH13-109C FYE 03/31/2010

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Lisa Smith
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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF HILLIARD
3756 W THIRD ST
HILLIARD, FL 32046

Provider Number: 0 214060-00
Date: 3/24/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>203.39</u>	<u>203.25</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

Retro for 9/15 rate semester to add Rating Days

Distribution:

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No Change in Rate

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

Lisa Smith

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Medicaid Reimbursement Per Diem Rates

HAINES CITY HEALTH CARE	Provider Number:	0 224341-00
409 S 10TH ST	Date:	3/24/2016
HAINES CITY, FL 33845-1476	Fiscal Year End:	11/30/2014
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		223.98	223.74	9/1/2015

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Retro for 9/15 rate semester to add Rating Days


Distribution:

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Lisa Smith
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 1181 Vickery Lane, Suite 200
 Cordova, TN 38016-0633



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Medicaid Reimbursement Per Diem Rates

SOUTH HERITAGE HEALTH & REHABILITATION CENTER
718 LAKEVIEW AVE S
SAINT PETERSBURG, FL 33705

Provider Number: 0 226360-00
Date: 4/6/2016
Fiscal Year End: 6/30/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.32</u>	<u>202.94</u>	<u>7/1/2010</u>
	Level H: Aids	<u>345.66</u>	<u>346.28</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 FA & RFA #NH07-106C FYE 12/31/2005

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office: No Home Office

Lisa Smith

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Medicaid Reimbursement Per Diem Rates

SOUTH HERITAGE HEALTH & REHABILITATION CENTER

718 LAKEVIEW AVE S

SAINT PETERSBURG, FL 33705

Provider Number: 0 226360-00

Date: 4/6/2016

Fiscal Year End: 6/30/2011

Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>209.21</u>	<u>209.48</u>	<u>1/1/2012</u>
<u>356.82</u>	<u>357.09</u>	<u>1/1/2012</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH07-106C FYE 12/31/2005

Distribution:

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No Change in Rate

Home Office:

No Home Office

Lisa Smith

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Medicaid Reimbursement Per Diem Rates

SOUTH HERITAGE HEALTH & REHABILITATION CENTER
718 LAKEVIEW AVE S
SAINT PETERSBURG, FL 33705

Provider Number: 0 226360-00
Date: 4/6/2016
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>233.03</u>	<u>232.91</u>	<u>1/1/2014</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

Field Audit #NH13-262C FYE 6/30/2013

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Home Office:

No Home Office



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Medicaid Reimbursement Per Diem Rates

SOUTH HERITAGE HEALTH & REHABILITATION CENTER
718 LAKEVIEW AVE S
SAINT PETERSBURG, FL 33705

Provider Number: 0 226360-00
Date: 4/6/2016
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
245.14 244.04 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

Field Audit #NH13-262C FYE 6/30/2013

Distribution:

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For Information Only

No Change in Rate

Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

<u>SOUTH HERITAGE HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 226360-00</u>
<u>718 LAKEVIEW AVE S</u>	Date:	<u>4/6/2016</u>
<u>SAINT PETERSBURG, FL 33705</u>	Fiscal Year End:	<u>6/30/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>250.65</u>	<u>252.21</u>	<u>1/1/2015</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH07-106C FYE 12/31/2005

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

<u>SOUTH HERITAGE HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 226360-00</u>
<u>718 LAKEVIEW AVE S</u>	Date:	<u>4/6/2016</u>
<u>SAINT PETERSBURG, FL 33705</u>	Fiscal Year End:	<u>6/30/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>247.84</u>	<u>248.32</u>	<u>9/1/2015</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH07-106C FYE 12/31/2005

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Home Office: No Home Office

LS
Lisa Smith
Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>WILTON MANORS HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 227579-00</u>
<u>2675 N ANDREWS AVE</u>	Date:	<u>3/25/2016</u>
<u>WILTON MANORS, FL 33311</u>	Fiscal Year End:	<u>8/31/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>255.23</u>	<u>255.20</u>	<u>9/1/2015</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Retro for 09/15 rate semester to add Rating Days

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: Greystone Healthcare Management, LLC
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FIRST COAST HEALTH & REHABILITATION CENTER
7723 JASPER AVENUE
JACKSONVILLE, FL 32211

Provider Number: 0 227838-00
Date: 4/8/2016
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **210.07** New Rate: **210.11** Effective Date: **1/1/2014**

Rate Type:

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

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-263C FYE 6/30/2013

Distribution:

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No Change in Rate

Home Office: No Home Office

Lisa Smith

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Medicaid Reimbursement Per Diem Rates

<u>FIRST COAST HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 227838-00</u>
<u>7723 JASPER AVENUE</u>	Date:	<u>4/8/2016</u>
<u>JACKSONVILLE, FL 32211</u>	Fiscal Year End:	<u>6/30/2013</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>218.74</u>	<u>218.78</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 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 #NH13-263C FYE 6/30/2013

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

FIRST COAST HEALTH & REHABILITATION CENTER
7723 JASPER AVENUE
JACKSONVILLE, FL 32211

Provider Number: 0 227838-00
Date: 4/8/2016
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
221.47 221.50 1/1/2015

Rate Type:

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

Prospective
_____ X Total Prospective
_____ Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-263C FYE 6/30/2013

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

FIRST COAST HEALTH & REHABILITATION CENTER
7723 JASPER AVENUE
JACKSONVILLE, FL 32211

Provider Number: 0 227838-00
Date: 4/8/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>219.77</u>	<u>219.83</u>	<u>9/1/2015</u>

Rate Type:

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

Prospective
Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of Field Audit #NH13-263C FYE 6/30/2013

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF OCALA

4100 SW 33RD AVE

OCALA, FL 34474

Provider Number:

0 253456-00

Date:

3/31/2016

Fiscal Year End:

6/30/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

204.80

201.76

1/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-266C FYE 6/30/2013

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF OCALA	Provider Number:	0 253456-00
4100 SW 33RD AVE	Date:	3/31/2016
OCALA, FL 34474	Fiscal Year End:	6/30/2013
	Audit Status:	Field Audited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		211.28	208.16	7/1/2014

Rate Type:

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

Basis:

<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 #NH13-266C FYE 6/30/2013

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF OCALA
4100 SW 33RD AVE
OCALA, FL 34474

Provider Number: 0 253456-00
Date: 3/31/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
219.96	220.00	1/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH13-266C FYE 6/30/2013

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF OCALA
4100 SW 33RD AVE
OCALA, FL 34474

Provider Number: 0 253456-00
Date: 3/31/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
217.67 **217.71** **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 #NH13-266C FYE 6/30/2013

Distribution:

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No Change in Rate

Home Office: No Home Office

Lisa Smith

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Medicaid Reimbursement Per Diem Rates

<u>AVALON HEALTHCARE CENTER</u>	Provider Number:	<u>0 261629-00</u>
<u>1270 SW MAIN BLVD</u>	Date:	<u>3/31/2016</u>
<u>LAKE CITY, FL 32025</u>	Fiscal Year End:	<u>12/31/2007</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>188.18</u>	<u>186.46</u>	<u>7/1/2009</u>
	Level H: Aids	<u>328.53</u>	<u>326.81</u>	<u>7/1/2009</u>

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	FA & RFA #NH11-041L FYE 12/31/2007

Distribution:

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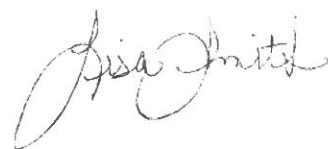
Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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 3599 W Lake Mary Blvd
 Ste 1-E
 Lake Mary, FL 32746



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

EMERALD HEALTH CARE CENTER
1655 SE WALTON ROAD
PORT SAINT LUCIE, FL 34952

Provider Number: 0 261637-00
Date: 3/31/2016
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

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

Rate Type:

Interim Total Interim
X Prospective Total Prospective
Interim Component Total Prospective with Interim Component
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 #NH11-040L FYE 12/31/2007

Distribution:

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No Change in Rate

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Handwritten signature of Lisa Smith

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

METRO WEST NURSING AND REHAB CENTER	Provider Number:	0 263541-00
5900 WESTGATE DRIVE	Date:	3/25/2016
ORLANDO, FL 32835	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	213.01	212.83	9/1/2015

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Ratings Days Retro for the 9/2015 Rate Semester


Distribution:

Contract Management / Fiscal Agent

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No Change in Rate


Lisa Smith
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 5887 Glenridge Drive, Suite 150
 Atlanta, GA 30328



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TITUSVILLE REHABILITATION AND NURSING CENTER	Provider Number:	0 263974-00
1705 JESS PARRISH CT	Date:	3/24/2016
TITUSVILLE, FL 32796	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.46	216.08	9/1/2015

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Ratings Days Retro for the 9/2015 Rate Semester

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office: No Home Office

Lisa Smith

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Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE	Provider Number:	0 307998-00
4600 MIDDLETON PARK CIR E	Date:	10/22/2015
JACKSONVILLE, FL 32224	Fiscal Year End:	12/31/2007
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>200.08</u>	<u>200.06</u>	<u>4/1/2009</u>
	Level H: Aids	<u>338.43</u>	<u>338.41</u>	<u>4/1/2009</u>

Rate Type:

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

Basis:

<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"/> Effects of FA & RFA #NH11-045L FYE 12/31/2005

Distribution:

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- No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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 111 Westwood Place
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 Brentwood, TN 37027



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE
4600 MIDDLETON PARK CIR E
JACKSONVILLE, FL 32224

Provider Number: 0 307998-00
Date: 10/22/2015
Fiscal Year End: 12/31/2007
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.05	200.04	7/1/2009
	Level H: Aids	340.40	340.39	7/1/2009

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH11-045L FYE 12/31/2005

Distribution:

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Lisa Smith

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE	Provider Number:	0 307998-00
4600 MIDDLETON PARK CIR E	Date:	10/22/2015
JACKSONVILLE, FL 32224	Fiscal Year End:	12/31/2008
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>208.52</u>	<u>206.29</u>	<u>1/1/2010</u>
	Level H: Aids	<u>350.44</u>	<u>348.21</u>	<u>1/1/2010</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-045L FYE 12/31/2005

Distribution:

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE	Provider Number:	0 307998-00
4600 MIDDLETON PARK CIR E	Date:	10/22/2015
JACKSONVILLE, FL 32224	Fiscal Year End:	12/31/2008
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>210.45</u>	<u>207.20</u>	<u>7/1/2010</u>
	Level H: Aids	<u>353.79</u>	<u>350.54</u>	<u>7/1/2010</u>

Rate Type:

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

Basis:

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

Changes:

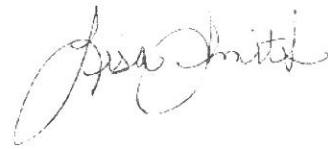
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<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-045L FYE 12/31/2005

Distribution:

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- No Change in Rate

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Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE	Provider Number:	0 307998-00
4600 MIDDLETON PARK CIR E	Date:	10/22/2015
JACKSONVILLE, FL 32224	Fiscal Year End:	12/31/2009
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>212.70</u>	<u>209.70</u>	<u>1/1/2011</u>
	Level H: Aids	<u>357.56</u>	<u>354.56</u>	<u>1/1/2011</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-045L FYE 12/31/2005

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No Change in Rate

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Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE
4600 MIDDLETON PARK CIR E
JACKSONVILLE, FL 32224

Provider Number: 0 307998-00
Date: 10/22/2015
Fiscal Year End: 12/31/2009
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level
Level H: Aids

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 202.59, 200.01, 7/1/2011 and 348.79, 346.21, 7/1/2011

Rate Type:

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

X Prospective
X 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 FA & RFA #NH11-045L FYE
12/31/2005

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Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Handwritten signature of Lisa Smith

Home Office: Brookdale Senior Living, Inc.
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE	Provider Number:	0 307998-00
4600 MIDDLETON PARK CIR E	Date:	10/22/2015
JACKSONVILLE, FL 32224	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.78</u>	<u>200.43</u>	<u>1/1/2012</u>
	Level H: Aids	<u>350.39</u>	<u>348.04</u>	<u>1/1/2012</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Effects of FA & RFA #NH11-045L FYE 12/31/2005

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Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE	Provider Number:	0 307998-00
4600 MIDDLETON PARK CIR E	Date:	10/22/2015
JACKSONVILLE, FL 32224	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>210.96</u>	<u>208.84</u>	<u>7/1/2012</u>
	Level H: Aids	<u>360.17</u>	<u>358.05</u>	<u>7/1/2012</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-045L FYE 12/31/2005

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Medicaid Reimbursement Per Diem Rates

<u>CYPRESS VILLAGE</u>	Provider Number:	<u>0 307998-00</u>
<u>4600 MIDDLETON PARK CIR E</u>	Date:	<u>10/22/2015</u>
<u>JACKSONVILLE, FL 32224</u>	Fiscal Year End:	<u>12/31/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>213.69</u>	<u>212.14</u>	<u>1/1/2013</u>
	Level H: Aids	<u>364.50</u>	<u>362.95</u>	<u>1/1/2013</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA #NH11-045L FYE 12/31/2005

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Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE	Provider Number:	0 307998-00
4600 MIDDLETON PARK CIR E	Date:	10/22/2015
JACKSONVILLE, FL 32224	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	219.08	217.51	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:

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

Changes:


<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-045L FYE 12/31/2005

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Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE	Provider Number:	0 307998-00
4600 MIDDLETON PARK CIR E	Date:	10/22/2015
JACKSONVILLE, FL 32224	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>214.58</u>	<u>213.65</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:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-045L FYE 12/31/2005

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Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE
4600 MIDDLETON PARK CIR E
JACKSONVILLE, FL 32224

Provider Number: 0 307998-00
Date: 10/22/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>222.55</u>	<u>222.54</u>	<u>7/1/2014</u>

Rate Type:

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

Prospective
Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH11-045L FYE 12/31/2005

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 316075-00
Date: 4/7/2016
Fiscal Year End: 12/31/2006
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.12	198.77	7/1/2009
	Level H: Aids	335.47	339.12	7/1/2009

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Correction to RFA NH11-002L FYE 12/31/2006

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 316075-00
Date: 4/7/2016
Fiscal Year End: 12/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.90	205.12	1/1/2010
	Level H: Aids	343.82	347.04	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 Correction to RFA NH11-002L FYE 12/31/2006

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

Provider Number: 0 316075-00
Date: 4/7/2016
Fiscal Year End: 12/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>205.03</u>	<u>208.44</u>	<u>7/1/2010</u>
	Level H: Aids	<u>348.37</u>	<u>351.78</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

Effects of Correction to RFA NH11-002L FYE 12/31/2006

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Medicaid Reimbursement Per Diem Rates

WESTWOOD HEALTH CARE CENTER	Provider Number:	0 316075-00
1001 MAR-WALT DRIVE	Date:	4/7/2016
FORT WALTON BEACH, FL 32547	Fiscal Year End:	12/31/2009
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>200.31</u>	<u>204.20</u>	<u>1/1/2011</u>
	Level H: Aids	<u>345.17</u>	<u>349.06</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:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Effects of Correction to RFA NH11-002L FYE 12/31/2006
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 316075-00
Date: 4/7/2016
Fiscal Year End: 12/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>193.64</u>	<u>197.16</u>	<u>7/1/2011</u>
	Level H: Aids	<u>339.84</u>	<u>343.36</u>	<u>7/1/2011</u>

Rate Type:

Interim

Prospective

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

Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of Correction to RFA NH11-002L FYE 12/31/2006

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Medicaid Reimbursement Per Diem Rates

WESTWOOD HEALTH CARE CENTER	Provider Number:	0 316075-00
1001 MAR-WALT DRIVE	Date:	4/7/2016
FORT WALTON BEACH, FL 32547	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>191.29</u>	<u>195.10</u>	<u>1/1/2012</u>
	Level H: Aids	<u>338.90</u>	<u>342.71</u>	<u>1/1/2012</u>

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

Basis:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Effects of Correction to RFA NH11-002L FYE 12/31/2006
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 316075-00
Date: 4/7/2016
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>197.40</u>	<u>201.36</u>	<u>7/1/2012</u>
	Level H: Aids	<u>346.61</u>	<u>350.57</u>	<u>7/1/2012</u>

Rate Type:

Interim

_____ Total Interim

_____ Interim Component

_____ Settlement based on cost

_____ Prior Provider Prospective data

Prospective

_____ Total Prospective

_____ Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Correction to RFA NH11-002L FYE 12/31/2006

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 316075-00
Date: 4/7/2016
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>200.89</u>	<u>204.57</u>	<u>1/1/2013</u>
	Level H: Aids	<u>351.70</u>	<u>355.38</u>	<u>1/1/2013</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Correction to RFA NH11-002L FYE 12/31/2006

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 316075-00
Date: 4/28/2016
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
208.78	213.01	7/1/2013

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Correction to RFA NH11-002L FYE 12/31/2006

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Medicaid Reimbursement Per Diem Rates

MADISON POINTE REHABILITATION & HEALTH CENTER
6020 INDIANA AVE
NEW PORT RICHEY, FL 34653-3214

Provider Number: 0 324124-00
Date: 3/24/2016
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>243.90</u>	<u>243.87</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

Retro for 9/15 Rate Semester to Add Rating Days

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368 New Hempstead Road #309
New City, NY 10956



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Medicaid Reimbursement Per Diem Rates

WINTER PARK CARE AND REHABILITATION CENTER
2970 SCARLETT RD
WINTER PARK, FL 32792

Provider Number: 0 324515-00
Date: 3/22/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
205.84 **205.69** **9/1/2015**

Rate Type:

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

Prospective
_____ Total Prospective
_____ Total Prospective with Interim Component

Basis:

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

Changes:

_____ Rate Semester Change
 Retro for 9/15 Rate Semester to Add Ratings Days

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Louisville, KY 40299



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Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES-CARROLLWOOD
3030 BEARSS AVE
TAMPA, FL 33618

Provider Number: 0 325678-00
Date: 3/28/2016
Fiscal Year End: 5/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
224.33	224.27	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

Retro for 09/15 rate semester to add Rating Days

Distribution:

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No Change in Rate

Home Office:

HCR Manor Care
333 North Summit Street
Toledo, OH 43604

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Medicaid Reimbursement Per Diem Rates

MOOSEHAVEN, INC.
1701 PARK AVENUE
ORANGE PARK, FL 32073

Provider Number: 0 326011-00
Date: 4/1/2016
Fiscal Year End: 4/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
236.31 **236.10** **1/1/2016**

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"/> Retro for 9/15 rate semester to update Bed Addition Weighted Property and Occupancy	

Distribution:
Contract Management / Fiscal Agent
Permanent File
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 No Change in Rate

Lisa Smith
Medicaid Cost Reimbursement Planning and Finance

Home Office:	<input type="checkbox"/> Home Office <input checked="" type="checkbox"/> No Home Office
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MOOSEHAVEN, INC.
1701 PARK AVENUE
ORANGE PARK, FL 32073

Provider Number: 0 326011-00
Date: 4/1/2016
Fiscal Year End: 4/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
236.31	236.10	7/1/2016

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

Retro for 9/15 rate semester to update Bed Addition Weighted Property and Occupancy

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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No Home Office

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