




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: May 25, 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.	Bay Breeze Senior Living and Rehabilitation Center	0 017225-00	1
2.	Bay Village of Sarasota	0 018777-00	2
3.	Westminster Communities of Bradenton Westminster Manor	0 209422-00	10
4.	Menorah House	0 229628-00	10
5.	Concordia Manor	0 251666-00	1
6.	The Palms at Park Place	0 253421-00	1
		TOTAL:	25

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

LS/kc



Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
001722500	20160401	243.18	0.00	243.18	243.18	79429-16	
001877700	20120101	221.58	369.19	221.58	221.58	79429-16	NH13-120C
001877700	20140101	245.35	0.00	245.35	245.35	79429-16	NH13-120C
020942200	20110101	208.07	352.93	208.07	208.07	79429-16	NH13-107C
020942200	20110701	198.93	345.13	198.93	198.93	79429-16	NH13-107C
020942200	20120101	199.59	347.20	199.59	199.59	79429-16	NH13-107C
020942200	20120701	205.72	354.93	205.72	205.72	79429-16	NH13-107C
020942200	20130101	201.85	352.66	201.85	201.85	79429-16	NH13-107C
020942200	20130701	207.60	0.00	207.60	207.60	79429-16	NH13-107C
020942200	20140101	209.51	0.00	209.51	209.51	79429-16	NH13-107C
020942200	20140701	217.97	0.00	217.97	217.97	79429-16	NH13-107C
020942200	20150101	225.29	0.00	225.29	225.29	79429-16	NH13-107C
020942200	20150901	227.00	0.00	227.00	227.00	79429-16	NH13-107C
022962800	20090701	211.63	351.98	211.63	211.63	79429-16	NH08-125G
022962800	20100101	202.84	344.76	202.84	202.84	79429-16	NH08-125G
022962800	20100701	209.86	353.20	209.86	209.86	79429-16	NH08-125G
022962800	20110101	213.19	358.05	213.19	213.19	79429-16	NH08-125G
022962800	20110701	206.29	352.49	206.29	206.29	79429-16	NH08-125G
022962800	20120101	205.16	352.77	205.16	205.16	79429-16	NH08-125G
022962800	20120701	214.09	363.30	214.09	214.09	79429-16	NH08-125G
022962800	20130101	217.67	368.48	217.67	217.67	79429-16	NH08-125G
022962800	20130701	223.88	0.00	223.88	223.88	79429-16	NH08-125G
022962800	20140101	227.24	0.00	227.24	227.24	79429-16	NH08-125G
025166600	20090701	194.28	334.63	194.28	194.28	79429-16	NH07-104C
025342100	20090701	177.84	318.19	177.84	177.84	79429-16	NH11-043L



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Medicaid Reimbursement Per Diem Rates

BAY BREEZE SENIOR LIVING AND REHABILITATION CENTER
3387 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

Provider Number: 0 017225-00
Date: 5/13/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
237.45 243.18 4/1/2016

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
 IRR Granted Effective 4/1/2016

Distribution:

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No Change in Rate

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

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

BAY VILLAGE OF SARASOTA
8400 VAMO ROAD
SARASOTA, FL 34231

Provider Number: 0 018777-00
Date: 3/22/2016
Fiscal Year End: 10/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>221.57</u>	<u>221.58</u>	<u>1/1/2012</u>
	Level H: Aids	<u>369.18</u>	<u>369.19</u>	<u>1/1/2012</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit NH13-120C FYE 10/31/2011

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

BAY VILLAGE OF SARASOTA	Provider Number:	0 018777-00
8400 VAMO ROAD	Date:	3/22/2016
SARASOTA, FL 34231	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>245.34</u>	<u>245.35</u>	<u>1/1/2014</u>

Rate Type:

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

Basis:

<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 NH13-120C FYE 10/31/2011

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No Change in Rate

 **Lisa Smith**

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

WESTMINSTER COMMUNITIES OF BRADENTON WESTMINSTER MANOR	Provider Number:	0 209422-00
1700 21ST AVE W	Date:	3/18/2016
BRADENTON, FL 34205	Fiscal Year End:	3/31/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>209.51</u>	<u>208.07</u>	<u>1/1/2011</u>
	Level H: Aids	<u>354.37</u>	<u>352.93</u>	<u>1/1/2011</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH13-107C FYE 3/31/2010	

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No Change in Rate

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80 West Lucerne Circle
Orlando, FL 32801



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Medicaid Reimbursement Per Diem Rates

WESTMINSTER COMMUNITIES OF BRADENTON WESTMINSTER MANOR	Provider Number:	0 209422-00
1700 21ST AVE W	Date:	3/18/2016
BRADENTON, FL 34205	Fiscal Year End:	3/31/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>200.28</u>	<u>198.93</u>	<u>7/1/2011</u>
	Level H: Aids	<u>346.48</u>	<u>345.13</u>	<u>7/1/2011</u>

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

Basis:	
<input type="checkbox"/> Budget	
<input 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 #NH13-107C FYE 3/31/2010	

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Medicaid Reimbursement Per Diem Rates

WESTMINSTER COMMUNITIES OF BRADENTON WESTMINSTER MANOR	Provider Number:	0 209422-00
1700 21ST AVE W	Date:	3/18/2016
BRADENTON, FL 34205	Fiscal Year End:	3/31/2011
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>200.36</u>	<u>199.59</u>	<u>1/1/2012</u>
	Level H: Aids	<u>347.97</u>	<u>347.20</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 #NH13-107C FYE 3/31/2010

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WESTMINSTER COMMUNITIES OF BRADENTON WESTMINSTER MANOR	Provider Number:	0 209422-00
1700 21ST AVE W	Date:	3/18/2016
BRADENTON, FL 34205	Fiscal Year End:	3/31/2011
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.51	205.72	7/1/2012
	Level H: Aids	355.72	354.93	7/1/2012

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

Basis:	
<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 #NH13-107C FYE 3/31/2010	

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WESTMINSTER COMMUNITIES OF BRADENTON WESTMINSTER MANOR	Provider Number:	0 209422-00
1700 21ST AVE W	Date:	3/18/2016
BRADENTON, FL 34205	Fiscal Year End:	3/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.64</u>	<u>201.85</u>	<u>1/1/2013</u>
	Level H: Aids	<u>353.45</u>	<u>352.66</u>	<u>1/1/2013</u>

Rate Type:

Interim

_____ Total Interim

_____ Interim Component

_____ Settlement based on cost

_____ Prior Provider Prospective data

Prospective

_____ Total Prospective

_____ Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH13-107C FYE
3/31/2010

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WESTMINSTER COMMUNITIES OF BRADENTON WESTMINSTER MANOR	Provider Number:	0 209422-00
1700 21ST AVE W	Date:	3/18/2016
BRADENTON, FL 34205	Fiscal Year End:	3/31/2012
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
208.41	207.60	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 Field Audit #NH13-107C FYE 3/31/2010	

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Medicaid Reimbursement Per Diem Rates

WESTMINSTER COMMUNITIES OF BRADENTON WESTMINSTER MANOR	Provider Number:	0 209422-00
1700 21ST AVE W	Date:	3/18/2016
BRADENTON, FL 34205	Fiscal Year End:	3/31/2013
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>210.31</u>	<u>209.51</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

Effects of Field Audit #NH13-107C FYE
3/31/2010

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Medicaid Reimbursement Per Diem Rates

WESTMINSTER COMMUNITIES OF BRADENTON WESTMINSTER MANOR	Provider Number:	0 209422-00
1700 21ST AVE W	Date:	3/18/2016
BRADENTON, FL 34205	Fiscal Year End:	3/31/2013
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		218.79	217.97	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 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 #NH13-107C FYE 3/31/2010	

Distribution:

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Medicaid Reimbursement Per Diem Rates

WESTMINSTER COMMUNITIES OF BRADENTON WESTMINSTER MANOR	Provider Number:	0 209422-00
1700 21ST AVE W	Date:	3/18/2016
BRADENTON, FL 34205	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>
		226.12	225.29	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 #NH13-107C FYE
3/31/2010

Distribution:

Contract Management / Fiscal Agent

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Medicaid Reimbursement Per Diem Rates

WESTMINSTER COMMUNITIES OF BRADENTON WESTMINSTER MANOR	Provider Number:	0 209422-00
1700 21ST AVE W	Date:	3/18/2016
BRADENTON, FL 34205	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>
		227.82	227.00	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 #NH13-107C FYE 3/31/2010	

Distribution:

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No Change in Rate

Lisa Smith

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MENORAH HOUSE
9945 CENTRAL PARK BLVD N
BOCA RATON, FL 33428-1745

Provider Number: 0 229628-00
Date: 3/3/2016
Fiscal Year End: 3/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.68</u>	<u>211.63</u>	<u>7/1/2009</u>
	Level H: Aids	<u>352.03</u>	<u>351.98</u>	<u>7/1/2009</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH08-125G FYE 3/31/2006

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

MENORAH HOUSE	Provider Number:	0 229628-00
9945 CENTRAL PARK BLVD N	Date:	3/3/2016
BOCA RATON, FL 33428-1745	Fiscal Year End:	3/31/2009
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.89</u>	<u>202.84</u>	<u>1/1/2010</u>
	Level H: Aids	<u>344.81</u>	<u>344.76</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 #NH08-125G FYE 3/31/2006

Distribution:

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Lisa Smith

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

MENORAH HOUSE
9945 CENTRAL PARK BLVD N
BOCA RATON, FL 33428-1745

Provider Number: 0 229628-00
Date: 3/3/2016
Fiscal Year End: 3/31/2010
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
Interim Component Total Prospective with Interim Component
Settlement based on cost
Prior Provider Prospective data

Basis:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Effects of FA & RFA #NH08-125G FYE
3/31/2006

Distribution:

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Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Handwritten signature of Lisa Smith

Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

MENORAH HOUSE
9945 CENTRAL PARK BLVD N
BOCA RATON, FL 33428-1745

Provider Number: 0 229628-00
Date: 3/3/2016
Fiscal Year End: 3/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>213.76</u>	<u>213.19</u>	<u>1/1/2011</u>
	Level H: Aids	<u>358.62</u>	<u>358.05</u>	<u>1/1/2011</u>

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH08-125G FYE 3/31/2006

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No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MENORAH HOUSE	Provider Number:	0 229628-00
9945 CENTRAL PARK BLVD N	Date:	3/3/2016
BOCA RATON, FL 33428-1745	Fiscal Year End:	3/31/2010
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>206.84</u>	<u>206.29</u>	<u>7/1/2011</u>
	Level H: Aids	<u>353.04</u>	<u>352.49</u>	<u>7/1/2011</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH08-125G FYE 3/31/2006

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>MENORAH HOUSE</u>	Provider Number:	<u>0 229628-00</u>
<u>9945 CENTRAL PARK BLVD N</u>	Date:	<u>3/3/2016</u>
<u>BOCA RATON, FL 33428-1745</u>	Fiscal Year End:	<u>3/31/2011</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>205.72</u>	<u>205.16</u>	<u>1/1/2012</u>
	Level H: Aids	<u>353.33</u>	<u>352.77</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 #NH08-125G FYE 3/31/2006

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MENORAH HOUSE
9945 CENTRAL PARK BLVD N
BOCA RATON, FL 33428-1745

Provider Number: 0 229628-00
Date: 3/3/2016
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.68	214.09	7/1/2012
	Level H: Aids	363.89	363.30	7/1/2012

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH08-125G FYE 3/31/2006

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MENORAH HOUSE	Provider Number:	0 229628-00
9945 CENTRAL PARK BLVD N	Date:	3/3/2016
BOCA RATON, FL 33428-1745	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	218.27	217.67	1/1/2013
	Level H: Aids	369.08	368.48	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 FA & RFA #NH08-125G FYE 3/31/2006

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Medicaid Reimbursement Per Diem Rates

MENORAH HOUSE
9945 CENTRAL PARK BLVD N
BOCA RATON, FL 33428-1745

Provider Number: 0 229628-00
Date: 3/3/2016
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>224.50</u>	<u>223.88</u>	<u>7/1/2013</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH08-125G FYE 3/31/2006

Distribution:

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Medicaid Reimbursement Per Diem Rates

MENORAH HOUSE
9945 CENTRAL PARK BLVD N
BOCA RATON, FL 33428-1745

Provider Number: 0 229628-00
Date: 3/3/2016
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
227.83 227.24 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 #NH08-125G FYE 3/31/2006

Distribution:

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Medicaid Reimbursement Per Diem Rates

CONCORDIA MANOR
321 13TH AVEN
SAINT PETERSBURG, FL 33701

Provider Number: 0 251666-00
Date: 4/18/2016
Fiscal Year End: 6/30/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>193.86</u>	<u>194.28</u>	<u>7/1/2009</u>
	Level H: Aids	<u>334.21</u>	<u>334.63</u>	<u>7/1/2009</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH07-104C FYE
12/31/2005

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Home Office:

No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE PALMS AT PARK PLACE
221 PARK PLACE BLVD
KISSIMMEE, FL 34741

Provider Number: 0 253421-00
Date: 3/31/2016
Fiscal Year End: 7/31/2008
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>179.00</u>	<u>177.84</u>	<u>7/1/2009</u>
	Level H: Aids	<u>319.35</u>	<u>318.19</u>	<u>7/1/2009</u>

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH11-043L FYE 7/31/2008

Distribution:

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Home Office: No Home Office

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