



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

## MEMORANDUM

**Date:** June 28, 2016  
**To:** Gay Munyon, Bureau Chief, Medicaid Fiscal Agent Operations  
**From:** Lisa Smith, Regulatory Analyst Supervisor  
**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.	Surrey Place Care Center	0 001135-00	13
2.	Courtyard Gardens Rehabilitation Center	0 010082-00	6
3.	Consulate Health Care of Bayonet Point	0 080374-00	7
4.	Consulate Health Care of Jacksonville	0 080384-00	7
5.	Consulate Health Care of Lake Parker	0 080393-00	6
6.	Consulate Health Care of Safety Harbor	0 080406-00	7
7.	Consulate Health Care of St. Petersburg	0 080409-00	7
8.	Consulate Health Care of Tallahassee	0 080428-00	6
9.	Ocoee Health Care Center	0 103852-00	4
10.	Cypress Village	0 122242-00	3
11.	The Nursing Center at Freedom Village	0 122250-00	3
12.	Oak View Rehabilitation Center	0 130817-00	4
13.	Lanier Terrace	0 141466-00	2
14.	Commons at Orlando Lutheran Towers	0 205796-00	3
15.	Winter Haven Health and Rehabilitation Center	0 228702-00	3
16.	Oasis Health and Rehabilitation Center	0 266124-00	1
17.	Lanier Terrace	0 268003-00	12
18.	Cypress Village	0 307998-00	11
19.	The Nursing Center at Freedom Village	0 317195-00	11
20.	Consulate Health Care of Jacksonville	0 319503-00	7
21.	Consulate Health Care of Bayonet Point	0 319651-00	7
22.	Consulate Health Care of Lake Parker	0 319678-00	5
23.	Consulate Health Care of Safety Harbor	0 319694-00	7
24.	Consulate Health Care of St. Petersburg	0 319708-00	7
25.	Consulate Health Care of Tallahassee	0 319716-00	7



26.	Heritage Park Care and Rehabilitation Center	0 324345-00	13
27.	Signature Healthcare of North Florida	0 324396-00	1
28.	Signature Healthcare at the Courtyard	0 324426-00	4
29.	Signature Healthcare of Ormond	0 324442-00	13
30.	Anchor Care and Rehabilitation Center.	0 324451-00	13
31.	Signature Healthcare of Port Charlotte	0 324477-00	13
32.	North Lake Rehabilitation and Health Center	0 325163-00	13
33.		<b>TOTAL:</b>	226

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)		
000113500	20090701	202.96	343.31	202.96	202.96	79566-16	NH11-076C
000113500	20100101	204.52	346.44	204.52	204.52	79566-16	NH11-076C
000113500	20100701	208.68	352.02	208.68	208.68	79566-16	NH11-076C
000113500	20110101	210.48	355.34	210.48	210.48	79566-16	NH11-076C
000113500	20110701	203.16	349.36	203.16	203.16	79566-16	NH11-076C
000113500	20120101	206.93	354.54	206.93	206.93	79566-16	NH11-076C
000113500	20120701	213.74	362.95	213.74	213.74	79566-16	NH11-076C
000113500	20130101	217.01	367.82	217.01	217.01	79566-16	NH11-076C
000113500	20130701	218.30	0.00	218.30	218.30	79566-16	NH11-076C
000113500	20140101	221.49	0.00	221.49	221.49	79566-16	NH11-076C
000113500	20140701	228.01	0.00	228.01	228.01	79566-16	NH11-076C
000113500	20150101	233.16	0.00	233.16	233.16	79566-16	NH11-076C
000113500	20150901	229.22	0.00	229.22	229.22	79566-16	NH11-076C
001008200	20090601	199.90	338.25	199.90	199.90	79566-16	NH13-114C
001008200	20090701	208.54	348.89	208.54	208.54	79566-16	NH13-114C
001008200	20100101	209.97	351.89	209.97	209.97	79566-16	NH13-114C
001008200	20100701	215.69	359.03	215.69	215.69	79566-16	NH13-114C
001008200	20110101	218.74	363.60	218.74	218.74	79566-16	NH13-114C
001008200	20110701	211.73	357.93	211.73	211.73	79566-16	NH13-114C
008037400	20121001	196.67	345.88	196.67	196.67	79566-16	NH08-088C
008037400	20130101	194.55	345.36	194.55	194.55	79566-16	NH08-088C
008037400	20130701	199.14	0.00	199.14	199.14	79566-16	NH08-088C
008037400	20140101	186.46	0.00	186.46	186.46	79566-16	NH08-088C
008037400	20140701	193.98	0.00	193.98	193.98	79566-16	NH08-088C
008037400	20150101	200.08	0.00	200.08	200.08	79566-16	NH08-088C
008037400	20150901	197.42	0.00	197.42	197.42	79566-16	NH08-088C
008038400	20121001	200.38	349.59	200.38	200.38	79566-16	NH08-089C
008038400	20130101	198.83	349.64	198.83	198.83	79566-16	NH08-089C
008038400	20130701	203.67	0.00	203.67	203.67	79566-16	NH08-089C
008038400	20140101	198.30	0.00	198.30	198.30	79566-16	NH08-089C
008038400	20140701	207.31	0.00	207.31	207.31	79566-16	NH08-089C
008038400	20150101	212.23	0.00	212.23	212.23	79566-16	NH08-089C
008038400	20150901	209.28	0.00	209.28	209.28	79566-16	NH08-089C
008039300	20121001	196.00	345.21	196.00	196.00	79566-16	NH03-049R
008039300	20130701	203.15	0.00	203.15	203.15	79566-16	NH03-049R
008039300	20140101	188.00	0.00	188.00	188.00	79566-16	NH03-049R
008039300	20140701	198.51	0.00	198.51	198.51	79566-16	NH03-049R
008039300	20150101	209.24	0.00	209.24	209.24	79566-16	NH03-049R
008039300	20150901	206.31	0.00	206.31	206.31	79566-16	NH03-049R
008040600	20121001	204.34	353.55	204.34	204.34	79566-16	NH08-087C
008040600	20130101	202.09	352.90	202.09	202.09	79566-16	NH08-087C
008040600	20130701	206.87	0.00	206.87	206.87	79566-16	NH08-087C
008040600	20140101	190.75	0.00	190.75	190.75	79566-16	NH08-087C
008040600	20140701	198.48	0.00	198.48	198.48	79566-16	NH08-087C
008040600	20150101	206.23	0.00	206.23	206.23	79566-16	NH08-087C
008040600	20150901	204.02	0.00	204.02	204.02	79566-16	NH08-087C
008040900	20121001	202.79	352.00	202.79	202.79	79566-16	NH08-084C
008040900	20130101	204.41	355.22	204.41	204.41	79566-16	NH08-084C
008040900	20130701	209.23	0.00	209.23	209.23	79566-16	NH08-084C
008040900	20140101	197.97	0.00	197.97	197.97	79566-16	NH08-084C
008040900	20140701	208.59	0.00	208.59	208.59	79566-16	NH08-084C
008040900	20150101	209.91	0.00	209.91	209.91	79566-16	NH08-084C
008040900	20150901	207.13	0.00	207.13	207.13	79566-16	NH08-084C
008042800	20121001	200.76	349.97	200.76	200.76	79566-16	NH03-039R
008042800	20130101	190.86	341.67	190.86	190.86	79566-16	NH03-039R
008042800	20140101	183.57	0.00	183.57	183.57	79566-16	NH03-039R
008042800	20140701	193.69	0.00	193.69	193.69	79566-16	NH03-039R
008042800	20150101	207.15	0.00	207.15	207.15	79566-16	NH03-039R
008042800	20150901	205.09	0.00	205.09	205.09	79566-16	NH03-039R
010385200	20140301	220.15	0.00	220.15	220.15	79566-16	
010385200	20140701	229.18	0.00	229.18	229.18	79566-16	
010385200	20150101	235.33	0.00	235.33	235.33	79566-16	
010385200	20150901	232.28	0.00	232.28	232.28	79566-16	
012224200	20140829	222.55	0.00	222.55	222.55	79566-16	NH11-045L
012224200	20150101	223.40	0.00	223.40	223.40	79566-16	NH11-045L
012224200	20150901	223.86	0.00	223.86	223.86	79566-16	NH11-045L
012225000	20140829	204.45	0.00	204.45	204.45	79566-16	NH10-047L
012225000	20150101	206.46	0.00	206.46	206.46	79566-16	NH10-047L
012225000	20150901	206.58	0.00	206.58	206.58	79566-16	NH10-047L
013081700	20140901	236.03	0.00	236.03	236.03	79566-16	
013081700	20150101	239.23	0.00	239.23	239.23	79566-16	
013081700	20150301	242.62	0.00	242.62	242.62	79566-16	

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
013081700	20150901	242.99	0.00	242.99	242.99	79566-16	
014146600	20150316	215.14	0.00	215.14	215.14	79566-16	NH07-066J
014146600	20150901	207.59	0.00	207.59	207.59	79566-16	NH07-066J
014804000	20150701	237.96	0.00	237.96	237.96	79566-16	
014804000	20150901	230.06	0.00	230.06	230.06	79566-16	
016221800	20160101	251.08	0.00	251.08	251.08	79566-16	
016221900	20160101	258.55	0.00	258.55	258.55	79566-16	
016222000	20160101	258.92	0.00	258.92	258.92	79566-16	
016222100	20160101	251.28	0.00	251.28	251.28	79566-16	
016222200	20160101	253.97	0.00	253.97	253.97	79566-16	
016222400	20160101	247.98	0.00	247.98	247.98	79566-16	
016222500	20160101	252.56	0.00	252.56	252.56	79566-16	
016222600	20160101	285.82	0.00	285.82	285.82	79566-16	
016222800	20160101	256.71	0.00	256.71	256.71	79566-16	
016223000	20160101	247.84	0.00	247.84	247.84	79566-16	
016223100	20160101	251.43	0.00	251.43	251.43	79566-16	
016223200	20160101	247.46	0.00	247.46	247.46	79566-16	
016390300	20151231	256.88	0.00	256.88	256.88	79566-16	
020579600	20110101	202.85	347.71	202.85	202.85	79566-16	NH13-119C
020579600	20110701	193.53	339.73	193.53	193.53	79566-16	NH13-119C
020579600	20120101	195.38	342.99	195.38	195.38	79566-16	NH13-119C
022870200	20140101	198.23	0.00	198.23	198.23	79566-16	NH13-278C
022870200	20140701	206.44	0.00	206.44	206.44	79566-16	NH13-278C
022870200	20150101	208.82	0.00	208.82	208.82	79566-16	NH13-278C
026612400	20100701	223.57	366.91	223.57	223.57	79566-16	NH07-062J
026800300	20090701	188.64	328.99	188.64	188.64	79566-16	NH07-066J
026800300	20100101	190.28	332.20	190.28	190.28	79566-16	NH07-066J
026800300	20100701	189.90	333.24	189.90	189.90	79566-16	NH07-066J
026800300	20110101	193.19	338.05	193.19	193.19	79566-16	NH07-066J
026800300	20110701	186.77	332.97	186.77	186.77	79566-16	NH07-066J
026800300	20120101	190.48	338.09	190.48	190.48	79566-16	NH07-066J
026800300	20120701	197.22	346.43	197.22	197.22	79566-16	NH07-066J
026800300	20130101	199.98	350.79	199.98	199.98	79566-16	NH07-066J
026800300	20130701	205.22	0.00	205.22	205.22	79566-16	NH07-066J
026800300	20140101	204.62	0.00	204.62	204.62	79566-16	NH07-066J
026800300	20140701	213.64	0.00	213.64	213.64	79566-16	NH07-066J
026800300	20150101	216.10	0.00	216.10	216.10	79566-16	NH07-066J
030799800	20090701	200.05	340.40	200.05	200.05	79566-16	NH11-045L
030799800	20100101	206.81	348.73	206.81	206.81	79566-16	NH11-045L
030799800	20100701	207.71	351.05	207.71	207.71	79566-16	NH11-045L
030799800	20110101	210.23	355.09	210.23	210.23	79566-16	NH11-045L
030799800	20110701	200.52	346.72	200.52	200.52	79566-16	NH11-045L
030799800	20120101	200.95	348.56	200.95	200.95	79566-16	NH11-045L
030799800	20120701	209.38	358.59	209.38	209.38	79566-16	NH11-045L
030799800	20130101	212.69	363.50	212.69	212.69	79566-16	NH11-045L
030799800	20130701	218.08	0.00	218.08	218.08	79566-16	NH11-045L
030799800	20140101	214.24	0.00	214.24	214.24	79566-16	NH11-045L
030799800	20140701	222.55	0.00	222.55	222.55	79566-16	NH11-045L
031719500	20090701	208.77	349.12	208.77	208.77	79566-16	NH10-047L
031719500	20100101	210.26	352.18	210.26	210.26	79566-16	NH10-047L
031719500	20100701	210.41	353.75	210.41	210.41	79566-16	NH10-047L
031719500	20110101	201.34	346.20	201.34	201.34	79566-16	NH10-047L
031719500	20110701	191.63	337.83	191.63	191.63	79566-16	NH10-047L
031719500	20120101	192.87	340.48	192.87	192.87	79566-16	NH10-047L
031719500	20120701	197.34	346.55	197.34	197.34	79566-16	NH10-047L
031719500	20130101	197.41	348.22	197.41	197.41	79566-16	NH10-047L
031719500	20130701	201.72	0.00	201.72	201.72	79566-16	NH10-047L
031719500	20140101	202.22	0.00	202.22	202.22	79566-16	NH10-047L
031719500	20140701	209.23	0.00	209.23	209.23	79566-16	NH10-047L
031950300	20090701	192.03	332.38	192.03	192.03	79566-16	NH08-089C
031950300	20100101	194.33	336.25	194.33	194.33	79566-16	NH08-089C
031950300	20100701	196.92	340.26	196.92	196.92	79566-16	NH08-089C
031950300	20110101	199.59	344.45	199.59	199.59	79566-16	NH08-089C
031950300	20110701	192.70	338.90	192.70	192.70	79566-16	NH08-089C
031950300	20120101	194.70	342.31	194.70	194.70	79566-16	NH08-089C
031950300	20120701	200.38	349.59	200.38	200.38	79566-16	NH08-089C
031965100	20090701	189.85	330.20	189.85	189.85	79566-16	NH08-088C
031965100	20100101	191.43	333.35	191.43	191.43	79566-16	NH08-088C
031965100	20100701	188.99	332.33	188.99	188.99	79566-16	NH08-088C
031965100	20110101	191.49	336.35	191.49	191.49	79566-16	NH08-088C
031965100	20110701	185.30	331.50	185.30	185.30	79566-16	NH08-088C
031965100	20120101	191.07	338.68	191.07	191.07	79566-16	NH08-088C
031965100	20120701	196.67	345.88	196.67	196.67	79566-16	NH08-088C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
031967800	20090701	192.54	332.89	192.54	192.54	79566-16	NH03-049R
031967800	20100701	198.28	341.62	198.28	198.28	79566-16	NH03-049R
031967800	20110101	202.21	347.07	202.21	202.21	79566-16	NH03-049R
031967800	20120101	187.27	334.88	187.27	187.27	79566-16	NH03-049R
031967800	20120701	196.00	345.21	196.00	196.00	79566-16	NH03-049R
031969400	20090701	196.41	336.76	196.41	196.41	79566-16	NH08-087C
031969400	20100101	198.07	339.99	198.07	198.07	79566-16	NH08-087C
031969400	20100701	202.36	345.70	202.36	202.36	79566-16	NH08-087C
031969400	20110101	205.69	350.55	205.69	205.69	79566-16	NH08-087C
031969400	20110701	198.56	344.76	198.56	198.56	79566-16	NH08-087C
031969400	20120101	198.52	346.13	198.52	198.52	79566-16	NH08-087C
031969400	20120701	204.34	353.55	204.34	204.34	79566-16	NH08-087C
031970800	20090701	194.72	335.07	194.72	194.72	79566-16	NH03-049R
031970800	20100101	196.36	338.28	196.36	196.36	79566-16	NH08-084C
031970800	20100701	199.14	342.48	199.14	199.14	79566-16	NH08-084C
031970800	20110101	201.86	346.72	201.86	201.86	79566-16	NH08-084C
031970800	20110701	194.69	340.89	194.69	194.69	79566-16	NH08-084C
031970800	20120101	196.83	344.44	196.83	196.83	79566-16	NH08-084C
031970800	20120701	202.79	352.00	202.79	202.79	79566-16	NH08-084C
031971600	20090701	204.67	345.02	204.67	204.67	79566-16	NH03-039R
031971600	20100101	206.27	348.19	206.27	206.27	79566-16	NH03-039R
031971600	20100701	210.49	353.83	210.49	210.49	79566-16	NH03-039R
031971600	20110101	207.88	352.74	207.88	207.88	79566-16	NH03-039R
031971600	20110701	200.84	347.04	200.84	200.84	79566-16	NH03-039R
031971600	20120101	194.84	342.45	194.84	194.84	79566-16	NH03-039R
031971600	20120701	200.76	349.97	200.76	200.76	79566-16	NH03-039R
032434500	20090701	203.41	343.76	203.41	203.41	79566-16	NH11-082C
032434500	20100101	205.05	346.97	205.05	205.05	79566-16	NH11-082C
032434500	20100701	206.95	350.29	206.95	206.95	79566-16	NH11-082C
032434500	20110101	209.35	354.21	209.35	209.35	79566-16	NH11-082C
032434500	20110701	191.25	337.45	191.25	191.25	79566-16	NH11-082C
032434500	20120101	192.85	340.46	192.85	192.85	79566-16	NH11-082C
032434500	20120701	195.65	344.86	195.65	195.65	79566-16	NH11-082C
032434500	20130101	197.79	348.60	197.79	197.79	79566-16	NH11-082C
032434500	20130701	204.66	0.00	204.66	204.66	79566-16	NH11-082C
032434500	20140101	206.68	0.00	206.68	206.68	79566-16	NH11-082C
032434500	20140701	209.45	0.00	209.45	209.45	79566-16	NH11-082C
032434500	20150101	212.26	0.00	212.26	212.26	79566-16	NH11-082C
032434500	20150901	200.97	0.00	200.97	200.97	79566-16	NH11-082C
032439600	20140101	198.64	0.00	198.64	198.64	79566-16	NH11-083C
032442600	20090701	192.26	332.61	192.26	192.26	79566-16	NH11-089C
032442600	20100101	194.20	336.12	194.20	194.20	79566-16	NH11-089C
032442600	20110101	192.97	337.83	192.97	192.97	79566-16	NH11-089C
032442600	20110701	186.96	333.16	186.96	186.96	79566-16	NH11-089C
032444200	20090701	207.51	347.86	207.51	207.51	79566-16	NH11-075C
032444200	20100101	209.96	351.88	209.96	209.96	79566-16	NH11-075C
032444200	20100701	208.76	352.10	208.76	208.76	79566-16	NH11-075C
032444200	20110101	211.52	356.38	211.52	211.52	79566-16	NH11-075C
032444200	20110701	204.54	350.74	204.54	204.54	79566-16	NH11-075C
032444200	20120101	210.69	358.30	210.69	210.69	79566-16	NH11-075C
032444200	20120701	217.24	366.45	217.24	217.24	79566-16	NH11-075C
032444200	20130101	220.34	371.15	220.34	220.34	79566-16	NH11-075C
032444200	20130701	214.16	0.00	214.16	214.16	79566-16	NH11-075C
032444200	20140101	214.81	0.00	214.81	214.81	79566-16	NH11-075C
032444200	20140701	214.95	0.00	214.95	214.95	79566-16	NH11-075C
032444200	20150101	220.35	0.00	220.35	220.35	79566-16	NH11-075C
032444200	20150901	218.24	0.00	218.24	218.24	79566-16	NH11-075C
032445100	20090701	192.89	333.24	192.89	192.89	79566-16	NH11-078C
032445100	20100101	194.26	336.18	194.26	194.26	79566-16	NH11-078C
032445100	20100701	201.10	344.44	201.10	201.10	79566-16	NH11-078C
032445100	20110101	203.40	348.26	203.40	203.40	79566-16	NH11-078C
032445100	20110701	190.86	337.06	190.86	190.86	79566-16	NH11-078C
032445100	20120101	193.23	340.84	193.23	193.23	79566-16	NH11-078C
032445100	20120701	199.36	348.57	199.36	199.36	79566-16	NH11-078C
032445100	20130101	202.06	352.87	202.06	202.06	79566-16	NH11-078C
032445100	20130701	198.86	0.00	198.86	198.86	79566-16	NH11-078C
032445100	20140101	200.14	0.00	200.14	200.14	79566-16	NH11-078C
032445100	20140701	200.77	0.00	200.77	200.77	79566-16	NH11-078C
032445100	20150101	203.79	0.00	203.79	203.79	79566-16	NH11-078C
032445100	20150901	193.91	0.00	193.91	193.91	79566-16	NH11-078C
032447700	20090701	225.83	366.18	225.83	225.83	79566-16	NH11-079C
032447700	20100101	227.20	369.12	227.20	227.20	79566-16	NH11-079C
032447700	20100701	214.42	357.76	214.42	214.42	79566-16	NH11-079C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
032447700	20110101	217.22	362.08	217.22	217.22	79566-16	NH11-079C
032447700	20110701	212.07	358.27	212.07	212.07	79566-16	NH11-079C
032447700	20120101	213.50	361.11	213.50	213.50	79566-16	NH11-079C
032447700	20120701	216.58	365.79	216.58	216.58	79566-16	NH11-079C
032447700	20130101	219.11	369.92	219.11	219.11	79566-16	NH11-079C
032447700	20130701	215.08	0.00	215.08	215.08	79566-16	NH11-079C
032447700	20140101	216.17	0.00	216.17	216.17	79566-16	NH11-079C
032447700	20140701	215.82	0.00	215.82	215.82	79566-16	NH11-079C
032447700	20150101	218.68	0.00	218.68	218.68	79566-16	NH11-079C
032447700	20150901	217.84	0.00	217.84	217.84	79566-16	NH11-079C
032516300	20090701	245.99	386.34	245.99	245.99	79566-16	NH03-102S
032516300	20100101	236.91	378.83	236.91	236.91	79566-16	NH03-102S
032516300	20100701	254.79	398.13	254.79	254.79	79566-16	NH03-102S
032516300	20110101	258.41	403.27	258.41	258.41	79566-16	NH03-102S
032516300	20110701	249.26	395.46	249.26	249.26	79566-16	NH03-102S
032516300	20120101	245.61	393.22	245.61	245.61	79566-16	NH03-102S
032516300	20120701	253.29	402.50	253.29	253.29	79566-16	NH03-102S
032516300	20130101	249.45	400.26	249.45	249.45	79566-16	NH03-102S
032516300	20130701	257.46	0.00	257.46	257.46	79566-16	NH03-102S
032516300	20140101	253.81	0.00	253.81	253.81	79566-16	NH03-102S
032516300	20140701	270.62	0.00	270.62	270.62	79566-16	NH03-102S
032516300	20150101	273.17	0.00	273.17	273.17	79566-16	NH03-102S
032516300	20150901	274.75	0.00	274.75	274.75	79566-16	NH03-102S



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Medicaid Reimbursement Per Diem Rates

SURREY PLACE CARE CENTER

110 SE LEE AVE

LIVE OAK, FL 32060

Provider Number:

0 001135-00

Date:

11/2/2015

Fiscal Year End:

9/30/2008

Audit Status:

Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.07	202.96	7/1/2009
	Level H: Aids	343.42	343.31	7/1/2009

Rate Type:

Interim

X

Prospective

Total Interim

X

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

Effects of FA & RFA #NH11-076C FYE 09/30/2005 for prior provider # 257109

Lisa Smith

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No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

SURREY PLACE CARE CENTER  
110 SE LEE AVE  
LIVE OAK, FL 32060

Provider Number: 0 001135-00  
Date: 11/2/2015  
Fiscal Year End: 9/30/2008  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.63</u>	<u>204.52</u>	<u>1/1/2010</u>
	Level H: Aids	<u>346.55</u>	<u>346.44</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 #NH11-076C FYE 09/30/2005 for prior provider # 257109

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

SURREY PLACE CARE CENTER

110 SE LEE AVE

LIVE OAK, FL 32060

Provider Number:

0 001135-00

Date:

11/2/2015

Fiscal Year End:

9/30/2009

Audit Status:

Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.79	208.68	7/1/2010
	Level H: Aids	352.13	352.02	7/1/2010

Rate Type:

Interim

X Prospective

Total Interim

Total Prospective

Interim Component

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 #NH11-076C FYE 09/30/2005 for prior provider # 257109

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SURREY PLACE CARE CENTER

110 SE LEE AVE

LIVE OAK, FL 32060

Provider Number:

0 001135-00

Date:

11/2/2015

Fiscal Year End:

9/30/2010

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>210.59</u>	<u>210.48</u>	<u>1/1/2011</u>
<u>355.45</u>	<u>355.34</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 #NH11-076C FYE 09/30/2005 for prior provider # 257109

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SURREY PLACE CARE CENTER

110 SE LEE AVE

LIVE OAK, FL 32060

Provider Number:

0 001135-00

Date:

11/2/2015

Fiscal Year End:

9/30/2010

Audit Status:

Unaudited

Provider Type:

Nursing Home

Single Level

Current Rate

New Rate

Effective Date

203.27

203.16

7/1/2011

Level H: Aids

349.47

349.36

7/1/2011

Rate Type:

Interim

X Prospective

Total Interim

X

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

Effects of FA & RFA #NH11-076C FYE 09/30/2005 for prior provider # 257109

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SURREY PLACE CARE CENTER

110 SE LEE AVE

LIVE OAK, FL 32060

Provider Number:

0 001135-00

Date:

11/2/2015

Fiscal Year End:

9/30/2011

Audit Status:

Unaudited

**Provider Type:**

Nursing Home

Single Level

Level H: Aids

Current  
Rate

**207.04**

New  
Rate

**206.93**

Effective  
Date

**1/1/2012**

**354.65**

**354.54**

**1/1/2012**

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH11-076C FYE  
09/30/2005 for prior provider # 257109

**Distribution:**

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No Change in Rate

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110 SE LEE AVE

LIVE OAK, FL 32060

Provider Number:

0 001135-00

Date:

11/2/2015

Fiscal Year End:

9/30/2011

Audit Status:

Unaudited

Provider Type:

Nursing Home

Single Level

Current Rate

New Rate

Effective Date

213.85

213.74

7/1/2012

Level H: Aids

363.06

362.95

7/1/2012

Rate Type:

Interim

X

Prospective

Total Interim

X

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

Effects of FA & RFA #NH11-076C FYE 09/30/2005 for prior provider # 257109

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SURREY PLACE CARE CENTER

110 SE LEE AVE

LIVE OAK, FL 32060

Provider Number:

0 001135-00

Date:

11/2/2015

Fiscal Year End:

9/30/2011

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<b>217.12</b>	<b>217.01</b>	<b>1/1/2013</b>
<b>367.93</b>	<b>367.82</b>	<b>1/1/2013</b>

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH11-076C FYE 09/30/2005 for prior provider # 257109

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**Medicaid Reimbursement Per Diem Rates**

SURREY PLACE CARE CENTER

110 SE LEE AVE

LIVE OAK, FL 32060

Provider Number:

0 001135-00

Date:

11/2/2015

Fiscal Year End:

9/30/2012

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

**218.41**

New  
Rate

**218.30**

Effective  
Date

**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 #NH11-076C FYE  
09/30/2005 for prior provider # 257109

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SURREY PLACE CARE CENTER

110 SE LEE AVE

LIVE OAK, FL 32060

Provider Number:

0 001135-00

Date:

11/2/2015

Fiscal Year End:

9/30/2012

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

221.60

New  
Rate

221.49

Effective  
Date

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 #NH11-076C FYE  
09/30/2005 for prior provider # 257109

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SURREY PLACE CARE CENTER

110 SE LEE AVE

LIVE OAK, FL 32060

Provider Number:

0 001135-00

Date:

11/2/2015

Fiscal Year End:

9/30/2013

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

228.12

New  
Rate

228.01

Effective  
Date

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 #NH11-076C FYE  
09/30/2005 for prior provider # 257109

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**Medicaid Reimbursement Per Diem Rates**

SURREY PLACE CARE CENTER

110 SE LEE AVE

LIVE OAK, FL 32060

Provider Number:

0 001135-00

Date:

11/2/2015

Fiscal Year End:

7/31/2014

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

233.28

New  
Rate

233.16

Effective  
Date

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 #NH11-076C FYE  
09/30/2005 for prior provider # 257109

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Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

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

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**Medicaid Reimbursement Per Diem Rates**

SURREY PLACE CARE CENTER

110 SE LEE AVE

LIVE OAK, FL 32060

Provider Number:

0 001135-00

Date:

11/2/2015

Fiscal Year End:

7/31/2014

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

229.34

New  
Rate

229.22

Effective  
Date

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 FA & RFA #NH11-076C FYE 09/30/2005 for prior provider # 257109

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

COURTYARD GARDENS REHABILITATION CENTER  
17781 THELMA AVENUE  
JUPITER, FL 33458

Provider Number: 0 010082-00  
Date: 1/8/2016  
Fiscal Year End: 6/30/2010  
Audit Status: Field Audited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<b>200.74</b>	<b>199.90</b>	<b>6/1/2009</b>
	Level H: Aids	<b>339.09</b>	<b>338.25</b>	<b>6/1/2009</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Field Audit #NH13-114C FYE 6/30/2010

**Distribution:**

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 No Change in Rate

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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**Medicaid Reimbursement Per Diem Rates**

COURTYARD GARDENS REHABILITATION CENTER  
17781 THELMA AVENUE  
JUPITER, FL 33458

Provider Number: 0 010082-00  
Date: 1/8/2016  
Fiscal Year End: 6/30/2010  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>209.38</u>	<u>208.54</u>	<u>7/1/2009</u>
	Level H: Aids	<u>349.73</u>	<u>348.89</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

Field Audit #NH13-114C FYE 6/30/2010

**Distribution:**

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No Change in Rate

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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**Medicaid Reimbursement Per Diem Rates**

COURTYARD GARDENS REHABILITATION CENTER  
17781 THELMA AVENUE  
JUPITER, FL 33458

Provider Number: 0 010082-00  
Date: 1/8/2016  
Fiscal Year End: 6/30/2010  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>210.81</b>	<b>209.97</b>	<b>1/1/2010</b>
	Level H: Aids	<b>352.73</b>	<b>351.89</b>	<b>1/1/2010</b>

**Rate Type:**

Interim  Prospective

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

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

Settlement based on cost

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

**Basis:**

\_\_\_\_\_ Budget

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

Field audited costs

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

**Changes:**

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

Field Audit #NH13-114C FYE 6/30/2010

**Distribution:**

Contract Management / Fiscal Agent

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\_\_\_\_\_ 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**

COURTYARD GARDENS REHABILITATION CENTER  
17781 THELMA AVENUE  
JUPITER, FL 33458

Provider Number: 0 010082-00  
Date: 1/8/2016  
Fiscal Year End: 6/30/2010  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.54</u>	<u>215.69</u>	<u>7/1/2010</u>
	Level H: Aids	<u>359.88</u>	<u>359.03</u>	<u>7/1/2010</u>

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Field Audit #NH13-114C FYE 6/30/2010

**Distribution:**

Contract Management / Fiscal Agent

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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**

COURTYARD GARDENS REHABILITATION CENTER  
17781 THELMA AVENUE  
JUPITER, FL 33458

Provider Number: 0 010082-00  
Date: 1/8/2016  
Fiscal Year End: 6/30/2010  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>219.60</b>	<b>218.74</b>	<b>1/1/2011</b>
	Level H: Aids	<b>364.46</b>	<b>363.60</b>	<b>1/1/2011</b>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Field Audit #NH13-114C FYE 6/30/2010

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

COURTYARD GARDENS REHABILITATION CENTER

17781 THELMA AVENUE

JUPITER, FL 33458

Provider Number:

0 010082-00

Date:

1/8/2016

Fiscal Year End:

6/30/2010

Audit Status:

Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>212.55</u>	<u>211.73</u>	<u>7/1/2011</u>
	Level H: Aids	<u>358.75</u>	<u>357.93</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 #NH13-114C FYE 6/30/2010

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 080374-00  
Date: 6/14/2016  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>196.60</u>	<u>196.67</u>	<u>10/1/2012</u>
	Level H: Aids	<u>345.81</u>	<u>345.88</u>	<u>10/1/2012</u>

**Rate Type:**

Interim

Prospective

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

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

\_\_\_\_\_ Interim Component

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

\_\_\_\_\_ Settlement based on cost

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

**Basis:**

\_\_\_\_\_ Budget

Unaudited costs

\_\_\_\_\_ Field audited costs

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

**Changes:**

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

Effects of FA & RFA #NH08-088 FYE 8/31/2005  
from prior provider #226572

**Distribution:**

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

Home Office: Consulate Management Company  
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**Lisa Smith**

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 080374-00  
Date: 6/14/2016  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>194.48</u>	<u>194.55</u>	<u>1/1/2013</u>
	Level H: Aids	<u>345.29</u>	<u>345.36</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 #NH08-088 FYE 8/31/2005 from prior provider #226572

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 080374-00  
Date: 6/14/2016  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.06</u>	<u>199.14</u>	<u>7/1/2013</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-088 FYE 8/31/2005 from prior provider #226572


**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 080374-00  
Date: 6/14/2016  
Fiscal Year End: 12/31/2012  
Audit Status: Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<b>186.38</b>	<b>186.46</b>	<b>1/1/2014</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Effects of FA & RFA #NH08-088 FYE 8/31/2005 from prior provider #226572

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT	Provider Number:	0 080374-00
8132 HUDSON AVENUE	Date:	6/14/2016
HUDSON, FL 34667-8571	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

**Provider Type:**

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>193.91</u>	<u>193.98</u>	<u>7/1/2014</u>

**Rate Type:**

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

**Basis:**


<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 #NH08-088 FYE 8/31/2005 from prior provider #226572

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 080374-00  
Date: 6/14/2016  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>200.01</b>	<b>200.08</b>	<b>1/1/2015</b>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH08-088 FYE 8/31/2005 from prior provider #226572

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 080374-00  
Date: 6/14/2016  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**197.34**    **197.42**    **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 FA & RFA #NH08-088 FYE 8/31/2005 from prior provider #226572

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE OF JACKSONVILLE</u>	Provider Number:	<u>0 080384-00</u>
<u>4101 SOUTHPOINT DRIVE EAST</u>	Date:	<u>10/9/2015</u>
<u>JACKSONVILLE , FL 32216</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>200.31</u></b>	<b><u>200.38</u></b>	<b><u>10/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>349.52</u></b>	<b><u>349.59</u></b>	<b><u>10/1/2012</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH08-089C FYE 8/31/2005 for prior provider # 226696

**Distribution:**

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           No Change in Rate

**Lisa Smith**  


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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF JACKSONVILLE	Provider Number:	0 080384-00
4101 SOUTHPOINT DRIVE EAST	Date:	10/9/2015
JACKSONVILLE , FL 32216	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.76	198.83	1/1/2013
	Level H: Aids	349.57	349.64	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 #NH08-089C FYE 8/31/2005 for prior provider # 226696

**Distribution:**

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- No Change in Rate

**Lisa Smith**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF JACKSONVILLE  
4101 SOUTHPOINT DRIVE EAST  
JACKSONVILLE , FL 32216

Provider Number: 0 080384-00  
Date: 10/9/2015  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

Nursing Home Single Level

Current Rate: **203.60**  
New Rate: **203.67**  
Effective Date: **7/1/2013**

**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 FA & RFA #NH08-089C FYE 8/31/2005 for prior provider # 226696

**Distribution:**

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 No Change in Rate

**Lisa Smith**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF JACKSONVILLE	Provider Number:	0 080384-00
4101 SOUTHPOINT DRIVE EAST	Date:	10/9/2015
JACKSONVILLE , FL 32216	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b>198.23</b>	<b>198.30</b>	<b>1/1/2014</b>

**Rate Type:**

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

**Basis:**

<input type="checkbox"/> Budget
<input 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 #NH08-089C FYE 8/31/2005 for prior provider # 226696

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF JACKSONVILLE	Provider Number:	0 080384-00
4101 SOUTHPOINT DRIVE EAST	Date:	10/9/2015
JACKSONVILLE , FL 32216	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<u>207.23</u>	<u>207.31</u>	<u>7/1/2014</u>

**Rate Type:**

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

**Basis:**

<input type="checkbox"/> Budget
<input 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 #NH08-089C FYE 8/31/2005 for prior provider # 226696

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE OF JACKSONVILLE</u>	Provider Number:	<u>0 080384-00</u>
<u>4101 SOUTHPOINT DRIVE EAST</u>	Date:	<u>10/9/2015</u>
<u>JACKSONVILLE , FL 32216</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>212.16</u></b>	<b><u>212.23</u></b>	<b><u>1/1/2015</u></b>

**Rate Type:**

<u>          </u> Interim	<u>          </u> Total Interim	<u>  X  </u> Prospective	<u>          </u> Total Prospective
<u>          </u>	<u>          </u> Interim Component	<u>          </u>	<u>          </u> Total Prospective with Interim Component
<u>          </u>	<u>          </u> Settlement based on cost		
<u>          </u>	<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 #NH08-089C FYE 8/31/2005 for prior provider # 226696

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CONSULATE HEALTH CARE OF JACKSONVILLE	Provider Number:	0 080384-00
4101 SOUTHPOINT DRIVE EAST	Date:	10/9/2015
JACKSONVILLE , FL 32216	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<u>209.20</u>	<u>209.28</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 #NH08-089C FYE 8/31/2005 for prior provider # 226696

**Distribution:**

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- No Change in Rate

**Lisa Smith**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF LAKE PARKER  
2020 W LAKE PARKER DR  
LAKELAND, FL 33805-5005

Provider Number: 0 080393-00  
Date: 3/11/2016  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>196.01</b>	<b>196.00</b>	<b>10/1/2012</b>
	Level H: Aids	<b>345.22</b>	<b>345.21</b>	<b>10/1/2012</b>

**Rate Type:**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input 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 #NH03-049R FYE 08/31/2000 for prior provider #223891.

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF LAKE PARKER  
2020 W LAKE PARKER DR  
LAKELAND, FL 33805-5005

Provider Number: 0 080393-00  
Date: 3/11/2016  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>203.16</u>	<u>203.15</u>	<u>7/1/2013</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 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 #NH03-049R FYE 08/31/2000 for prior provider #223891.

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF LAKE PARKER  
2020 W LAKE PARKER DR  
LAKELAND, FL 33805-5005

Provider Number: 0 080393-00  
Date: 3/11/2016  
Fiscal Year End: 12/31/2012  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>188.01</b>	<b>188.00</b>	<b>1/1/2014</b>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH03-049R FYE 08/31/2000 for prior provider #223891.

**Distribution:**

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No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF LAKE PARKER  
2020 W LAKE PARKER DR  
LAKELAND, FL 33805-5005

Provider Number: 0 080393-00  
Date: 3/11/2016  
Fiscal Year End: 12/31/2012  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>198.52</b>	<b>198.51</b>	<b>7/1/2014</b>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH03-049R FYE 08/31/2000 for prior provider #223891.

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE OF LAKE PARKER</u>	Provider Number:	<u>0 080393-00</u>
<u>2020 W LAKE PARKER DR</u>	Date:	<u>3/11/2016</u>
<u>LAKELAND, FL 33805-5005</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>209.25</u></b>	<b><u>209.24</u></b>	<b><u>1/1/2015</u></b>

**Rate Type:**

<u>          </u> Interim	<u>          </u> Total Interim	<u>  X  </u> Prospective	<u>          </u> Total Prospective
<u>          </u>	<u>          </u> Interim Component	<u>          </u> X	<u>          </u> Total Prospective with Interim Component
<u>          </u>	<u>          </u> Settlement based on cost		
<u>          </u>	<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 #NH03-049R FYE 08/31/2000 for prior provider #223891.

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF LAKE PARKER  
2020 W LAKE PARKER DR  
LAKELAND, FL 33805-5005

Provider Number: 0 080393-00  
Date: 3/11/2016  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**206.32**    **206.31**    **9/1/2015**

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH03-049R FYE 08/31/2000 for prior provider #223891.

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

<u>CONSULATE HEALTH CARE OF SAFETY HARBOR</u>	Provider Number:	<u>0 080406-00</u>
<u>1410 DR MARTIN LUTHER KING JR ST N</u>	Date:	<u>10/22/2015</u>
<u>SAFETY HARBOR, FL 34695-3303</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.27</u>	<u>204.34</u>	<u>10/1/2012</u>
	Level H: Aids	<u>353.48</u>	<u>353.55</u>	<u>10/1/2012</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>        </u> Settlement based on cost	
<u>        </u> Prior Provider Prospective data	

**Basis:**

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

**Changes:**

<u>        </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH08-087C FYE 8/31/2005 for Prior Provider #226599

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

<u>CONSULATE HEALTH CARE OF SAFETY HARBOR</u>	Provider Number:	<u>0 080406-00</u>
<u>1410 DR MARTIN LUTHER KING JR ST N</u>	Date:	<u>10/22/2015</u>
<u>SAFETY HARBOR, FL 34695-3303</u>	Fiscal Year End:	<u>12/31/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.01</u>	<u>202.09</u>	<u>1/1/2013</u>
	Level H: Aids	<u>352.82</u>	<u>352.90</u>	<u>1/1/2013</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH08-087C FYE 8/31/2005 for Prior Provider #226599

Distribution:

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 No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF SAFETY HARBOR  
1410 DR MARTIN LUTHER KING JR ST N  
SAFETY HARBOR, FL 34695-3303

Provider Number: 0 080406-00  
Date: 10/22/2015  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>206.79</u>	<u>206.87</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 #NH08-087C FYE 8/31/2005 for Prior Provider #226599

**Distribution:**

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Permanent File

For Information Only

No Change in Rate

**Lisa Smith**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF SAFETY HARBOR  
1410 DR MARTIN LUTHER KING JR ST N  
SAFETY HARBOR, FL 34695-3303

Provider Number: 0 080406-00  
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  
**190.67**    **190.75**    **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 #NH08-087C FYE 8/31/2005 for Prior Provider #226599

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Consulate Management Company  
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF SAFETY HARBOR  
1410 DR MARTIN LUTHER KING JR ST N  
SAFETY HARBOR, FL 34695-3303

Provider Number: 0 080406-00  
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
<b>198.40</b>	<b>198.48</b>	<b>7/1/2014</b>

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-087C FYE 8/31/2005 for Prior Provider #226599

**Distribution:**

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For Information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF SAFETY HARBOR  
1410 DR MARTIN LUTHER KING JR ST N  
SAFETY HARBOR, FL 34695-3303

Provider Number: 0 080406-00  
Date: 10/22/2015  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<u>206.15</u>	<u>206.23</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

Effects of FA & RFA #NH08-087C FYE 8/31/2005 for Prior Provider #226599

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF SAFETY HARBOR	Provider Number:	0 080406-00
1410 DR MARTIN LUTHER KING JR ST N	Date:	10/22/2015
SAFETY HARBOR, FL 34695-3303	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<u>203.94</u>	<u>204.02</u>	<u>9/1/2015</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH08-087C FYE 8/31/2005 for Prior Provider #226599

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF ST. PETERSBURG  
9393 PARK BLVD  
SEMINOLE, FL 33777-4140

Provider Number: 0 080409-00  
Date: 10/9/2015  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.72</u>	<u>202.79</u>	<u>10/1/2012</u>
	Level H: Aids	<u>351.93</u>	<u>352.00</u>	<u>10/1/2012</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-084C FYE 08/31/2005 for prior provider # 226670

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF ST. PETERSBURG

9393 PARK BLVD

SEMINOLE, FL 33777-4140

Provider Number:

0 080409-00

Date:

10/9/2015

Fiscal Year End:

12/31/2011

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<b>204.34</b>	<b>204.41</b>	<b>1/1/2013</b>
<b>355.15</b>	<b>355.22</b>	<b>1/1/2013</b>

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-084C FYE 08/31/2005 for prior provider # 226670

**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**

CONSULATE HEALTH CARE OF ST. PETERSBURG

9393 PARK BLVD

SEMINOLE, FL 33777-4140

Provider Number:

0 080409-00

Date:

10/9/2015

Fiscal Year End:

12/31/2011

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>209.16</b>	<b>209.23</b>	<b>7/1/2013</b>

**Rate Type:**

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-084C FYE 08/31/2005 for prior provider # 226670

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF ST. PETERSBURG

9393 PARK BLVD

SEMINOLE, FL 33777-4140

Provider Number:

0 080409-00

Date:

10/9/2015

Fiscal Year End:

12/31/2012

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>197.90</u>	<u>197.97</u>	<u>1/1/2014</u>

**Rate Type:**

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-084C FYE 08/31/2005 for prior provider # 226670

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

Home Office: Consulate Management Company  
800 Concourse Parkway South  
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**

CONSULATE HEALTH CARE OF ST. PETERSBURG  
9393 PARK BLVD  
SEMINOLE, FL 33777-4140

Provider Number: 0 080409-00  
Date: 10/9/2015  
Fiscal Year End: 12/31/2012  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>208.51</u>	<u>208.59</u>	<u>7/1/2014</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-084C FYE 08/31/2005 for prior provider # 226670

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF ST. PETERSBURG

9393 PARK BLVD

SEMINOLE, FL 33777-4140

Provider Number:

0 080409-00

Date:

10/9/2015

Fiscal Year End:

12/31/2013

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>209.83</b>	<b>209.91</b>	<b>1/1/2015</b>

**Rate Type:**

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-084C FYE 08/31/2005 for prior provider # 226670

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

**Lisa Smith**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF ST. PETERSBURG  
9393 PARK BLVD  
SEMINOLE, FL 33777-4140

Provider Number: 0 080409-00  
Date: 10/9/2015  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>207.06</b>	<b>207.13</b>	<b>9/1/2015</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH08-084C FYE 08/31/2005 for prior provider # 226670

**Distribution:**

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Permanent File  
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 No Change in Rate

**Lisa Smith**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF TALLAHASSEE  
1650 PHILLIPS RD  
TALLAHASSEE, FL 32308

Provider Number: 0 080428-00  
Date: 3/2/2016  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.77	200.76	10/1/2012
	Level H: Aids	349.98	349.97	10/1/2012

**Rate Type:**

Interim  Prospective

Total Interim  Total Prospective

Interim Component  Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH03-039R FYE 8/31/2000 for prior provider 223263.

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Consulate Management Company  
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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**

CONSULATE HEALTH CARE OF TALLAHASSEE	Provider Number:	0 080428-00
1650 PHILLIPS RD	Date:	3/2/2016
TALLAHASSEE , FL 32308	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>190.87</u>	<u>190.86</u>	<u>1/1/2013</u>
	Level H: Aids	<u>341.68</u>	<u>341.67</u>	<u>1/1/2013</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH03-039R FYE 8/31/2000 for prior provider 223263.

**Distribution:**

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- Permanent File
- For Information Only
- No Change in Rate

**Lisa Smith**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF TALLAHASSEE  
1650 PHILLIPS RD  
TALLAHASSEE, FL 32308

Provider Number: 0 080428-00  
Date: 3/2/2016  
Fiscal Year End: 12/31/2012  
Audit Status: Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<b>183.58</b>	<b>183.57</b>	<b>1/1/2014</b>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH03-039R FYE 8/31/2000 for prior provider 223263.

**Distribution:**

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

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF TALLAHASSEE

1650 PHILLIPS RD

TALLAHASSEE, FL 32308

Provider Number:

0 080428-00

Date:

3/2/2016

Fiscal Year End:

12/31/2012

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

193.70

New  
Rate

193.69

Effective  
Date

7/1/2014

**Rate Type:**

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH03-039R FYE 8/31/2000 for prior provider 223263.

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**Distribution:**

Contract Management / Fiscal Agent

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No Change in Rate

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>CONSULATE HEALTH CARE OF TALLAHASSEE</u>	Provider Number:	<u>0 080428-00</u>
<u>1650 PHILLIPS RD</u>	Date:	<u>3/2/2016</u>
<u>TALLAHASSEE , FL 32308</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>
<b>Nursing Home    Single Level</b>	<b><u>207.16</u></b>	<b><u>207.15</u></b>	<b><u>1/1/2015</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH03-039R FYE 8/31/2000 for prior provider 223263.

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF TALLAHASSEE	Provider Number:	0 080428-00
1650 PHILLIPS RD	Date:	3/2/2016
TALLAHASSEE , FL 32308	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<u>205.10</u>	<u>205.09</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 #NH03-039R FYE 8/31/2000 for prior provider 223263.

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

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**Medicaid Reimbursement Per Diem Rates**

<u>OCOEE HEALTH CARE CENTER</u>	Provider Number:	<u>0 103852-00</u>
<u>1556 MAGUIRE RD</u>	Date:	<u>5/27/2016</u>
<u>OCOEE, FL 34761</u>	Fiscal Year End:	<u>12/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>235.64</b>	<b>220.15</b>	<b>3/1/2014</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 12/31/2014

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
 For Information Only  
 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**

<u>OCOEE HEALTH CARE CENTER</u>	Provider Number:	<u>0 103852-00</u>
<u>1556 MAGUIRE RD</u>	Date:	<u>5/27/2016</u>
<u>OCOEE, FL 34761</u>	Fiscal Year End:	<u>12/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>248.12</u></b>	<b><u>229.18</u></b>	<b><u>7/1/2014</u></b>

**Rate Type:**

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

**Basis:**


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

**Changes:**

<u>                    </u> Rate Semester Change
<u>X</u> Cost Settlement FYE 12/31/2014

**Distribution:**

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

  
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

OCOEE HEALTH CARE CENTER  
1556 MAGUIRE RD  
OCOEE, FL 34761

Provider Number: 0 103852-00  
Date: 5/27/2016  
Fiscal Year End: 12/31/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**250.09**    **235.33**    **1/1/2015**

**Rate Type:**

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

**Basis:**

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

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Cost Settlement FYE 12/31/2014

**Distribution:**

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

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

<u>OCOEE HEALTH CARE CENTER</u>	Provider Number:	<u>0 103852-00</u>
<u>1556 MAGUIRE RD</u>	Date:	<u>5/27/2016</u>
<u>OCOEE, FL 34761</u>	Fiscal Year End:	<u>12/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<u>245.03</u>	<u>232.28</u>	<u>9/1/2015</u>

**Rate Type:**

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

**Basis:**


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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Cost Settlement FYE 12/31/2014

**Distribution:**

Contract Management / Fiscal Agent  
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**Lisa Smith**  
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**Medicaid Reimbursement Per Diem Rates**

CYPRESS VILLAGE  
4600 MIDDLETON PARK CIR E  
JACKSONVILLE, FL 32224

Provider Number: 0 122242-00  
Date: 5/25/2016  
Fiscal Year End: 12/31/2012  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
222.54	222.55	8/29/2014

**Rate Type:**

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

**Basis:**

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

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Effects of Correction to RFA #NH11-045L FYE 12/31/2005

**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**

<u>CYPRESS VILLAGE</u>	Provider Number:	<u>0 122242-00</u>
<u>4600 MIDDLETON PARK CIR E</u>	Date:	<u>5/25/2016</u>
<u>JACKSONVILLE, FL 32224</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

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

**Rate Type:**

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

**Basis:**


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

**Changes:**

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

**Distribution:**

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

  
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 Brentwood, TN 37027



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**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>5/25/2016</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>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>223.84</u></b>	<b><u>223.86</u></b>	<b><u>9/1/2015</u></b>

**Rate Type:**

<u>          </u> Interim	<u>          </u> Total Interim	<u>  X  </u> Prospective	<u>          </u> Total Prospective
<u>          </u> Interim Component	<u>          </u> Settlement based on cost	<u>          </u> 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 Correction to RFA #NH11-045L FYE 12/31/2005

**Distribution:**

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

  
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

THE NURSING CENTER AT FREEDOM VILLAGE  
 6410 21ST AVE W  
 BRADENTON, FL 34209

Provider Number: 0 122250-00  
 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>204.46</u>	<u>204.45</u>	<u>8/29/2014</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH10-047L FYE 11/30/2007 for prior provider # 317195

**Distribution:**

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

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

Home Office: Brookdale Senior Living, Inc.  
 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**

THE NURSING CENTER AT FREEDOM VILLAGE  
6410 21ST AVE W  
BRADENTON, FL 34209

Provider Number: 0 122250-00  
Date: 10/22/2015  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>206.47</u>	<u>206.46</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

Effects of FA & RFA #NH10-047L FYE 11/30/2007 for prior provider # 317195

**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>THE NURSING CENTER AT FREEDOM VILLAGE</u>	Provider Number:	<u>0 122250-00</u>
<u>6410 21ST AVE W</u>	Date:	<u>10/22/2015</u>
<u>BRADENTON, FL 34209</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>206.59</b>	<b>206.58</b>	<b>9/1/2015</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>                    </u> Rate Semester Change
<u>X</u> Effects of FA & RFA #NH10-047L FYE 11/30/2007 for prior provider # 317195

**Distribution:**

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 No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

OAK VIEW REHABILITATION CENTER  
833 KINGSLEY AVE  
ORANGE PARK, FL 32073

Provider Number: 0 130817-00  
Date: 5/25/2016  
Fiscal Year End: 2/28/2015  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>237.25</u>	<u>236.03</u>	<u>9/1/2014</u>

**Rate Type:**

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

**Basis:**

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


**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Cost Settlement FYE 02/28/2015

**Distribution:**

Contract Management / Fiscal Agent  
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 \_\_\_\_\_ No Change in Rate

Home Office:      No Home Office

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



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

OAK VIEW REHABILITATION CENTER  
833 KINGSLEY AVE  
ORANGE PARK, FL 32073

Provider Number: 0 130817-00  
Date: 5/25/2016  
Fiscal Year End: 2/28/2015  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
241.39	239.23	1/1/2015

**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 FYE 02/28/2015

**Distribution:**


Contract Management / Fiscal Agent

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

Home Office:    No Home Office

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**Medicaid Reimbursement Per Diem Rates**

OAK VIEW REHABILITATION CENTER  
833 KINGSLEY AVE  
ORANGE PARK, FL 32073

Provider Number: 0 130817-00  
Date: 5/25/2016  
Fiscal Year End: 2/28/2015  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
241.39	242.62	3/1/2015

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Cost Settlement FYE 02/28/2015

**Distribution:**

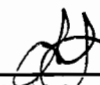
Contract Management / Fiscal Agent

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**

OAK VIEW REHABILITATION CENTER	Provider Number:	0 130817-00
833 KINGSLEY AVE	Date:	5/25/2016
ORANGE PARK, FL 32073	Fiscal Year End:	2/28/2015
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<b>235.87</b>	<b>242.99</b>	<b>9/1/2015</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 02/28/2015

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

LANIER TERRACE  
12740 LANIER ROAD  
JACKSONVILLE, FL 32226-1704

Provider Number: 0 141466-00  
Date: 6/14/2016  
Fiscal Year End: 12/31/2015  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current    New    Effective  
Rate    Rate    Date  
**215.21    215.14    3/16/2015**

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

Basis:	
<input checked="" type="checkbox"/>	Budget
<input 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 #NH07-066J FYE 7/31/2005

**Distribution:**

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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**

<u>LANIER TERRACE</u>	Provider Number:	<u>0 141466-00</u>
<u>12740 LANIER ROAD</u>	Date:	<u>6/14/2016</u>
<u>JACKSONVILLE, FL 32226-1704</u>	Fiscal Year End:	<u>12/31/2015</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>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>207.66</u></b>	<b><u>207.59</u></b>	<b><u>9/1/2015</u></b>

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

Basis:	
<input checked="" type="checkbox"/> Budget	
<input 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 #NH07-066J FYE 7/31/2005	

**Distribution:**  
 Contract Management / Fiscal Agent  
 Permanent File  
 For Information Only  
 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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**Medicaid Reimbursement Per Diem Rates**

THE TERRACE AT HOBE SOUND	Provider Number:	0 148040-00
9555 SE FEDERAL HWY	Date:	4/12/2016
HOBE SOUND, FL 33455	Fiscal Year End:	6/30/2016
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>238.77</u></b>	<b><u>237.96</u></b>	<b><u>7/1/2015</u></b>

**Rate Type:**

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

**Basis:**

<input checked="" type="checkbox"/> Budget
<input 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"/> NRP CHOP/CHOW effective 07/01/2015

**Distribution:**

Contract Management / Fiscal Agent  
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 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**

THE TERRACE AT HOBE SOUND  
9555 SE FEDERAL HWY  
HOBE SOUND, FL 33455

Provider Number: 0 148040-00  
Date: 4/12/2016  
Fiscal Year End: 6/30/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>235.71</u>	<u>230.06</u>	<u>9/1/2015</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 NRP CHOP/CHOW effective 07/01/2015

**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**

SOLARIS HEALTHCARE BAYONET POINT	Provider Number:	0 162218-00
7210 BEACON WOODS DR	Date:	6/3/2016
HUDSON, FL 34667-1974	Fiscal Year End:	12/31/2016
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b>234.48</b>	<b>251.08</b>	<b>1/1/2016</b>

**Rate Type:**

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

**Basis:**

<input checked="" type="checkbox"/> Budget
<input 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"/> NRP CHOP effective 01/01/2016

**Distribution:**

Contract Management / Fiscal Agent  
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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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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE CHARLOTTE HARBOR  
4000 KINGS HWY  
PORT CHARLOTTE, FL 33980

Provider Number: 0 162219-00  
Date: 5/18/2016  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<u>244.99</u>	<u>258.55</u>	<u>1/1/2016</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  
 NRP CHOP effective 01/01/2016

**Distribution:**

Contract Management / Fiscal Agent  
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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**

SOLARIS HEALTHCARE COCONUT CREEK

4125 WEST SAMPLE RD

COCONUT CREEK, FL 33073

Provider Number:

0 162220-00

Date:

5/20/2016

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>254.69</b>	<b>258.92</b>	<b>1/1/2016</b>

**Rate Type:**

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

NRP CHOP effective 01/01/2016

**Distribution:**

Contract Management / Fiscal Agent

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**Lisa Smith**

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE DAYTONA  
550 NATIONAL HEALTHCARE DRIVE  
DAYTONA BEACH, FL 32114

Provider Number: 0 162221-00  
Date: 5/24/2016  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>240.80</b>	<b>251.28</b>	<b>1/1/2016</b>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 NRP CHOP effective 01/01/2016

**Distribution:**

Contract Management / Fiscal Agent  
Permanent File  
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 No Change in Rate

**Lisa Smith**

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE IMPERIAL  
900 IMPERIAL GOLF COURSE BLVD  
NAPLES, FL 34110

Provider Number: 0 162222-00  
Date: 5/26/2016  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>247.08</u>	<u>253.97</u>	<u>1/1/2016</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  
 NRP CHOP effective 01/01/2016

**Distribution:**

Contract Management / Fiscal Agent  
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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE LAKE CITY

560 SW MCFARLANE AVE

LAKE CITY, FL 32025

Provider Number:

0 162224-00

Date:

5/27/2016

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

New  
Rate

Effective  
Date

**236.12**

**247.98**

**1/1/2016**

**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

NRP CHOP effective 01/01/2016

**Distribution:**

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE MERRITT ISLAND  
500 CROCKETT BLVD  
MERRITT ISLAND, FL 32953

Provider Number: 0 162225-00  
Date: 4/20/2016  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>241.59</b>	<b>252.56</b>	<b>1/1/2016</b>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 NRP CHOP effective 01/01/2016

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS SENIOR LIVING NORTH NAPLES  
10949 PARNU STREET  
NAPLES, FL 34109

Provider Number: 0 162226-00  
Date: 4/19/2016  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<b>273.01</b>	<b>285.82</b>	<b>1/1/2016</b>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 NRP CHOP effective 01/01/2016

**Distribution:**

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Home Office:      No Home Office



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE PARKWAY  
800 SE CENTRAL PKWY  
STUART, FL 34994

Provider Number: 0 162228-00  
Date: 4/29/2016  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>247.77</u>	<u>256.71</u>	<u>1/1/2016</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 NRP CHOP effective 01/01/2016

**Distribution:**

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

**Lisa Smith**

Medicaid Cost Reimbursement Planning and Finance

Home Office:    No Home Office



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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE PENSACOLA  
8475 UNIVERSITY PARKWAY  
PENSACOLA, FL 32514

Provider Number: 0 162230-00  
Date: 5/6/2016  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>238.09</u>	<u>247.84</u>	<u>1/1/2016</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

NRP CHOP effective 01/01/2016

**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**

SOLARIS HEALTHCARE PLANT CITY  
701 N WILDER RD  
PLANT CITY, FL 33566-7547

Provider Number: 0 162231-00  
Date: 5/11/2016  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current      New      Effective  
Rate      Rate      Date  
**234.33      251.43      1/1/2016**

**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  
 NRP CHOP effective 01/01/2016

**Distribution:**

Contract Management / Fiscal Agent  
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 No Change in Rate

**Lisa Smith**

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**Medicaid Reimbursement Per Diem Rates**

SOLARIS HEALTHCARE WINDERMERE  
4875 CASON COVE DRIVE  
ORLANDO, FL 32811

Provider Number: 0 162232-00  
Date: 5/16/2016  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<b>230.48</b>	<b>247.46</b>	<b>1/1/2016</b>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

NRP CHOP effective 01/01/2016

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

FORT MYERS REHABILITATION AND NURSING CENTER  
 7173 CYPRESS DRIVE SW  
 FORT MYERS, FL 33907-2994

Provider Number: 0 163903-00  
 Date: 6/9/2016  
 Fiscal Year End: 12/31/2016  
 Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>243.20</b>	<b>256.88</b>	<b>12/31/2015</b>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 NRP CHOP/CHOW effective 12/31/2015

**Distribution:**

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

**Lisa Smith**  
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Home Office:    No Home Office





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**Medicaid Reimbursement Per Diem Rates**

COMMONS AT ORLANDO LUTHERAN TOWERS  
210 LAKE AVENUE  
ORLANDO, FL 32801

Provider Number: 0 205796-00  
Date: 12/18/2015  
Fiscal Year End: 8/31/2010  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.08	202.85	1/1/2011
	Level H: Aids	348.94	347.71	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 #NH13-119C FYE 8/31/2010

**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**

COMMONS AT ORLANDO LUTHERAN TOWERS  
210 LAKE AVENUE  
ORLANDO, FL 32801

Provider Number: 0 205796-00  
Date: 12/18/2015  
Fiscal Year End: 8/31/2010  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>194.70</u>	<u>193.53</u>	<u>7/1/2011</u>
	Level H: Aids	<u>340.90</u>	<u>339.73</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 #NH13-119C FYE 8/31/2010

**Distribution:**

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

COMMONS AT ORLANDO LUTHERAN TOWERS  
210 LAKE AVENUE  
ORLANDO, FL 32801

Provider Number: 0 205796-00  
Date: 12/18/2015  
Fiscal Year End: 8/31/2010  
Audit Status: Field Audited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>196.56</u>	<u>195.38</u>	<u>1/1/2012</u>
	Level H: Aids	<u>344.17</u>	<u>342.99</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 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 #NH13-119C FYE 8/31/2010

**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**

WINTER HAVEN HEALTH AND REHABILITATION CENTER  
202 AVE O NE  
WINTER HAVEN, FL 33881

Provider Number: 0 228702-00  
Date: 5/2/2016  
Fiscal Year End: 6/30/2013  
Audit Status: Field Audited

**Provider Type:**

Nursing Home      Single Level

Current      New      Effective  
Rate      Rate      Date  
**198.39**      **198.23**      **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 NH13-278C FYE 6/30/2013

**Distribution:**

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

Home Office:      No Home Office

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**Medicaid Reimbursement Per Diem Rates**

WINTER HAVEN HEALTH AND REHABILITATION CENTER  
202 AVE O NE  
WINTER HAVEN, FL 33881

Provider Number: 0 228702-00  
Date: 5/2/2016  
Fiscal Year End: 6/30/2013  
Audit Status: Field Audited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<u>206.61</u>	<u>206.44</u>	<u>7/1/2014</u>

**Rate Type:**

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

**Basis:**

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

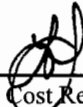
**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Field Audit NH13-278C FYE 6/30/2013

**Distribution:**

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

Home Office:      No Home Office

  
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**Medicaid Reimbursement Per Diem Rates**

WINTER HAVEN HEALTH AND REHABILITATION CENTER  
202 AVE O NE  
WINTER HAVEN, FL 33881

Provider Number: 0 228702-00  
Date: 5/2/2016  
Fiscal Year End: 6/30/2013  
Audit Status: Field Audited

**Provider Type:**

Nursing Home      Single Level

Current      New      Effective  
Rate      Rate      Date  
**208.98**      **208.82**      **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  
 Field Audit NH13-278C FYE 6/30/2013

**Distribution:**

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

Home Office:      No Home Office

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Medicaid Reimbursement Per Diem Rates

OASIS HEALTH AND REHABILITATION CENTER

1201 12TH AVENUE SOUTH

LAKE WORTH, FL 33460

Provider Number:

0 266124-00

Date:

3/1/2016

Fiscal Year End:

3/31/2010

Audit Status:

Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.56</u>	<u>223.57</u>	<u>7/1/2010</u>
	Level H: Aids	<u>366.90</u>	<u>366.91</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 #NH07-062J FYE 3/31/2005

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:  No Home Office

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**Medicaid Reimbursement Per Diem Rates**

LANIER TERRACE	Provider Number:	0 268003-00
12740 LANIER ROAD	Date:	6/14/2016
JACKSONVILLE, FL 32226-1704	Fiscal Year End:	7/31/2008
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>188.71</u>	<u>188.64</u>	<u>7/1/2009</u>
	Level H: Aids	<u>329.06</u>	<u>328.99</u>	<u>7/1/2009</u>

**Rate Type:**

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

**Basis:**

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


**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH07-066J FYE 7/31/2005

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
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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>LANIER TERRACE</u>	Provider Number:	<u>0 268003-00</u>
<u>12740 LANIER ROAD</u>	Date:	<u>6/14/2016</u>
<u>JACKSONVILLE, FL 32226-1704</u>	Fiscal Year End:	<u>7/31/2008</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>190.35</u></b>	<b><u>190.28</u></b>	<b><u>1/1/2010</u></b>
	<b>Level H: Aids</b>	<b><u>332.27</u></b>	<b><u>332.20</u></b>	<b><u>1/1/2010</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH07-066J FYE 7/31/2005

**Distribution:**

Contract Management / Fiscal Agent  
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Home Office:      No Home Office

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**Medicaid Reimbursement Per Diem Rates**

<u>LANIER TERRACE</u>	Provider Number:	<u>0 268003-00</u>
<u>12740 LANIER ROAD</u>	Date:	<u>6/14/2016</u>
<u>JACKSONVILLE, FL 32226-1704</u>	Fiscal Year End:	<u>7/31/2009</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>189.97</u></b>	<b><u>189.90</u></b>	<b><u>7/1/2010</u></b>
	<b>Level H: Aids</b>	<b><u>333.31</u></b>	<b><u>333.24</u></b>	<b><u>7/1/2010</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH07-066J FYE 7/31/2005

**Distribution:**

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

Home Office:      No Home Office

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

LANIER TERRACE  
12740 LANIER ROAD  
JACKSONVILLE, FL 32226-1704

Provider Number: 0 268003-00  
Date: 6/14/2016  
Fiscal Year End: 7/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>193.26</u>	<u>193.19</u>	<u>1/1/2011</u>
	Level H: Aids	<u>338.12</u>	<u>338.05</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 #NH07-066J FYE 7/31/2005

**Distribution:**

Contract Management / Fiscal Agent  
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 No Change in Rate

Home Office: No Home Office

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**Medicaid Reimbursement Per Diem Rates**

<u>LANIER TERRACE</u>	Provider Number:	<u>0 268003-00</u>
<u>12740 LANIER ROAD</u>	Date:	<u>6/14/2016</u>
<u>JACKSONVILLE, FL 32226-1704</u>	Fiscal Year End:	<u>7/31/2010</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>186.83</u></b>	<b><u>186.77</u></b>	<b><u>7/1/2011</u></b>
	<b>Level H: Aids</b>	<b><u>333.03</u></b>	<b><u>332.97</u></b>	<b><u>7/1/2011</u></b>

**Rate Type:**

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

**Basis:**

           Budget  
  X   Unaudited costs  
           Field audited costs  
           Desk audited costs

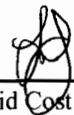
**Changes:**

           Rate Semester Change  
  X   Effects of FA & RFA #NH07-066J FYE  
           7/31/2005

**Distribution:**

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

Home Office:        No Home Office

  
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

LANIER TERRACE  
12740 LANIER ROAD  
JACKSONVILLE, FL 32226-1704

Provider Number: 0 268003-00  
Date: 6/14/2016  
Fiscal Year End: 7/31/2011  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	190.54	190.48	1/1/2012
	Level H: Aids	338.15	338.09	1/1/2012

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH07-066J FYE 7/31/2005

**Distribution:**

Contract Management / Fiscal Agent  
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 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**

LANIER TERRACE	Provider Number:	0 268003-00
12740 LANIER ROAD	Date:	6/14/2016
JACKSONVILLE, FL 32226-1704	Fiscal Year End:	7/31/2011
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>197.28</u>	<u>197.22</u>	<u>7/1/2012</u>
	Level H: Aids	<u>346.49</u>	<u>346.43</u>	<u>7/1/2012</u>

**Rate Type:**

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

**Basis:**


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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH07-066J FYE 7/31/2005

**Distribution:**

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 Lisa Smith  
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>LANIER TERRACE</u>	Provider Number:	<u>0 268003-00</u>
<u>12740 LANIER ROAD</u>	Date:	<u>6/14/2016</u>
<u>JACKSONVILLE, FL 32226-1704</u>	Fiscal Year End:	<u>7/31/2011</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>200.05</u></b>	<b><u>199.98</u></b>	<b><u>1/1/2013</u></b>
	<b>Level H: Aids</b>	<b><u>350.86</u></b>	<b><u>350.79</u></b>	<b><u>1/1/2013</u></b>

**Rate Type:**

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

**Basis:**

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


**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH07-066J FYE 7/31/2005

**Distribution:**

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Home Office:      No Home Office

 **Lisa Smith**  


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**Medicaid Reimbursement Per Diem Rates**

LANIER TERRACE  
12740 LANIER ROAD  
JACKSONVILLE, FL 32226-1704

Provider Number: 0 268003-00  
Date: 6/14/2016  
Fiscal Year End: 7/31/2011  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>205.29</u>	<u>205.22</u>	<u>7/1/2013</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Effects of FA & RFA #NH07-066J FYE 7/31/2005

**Distribution:**

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

Home Office:    No Home Office

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**Medicaid Reimbursement Per Diem Rates**

LANIER TERRACE  
12740 LANIER ROAD  
JACKSONVILLE, FL 32226-1704

Provider Number: 0 268003-00  
Date: 6/14/2016  
Fiscal Year End: 12/31/2012  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>204.69</u>	<u>204.62</u>	<u>1/1/2014</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH07-066J FYE 7/31/2005

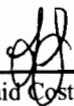
**Distribution:**

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For Information Only

No Change in Rate

  
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Home Office:      No Home Office



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**Medicaid Reimbursement Per Diem Rates**

LANIER TERRACE  
12740 LANIER ROAD  
JACKSONVILLE, FL 32226-1704

Provider Number: 0 268003-00  
Date: 6/14/2016  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
213.71	213.64	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 FA & RFA #NH07-066J FYE 7/31/2005	

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**Medicaid Reimbursement Per Diem Rates**

<u>LANIER TERRACE</u>	Provider Number:	<u>0 268003-00</u>
<u>12740 LANIER ROAD</u>	Date:	<u>6/14/2016</u>
<u>JACKSONVILLE, FL 32226-1704</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>216.17</u></b>	<b><u>216.10</u></b>	<b><u>1/1/2015</u></b>

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Effects of FA & RFA #NH07-066J FYE 7/31/2005	

**Distribution:**

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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: 5/25/2016  
Fiscal Year End: 12/31/2007  
Audit Status: Field Audited

**Provider Type:**

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

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

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

**Distribution:**

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 No Change in Rate

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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>5/25/2016</u>
<u>JACKSONVILLE, FL 32224</u>	Fiscal Year End:	<u>12/31/2008</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>206.29</u></b>	<b><u>206.81</u></b>	<b><u>1/1/2010</u></b>
	<b>Level H: Aids</b>	<b><u>348.21</u></b>	<b><u>348.73</u></b>	<b><u>1/1/2010</u></b>

**Rate Type:**

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

**Basis:**


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

**Changes:**

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

**Distribution:**

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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:	5/25/2016
JACKSONVILLE, FL 32224	Fiscal Year End:	12/31/2008
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>207.20</u>	<u>207.71</u>	<u>7/1/2010</u>
	Level H: Aids	<u>350.54</u>	<u>351.05</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:**

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

**Distribution:**

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Tallahassee, Florida 32308

**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>5/25/2016</u>
<u>JACKSONVILLE, FL 32224</u>	Fiscal Year End:	<u>12/31/2009</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>209.70</u></b>	<b><u>210.23</u></b>	<b><u>1/1/2011</u></b>
	<b>Level H: Aids</b>	<b><u>354.56</u></b>	<b><u>355.09</u></b>	<b><u>1/1/2011</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

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

**Distribution:**

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Tallahassee, Florida 32308

**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>5/25/2016</u>
<u>JACKSONVILLE, FL 32224</u>	Fiscal Year End:	<u>12/31/2009</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>200.01</u></b>	<b><u>200.52</u></b>	<b><u>7/1/2011</u></b>
	<b>Level H: Aids</b>	<b><u>346.21</u></b>	<b><u>346.72</u></b>	<b><u>7/1/2011</u></b>

**Rate Type:**

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

**Basis:**


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

**Changes:**

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

**Distribution:**

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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>5/25/2016</u>
<u>JACKSONVILLE, FL 32224</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>200.43</u></b>	<b><u>200.95</u></b>	<b><u>1/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>348.04</u></b>	<b><u>348.56</u></b>	<b><u>1/1/2012</u></b>

**Rate Type:**

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

**Basis:**


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

**Changes:**

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

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CYPRESS VILLAGE	Provider Number:	0 307998-00
4600 MIDDLETON PARK CIR E	Date:	5/25/2016
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>208.84</u>	<u>209.38</u>	<u>7/1/2012</u>
	Level H: Aids	<u>358.05</u>	<u>358.59</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 Correction to RFA #NH11-045L FYE 12/31/2005

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<u>CYPRESS VILLAGE</u>	Provider Number:	<u>0 307998-00</u>
<u>4600 MIDDLETON PARK CIR E</u>	Date:	<u>5/25/2016</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>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>212.14</u></b>	<b><u>212.69</u></b>	<b><u>1/1/2013</u></b>
	<b>Level H: Aids</b>	<b><u>362.95</u></b>	<b><u>363.50</u></b>	<b><u>1/1/2013</u></b>

**Rate Type:**

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

**Basis:**


           Budget  
  X   Unaudited costs  
           Field audited costs  
           Desk audited costs

**Changes:**

           Rate Semester Change  
  X   Effects of Correction to RFA #NH11-045L FYE  
12/31/2005

**Distribution:**

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

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

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Tallahassee, Florida 32308

**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>5/25/2016</u>
<u>JACKSONVILLE, FL 32224</u>	Fiscal Year End:	<u>12/31/2011</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>217.51</u></b>	<b><u>218.08</u></b>	<b><u>7/1/2013</u></b>

**Rate Type:**

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

**Basis:**


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

**Changes:**

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

**Distribution:**

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 Permanent File  
           For Information Only  
           No Change in Rate

  
 Lisa Smith  
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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:

5/25/2016

Fiscal Year End:

12/31/2012

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

New  
Rate

Effective  
Date

**213.65**

**214.24**

**1/1/2014**

**Rate Type:**

           Interim

  X   Prospective

           Total Interim

             X   Total Prospective

           Interim Component

           Total Prospective with Interim Component

           Settlement based on cost

           Prior Provider Prospective data

**Basis:**

           Budget

  X   Unaudited costs

           Field audited costs

           Desk audited costs

**Changes:**

           Rate Semester Change

  X   Effects of Correction to RFA #NH11-045L FYE  
12/31/2005

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

       For Information Only

       No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

CYPRESS VILLAGE	Provider Number:	0 307998-00
4600 MIDDLETON PARK CIR E	Date:	5/25/2016
JACKSONVILLE, FL 32224	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b>222.54</b>	<b>222.55</b>	<b>7/1/2014</b>

**Rate Type:**

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

**Basis:**


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

**Changes:**

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

**Distribution:**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

THE NURSING CENTER AT FREEDOM VILLAGE  
6410 21ST AVE W  
BRADENTON, FL 34209

Provider Number: 0 317195-00  
Date: 10/22/2015  
Fiscal Year End: 11/30/2008  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.00	208.77	7/1/2009
	Level H: Aids	350.35	349.12	7/1/2009

**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 #NH10-047L FYE 11/30/2007

**Distribution:**

Contract Management / Fiscal Agent  
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 No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

THE NURSING CENTER AT FREEDOM VILLAGE  
6410 21ST AVE W  
BRADENTON, FL 34209

Provider Number: 0 317195-00  
Date: 10/22/2015  
Fiscal Year End: 11/30/2008  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.56</u>	<u>210.26</u>	<u>1/1/2010</u>
	Level H: Aids	<u>353.48</u>	<u>352.18</u>	<u>1/1/2010</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH10-047L FYE 11/30/2007

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

**Lisa Smith**

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Medicaid Reimbursement Per Diem Rates

THE NURSING CENTER AT FREEDOM VILLAGE  
6410 21ST AVE W  
BRADENTON, FL 34209

Provider Number: 0 317195-00  
Date: 10/22/2015  
Fiscal Year End: 11/30/2008  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>212.30</u>	<u>210.41</u>	<u>7/1/2010</u>
	Level H: Aids	<u>355.64</u>	<u>353.75</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:**

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Effects of FA & RFA #NH10-047L FYE 11/30/2007

**Distribution:**

Contract Management / Fiscal Agent  
Permanent File  
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 No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

THE NURSING CENTER AT FREEDOM VILLAGE  
6410 21ST AVE W  
BRADENTON, FL 34209

Provider Number: 0 317195-00  
Date: 10/22/2015  
Fiscal Year End: 12/31/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>201.37</b>	<b>201.34</b>	<b>1/1/2011</b>
	Level H: Aids	<b>346.23</b>	<b>346.20</b>	<b>1/1/2011</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Effects of FA & RFA #NH10-047L FYE 11/30/2007

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

THE NURSING CENTER AT FREEDOM VILLAGE  
6410 21ST AVE W  
BRADENTON, FL 34209

Provider Number: 0 317195-00  
Date: 10/22/2015  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>191.65</u>	<u>191.63</u>	<u>7/1/2011</u>
	Level H: Aids	<u>337.85</u>	<u>337.83</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 #NH10-047L FYE 11/30/2007

**Distribution:**

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

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**Medicaid Reimbursement Per Diem Rates**

THE NURSING CENTER AT FREEDOM VILLAGE  
6410 21ST AVE W  
BRADENTON, FL 34209

Provider Number: 0 317195-00  
Date: 10/22/2015  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>192.90</u>	<u>192.87</u>	<u>1/1/2012</u>
	Level H: Aids	<u>340.51</u>	<u>340.48</u>	<u>1/1/2012</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH10-047L FYE 11/30/2007

**Distribution:**

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 No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

THE NURSING CENTER AT FREEDOM VILLAGE  
6410 21ST AVE W  
BRADENTON, FL 34209

Provider Number: 0 317195-00  
Date: 10/22/2015  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>197.37</u>	<u>197.34</u>	<u>7/1/2012</u>
	Level H: Aids	<u>346.58</u>	<u>346.55</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 FA & RFA #NH10-047L FYE 11/30/2007

**Distribution:**

Contract Management / Fiscal Agent

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**Medicaid Reimbursement Per Diem Rates**

THE NURSING CENTER AT FREEDOM VILLAGE  
6410 21ST AVE W  
BRADENTON, FL 34209

Provider Number: 0 317195-00  
Date: 10/22/2015  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>197.44</u>	<u>197.41</u>	<u>1/1/2013</u>
	Level H: Aids	<u>348.25</u>	<u>348.22</u>	<u>1/1/2013</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH10-047L FYE 11/30/2007

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

THE NURSING CENTER AT FREEDOM VILLAGE  
 6410 21ST AVE W  
 BRADENTON, FL 34209

Provider Number: 0 317195-00  
 Date: 10/22/2015  
 Fiscal Year End: 12/31/2011  
 Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<u>201.75</u>	<u>201.72</u>	<u>7/1/2013</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH10-047L FYE 11/30/2007

**Distribution:**

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

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**Medicaid Reimbursement Per Diem Rates**

THE NURSING CENTER AT FREEDOM VILLAGE  
6410 21ST AVE W  
BRADENTON, FL 34209

Provider Number: 0 317195-00  
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>202.25</u>	<u>202.22</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 FA & RFA #NH10-047L FYE 11/30/2007

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>THE NURSING CENTER AT FREEDOM VILLAGE</u>	Provider Number:	<u>0 317195-00</u>
<u>6410 21ST AVE W</u>	Date:	<u>10/22/2015</u>
<u>BRADENTON, FL 34209</u>	Fiscal Year End:	<u>12/31/2012</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>209.26</u></b>	<b><u>209.23</u></b>	<b><u>7/1/2014</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>                    </u> Rate Semester Change
<u>X</u> Effects of FA & RFA #NH10-047L FYE 11/30/2007

**Distribution:**

Contract Management / Fiscal Agent  
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 \_\_\_\_\_ No Change in Rate

**Lisa Smith**  
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE OF JACKSONVILLE</u>	Provider Number:	<u>0 319503-00</u>
<u>4101 SOUTHPOINT DRIVE EAST</u>	Date:	<u>10/9/2015</u>
<u>JACKSONVILLE , FL 32216</u>	Fiscal Year End:	<u>8/31/2007</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>191.95</u></b>	<b><u>192.03</u></b>	<b><u>7/1/2009</u></b>
	<b>Level H: Aids</b>	<b><u>332.30</u></b>	<b><u>332.38</u></b>	<b><u>7/1/2009</u></b>

**Rate Type:**

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

**Basis:**

<u>          </u> Budget
<u>  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 #NH08-089C FYE 8/31/2005

**Distribution:**

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 No Change in Rate

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 800 Concourse Parkway South  
 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**

<u>CONSULATE HEALTH CARE OF JACKSONVILLE</u>	Provider Number:	<u>0 319503-00</u>
<u>4101 SOUTHPOINT DRIVE EAST</u>	Date:	<u>10/9/2015</u>
<u>JACKSONVILLE , FL 32216</u>	Fiscal Year End:	<u>8/31/2007</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>194.26</u></b>	<b><u>194.33</u></b>	<b><u>1/1/2010</u></b>
	<b>Level H: Aids</b>	<b><u>336.18</u></b>	<b><u>336.25</u></b>	<b><u>1/1/2010</u></b>

**Rate Type:**

<u>          </u> Interim	<u>          </u> Total Interim	<u>  X  </u> Prospective	<u>          </u> Total Prospective
<u>          </u> Interim Component	<u>          </u> Settlement based on cost	<u>          </u> 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 #NH08-089C FYE 8/31/2005

**Distribution:**

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

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

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



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**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE OF JACKSONVILLE</u>	Provider Number:	<u>0 319503-00</u>
<u>4101 SOUTHPOINT DRIVE EAST</u>	Date:	<u>10/9/2015</u>
<u>JACKSONVILLE , FL 32216</u>	Fiscal Year End:	<u>8/31/2009</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>196.85</u></b>	<b><u>196.92</u></b>	<b><u>7/1/2010</u></b>
	<b>Level H: Aids</b>	<b><u>340.19</u></b>	<b><u>340.26</u></b>	<b><u>7/1/2010</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH08-089C FYE 8/31/2005

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF JACKSONVILLE  
4101 SOUTHPOINT DRIVE EAST  
JACKSONVILLE , FL 32216

Provider Number: 0 319503-00  
Date: 10/9/2015  
Fiscal Year End: 8/31/2009  
Audit Status: Unaudited

**Provider Type:**

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<b>199.52</b>	<b>199.59</b>	<b>1/1/2011</b>
<b>344.38</b>	<b>344.45</b>	<b>1/1/2011</b>

**Rate Type:**

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-089C FYE 8/31/2005

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF JACKSONVILLE  
4101 SOUTHPOINT DRIVE EAST  
JACKSONVILLE , FL 32216

Provider Number: 0 319503-00  
Date: 10/9/2015  
Fiscal Year End: 8/31/2009  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate	New Rate	Effective Date
<b>192.63</b>	<b>192.70</b>	<b>7/1/2011</b>

**Level H: Aids**

<b>338.83</b>	<b>338.90</b>	<b>7/1/2011</b>
---------------	---------------	-----------------

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-089C FYE 8/31/2005

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE OF JACKSONVILLE</u>	Provider Number:	<u>0 319503-00</u>
<u>4101 SOUTHPOINT DRIVE EAST</u>	Date:	<u>10/9/2015</u>
<u>JACKSONVILLE , FL 32216</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>194.64</u></b>	<b><u>194.70</u></b>	<b><u>1/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>342.25</u></b>	<b><u>342.31</u></b>	<b><u>1/1/2012</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH08-089C FYE 8/31/2005

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF JACKSONVILLE	Provider Number:	0 319503-00
4101 SOUTHPOINT DRIVE EAST	Date:	10/9/2015
JACKSONVILLE , FL 32216	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<b>200.31</b>	<b>200.38</b>	<b>7/1/2012</b>
	Level H: Aids	<b>349.52</b>	<b>349.59</b>	<b>7/1/2012</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH08-089C FYE 8/31/2005

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE OF BAYONET POINT</u>	Provider Number:	<u>0 319651-00</u>
<u>8132 HUDSON AVENUE</u>	Date:	<u>6/14/2016</u>
<u>HUDSON, FL 34667-8571</u>	Fiscal Year End:	<u>8/31/2008</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>189.78</u></b>	<b><u>189.85</u></b>	<b><u>7/1/2009</u></b>
	<b>Level H: Aids</b>	<b><u>330.13</u></b>	<b><u>330.20</u></b>	<b><u>7/1/2009</u></b>

**Rate Type:**

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

**Basis:**


<u>          </u> Budget
<u>  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 #NH08-088 FYE 8/31/2005

**Distribution:**

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       No Change in Rate

  
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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 319651-00  
Date: 6/14/2016  
Fiscal Year End: 8/31/2008  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>191.36</u>	<u>191.43</u>	<u>1/1/2010</u>
	Level H: Aids	<u>333.28</u>	<u>333.35</u>	<u>1/1/2010</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-088 FYE 8/31/2005


**Distribution:**

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Permanent File

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No Change in Rate

 **Lisa Smith**

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 319651-00  
Date: 6/14/2016  
Fiscal Year End: 8/31/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>188.92</u>	<u>188.99</u>	<u>7/1/2010</u>
	Level H: Aids	<u>332.26</u>	<u>332.33</u>	<u>7/1/2010</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-088 FYE 8/31/2005

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 319651-00  
Date: 6/14/2016  
Fiscal Year End: 8/31/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>191.41</u>	<u>191.49</u>	<u>1/1/2011</u>
	Level H: Aids	<u>336.27</u>	<u>336.35</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 #NH08-088 FYE 8/31/2005


**Distribution:**

Contract Management / Fiscal Agent

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 319651-00  
Date: 6/14/2016  
Fiscal Year End: 8/31/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>185.23</u>	<u>185.30</u>	<u>7/1/2011</u>
	Level H: Aids	<u>331.43</u>	<u>331.50</u>	<u>7/1/2011</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-088 FYE 8/31/2005

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT  
8132 HUDSON AVENUE  
HUDSON, FL 34667-8571

Provider Number: 0 319651-00  
Date: 6/14/2016  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>191.00</u>	<u>191.07</u>	<u>1/1/2012</u>
	Level H: Aids	<u>338.61</u>	<u>338.68</u>	<u>1/1/2012</u>

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-088 FYE 8/31/2005

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF BAYONET POINT	Provider Number:	0 319651-00
8132 HUDSON AVENUE	Date:	6/14/2016
HUDSON, FL 34667-8571	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>196.60</u>	<u>196.67</u>	<u>7/1/2012</u>
	Level H: Aids	<u>345.81</u>	<u>345.88</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 #NH08-088 FYE 8/31/2005

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**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE OF LAKE PARKER</u>	Provider Number:	<u>0 319678-00</u>
<u>2020 W LAKE PARKER DR</u>	Date:	<u>3/11/2016</u>
<u>LAKELAND, FL 33805-5005</u>	Fiscal Year End:	<u>9/30/2008</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>192.55</u></b>	<b><u>192.54</u></b>	<b><u>7/1/2009</u></b>
	<b>Level H: Aids</b>	<b><u>332.90</u></b>	<b><u>332.89</u></b>	<b><u>7/1/2009</u></b>

**Rate Type:**

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

**Basis:**

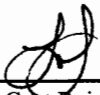
<u>          </u> Budget
<u>  X  </u> Unaudited costs
<u>          </u> Field audited costs
<u>          </u> Desk audited costs

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH03-049R FYE 08/31/2000 for prior provider #223891.

**Distribution:**

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 No Change in Rate

  
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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF LAKE PARKER  
2020 W LAKE PARKER DR  
LAKELAND, FL 33805-5005

Provider Number: 0 319678-00  
Date: 3/11/2016  
Fiscal Year End: 9/30/2008  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>198.29</b>	<b>198.28</b>	<b>7/1/2010</b>
	Level H: Aids	<b>341.63</b>	<b>341.62</b>	<b>7/1/2010</b>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH03-049R FYE 08/31/2000 for prior provider #223891.

**Distribution:**

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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**

CONSULATE HEALTH CARE OF LAKE PARKER  
2020 W LAKE PARKER DR  
LAKELAND, FL 33805-5005

Provider Number: 0 319678-00  
Date: 3/11/2016  
Fiscal Year End: 12/31/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.22</u>	<u>202.21</u>	<u>1/1/2011</u>
	Level H: Aids	<u>347.08</u>	<u>347.07</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 #NH03-049R FYE 08/31/2000 for prior provider #223891.

**Distribution:**

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

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF LAKE PARKER  
2020 W LAKE PARKER DR  
LAKELAND, FL 33805-5005

Provider Number: 0 319678-00  
Date: 3/11/2016  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>187.28</b>	<b>187.27</b>	<b>1/1/2012</b>
	Level H: Aids	<b>334.89</b>	<b>334.88</b>	<b>1/1/2012</b>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH03-049R FYE 08/31/2000 for prior provider #223891.

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF LAKE PARKER  
2020 W LAKE PARKER DR  
LAKELAND, FL 33805-5005

Provider Number: 0 319678-00  
Date: 3/11/2016  
Fiscal Year End: 12/31/2011  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	196.01	196.00	7/1/2012
	Level H: Aids	345.22	345.21	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:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH03-049R FYE 08/31/2000 for prior provider #223891.

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

<u>CONSULATE HEALTH CARE OF SAFETY HARBOR</u>	Provider Number:	<u>0 319694-00</u>
<u>1410 DR MARTIN LUTHER KING JR ST N</u>	Date:	<u>10/22/2015</u>
<u>SAFETY HARBOR, FL 34695-3303</u>	Fiscal Year End:	<u>8/31/2008</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>196.33</u></b>	<b><u>196.41</u></b>	<b><u>7/1/2009</u></b>
	<b>Level H: Aids</b>	<b><u>336.68</u></b>	<b><u>336.76</u></b>	<b><u>7/1/2009</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH08-087C FYE 8/31/2005

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**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE OF SAFETY HARBOR</u>	Provider Number:	<u>0 319694-00</u>
<u>1410 DR MARTIN LUTHER KING JR ST N</u>	Date:	<u>10/22/2015</u>
<u>SAFETY HARBOR, FL 34695-3303</u>	Fiscal Year End:	<u>8/31/2008</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>197.99</u></b>	<b><u>198.07</u></b>	<b><u>1/1/2010</u></b>
	<b>Level H: Aids</b>	<b><u>339.91</u></b>	<b><u>339.99</u></b>	<b><u>1/1/2010</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH08-087C FYE 8/31/2005

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF SAFETY HARBOR  
1410 DR MARTIN LUTHER KING JR ST N  
SAFETY HARBOR, FL 34695-3303

Provider Number: 0 319694-00  
Date: 10/22/2015  
Fiscal Year End: 8/31/2008  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.28</u>	<u>202.36</u>	<u>7/1/2010</u>
	Level H: Aids	<u>345.62</u>	<u>345.70</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 #NH08-087C FYE  
8/31/2005

**Distribution:**

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CONSULATE HEALTH CARE OF SAFETY HARBOR  
1410 DR MARTIN LUTHER KING JR ST N  
SAFETY HARBOR, FL 34695-3303

Provider Number: 0 319694-00  
Date: 10/22/2015  
Fiscal Year End: 8/31/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>205.61</u>	<u>205.69</u>	<u>1/1/2011</u>
	Level H: Aids	<u>350.47</u>	<u>350.55</u>	<u>1/1/2011</u>

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-087C FYE  
8/31/2005

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF SAFETY HARBOR	Provider Number:	0 319694-00
1410 DR MARTIN LUTHER KING JR ST N	Date:	10/22/2015
SAFETY HARBOR, FL 34695-3303	Fiscal Year End:	8/31/2009
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>198.49</u>	<u>198.56</u>	<u>7/1/2011</u>
	Level H: Aids	<u>344.69</u>	<u>344.76</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 #NH08-087C FYE 8/31/2005

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF SAFETY HARBOR	Provider Number:	0 319694-00
1410 DR MARTIN LUTHER KING JR ST N	Date:	10/22/2015
SAFETY HARBOR, FL 34695-3303	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>198.44</u>	<u>198.52</u>	<u>1/1/2012</u>
	Level H: Aids	<u>346.05</u>	<u>346.13</u>	<u>1/1/2012</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 FA & RFA #NH08-087C FYE 8/31/2005

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**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE OF SAFETY HARBOR</u>	Provider Number:	<u>0 319694-00</u>
<u>1410 DR MARTIN LUTHER KING JR ST N</u>	Date:	<u>10/22/2015</u>
<u>SAFETY HARBOR, FL 34695-3303</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>204.27</u></b>	<b><u>204.34</u></b>	<b><u>7/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>353.48</u></b>	<b><u>353.55</u></b>	<b><u>7/1/2012</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH08-087C FYE 8/31/2005

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF ST. PETERSBURG  
9393 PARK BLVD  
SEMINOLE, FL 33777-4140

Provider Number: 0 319708-00  
Date: 10/9/2015  
Fiscal Year End: 8/31/2008  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	194.65	194.72	7/1/2009
	Level H: Aids	335.00	335.07	7/1/2009

**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 #NH08-084C FYE 08/31/2005 for prior provider # 226670

**Distribution:**

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 No Change in Rate

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Maitland, FL 32751



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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF ST. PETERSBURG  
9393 PARK BLVD  
SEMINOLE, FL 33777-4140

Provider Number: 0 319708-00  
Date: 10/9/2015  
Fiscal Year End: 8/31/2008  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>196.29</u>	<u>196.36</u>	<u>1/1/2010</u>
	Level H: Aids	<u>338.21</u>	<u>338.28</u>	<u>1/1/2010</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-084C FYE 08/31/2005 for prior provider # 226670

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF ST. PETERSBURG  
9393 PARK BLVD  
SEMINOLE, FL 33777-4140

Provider Number: 0 319708-00  
Date: 10/9/2015  
Fiscal Year End: 8/31/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.07</u>	<u>199.14</u>	<u>7/1/2010</u>
	Level H: Aids	<u>342.41</u>	<u>342.48</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 #NH08-084C FYE  
08/31/2005 for prior provider # 226670

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CONSULATE HEALTH CARE OF ST. PETERSBURG  
9393 PARK BLVD  
SEMINOLE, FL 33777-4140

Provider Number: 0 319708-00  
Date: 10/9/2015  
Fiscal Year End: 8/31/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>201.79</u>	<u>201.86</u>	<u>1/1/2011</u>
	Level H: Aids	<u>346.65</u>	<u>346.72</u>	<u>1/1/2011</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH08-084C FYE 08/31/2005 for prior provider # 226670

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF ST. PETERSBURG  
9393 PARK BLVD  
SEMINOLE, FL 33777-4140

Provider Number: 0 319708-00  
Date: 10/9/2015  
Fiscal Year End: 8/31/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	194.62	194.69	7/1/2011
	Level H: Aids	340.82	340.89	7/1/2011

**Rate Type:**

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

**Basis:**

<input type="checkbox"/> Budget
<input 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 #NH08-084C FYE 08/31/2005 for prior provider # 226670

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9393 PARK BLVD  
SEMINOLE, FL 33777-4140

Provider Number: 0 319708-00  
Date: 10/9/2015  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	196.76	196.83	1/1/2012
	Level H: Aids	344.37	344.44	1/1/2012

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH08-084C FYE 08/31/2005 for prior provider # 226670

**Distribution:**

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 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**

CONSULATE HEALTH CARE OF ST. PETERSBURG  
9393 PARK BLVD  
SEMINOLE, FL 33777-4140

Provider Number: 0 319708-00  
Date: 10/9/2015  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.72	202.79	7/1/2012
	Level H: Aids	351.93	352.00	7/1/2012

**Rate Type:**

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

**Basis:**

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

**Changes:**

_____ Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH08-084C FYE 08/31/2005 for prior provider # 226670

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>CONSULATE HEALTH CARE OF TALLAHASSEE</u>	Provider Number:	<u>0 319716-00</u>
<u>1650 PHILLIPS RD</u>	Date:	<u>3/2/2016</u>
<u>TALLAHASSEE , FL 32308</u>	Fiscal Year End:	<u>9/30/2008</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>204.68</u></b>	<b><u>204.67</u></b>	<b><u>7/1/2009</u></b>
	<b>Level H: Aids</b>	<b><u>345.03</u></b>	<b><u>345.02</u></b>	<b><u>7/1/2009</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH03-039R FYE 8/31/2000 for prior provider 223263.

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF TALLAHASSEE  
1650 PHILLIPS RD  
TALLAHASSEE, FL 32308

Provider Number: 0 319716-00  
Date: 3/2/2016  
Fiscal Year End: 9/30/2008  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.28	206.27	1/1/2010
	Level H: Aids	348.20	348.19	1/1/2010

**Rate Type:**

Interim  Prospective

Total Interim  Total Prospective

Interim Component  Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH03-039R FYE 8/31/2000 for prior provider 223263.

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF TALLAHASSEE  
1650 PHILLIPS RD  
TALLAHASSEE, FL 32308

Provider Number: 0 319716-00  
Date: 3/2/2016  
Fiscal Year End: 9/30/2008  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>210.50</u>	<u>210.49</u>	<u>7/1/2010</u>
	Level H: Aids	<u>353.84</u>	<u>353.83</u>	<u>7/1/2010</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>          </u> Settlement based on cost	
<u>          </u> Prior Provider Prospective data	

**Basis:**

           Budget  
  X   Unaudited costs  
           Field audited costs  
           Desk audited costs

**Changes:**

           Rate Semester Change  
  X   Effects of FA & RFA #NH03-039R FYE  
8/31/2000 for prior provider 223263.

**Distribution:**

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           No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF TALLAHASSEE  
1650 PHILLIPS RD  
TALLAHASSEE, FL 32308

Provider Number: 0 319716-00  
Date: 3/2/2016  
Fiscal Year End: 12/31/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.89	207.88	1/1/2011
	Level H: Aids	352.75	352.74	1/1/2011

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH03-039R FYE 8/31/2000 for prior provider 223263.

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF TALLAHASSEE  
1650 PHILLIPS RD  
TALLAHASSEE, FL 32308

Provider Number: 0 319716-00  
Date: 3/2/2016  
Fiscal Year End: 12/31/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>200.85</u>	<u>200.84</u>	<u>7/1/2011</u>
	Level H: Aids	<u>347.05</u>	<u>347.04</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  
 Effects of FA & RFA #NH03-039R FYE 8/31/2000 for prior provider 223263.

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF TALLAHASSEE  
1650 PHILLIPS RD  
TALLAHASSEE, FL 32308

Provider Number: 0 319716-00  
Date: 3/2/2016  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	194.85	194.84	1/1/2012
	Level H: Aids	342.46	342.45	1/1/2012

**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:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH03-039R FYE 8/31/2000 for prior provider 223263.

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**Medicaid Reimbursement Per Diem Rates**

CONSULATE HEALTH CARE OF TALLAHASSEE	Provider Number:	0 319716-00
1650 PHILLIPS RD	Date:	3/2/2016
TALLAHASSEE , FL 32308	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>200.77</u>	<u>200.76</u>	<u>7/1/2012</u>
	Level H: Aids	<u>349.98</u>	<u>349.97</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 #NH03-039R FYE 8/31/2000 for prior provider 223263.

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**Medicaid Reimbursement Per Diem Rates**

<u>HERITAGE PARK CARE AND REHABILITATION CENTER</u>	Provider Number:	<u>0 324345-00</u>
<u>2302 59TH ST W</u>	Date:	<u>6/3/2016</u>
<u>BRADENTON, FL 34209</u>	Fiscal Year End:	<u>9/30/2008</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>203.53</u></b>	<b><u>203.41</u></b>	<b><u>7/1/2009</u></b>
	<b>Level H: Aids</b>	<b><u>343.88</u></b>	<b><u>343.76</u></b>	<b><u>7/1/2009</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH11-082C FYE 08/31/2005 for Prior Provider #258814

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

HERITAGE PARK CARE AND REHABILITATION CENTER  
2302 59TH ST W  
BRADENTON, FL 34209

Provider Number: 0 324345-00  
Date: 6/3/2016  
Fiscal Year End: 9/30/2008  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.16	205.05	1/1/2010
	Level H: Aids	347.08	346.97	1/1/2010

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH11-082C FYE 08/31/2005 for Prior Provider #258814

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

HERITAGE PARK CARE AND REHABILITATION CENTER	Provider Number:	0 324345-00
2302 59TH ST W	Date:	6/3/2016
BRADENTON, FL 34209	Fiscal Year End:	9/30/2009
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>207.06</u>	<u>206.95</u>	<u>7/1/2010</u>
	Level H: Aids	<u>350.40</u>	<u>350.29</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:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-082C FYE 08/31/2005 for Prior Provider #258814

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

HERITAGE PARK CARE AND REHABILITATION CENTER  
2302 59TH ST W  
BRADENTON, FL 34209

Provider Number: 0 324345-00  
Date: 6/3/2016  
Fiscal Year End: 9/30/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.47	209.35	1/1/2011
	Level H: Aids	354.33	354.21	1/1/2011

**Rate Type:**

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

**Basis:**

<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 #NH11-082C FYE 08/31/2005 for Prior Provider #258814

**Distribution:**

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 No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

HERITAGE PARK CARE AND REHABILITATION CENTER  
2302 59TH ST W  
BRADENTON, FL 34209

Provider Number: 0 324345-00  
Date: 6/3/2016  
Fiscal Year End: 9/30/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>191.36</u>	<u>191.25</u>	<u>7/1/2011</u>
	Level H: Aids	<u>337.56</u>	<u>337.45</u>	<u>7/1/2011</u>

**Rate Type:**

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

Prospective  
 Total Prospective  
 Total Prospective with Interim Component

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH11-082C FYE 08/31/2005 for Prior Provider #258814

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

HERITAGE PARK CARE AND REHABILITATION CENTER	Provider Number:	0 324345-00
2302 59TH ST W	Date:	6/3/2016
BRADENTON, FL 34209	Fiscal Year End:	9/30/2010
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>192.96</u>	<u>192.85</u>	<u>1/1/2012</u>
	Level H: Aids	<u>340.57</u>	<u>340.46</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 #NH11-082C FYE 08/31/2005 for Prior Provider #258814

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**Medicaid Reimbursement Per Diem Rates**

HERITAGE PARK CARE AND REHABILITATION CENTER  
2302 59TH ST W  
BRADENTON, FL 34209

Provider Number: 0 324345-00  
Date: 6/3/2016  
Fiscal Year End: 9/30/2011  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.76	195.65	7/1/2012
	Level H: Aids	344.97	344.86	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:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH11-082C FYE 08/31/2005 for Prior Provider #258814

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**Medicaid Reimbursement Per Diem Rates**

HERITAGE PARK CARE AND REHABILITATION CENTER  
2302 59TH ST W  
BRADENTON, FL 34209

Provider Number: 0 324345-00  
Date: 6/3/2016  
Fiscal Year End: 9/30/2011  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>197.90</u>	<u>197.79</u>	<u>1/1/2013</u>
	Level H: Aids	<u>348.71</u>	<u>348.60</u>	<u>1/1/2013</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH11-082C FYE 08/31/2005 for Prior Provider #258814

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

HERITAGE PARK CARE AND REHABILITATION CENTER  
2302 59TH ST W  
BRADENTON, FL 34209

Provider Number: 0 324345-00  
Date: 6/3/2016  
Fiscal Year End: 9/30/2012  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
204.77	204.66	7/1/2013

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH11-082C FYE 08/31/2005 for Prior Provider #258814

**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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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

HERITAGE PARK CARE AND REHABILITATION CENTER  
2302 59TH ST W  
BRADENTON, FL 34209

Provider Number: 0 324345-00  
Date: 6/3/2016  
Fiscal Year End: 9/30/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**209.56**    **209.45**    **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 #NH11-082C FYE  
08/31/2005 for Prior Provider #258814

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

HERITAGE PARK CARE AND REHABILITATION CENTER  
2302 59TH ST W  
BRADENTON, FL 34209

Provider Number: 0 324345-00  
Date: 6/3/2016  
Fiscal Year End: 9/30/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**212.38**    **212.26**    **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 #NH11-082C FYE 08/31/2005 for Prior Provider #258814

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF NORTH FLORIDA  
1083 SANDERS AVENUE  
GRACEVILLE, FL 32440

Provider Number: 0 324396-00  
Date: 11/3/2015  
Fiscal Year End: 7/31/2012  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>198.63</u>	<u>198.64</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 #NH11-083C FYE 7/31/2006

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE AT THE COURTYARD
2600 FOREST GLEN TRAIL
MARIANNA, FL 32446
Provider Number: 0 324426-00
Date: 11/13/2015
Fiscal Year End: 7/31/2008
Audit Status: Unaudited

Provider Type:

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

Rate Type:

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

Basis:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Effects of FA & RFA #NH11-089C FYE 7/31/2006

Distribution:

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No Change in Rate

Lisa Smith
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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE AT THE COURTYARD

2600 FOREST GLEN TRAIL

MARIANNA, FL 32446

Provider Number:

0 324426-00

Date:

11/13/2015

Fiscal Year End:

7/31/2008

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>194.61</u>	<u>194.20</u>	<u>1/1/2010</u>
<u>336.53</u>	<u>336.12</u>	<u>1/1/2010</u>

**Rate Type:**

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH11-089C FYE 7/31/2006

**Distribution:**

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No Change in Rate

**Lisa Smith**

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE AT THE COURTYARD  
2600 FOREST GLEN TRAIL  
MARIANNA, FL 32446

Provider Number: 0 324426-00  
Date: 11/13/2015  
Fiscal Year End: 7/31/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>193.37</u>	<u>192.97</u>	<u>1/1/2011</u>
	Level H: Aids	<u>338.23</u>	<u>337.83</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 #NH11-089C FYE 7/31/2006

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE AT THE COURTYARD

2600 FOREST GLEN TRAIL

MARIANNA, FL 32446

Provider Number:

0 324426-00

Date:

11/13/2015

Fiscal Year End:

7/31/2010

Audit Status:

Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>186.99</u>	<u>186.96</u>	<u>7/1/2011</u>
	Level H: Aids	<u>333.19</u>	<u>333.16</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

Effects of FA & RFA #NH11-089C FYE 7/31/2006

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF ORMOND	Provider Number:	0 324442-00
103 NORTH CLYDE MORRIS BLVD	Date:	11/12/2015
ORMOND BEACH, FL 32174	Fiscal Year End:	9/30/2008
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>207.52</u>	<u>207.51</u>	<u>7/1/2009</u>
	Level H: Aids	<u>347.87</u>	<u>347.86</u>	<u>7/1/2009</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 FA & RFA #NH11-075C FYE 09/30/2005 for prior provider # 255475

**Distribution:**

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 No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF ORMOND  
103 NORTH CLYDE MORRIS BLVD  
ORMOND BEACH, FL 32174

Provider Number: 0 324442-00  
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	209.97	209.96	1/1/2010
	Level H: Aids	351.89	351.88	1/1/2010

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH11-075C FYE 09/30/2005 for prior provider # 255475

**Distribution:**

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No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF ORMOND  
103 NORTH CLYDE MORRIS BLVD  
ORMOND BEACH, FL 32174

Provider Number: 0 324442-00  
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	208.77	208.76	7/1/2010
	Level H: Aids	352.11	352.10	7/1/2010

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH11-075C FYE 09/30/2005 for prior provider # 255475

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF ORMOND	Provider Number:	0 324442-00
103 NORTH CLYDE MORRIS BLVD	Date:	11/12/2015
ORMOND BEACH, FL 32174	Fiscal Year End:	9/30/2009
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<b>211.53</b>	<b>211.52</b>	<b>1/1/2011</b>
	Level H: Aids	<b>356.39</b>	<b>356.38</b>	<b>1/1/2011</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-075C FYE 09/30/2005 for prior provider # 255475

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF ORMOND  
103 NORTH CLYDE MORRIS BLVD  
ORMOND BEACH, FL 32174

Provider Number: 0 324442-00  
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	204.55	204.54	7/1/2011
	Level H: Aids	350.75	350.74	7/1/2011

**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  
 Effects of FA & RFA #NH11-075C FYE 09/30/2005 for prior provider # 255475

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF ORMOND	Provider Number:	0 324442-00
103 NORTH CLYDE MORRIS BLVD	Date:	11/12/2015
ORMOND BEACH, FL 32174	Fiscal Year End:	9/30/2011
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>210.70</u>	<u>210.69</u>	<u>1/1/2012</u>
	Level H: Aids	<u>358.31</u>	<u>358.30</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 #NH11-075C FYE 09/30/2005 for prior provider # 255475

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF ORMOND

103 NORTH CLYDE MORRIS BLVD

ORMOND BEACH, FL 32174

Provider Number:

0 324442-00

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>217.25</u>	<u>217.24</u>	<u>7/1/2012</u>
	Level H: Aids	<u>366.46</u>	<u>366.45</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 FA & RFA #NH11-075C FYE 09/30/2005 for prior provider # 255475

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF ORMOND	Provider Number:	0 324442-00
103 NORTH CLYDE MORRIS BLVD	Date:	11/12/2015
ORMOND BEACH, FL 32174	Fiscal Year End:	9/30/2011
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>220.36</u>	<u>220.34</u>	<u>1/1/2013</u>
	Level H: Aids	<u>371.17</u>	<u>371.15</u>	<u>1/1/2013</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-075C FYE 09/30/2005 for prior provider # 255475

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF ORMOND	Provider Number:	0 324442-00
103 NORTH CLYDE MORRIS BLVD	Date:	11/12/2015
ORMOND BEACH, FL 32174	Fiscal Year End:	9/30/2012
	Audit Status:	Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<u>214.17</u>	<u>214.16</u>	<u>7/1/2013</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

_____ Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-075C FYE 09/30/2005 for prior provider # 255475

**Distribution:**

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

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF ORMOND  
103 NORTH CLYDE MORRIS BLVD  
ORMOND BEACH, FL 32174

Provider Number: 0 324442-00  
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
214.82	214.81	1/1/2014

**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:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH11-075C FYE 09/30/2005 for prior provider # 255475

**Distribution:**

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For Information Only

No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF ORMOND	Provider Number:	0 324442-00
103 NORTH CLYDE MORRIS BLVD	Date:	11/12/2015
ORMOND BEACH, FL 32174	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<b>214.96</b>	<b>214.95</b>	<b>7/1/2014</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-075C FYE 09/30/2005 for prior provider # 255475

**Distribution:**

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 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 ORMOND

103 NORTH CLYDE MORRIS BLVD

ORMOND BEACH, FL 32174

Provider Number:

0 324442-00

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

220.37

220.35

1/1/2015

**Rate Type:**

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH11-075C FYE  
09/30/2005 for prior provider # 255475

**Distribution:**

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No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF ORMOND

103 NORTH CLYDE MORRIS BLVD

ORMOND BEACH, FL 32174

Provider Number:

0 324442-00

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
<b>218.25</b>	<b>218.24</b>	<b>9/1/2015</b>

**Rate Type:**

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH11-075C FYE 09/30/2005 for prior provider # 255475

**Distribution:**

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No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

<u>ANCHOR CARE &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 324451-00</u>
<u>1515 PORT MALABAR BLVD NE</u>	Date:	<u>6/3/2016</u>
<u>PALM BAY, FL 32905-5455</u>	Fiscal Year End:	<u>9/30/2008</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>192.96</u></b>	<b><u>192.89</u></b>	<b><u>7/1/2009</u></b>
	<b>Level H: Aids</b>	<b><u>333.31</u></b>	<b><u>333.24</u></b>	<b><u>7/1/2009</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH11-078C FYE 9/30/2005 for Prior Provider #258229

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

<u>ANCHOR CARE &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 324451-00</u>
<u>1515 PORT MALABAR BLVD NE</u>	Date:	<u>6/3/2016</u>
<u>PALM BAY, FL 32905-5455</u>	Fiscal Year End:	<u>9/30/2008</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>194.34</u></b>	<b><u>194.26</u></b>	<b><u>1/1/2010</u></b>
	<b>Level H: Aids</b>	<b><u>336.26</u></b>	<b><u>336.18</u></b>	<b><u>1/1/2010</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH11-078C FYE 9/30/2005 for Prior Provider #258229

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Medicaid Reimbursement Per Diem Rates

ANCHOR CARE & REHABILITATION CENTER
1515 PORT MALABAR BLVD NE
PALM BAY, FL 32905-5455

Provider Number: 0 324451-00
Date: 6/3/2016
Fiscal Year End: 9/30/2009
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:

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

Basis:

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

Changes:

Form with checkboxes for Rate Semester Change, Effects of FA & RFA #NH11-078C FYE 9/30/2005 for Prior Provider #258229.

Distribution:

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**Medicaid Reimbursement Per Diem Rates**

<u>ANCHOR CARE &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 324451-00</u>
<u>1515 PORT MALABAR BLVD NE</u>	Date:	<u>6/3/2016</u>
<u>PALM BAY, FL 32905-5455</u>	Fiscal Year End:	<u>9/30/2009</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>203.48</u></b>	<b><u>203.40</u></b>	<b><u>1/1/2011</u></b>
	<b>Level H: Aids</b>	<b><u>348.34</u></b>	<b><u>348.26</u></b>	<b><u>1/1/2011</u></b>

**Rate Type:**

<u>          </u> Interim	<u>          </u> Total Interim	<u>  X  </u> Prospective	<u>          </u> Total Prospective
<u>          </u>	<u>          </u> Interim Component	<u>          </u> X	<u>          </u> Total Prospective with Interim Component
<u>          </u>	<u>          </u> Settlement based on cost		
<u>          </u>	<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 #NH11-078C FYE 9/30/2005 for Prior Provider #258229

**Lisa Smith**

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**Medicaid Reimbursement Per Diem Rates**

ANCHOR CARE & REHABILITATION CENTER  
1515 PORT MALABAR BLVD NE  
PALM BAY, FL 32905-5455

Provider Number: 0 324451-00  
Date: 6/3/2016  
Fiscal Year End: 9/30/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>190.93</u>	<u>190.86</u>	<u>7/1/2011</u>
	Level H: Aids	<u>337.13</u>	<u>337.06</u>	<u>7/1/2011</u>

**Rate Type:**

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

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 Effects of FA & RFA #NH11-078C FYE 9/30/2005 for Prior Provider #258229

**Distribution:**

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Medicaid Reimbursement Per Diem Rates

<u>ANCHOR CARE &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 324451-00</u>
<u>1515 PORT MALABAR BLVD NE</u>	Date:	<u>6/3/2016</u>
<u>PALM BAY, FL 32905-5455</u>	Fiscal Year End:	<u>9/30/2011</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>193.30</u></b>	<b><u>193.23</u></b>	<b><u>1/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>340.91</u></b>	<b><u>340.84</u></b>	<b><u>1/1/2012</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-078C FYE 9/30/2005 for Prior Provider #258229

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>ANCHOR CARE &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 324451-00</u>
<u>1515 PORT MALABAR BLVD NE</u>	Date:	<u>6/3/2016</u>
<u>PALM BAY, FL 32905-5455</u>	Fiscal Year End:	<u>9/30/2011</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>199.43</u></b>	<b><u>199.36</u></b>	<b><u>7/1/2012</u></b>
	<b>Level H: Aids</b>	<b><u>348.64</u></b>	<b><u>348.57</u></b>	<b><u>7/1/2012</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH11-078C FYE 9/30/2005 for Prior Provider #258229

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Medicaid Reimbursement Per Diem Rates

ANCHOR CARE & REHABILITATION CENTER
1515 PORT MALABAR BLVD NE
PALM BAY, FL 32905-5455

Provider Number: 0 324451-00
Date: 6/3/2016
Fiscal Year End: 9/30/2011
Audit Status: Unaudited

Provider Type:

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

Rate Type:

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

Basis:

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

Changes:

Rate Semester Change, X Effects of FA & RFA #NH11-078C FYE 9/30/2005 for Prior Provider #258229

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**Medicaid Reimbursement Per Diem Rates**

<u>ANCHOR CARE &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 324451-00</u>
<u>1515 PORT MALABAR BLVD NE</u>	Date:	<u>6/3/2016</u>
<u>PALM BAY, FL 32905-5455</u>	Fiscal Year End:	<u>9/30/2012</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>198.93</u></b>	<b><u>198.86</u></b>	<b><u>7/1/2013</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Effects of FA & RFA #NH11-078C FYE 9/30/2005 for Prior Provider #258229

**Distribution:**

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 Permanent File  
           For Information Only  
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**Lisa Smith**  
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Medicaid Reimbursement Per Diem Rates

ANCHOR CARE & REHABILITATION CENTER  
1515 PORT MALABAR BLVD NE  
PALM BAY, FL 32905-5455

Provider Number: 0 324451-00  
Date: 6/3/2016  
Fiscal Year End: 9/30/2012  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home     Single Level**

Current Rate	New Rate	Effective Date
<u>200.21</u>	<u>200.14</u>	<u>1/1/2014</u>

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH11-078C FYE 9/30/2005 for Prior Provider #258229

**Distribution:**

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No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

ANCHOR CARE & REHABILITATION CENTER  
1515 PORT MALABAR BLVD NE  
PALM BAY, FL 32905-5455

Provider Number: 0 324451-00  
Date: 6/3/2016  
Fiscal Year End: 9/30/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>200.85</u>	<u>200.77</u>	<u>7/1/2014</u>

**Rate Type:**

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

**Basis:**

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

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Effects of FA & RFA #NH11-078C FYE 9/30/2005 for Prior Provider #258229

**Distribution:**

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

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Medicaid Reimbursement Per Diem Rates

<u>ANCHOR CARE &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 324451-00</u>
<u>1515 PORT MALABAR BLVD NE</u>	Date:	<u>6/3/2016</u>
<u>PALM BAY, FL 32905-5455</u>	Fiscal Year End:	<u>9/30/2013</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>203.87</u></b>	<b><u>203.79</u></b>	<b><u>1/1/2015</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>Rate Semester Change</u>
<u>X</u> Effects of FA & RFA #NH11-078C FYE 9/30/2005 for Prior Provider #258229

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Medicaid Reimbursement Per Diem Rates

<u>ANCHOR CARE &amp; REHABILITATION CENTER</u>	Provider Number:	<u>0 324451-00</u>
<u>1515 PORT MALABAR BLVD NE</u>	Date:	<u>6/3/2016</u>
<u>PALM BAY, FL 32905-5455</u>	Fiscal Year End:	<u>7/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>193.98</u></b>	<b><u>193.91</u></b>	<b><u>9/1/2015</u></b>

**Rate Type:**

<u>          </u> Interim	<u>          </u> Total Interim	<u>  X  </u> Prospective	<u>          </u> Total Prospective
<u>          </u>	<u>          </u> Interim Component	<u>          </u>	<u>          </u> Total Prospective with Interim Component
<u>          </u>	<u>          </u> Settlement based on cost		
<u>          </u>	<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 #NH11-078C FYE 9/30/2005 for Prior Provider #258229

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF PORT CHARLOTTE  
4033 BEAVER LANE  
PORT CHARLOTTE, FL 33952

Provider Number: 0 324477-00  
Date: 11/6/2015  
Fiscal Year End: 9/30/2008  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>225.90</u>	<u>225.83</u>	<u>7/1/2009</u>
	Level H: Aids	<u>366.25</u>	<u>366.18</u>	<u>7/1/2009</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 FA & RFA #NH11-079C FYE 9/30/2005 for prior provider # 258237

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF PORT CHARLOTTE

4033 BEAVER LANE

PORT CHARLOTTE, FL 33952

Provider Number:

0 324477-00

Date:

11/6/2015

Fiscal Year End:

9/30/2008

Audit Status:

Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.28</u>	<u>227.20</u>	<u>1/1/2010</u>
	Level H: Aids	<u>369.20</u>	<u>369.12</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 #NH11-079C FYE 9/30/2005 for prior provider # 258237

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF PORT CHARLOTTE  
4033 BEAVER LANE  
PORT CHARLOTTE, FL 33952

Provider Number: 0 324477-00  
Date: 11/6/2015  
Fiscal Year End: 9/30/2009  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.50</u>	<u>214.42</u>	<u>7/1/2010</u>
	Level H: Aids	<u>357.84</u>	<u>357.76</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 #NH11-079C FYE 9/30/2005 for prior provider # 258237

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF PORT CHARLOTTE
4033 BEAVER LANE
PORT CHARLOTTE, FL 33952

Provider Number: 0 324477-00
Date: 11/6/2015
Fiscal Year End: 9/30/2009
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:

Form for Rate Type selection with checkboxes for Interim, Prospective, Total Interim, Total Prospective, etc.

Basis:

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

Changes:

Form for Changes selection with checkboxes for Rate Semester Change, Effects of FA & RFA #NH11-079C FYE 9/30/2005 for prior provider # 258237.

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Distribution:

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

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF PORT CHARLOTTE

4033 BEAVER LANE

PORT CHARLOTTE, FL 33952

Provider Number:

0 324477-00

Date:

11/6/2015

Fiscal Year End:

9/30/2010

Audit Status:

Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>212.14</u>	<u>212.07</u>	<u>7/1/2011</u>
	Level H: Aids	<u>358.34</u>	<u>358.27</u>	<u>7/1/2011</u>

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH11-079C FYE 9/30/2005 for prior provider # 258237

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SIGNATURE HEALTHCARE OF PORT CHARLOTTE
4033 BEAVER LANE
PORT CHARLOTTE, FL 33952

Provider Number: 0 324477-00
Date: 11/6/2015
Fiscal Year End: 9/30/2010
Audit Status: Unaudited

Provider Type:

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

Rate Type:

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

X Prospective
Total Prospective
Total Prospective with Interim Component

Basis:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Effects of FA & RFA #NH11-079C FYE
9/30/2005 for prior provider # 258237

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SIGNATURE HEALTHCARE OF PORT CHARLOTTE

4033 BEAVER LANE

PORT CHARLOTTE, FL 33952

Provider Number:

0 324477-00

Date:

11/6/2015

Fiscal Year End:

9/30/2011

Audit Status:

Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.65</u>	<u>216.58</u>	<u>7/1/2012</u>
	Level H: Aids	<u>365.86</u>	<u>365.79</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 FA & RFA #NH11-079C FYE 9/30/2005 for prior provider # 258237

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SIGNATURE HEALTHCARE OF PORT CHARLOTTE

4033 BEAVER LANE

PORT CHARLOTTE, FL 33952

Provider Number:

0 324477-00

Date:

11/6/2015

Fiscal Year End:

9/30/2011

Audit Status:

Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>219.18</u>	<u>219.11</u>	<u>1/1/2013</u>
	Level H: Aids	<u>369.99</u>	<u>369.92</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 #NH11-079C FYE 9/30/2005 for prior provider # 258237

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SIGNATURE HEALTHCARE OF PORT CHARLOTTE

4033 BEAVER LANE

PORT CHARLOTTE, FL 33952

Provider Number:

0 324477-00

Date:

11/6/2015

Fiscal Year End:

9/30/2012

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

215.15

New  
Rate

215.08

Effective  
Date

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 FA & RFA #NH11-079C FYE  
9/30/2005 for prior provider # 258237

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SIGNATURE HEALTHCARE OF PORT CHARLOTTE

4033 BEAVER LANE

PORT CHARLOTTE, FL 33952

Provider Number:

0 324477-00

Date:

11/6/2015

Fiscal Year End:

9/30/2012

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate

New Rate

Effective Date

216.24

216.17

1/1/2014

Rate Type:

Interim

X Prospective

Total Interim

X Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Effects of FA & RFA #NH11-079C FYE 9/30/2005 for prior provider # 258237

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF PORT CHARLOTTE
4033 BEAVER LANE
PORT CHARLOTTE, FL 33952
Provider Number: 0 324477-00
Date: 11/6/2015
Fiscal Year End: 9/30/2013
Audit Status: Unaudited

Provider Type:

Table with 3 columns: Current Rate, New Rate, Effective Date. Row 1: Nursing Home Single Level, 215.90, 215.82, 7/1/2014

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 #NH11-079C FYE
9/30/2005 for prior provider # 258237

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF PORT CHARLOTTE

4033 BEAVER LANE

PORT CHARLOTTE, FL 33952

Provider Number:

0 324477-00

Date:

11/6/2015

Fiscal Year End:

7/31/2014

Audit Status:

Unaudited

**Provider Type:**

Nursing Home      Single Level

Current  
Rate

218.76

New  
Rate

218.68

Effective  
Date

1/1/2015

**Rate Type:**

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH11-079C FYE  
9/30/2005 for prior provider # 258237

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF PORT CHARLOTTE	Provider Number:	0 324477-00
4033 BEAVER LANE	Date:	11/6/2015
PORT CHARLOTTE, FL 33952	Fiscal Year End:	7/31/2014
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>217.92</u>	<u>217.84</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 #NH11-079C FYE 9/30/2005 for prior provider # 258237

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Medicaid Reimbursement Per Diem Rates

NORTH LAKE REHABILITATION AND HEALTH CENTER	Provider Number:	0 325163-00
750 BAYBERRY DRIVE	Date:	12/4/2015
LAKE PARK, FL 33403	Fiscal Year End:	2/29/2008
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	245.96	245.99	7/1/2009
	Level H: Aids	386.31	386.34	7/1/2009

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH03-102S FYE 8/31/2000 for Prior Provider #219959

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

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 New City, NY 10956



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**Medicaid Reimbursement Per Diem Rates**

NORTH LAKE REHABILITATION AND HEALTH CENTER	Provider Number:	0 325163-00
750 BAYBERRY DRIVE	Date:	12/4/2015
LAKE PARK, FL 33403	Fiscal Year End:	2/28/2009
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>236.88</b>	<b>236.91</b>	<b>1/1/2010</b>
	Level H: Aids	<b>378.80</b>	<b>378.83</b>	<b>1/1/2010</b>

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Effects of FA & RFA #NH03-102S FYE 8/31/2000 for Prior Provider #219959

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**Medicaid Reimbursement Per Diem Rates**

NORTH LAKE REHABILITATION AND HEALTH CENTER  
750 BAYBERRY DRIVE  
LAKE PARK, FL 33403

Provider Number: 0 325163-00  
Date: 12/4/2015  
Fiscal Year End: 2/28/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>254.77</u>	<u>254.79</u>	<u>7/1/2010</u>
	Level H: Aids	<u>398.11</u>	<u>398.13</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 #NH03-102S FYE 8/31/2000 for Prior Provider #219959

**Distribution:**

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New City, NY 10956



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**Medicaid Reimbursement Per Diem Rates**

NORTH LAKE REHABILITATION AND HEALTH CENTER  
750 BAYBERRY DRIVE  
LAKE PARK, FL 33403

Provider Number: 0 325163-00  
Date: 12/4/2015  
Fiscal Year End: 2/28/2010  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>258.38</u>	<u>258.41</u>	<u>1/1/2011</u>
	Level H: Aids	<u>403.24</u>	<u>403.27</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 #NH03-102S FYE 8/31/2000 for Prior Provider #219959	

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**Medicaid Reimbursement Per Diem Rates**

NORTH LAKE REHABILITATION AND HEALTH CENTER	Provider Number:	0 325163-00
750 BAYBERRY DRIVE	Date:	12/4/2015
LAKE PARK, FL 33403	Fiscal Year End:	2/28/2010
	Audit Status:	Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>249.23</u>	<u>249.26</u>	<u>7/1/2011</u>
	Level H: Aids	<u>395.43</u>	<u>395.46</u>	<u>7/1/2011</u>

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Effects of FA & RFA #NH03-102S FYE 8/31/2000 for Prior Provider #219959

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- No Change in Rate

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 Medicaid Cost Reimbursement Planning and Finance

Home Office: Hallmark Accounting  
 368 New Hempstead Road #309  
 New City, NY 10956



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

NORTH LAKE REHABILITATION AND HEALTH CENTER
750 BAYBERRY DRIVE
LAKE PARK, FL 33403

Provider Number: 0 325163-00
Date: 12/4/2015
Fiscal Year End: 2/28/2011
Audit Status: Unaudited

Provider Type:

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

Rate Type: Interim, Prospective, Total Interim, Total Prospective, etc.

Basis: Budget, Unaudited costs, Field audited costs, Desk audited costs

Changes: Rate Semester Change, Effects of FA & RFA #NH03-102S FYE 8/31/2000 for Prior Provider #219959

Distribution:

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

Lisa Smith
Medicaid Cost Reimbursement Planning and Finance

Handwritten signature of Lisa Smith

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NORTH LAKE REHABILITATION AND HEALTH CENTER  
750 BAYBERRY DRIVE  
LAKE PARK, FL 33403

Provider Number: 0 325163-00  
Date: 12/4/2015  
Fiscal Year End: 2/28/2011  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>253.27</u>	<u>253.29</u>	<u>7/1/2012</u>
	Level H: Aids	<u>402.48</u>	<u>402.50</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 #NH03-102S FYE 8/31/2000 for Prior Provider #219959	

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750 BAYBERRY DRIVE  
LAKE PARK, FL 33403

Provider Number: 0 325163-00  
Date: 12/4/2015  
Fiscal Year End: 2/29/2012  
Audit Status: Unaudited

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>249.42</u>	<u>249.45</u>	<u>1/1/2013</u>
	Level H: Aids	<u>400.23</u>	<u>400.26</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 #NH03-102S FYE 8/31/2000 for Prior Provider #219959

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750 BAYBERRY DRIVE  
LAKE PARK, FL 33403

Provider Number: 0 325163-00  
Date: 12/4/2015  
Fiscal Year End: 2/29/2012  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>257.43</b>	<b>257.46</b>	<b>7/1/2013</b>

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH03-102S FYE 8/31/2000 for Prior Provider #219959

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Provider Number: 0 325163-00  
Date: 12/4/2015  
Fiscal Year End: 2/28/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>253.78</b>	<b>253.81</b>	<b>1/1/2014</b>

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH03-102S FYE 8/31/2000 for Prior Provider #219959

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750 BAYBERRY DRIVE

LAKE PARK, FL 33403

Provider Number:

0 325163-00

Date:

12/4/2015

Fiscal Year End:

2/28/2014

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>270.59</b>	<b>270.62</b>	<b>7/1/2014</b>

**Rate Type:**

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Effects of FA & RFA #NH03-102S FYE 8/31/2000 for Prior Provider #219959

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LAKE PARK, FL 33403

Provider Number:

0 325163-00

Date:

12/4/2015

Fiscal Year End:

2/28/2014

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate	New Rate	Effective Date
<b><u>273.14</u></b>	<b><u>273.17</u></b>	<b><u>1/1/2015</u></b>

**Rate Type:**

           Interim

  X   Prospective

           Total Interim

             X   Total Prospective

           Interim Component

           Total Prospective with Interim Component

           Settlement based on cost

           Prior Provider Prospective data

**Basis:**

           Budget

  X   Unaudited costs

           Field audited costs

           Desk audited costs

**Changes:**

           Rate Semester Change

  X   Effects of FA & RFA #NH03-102S FYE  
8/31/2000 for Prior Provider #219959

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Date: 12/4/2015  
Fiscal Year End: 12/31/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>274.72</b>	<b>274.75</b>	<b>9/1/2015</b>

**Rate Type:**

Interim

Prospective

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

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

\_\_\_\_\_ Interim Component

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

\_\_\_\_\_ Settlement based on cost

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

**Basis:**

\_\_\_\_\_ Budget

Unaudited costs

\_\_\_\_\_ Field audited costs

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

**Changes:**

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

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