



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

MEMORANDUM

Date: January 27, 2017
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>Type of Action</u>	<u>Number of Rate Change Notices</u>
1.	Regents Park Nursing & Rehabilitation Center	0 204170-00	Mortgage Correction	11
2.	Inn at Sarasota Bay Club	0 228621-00	QA Change	1
3.	Excel Rehabilitation & Health Center	0 324116-00	RFA	5
4.	Arbor Village Nursing Center	0 325040-00	RFA	13
			Total:	30

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

LS/sj



		Single Level	Level H: AIDS	Single Level	Single Level		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
015177100	20150701	247.15	0.00	247.15	247.15		
015177100	20150901	245.78	0.00	245.78	245.78		
015177100	20160901	242.08	0.00	242.08	242.08		
015910900	20151221	270.55	0.00	270.55	270.55		
015910900	20160901	273.54	0.00	273.54	273.54		
015959200	20151116	243.55	0.00	243.55	243.55		
015959200	20160901	247.64	0.00	247.64	247.64		
015959300	20151116	245.23	0.00	245.23	245.23		
015959300	20160901	248.56	0.00	248.56	248.56		
015959400	20151116	236.15	0.00	236.15	236.15		
015959400	20160901	238.86	0.00	238.86	238.86		
015959500	20151116	248.02	0.00	248.02	248.02		
015959500	20160901	251.21	0.00	251.21	251.21		
015959700	20151116	239.02	0.00	239.02	239.02		
015959700	20160901	242.01	0.00	242.01	242.01		
020417000	20100701	232.66	376.00	232.66	232.66	80483-17	
020417000	20110101	235.43	380.29	235.43	235.43	80483-17	
020417000	20110701	226.23	372.43	226.23	226.23	80483-17	
020417000	20120101	227.00	374.61	227.00	227.00	80483-17	
020417000	20120701	239.55	388.76	239.55	239.55	80483-17	
020417000	20130101	241.87	392.68	241.87	241.87	80483-17	
020417000	20130701	248.85	0.00	248.85	248.85	80483-17	
020417000	20140101	248.63	0.00	248.63	248.63	80483-17	
020417000	20140701	258.99	0.00	258.99	258.99	80483-17	
020417000	20150101	263.12	0.00	263.12	263.12	80483-17	
020417000	20150901	264.13	0.00	264.13	264.13	80483-17	
022862100	20161101	287.49	0.00	287.49	287.49	80483-17	
032411600	20100101	223.63	365.55	223.63	223.63	80483-17	NH10-070C
032411600	20100701	227.85	371.19	227.85	227.85	80483-17	NH11-158C
032411600	20110101	230.78	375.64	230.78	230.78	80483-17	NH11-158C
032411600	20120701	233.10	382.31	233.10	233.10	80483-17	NH10-069C
032411600	20140101	236.23	0.00	236.23	236.23	80483-17	NH10-069C
032504000	20100101	218.23	360.15	218.23	218.23	80483-17	NH11-153C
032504000	20100701	203.11	346.45	203.11	203.11	80483-17	NH11-153C
032504000	20110101	222.36	367.22	222.36	222.36	80483-17	NH11-153C
032504000	20110701	214.23	360.43	214.23	214.23	80483-17	NH11-153C
032504000	20120101	210.01	357.62	210.01	210.01	80483-17	NH11-153C
032504000	20120701	215.76	364.97	215.76	215.76	80483-17	NH11-153C
032504000	20130101	213.25	364.06	213.25	213.25	80483-17	NH11-153C
032504000	20130701	218.16	0.00	218.16	218.16	80483-17	NH11-153C
032504000	20140101	212.69	0.00	212.69	212.69	80483-17	NH11-153C
032504000	20140701	237.25	0.00	237.25	237.25	80483-17	NH11-153C
032504000	20150101	240.20	0.00	240.20	240.20	80483-17	NH11-153C
032504000	20150901	239.87	0.00	239.87	239.87	80483-17	NH11-153C
032504000	20160901	240.42	0.00	240.42	240.42	80483-17	NH11-153C



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTH CAMPUS CARE CENTER

715 E DIXIE AVE

LEESBURG, FL 34748

Provider Number:

0 151771-00

Date:

11/30/2016

Fiscal Year End:

6/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

247.70

247.15

7/1/2015

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

NRP CHOP 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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Medicaid Reimbursement Per Diem Rates

SOUTH CAMPUS CARE CENTER	Provider Number:	0 151771-00
715 E DIXIE AVE	Date:	11/30/2016
LEESBURG, FL 34748	Fiscal Year End:	6/30/2016
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		246.55	245.78	9/1/2015

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 effective 07/01/2015

Distribution:

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

SOUTH CAMPUS CARE CENTER
715 E DIXIE AVE
LEESBURG, FL 34748

Provider Number: 0 151771-00
Date: 11/30/2016
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
245.06	242.08	9/1/2016

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 07/01/2015

Distribution:

Contract Management / Fiscal Agent
Permanent File
___ For Information Only
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Medicaid Reimbursement Per Diem Rates

PINES OF SARASOTA	Provider Number:	0 159109-00
1501 N ORANGE AVE	Date:	12/8/2016
SARASOTA, FL 34236	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	270.55	270.55	12/21/2015

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"/> RP CHOP effective 12/21/2015

Distribution:

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

PINES OF SARASOTA	Provider Number:	0 159109-00
1501 N ORANGE AVE	Date:	12/8/2016
SARASOTA, FL 34236	Fiscal Year End:	7/31/2014
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		273.54	273.54	9/1/2016

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"/> RP CHOP effective 12/21/2015

Distribution:

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Medicaid Reimbursement Per Diem Rates

ATLANTIC CARE AND REHABILITATION CENTER
3663 15TH AVE
VERO BEACH, FL 32960

Provider Number: 0 159592-00
Date: 11/8/2016
Fiscal Year End: 9/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
208.40	243.55	11/16/2015

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
 NRP CHOP/CHOW effective 11/16/2015

Distribution:

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Medicaid Reimbursement Per Diem Rates

ATLANTIC CARE AND REHABILITATION CENTER	Provider Number:	0 159592-00
3663 15TH AVE	Date:	11/8/2016
VERO BEACH, FL 32960	Fiscal Year End:	9/30/2016
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		209.99	247.64	9/1/2016

Rate Type:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> NRP CHOP/CHOW effective 11/16/2015

Distribution:

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Medicaid Reimbursement Per Diem Rates

AUBURNDALE OAKS CARE AND REHABILITATION CENTER
919 OLD WINTER HAVEN RD
AUBURNDALE, FL 33823-4329

Provider Number: 0 159593-00
Date: 11/15/2016
Fiscal Year End: 9/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
225.01	245.23	11/16/2015

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
 NRP CHOP/CHOW effective 11/16/2015

Distribution:

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Medicaid Reimbursement Per Diem Rates

AUBURNDALE OAKS CARE AND REHABILITATION CENTER
919 OLD WINTER HAVEN RD
AUBURNDALE, FL 33823-4329

Provider Number: 0 159593-00
Date: 11/15/2016
Fiscal Year End: 9/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
225.93	248.56	9/1/2016

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 11/16/2015

Distribution:

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Medicaid Reimbursement Per Diem Rates

WEST JACKSONVILLE CARE AND REHABILITATION CENTER
1650 FOURAKER RD
JACKSONVILLE, FL 32221

Provider Number: 0 159594-00
Date: 10/26/2016
Fiscal Year End: 9/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>203.37</u>	<u>236.15</u>	<u>11/16/2015</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/CHOW effective 11/16/2015

Distribution:

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Medicaid Reimbursement Per Diem Rates

WEST JACKSONVILLE CARE AND REHABILITATION CENTER
1650 FOURAKER RD
JACKSONVILLE, FL 32221

Provider Number: 0 159594-00
Date: 10/26/2016
Fiscal Year End: 9/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
203.79 **238.86** **9/1/2016**

Rate Type:

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

 Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

 X Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X NRP CHOP/CHOW effective 11/16/2015

Distribution:

Contract Management / Fiscal Agent
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Medicaid Reimbursement Per Diem Rates

CLEARWATER CARE AND REHABILITATION CENTER
2055 PALMETTO ST
CLEARWATER, FL 33765

Provider Number: 0 159595-00
Date: 11/1/2016
Fiscal Year End: 9/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
250.97 **248.02** **11/16/2015**

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
 NRP CHOP/CHOW effective 11/16/2015

Distribution:

Contract Management / Fiscal Agent
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Medicaid Reimbursement Per Diem Rates

CLEARWATER CARE AND REHABILITATION CENTER	Provider Number:	0 159595-00
2055 PALMETTO ST	Date:	11/1/2016
CLEARWATER, FL 33765	Fiscal Year End:	9/30/2016
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		252.72	251.21	9/1/2016

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 11/16/2015

Distribution:

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

LAUREL POINTE CARE AND REHABILITATION CENTER	Provider Number:	0 159597-00
703 S 29TH ST	Date:	11/18/2016
FORT PIERCE, FL 34947	Fiscal Year End:	9/30/2016
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	197.89	239.02	11/16/2015

Rate Type:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> NRP CHOP/CHOW effective 11/16/2015

Distribution:

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

LAUREL POINTE CARE AND REHABILITATION CENTER	Provider Number:	0 159597-00
703 S 29TH ST	Date:	11/18/2016
FORT PIERCE, FL 34947	Fiscal Year End:	9/30/2016
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		198.62	242.01	9/1/2016

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/CHOW effective 11/16/2015

Distribution:

Contract Management / Fiscal Agent
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Medicaid Reimbursement Per Diem Rates

REGENTS PARK NURSING & REHABILITATION CENTER	Provider Number:	0 204170-00
6363 VERDE TRAIL	Date:	10/3/2016
BOCA RATON, FL 33433	Fiscal Year End:	2/28/2010
	Audit Status:	Field Audited

Provider Type:


		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>229.54</u>	<u>232.66</u>	<u>7/1/2010</u>
	Level H: Aids	<u>372.88</u>	<u>376.00</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:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Change to Mortgage Interest 8.6983% and Chase Rate 7.4506% Per Final Order. Case #16-2163. Effective 7/1/2010
<input checked="" type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

Distribution:

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

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

Home Office: Stirling LTC, Corp
 2699 Stirling Road
 Suite B100
 Ft. Lauderdale, FL 33180



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

REGENTS PARK NURSING & REHABILITATION CENTER	Provider Number:	0 204170-00
6363 VERDE TRAIL	Date:	10/3/2016
BOCA RATON, FL 33433	Fiscal Year End:	2/28/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>232.29</u>	<u>235.43</u>	<u>1/1/2011</u>
	Level H: Aids	<u>377.15</u>	<u>380.29</u>	<u>1/1/2011</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Change to Mortgage Interest 8.6983% and Chase Rate 7.4506% Per Final Order. Case #16-2163. Effective 7/1/2010

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office: Stirling LTC, Corp
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Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

REGENTS PARK NURSING & REHABILITATION CENTER	Provider Number:	0 204170-00
6363 VERDE TRAIL	Date:	10/3/2016
BOCA RATON, FL 33433	Fiscal Year End:	2/28/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.28</u>	<u>226.23</u>	<u>7/1/2011</u>
	Level H: Aids	<u>369.48</u>	<u>372.43</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"/> Change to Mortgage Interest 8.6983% and Chase Rate 7.4506% Per Final Order. Case #16-2163. Effective 7/1/2010

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Medicaid Reimbursement Per Diem Rates

REGENTS PARK NURSING & REHABILITATION CENTER
6363 VERDE TRAIL
BOCA RATON, FL 33433

Provider Number: 0 204170-00
Date: 10/3/2016
Fiscal Year End: 2/28/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>224.03</u>	<u>227.00</u>	<u>1/1/2012</u>
	Level H: Aids	<u>371.64</u>	<u>374.61</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

Change to Mortgage Interest 8.6983% and Chase Rate 7.4506% Per Final Order. Case #16-2163. Effective 7/1/2010

Distribution:


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Medicaid Reimbursement Per Diem Rates

<u>REGENTS PARK NURSING & REHABILITATION CENTER</u>	Provider Number:	<u>0 204170-00</u>
<u>6363 VERDE TRAIL</u>	Date:	<u>10/3/2016</u>
<u>BOCA RATON, FL 33433</u>	Fiscal Year End:	<u>2/29/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>236.53</u>	<u>239.55</u>	<u>7/1/2012</u>
	Level H: Aids	<u>385.74</u>	<u>388.76</u>	<u>7/1/2012</u>

Rate Type:

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

Basis:


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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Change to Mortgage Interest 8.6983% and Chase Rate 7.4506% Per Final Order. Case #16-2163. Effective 7/1/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

REGENTS PARK NURSING & REHABILITATION CENTER	Provider Number:	0 204170-00
6363 VERDE TRAIL	Date:	10/3/2016
BOCA RATON, FL 33433	Fiscal Year End:	2/29/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>238.84</u>	<u>241.87</u>	<u>1/1/2013</u>
	Level H: Aids	<u>389.65</u>	<u>392.68</u>	<u>1/1/2013</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
<input checked="" type="checkbox"/> Unaudited costs
_____ Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Change to Mortgage Interest 8.6983% and Chase Rate 7.4506% Per Final Order. Case #16-2163. Effective 7/1/2010

Distribution:


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_____ No Change in Rate

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REGENTS PARK NURSING & REHABILITATION CENTER	Provider Number:	0 204170-00
6363 VERDE TRAIL	Date:	10/3/2016
BOCA RATON, FL 33433	Fiscal Year End:	2/28/2013
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>245.76</u>	<u>248.85</u>	<u>7/1/2013</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Change to Mortgage Interest 8.6983% and Chase Rate 7.4506% Per Final Order. Case #16-2163. Effective 7/1/2010

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<u>REGENTS PARK NURSING & REHABILITATION CENTER</u>	Provider Number:	<u>0 204170-00</u>
<u>6363 VERDE TRAIL</u>	Date:	<u>10/3/2016</u>
<u>BOCA RATON, FL 33433</u>	Fiscal Year End:	<u>2/28/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>245.53</u>	<u>248.63</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"/> Change to Mortgage Interest 8.6983% and Chase Rate 7.4506% Per Final Order. Case #16-2163. Effective 7/1/2010

Distribution:


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No Change in Rate

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Tallahassee, Florida 32308

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REGENTS PARK NURSING & REHABILITATION CENTER	Provider Number:	0 204170-00
6363 VERDE TRAIL	Date:	10/3/2016
BOCA RATON, FL 33433	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>255.79</u>	<u>258.99</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:


<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"/> Change to Mortgage Interest 8.6983% and Chase Rate 7.4506% Per Final Order. Case #16-2163. Effective 7/1/2010

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<u>REGENTS PARK NURSING & REHABILITATION CENTER</u>	Provider Number:	<u>0 204170-00</u>
<u>6363 VERDE TRAIL</u>	Date:	<u>10/3/2016</u>
<u>BOCA RATON, FL 33433</u>	Fiscal Year End:	<u>2/28/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>259.91</u>	<u>263.12</u>	<u>1/1/2015</u>

Rate Type:

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

Basis:


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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Change to Mortgage Interest 8.6983% and Chase Rate 7.4506% Per Final Order. Case #16-2163. Effective 7/1/2010

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<u>REGENTS PARK NURSING & REHABILITATION CENTER</u>	Provider Number:	<u>0 204170-00</u>
<u>6363 VERDE TRAIL</u>	Date:	<u>10/3/2016</u>
<u>BOCA RATON, FL 33433</u>	Fiscal Year End:	<u>2/28/2015</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home Single Level

Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
<u>260.95</u>	<u>264.13</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"/> Change to Mortgage Interest 8.6983% and Chase Rate 7.4506% Per Final Order. Case #16-2163. Effective 7/1/2010

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

INN AT SARASOTA BAY CLUB

1303 NORTH TAMiami TRAIL

SARASOTA, FL 34236

Provider Number:

0 228621-00

Date:

1/5/2017

Fiscal Year End:

12/31/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

298.97

287.49

11/1/2016

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Retro for 9/16 to change QA status to exempt

Distribution:

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No Change in Rate

Home Office:

No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

EXCEL REHABILITATION & HEALTH CENTER
2811 CAMPUS HILL DR
TAMPA, FL 33612

Provider Number: 0 324116-00
Date: 9/22/2016
Fiscal Year End: 2/28/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.08	223.63	1/1/2010
	Level H: Aids	366.00	365.55	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

FA & RFA NH10-070C FYE 2/28/2009 and effects of FA & RFA NH10-069C FYE 2/29/2008


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No Change in Rate

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New City, NY 10956



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Medicaid Reimbursement Per Diem Rates

EXCEL REHABILITATION & HEALTH CENTER

2811 CAMPUS HILL DR

TAMPA, FL 33612

Provider Number:

0 324116-00

Date:

9/22/2016

Fiscal Year End:

2/28/2010

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home

Single Level

Current
Rate

New
Rate

Effective
Date

227.98

227.85

7/1/2010

Level H: Aids

371.32

371.19

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

FA & RFA NH11-158C FYE 2/28/2010 and effects of FA & RFA NH10-069C FYE 2/29/2008 and FA & RFA NH10-070C FYE 2/28/2009

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

<u>EXCEL REHABILITATION & HEALTH CENTER</u>	Provider Number:	<u>0 324116-00</u>
<u>2811 CAMPUS HILL DR</u>	Date:	<u>9/22/2016</u>
<u>TAMPA, FL 33612</u>	Fiscal Year End:	<u>2/28/2010</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>230.91</u>	<u>230.78</u>	<u>1/1/2011</u>
	Level H: Aids	<u>375.77</u>	<u>375.64</u>	<u>1/1/2011</u>

Rate Type:

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

Basis:


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

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA & RFA NH11-158C FYE 2/28/2010 and effects of FA & RFA NH10-069C FYE 2/29/2008 and FA & RFA NH10-070C FYE 2/28/2009

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Medicaid Reimbursement Per Diem Rates

EXCEL REHABILITATION & HEALTH CENTER
2811 CAMPUS HILL DR
TAMPA, FL 33612

Provider Number: 0 324116-00
Date: 9/22/2016
Fiscal Year End: 2/28/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>233.11</u>	<u>233.10</u>	<u>7/1/2012</u>
	Level H: Aids	<u>382.32</u>	<u>382.31</u>	<u>7/1/2012</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 NH10-069C FYE 2/29/2008 and FA & RFA NH10-070C FYE 2/28/2009

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EXCEL REHABILITATION & HEALTH CENTER	Provider Number:	0 324116-00
2811 CAMPUS HILL DR	Date:	9/22/2016
TAMPA, FL 33612	Fiscal Year End:	2/28/2013
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>236.24</u>	<u>236.23</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 NH10-069C FYE 2/29/2008 and FA & RFA NH10-070C FYE 2/28/2009

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 Lisa Smith
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ARBOR VILLAGE NURSING CENTER
490 S OLD WIRE RD
WILDWOOD, FL 34785

Provider Number: 0 325040-00
Date: 1/9/2017
Fiscal Year End: 2/29/2008
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>219.07</u>	<u>218.23</u>	<u>1/1/2010</u>
	Level H: Aids	<u>360.99</u>	<u>360.15</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

FA & RFA #NH11-153C FYE 02/29/2008


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490 S OLD WIRE RD
WILDWOOD, FL 34785

Provider Number: 0 325040-00
Date: 1/9/2017
Fiscal Year End: 2/28/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.14</u>	<u>203.11</u>	<u>7/1/2010</u>
	Level H: Aids	<u>346.48</u>	<u>346.45</u>	<u>7/1/2010</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 #NH11-153C FYE 02/29/2008

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ARBOR VILLAGE NURSING CENTER	Provider Number:	0 325040-00
490 S OLD WIRE RD	Date:	1/9/2017
WILDWOOD, FL 34785	Fiscal Year End:	2/28/2010
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	223.57	222.36	1/1/2011
	Level H: Aids	368.43	367.22	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:


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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH11-154C FYE 02/28/2010 with effects of FA & RFA #NH11-153C FYE 02/29/2008

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WILDWOOD, FL 34785

Provider Number: 0 325040-00
Date: 1/9/2017
Fiscal Year End: 2/28/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>215.70</u>	<u>214.23</u>	<u>7/1/2011</u>
	Level H: Aids	<u>361.90</u>	<u>360.43</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

FA & RFA #NH11-154C FYE 02/28/2010 with effects of FA & RFA #NH11-153C FYE 02/29/2008


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WILDWOOD, FL 34785

Provider Number: 0 325040-00
Date: 1/9/2017
Fiscal Year End: 2/28/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>210.04</u>	<u>210.01</u>	<u>1/1/2012</u>
	Level H: Aids	<u>357.65</u>	<u>357.62</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 #NH11-153C FYE 02/29/2008


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WILDWOOD, FL 34785

Provider Number: 0 325040-00
Date: 1/9/2017
Fiscal Year End: 2/28/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>215.79</u>	<u>215.76</u>	<u>7/1/2012</u>
	Level H: Aids	<u>365.00</u>	<u>364.97</u>	<u>7/1/2012</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH11-153C FYE 02/29/2008

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490 S OLD WIRE RD
WILDWOOD, FL 34785

Provider Number: 0 325040-00
Date: 1/9/2017
Fiscal Year End: 2/29/2012
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>213.28</u>	<u>213.25</u>	<u>1/1/2013</u>
	Level H: Aids	<u>364.09</u>	<u>364.06</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 #NH11-153C FYE 02/29/2008

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ARBOR VILLAGE NURSING CENTER	Provider Number:	0 325040-00
490 S OLD WIRE RD	Date:	1/9/2017
WILDWOOD, FL 34785	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>
		218.19	218.16	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:


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<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
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<u>ARBOR VILLAGE NURSING CENTER</u>	Provider Number:	<u>0 325040-00</u>
<u>490 S OLD WIRE RD</u>	Date:	<u>1/9/2017</u>
<u>WILDWOOD, FL 34785</u>	Fiscal Year End:	<u>2/28/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
		<u>212.72</u>	<u>212.69</u>	<u>1/1/2014</u>

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 #NH11-153C FYE 02/29/2008

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WILDWOOD, FL 34785

Provider Number: 0 325040-00
Date: 1/9/2017
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>237.28</u>	<u>237.25</u>	<u>7/1/2014</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH11-153C FYE
02/29/2008

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WILDWOOD, FL 34785

Provider Number: 0 325040-00
Date: 1/9/2017
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>240.24</u>	<u>240.20</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 #NH11-153C FYE
02/29/2008

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ARBOR VILLAGE NURSING CENTER
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 WILDWOOD, FL 34785

Provider Number: 0 325040-00
 Date: 1/9/2017
 Fiscal Year End: 12/31/2014
 Audit Status: Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>239.90</u>	<u>239.87</u>	<u>9/1/2015</u>

Rate Type:

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

Basis:


Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH11-153C FYE
 02/29/2008

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ARBOR VILLAGE NURSING CENTER	Provider Number:	0 325040-00
490 S OLD WIRE RD	Date:	1/9/2017
WILDWOOD, FL 34785	Fiscal Year End:	12/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>240.45</u>	<u>240.42</u>	<u>9/1/2016</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
<input checked="" type="checkbox"/> Unaudited costs
_____ Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-153C FYE 02/29/2008

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