


MEMORANDUM

Date: February 15, 2012

To: Alan Strowd, Chief, Medicaid Contract Management

From:  Stephen Russell, Medicaid Cost Reimbursement Planning Administrator

Subject: Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
1.	Courtyard Gardens Rehab Center	0 010082-00	1
2.	HHCC – Sarasota	0 010453-00	7
3.	The Health Center of Windermere	0 030479-00	3
4.	The Health Center of Plant City	0 030484-00	3
5.	The Health Center of Pensacola, Inc.	0 030487-00	3
6.	Parkway Health & Rehab	0 030490-00	3
7.	The Health Center of Merritt Island	0 030491-00	3
8.	The Health Center of Lake City	0 030527-00	3
9.	Imperial Health Care Center	0 030530-00	3
10.	The Health Center of Daytona Beach	0 030535-00	3
11.	Health Center of Coconut Creek	0 030537-00	3
12.	Charlotte Harbor Healthcare	0 030540-00	3
13.	The Aristocrat	0 030552-00	3
14.	Avante at Jacksonville Beach, Inc.	0 200913-00	3
15.	St. Catherine Laboure Manor	0 205150-00	1
16.	Avante at Boca Raton, Inc.	0 210676-00	11
17.	Haven of Our Lady of Peace	0 258831-00	4
18.	Life Care Center of Pensacola	0 315664-00	16
19.	Darcy Hall of Life Care	0 317349-00	15
		Total	91

If you have any questions regarding the above contact Stephen Russell at 412-4106.

SR/dm
Attachments



Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U		
001008200	20120101	219.15	366.76	219.15	219.15	485.22	69537-12	
001045300	20090710	216.37	356.72	216.37	216.37	469.34	69537-12	
001045300	20100101	217.92	359.84	217.92	217.92	473.72	69537-12	
001045300	20100701	220.00	363.34	220.00	220.00	478.37	69537-12	
001045300	20100710	218.25	361.59	218.25	218.25	476.62	69537-12	
001045300	20110101	222.25	367.11	222.25	222.25	483.36	69537-12	
001045300	20110701	213.70	359.90	213.70	213.70	477.23	69537-12	
001045300	20120101	216.23	363.84	216.23	216.23	482.30	69537-12	
003047900	20110101	220.25	365.11	220.25	220.25	481.36	69537-12	
003047900	20110701	212.02	358.22	212.02	212.02	475.55	69537-12	
003047900	20120101	213.91	361.52	213.91	213.91	479.98	69537-12	
003048400	20110101	227.53	372.39	227.53	227.53	488.64	69537-12	
003048400	20110701	222.30	368.50	222.30	222.30	485.83	69537-12	
003048400	20120101	224.29	371.90	224.29	224.29	490.36	69537-12	
003048700	20110101	223.14	368.00	223.14	223.14	484.25	69537-12	
003048700	20110701	215.85	362.05	215.85	215.85	479.38	69537-12	
003048700	20120101	217.35	364.96	217.35	217.35	483.42	69537-12	
003049000	20110101	226.91	371.77	226.91	226.91	488.02	69537-12	
003049000	20110701	218.99	365.19	218.99	218.99	482.52	69537-12	
003049000	20120101	220.80	368.41	220.80	220.80	486.87	69537-12	
003049100	20110101	226.02	370.88	226.02	226.02	487.13	69537-12	
003049100	20110701	217.78	363.98	217.78	217.78	481.31	69537-12	
003049100	20120101	219.39	367.00	219.39	219.39	485.46	69537-12	
003052700	20110101	219.36	364.22	219.36	219.36	480.47	69537-12	
003052700	20110701	211.62	357.82	211.62	211.62	475.15	69537-12	
003052700	20120101	213.61	361.22	213.61	213.61	479.68	69537-12	
003053000	20110101	231.54	376.40	231.54	231.54	492.65	69537-12	
003053000	20110701	222.69	368.89	222.69	222.69	486.22	69537-12	
003053000	20120101	223.77	371.38	223.77	223.77	489.84	69537-12	
003053500	20110101	224.06	368.92	224.06	224.06	485.17	69537-12	
003053500	20110701	215.83	362.03	215.83	215.83	479.36	69537-12	
003053500	20120101	218.17	365.78	218.17	218.17	484.24	69537-12	
003053700	20110101	237.15	382.01	237.15	237.15	498.26	69537-12	
003053700	20110701	228.45	374.65	228.45	228.45	491.98	69537-12	
003053700	20120101	229.98	377.59	229.98	229.98	496.05	69537-12	
003054000	20110101	234.44	379.30	234.44	234.44	495.55	69537-12	
003054000	20110701	225.99	372.19	225.99	225.99	489.52	69537-12	
003054000	20120101	226.62	374.23	226.62	226.62	492.69	69537-12	
003055200	20110101	262.94	407.80	262.94	262.94	524.05	69537-12	
003055200	20110701	251.08	397.28	251.08	251.08	514.61	69537-12	
003055200	20120101	251.79	399.40	251.79	251.79	517.86	69537-12	
020091300	20110101	221.89	366.75	221.89	221.89	483.00	69537-12	
020091300	20110701	213.43	359.63	213.43	213.43	476.96	69537-12	
020091300	20120101	209.95	357.56	209.95	209.95	476.02	69537-12	
020515000	20110701	209.18	355.38	209.18	209.18	472.71	69537-12	
021067600	20080101	194.30	328.30	194.30	194.30	435.82	69537-12	NH10-028C
021067600	20080701	196.09	332.37	196.09	196.09	441.72	69537-12	NH10-028C
021067600	20090101	206.61	344.96	206.61	206.61	455.97	69537-12	NH10-028C
021067600	20090301	189.29	327.64	189.29	189.29	438.65	69537-12	NH10-028C
021067600	20090401	229.96	368.31	229.96	229.96	479.32	69537-12	NH10-028C
021067600	20090701	238.05	378.40	238.05	238.05	491.02	69537-12	NH10-028C
021067600	20100101	233.24	375.16	233.24	233.24	489.04	69537-12	NH10-028C
021067600	20100701	236.37	379.71	236.37	236.37	494.74	69537-12	NH10-028C
021067600	20110101	233.37	378.23	233.37	233.37	494.48	69537-12	NH10-028C
021067600	20110701	224.68	370.88	224.68	224.68	488.21	69537-12	NH10-028C
021067600	20120101	233.22	380.83	233.22	233.22	499.29	69537-12	NH10-028C
025883100	20080701	167.62	303.90	167.62	167.62	413.25	69537-12	NH10-018L
025883100	20090101	169.54	307.89	169.54	169.54	418.90	69537-12	NH10-018L
025883100	20090301	155.33	293.68	155.33	155.33	404.69	69537-12	NH10-018L
025883100	20090401	191.36	329.71	191.36	191.36	440.72	69537-12	NH10-018L

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MCM number	Audit Number
031566400	20060601	163.67	288.78	163.67	163.67	389.16	69537-12	NH11-020C
031566400	20060701	180.22	307.35	180.22	180.22	409.35	69537-12	NH11-020C
031566400	20070101	185.95	315.55	185.95	185.95	419.54	69537-12	NH11-020C
031566400	20070609	183.43	313.03	183.43	183.43	417.02	69537-12	NH11-020C
031566400	20070701	198.35	330.29	198.35	198.35	436.15	69537-12	NH11-020C
031566400	20080101	195.69	329.69	195.69	195.69	437.21	69537-12	NH11-020C
031566400	20080701	195.70	331.98	195.70	195.70	441.33	69537-12	NH11-020C
031566400	20090101	193.35	331.70	193.35	193.35	442.71	69537-12	NH11-020C
031566400	20090301	177.14	315.49	177.14	177.14	426.50	69537-12	NH11-020C
031566400	20090401	211.38	349.73	211.38	211.38	460.74	69537-12	NH11-020C
031566400	20090701	215.31	355.66	215.31	215.31	468.28	69537-12	NH11-020C
031566400	20100101	213.48	355.40	213.48	213.48	469.28	69537-12	NH11-020C
031566400	20100701	216.34	359.68	216.34	216.34	474.71	69537-12	NH11-020C
031566400	20110101	217.00	361.86	217.00	217.00	478.11	69537-12	NH11-020C
031566400	20110701	208.00	354.20	208.00	208.00	471.53	69537-12	NH11-020C
031566400	20120101	209.57	357.18	209.57	209.57	475.64	69537-12	NH11-020C
031734900	20060914	164.13	291.26	164.13	164.13	393.26	69537-12	NH11-021C
031734900	20070101	165.80	295.40	165.80	165.80	399.39	69537-12	NH11-021C
031734900	20070401	166.53	296.13	166.53	166.53	400.12	69537-12	NH11-021C
031734900	20070701	175.64	307.58	175.64	175.64	413.44	69537-12	NH11-021C
031734900	20080101	174.29	308.29	174.29	174.29	415.81	69537-12	NH11-021C
031734900	20080701	175.08	311.36	175.08	175.08	420.71	69537-12	NH11-021C
031734900	20090101	168.25	306.60	168.25	168.25	417.61	69537-12	NH11-021C
031734900	20090301	154.15	292.50	154.15	154.15	403.51	69537-12	NH11-021C
031734900	20090401	191.22	329.57	191.22	191.22	440.58	69537-12	NH11-021C
031734900	20090701	198.39	338.74	198.39	198.39	451.36	69537-12	NH11-021C
031734900	20100101	199.53	341.45	199.53	199.53	455.33	69537-12	NH11-021C
031734900	20100701	205.79	349.13	205.79	205.79	464.16	69537-12	NH11-021C
031734900	20110101	208.57	353.43	208.57	208.57	469.68	69537-12	NH11-021C
031734900	20110701	204.39	350.59	204.39	204.39	467.92	69537-12	NH11-021C
031734900	20120101	207.15	354.76	207.15	207.15	473.22	69537-12	NH11-021C



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Courtyard Gardens Rehabilitation Center
 17781 Thelma Ave
 Jupiter FL 33458

Provider Number: 0 010082-00
 Date: 1/30/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>215.05</u>	<u>219.15</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>362.66</u>	<u>366.76</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>481.12</u>	<u>485.22</u>	<u>1/1/2012</u>

Rate Type :

Interim
 Total Interim
 Interim Component
 Settlement based on costs
 Prior Provider Prospective data
 Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Retro for 1/12 rate semester
 Rate Semester Change
 On FRV [2] as of 07/08/1996

Distribution:

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

SR Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

HHCC - Sarasota
 5401 Sawyer Road
 Sarasota FL 34233

Provider Number: 0 010453-00
 Date: 1/23/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.84	216.37	7/10/2009
	Level H: AIDS	349.19	356.72	7/10/2009
	Level U: Fragile Under 21	461.81	469.34	7/10/2009

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 12/31/2010

Rate Semester Change

On FRV [2] as of 07/10/2009


Distribution:

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

 **Stephen Russell**

Medicaid Cost Reimbursement Analysis

Home Office:

HCR Manor Care
 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HHCC - Sarasota
 5401 Sawyer Road
 Sarasota FL 34233

Provider Number: 0 010453-00
 Date: 1/23/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.49	217.92	1/1/2010
Level H: AIDS	351.41	359.84	1/1/2010
Level U: Fragile Under 21	465.29	473.72	1/1/2010

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 12/31/2010

Rate Semester Change

On FRV [2] as of 07/10/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

HHCC - Sarasota
 5401 Sawyer Road
 Sarasota FL 34233

Provider Number: 0 010453-00
 Date: 1/23/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.62	220.00	7/1/2010
	Level H: AIDS	354.96	363.34	7/1/2010
	Level U: Fragile Under 21	469.99	478.37	7/1/2010

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"/> Prospective Adjusted for New Costs |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 12/31/2010
 Rate Semester Change
 On FRV [2] as of 07/10/2009

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

HHCC - Sarasota
 5401 Sawyer Road
 Sarasota FL 34233

Provider Number: 0 010453-00
 Date: 1/23/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.90	218.25	7/10/2010
	Level H: AIDS	353.24	361.59	7/10/2010
	Level U: Fragile Under 21	468.27	476.62	7/10/2010

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"/> Prospective Adjusted for New Costs
<input checked="" type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<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"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Cost Settlement FYE 12/31/2010
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 07/10/2009

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Stephen Russell
 Medicaid Cost Reimbursement Analysis

Home Office:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HHCC - Sarasota
 5401 Sawyer Road
 Sarasota FL 34233

Provider Number: 0 010453-00
 Date: 1/23/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.06	222.25	1/1/2011
Level H: AIDS	355.92	367.11	1/1/2011
Level U: Fragile Under 21	472.17	483.36	1/1/2011

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 12/31/2010
- Rate Semester Change
- On FRV [2] as of 07/10/2009

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Medicaid Reimbursement Per Diem Rates

HHCC - Sarasota
 5401 Sawyer Road
 Sarasota FL 34233

Provider Number: 0 010453-00
 Date: 1/23/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.76	213.70	7/1/2011
	Level H: AIDS	347.96	359.90	7/1/2011
	Level U: Fragile Under 21	465.29	477.23	7/1/2011

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 12/31/2010

Rate Semester Change

On FRV [2] as of 07/10/2009

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

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Medicaid Cost Reimbursement Analysis



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Medicaid Reimbursement Per Diem Rates

HHCC - Sarasota
 5401 Sawyer Road
 Sarasota FL 34233

Provider Number: 0 010453-00
 Date: 1/23/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.38	216.23	1/1/2012
	Level H: AIDS	359.99	363.84	1/1/2012
	Level U: Fragile Under 21	478.45	482.30	1/1/2012

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 12/31/2010
- Rate Semester Change
- On FRV [2] as of 07/10/2009

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Medicaid Reimbursement Per Diem Rates

The Health Center Of Windermere
4875 Cason Cove Drive
Orlando FL 32811

Provider Number: 0 030479-00
 Date: 1/20/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	222.46	220.25	1/1/2011
	Level H: AIDS	367.32	365.11	1/1/2011
	Level U: Fragile Under 21	483.57	481.36	1/1/2011

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 6/30/2011

Rate Semester Change

On FRV [2] as of 05/20/1997

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Medicaid Cost Reimbursement Analysis



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Medicaid Reimbursement Per Diem Rates

The Health Center Of Windermere
 4875 Cason Cove Drive
 Orlando FL 32811

Provider Number: 0 030479-00
 Date: 1/20/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.44	212.02	7/1/2011
	Level H: AIDS	359.64	358.22	7/1/2011
	Level U: Fragile Under 21	476.97	475.55	7/1/2011

Rate Type : <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input checked="" type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data		<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component	
Basis: <input type="checkbox"/> Budget <input checked="" type="checkbox"/> Unaudited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Field audit - interim portion <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Desk audit - Interim Portion <input type="checkbox"/> Desk Audit - Prospective portion		Changes: <input type="checkbox"/> Licensure Rating Change <input type="checkbox"/> Usual and Customary Limitation <input type="checkbox"/> Target Rate limitation change <input type="checkbox"/> FRVS Change <input checked="" type="checkbox"/> Cost Settlement FYE 6/30/2011 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 05/20/1997	

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Medicaid Reimbursement Per Diem Rates

The Health Center Of Windermere
 4875 Cason Cove Drive
 Orlando FL 32811

Provider Number: 0 030479-00
 Date: 1/20/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.28	213.91	1/1/2012
	Level H: AIDS	360.89	361.52	1/1/2012
	Level U: Fragile Under 21	479.35	479.98	1/1/2012

Rate Type :

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

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:


Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 6/30/2011
 Rate Semester Change
 On FRV [2] as of 05/20/1997

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Medicaid Reimbursement Per Diem Rates

The Health Center of Plant City
 701 North Wilder Road
 Plant City FL 33566

Provider Number: 0 030484-00
 Date: 1/19/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	228.36	227.53	1/1/2011
	Level H: AIDS	373.22	372.39	1/1/2011
	Level U: Fragile Under 21	489.47	488.64	1/1/2011

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change


Cost Settlement FYE 06/30/11

Rate Semester Change

On FRV [2] as of 10/01/2000

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Medicaid Reimbursement Per Diem Rates

The Health Center of Plant City
 701 North Wilder Road
 Plant City FL 33566

Provider Number: 0 030484-00
 Date: 1/19/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	220.06	222.30	7/1/2011
	Level H: AIDS	366.26	368.50	7/1/2011
	Level U: Fragile Under 21	483.59	485.83	7/1/2011

Rate Type : <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input checked="" type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data		<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component	
Basis: <input type="checkbox"/> Budget <input checked="" type="checkbox"/> Unaudited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Field audit - interim portion <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Desk audit - Interim Portion <input type="checkbox"/> Desk Audit - Prospective portion	Changes: <input type="checkbox"/> Licensure Rating Change <input type="checkbox"/> Usual and Customary Limitation <input type="checkbox"/> Target Rate limitation change <input type="checkbox"/> FRVS Change <input checked="" type="checkbox"/> Cost Settlement FYE 06/30/11 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 10/01/2000		

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Medicaid Reimbursement Per Diem Rates

The Health Center of Plant City
 701 North Wilder Road
 Plant City FL 33566

Provider Number: 0 030484-00
 Date: 1/19/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	220.35	224.29	1/1/2012
Level H: AIDS	367.96	371.90	1/1/2012
Level U: Fragile Under 21	486.42	490.36	1/1/2012

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 06/30/11
- Rate Semester Change
- On FRV [2] as of 10/01/2000

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Medicaid Reimbursement Per Diem Rates

The Health Center of Pensacola, Inc.
 8475 University Pkwy
 Pensacola FL 32514

Provider Number: 0 030487-00
 Date: 1/20/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	220.96	223.14	1/1/2011
	Level H: AIDS	365.82	368.00	1/1/2011
	Level U: Fragile Under 21	482.07	484.25	1/1/2011

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 6/30/11

Rate Semester Change

On FRV [2] as of 05/28/1987

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Medicaid Reimbursement Per Diem Rates

The Health Center of Pensacola, Inc.
 8475 University Pkwy
 Pensacola FL 32514

Provider Number: 0 030487-00
 Date: 1/20/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.13</u>	<u>215.85</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>357.33</u>	<u>362.05</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>474.66</u>	<u>479.38</u>	<u>7/1/2011</u>

Rate Type : <input type="checkbox"/> Interim <input checked="" type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input checked="" type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data		<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component	
Basis: <input type="checkbox"/> Budget <input checked="" type="checkbox"/> Unaudited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Field audit - interim portion <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Desk audit - Interim Portion <input type="checkbox"/> Desk Audit - Prospective portion	Changes: <input type="checkbox"/> Licensure Rating Change <input type="checkbox"/> Usual and Customary Limitation <input type="checkbox"/> Target Rate limitation change <input type="checkbox"/> FRVS Change <input checked="" type="checkbox"/> Cost Settlement FYE 6/30/11 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 05/28/1987		

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Medicaid Reimbursement Per Diem Rates

The Health Center of Pensacola, Inc.
 8475 University Pkwy
 Pensacola FL 32514

Provider Number: 0 030487-00
 Date: 1/20/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]


Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.87	217.35	1/1/2012
	Level H: AIDS	358.48	364.96	1/1/2012
	Level U: Fragile Under 21	476.94	483.42	1/1/2012

Rate Type : <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input checked="" type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data		<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component	
Basis: <input type="checkbox"/> Budget <input checked="" type="checkbox"/> Unaudited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Field audit - interim portion <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Desk audit - Interim Portion <input type="checkbox"/> Desk Audit - Prospective portion	Changes: <input type="checkbox"/> Licensure Rating Change <input type="checkbox"/> Usual and Customary Limitation <input type="checkbox"/> Target Rate limitation change <input type="checkbox"/> FRVS Change <input checked="" type="checkbox"/> Cost Settlement FYE 6/30/11 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 05/28/1987		

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Medicaid Reimbursement Per Diem Rates

Parkway Health & Rehab
 800 SE Central Pkwy
 Stuart FL 34994

Provider Number: 0 030490-00
 Date: 1/31/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	225.95	226.91	1/1/2011
	Level H: AIDS	370.81	371.77	1/1/2011
	Level U: Fragile Under 21	487.06	488.02	1/1/2011

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 6/30/11

Rate Semester Change

On FRV [2] as of 03/22/1990

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Medicaid Cost Reimbursement Analysis



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Medicaid Reimbursement Per Diem Rates

Parkway Health & Rehab
 800 SE Central Pkwy
 Stuart FL 34994

Provider Number: 0 030490-00
 Date: 1/31/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.24	218.99	7/1/2011
	Level H: AIDS	362.44	365.19	7/1/2011
	Level U: Fragile Under 21	479.77	482.52	7/1/2011

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 6/30/11
 Rate Semester Change
 On FRV [2] as of 03/22/1990

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Medicaid Reimbursement Per Diem Rates

Parkway Health & Rehab
 800 SE Central Pkwy
 Stuart FL 34994

Provider Number: 0 030490-00
 Date: 1/31/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.90	220.80	1/1/2012
	Level H: AIDS	363.51	368.41	1/1/2012
	Level U: Fragile Under 21	481.97	486.87	1/1/2012

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"/> Prospective Adjusted for New Costs
<input checked="" type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input checked="" type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> Cost Settlement FYE 6/30/11
<input type="checkbox"/> Desk audit - Interim Portion	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Desk Audit - Prospective portion	<input type="checkbox"/> On FRV [2] as of 03/22/1990

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Medicaid Reimbursement Per Diem Rates

The Health Center of Merritt Island
 500 Crockett Boulevard
 Merritt Island FL 32953

Provider Number: 0 030491-00
 Date: 1/24/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	225.82	226.02	1/1/2011
Level H: AIDS	370.68	370.88	1/1/2011
Level U: Fragile Under 21	486.93	487.13	1/1/2011

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"/> Prospective Adjusted for New Costs |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 6/30/11**
- Rate Semester Change
- On FRV [2] as of 08/01/1990

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Medicaid Reimbursement Per Diem Rates

The Health Center of Merritt Island
500 Crockett Boulevard
Merritt Island FL 32953

Provider Number: 0 030491-00
 Date: 1/24/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>215.83</u>	<u>217.78</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>362.03</u>	<u>363.98</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>479.36</u>	<u>481.31</u>	<u>7/1/2011</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"/> Prospective Adjusted for New Costs
<input checked="" type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input checked="" type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> Cost Settlement FYE 6/30/11
<input type="checkbox"/> Desk audit - Interim Portion	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Desk Audit - Prospective portion	<input type="checkbox"/> On FRV [2] as of 08/01/1990

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Medicaid Reimbursement Per Diem Rates

The Health Center of Merritt Island
 500 Crockett Boulevard
 Merritt Island FL 32953

Provider Number: 0 030491-00
 Date: 1/24/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.68	219.39	1/1/2012
	Level H: AIDS	363.29	367.00	1/1/2012
	Level U: Fragile Under 21	481.75	485.46	1/1/2012

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 6/30/11
 Rate Semester Change
 On FRV [2] as of 08/01/1990

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

The Health Center of Lake City
 560 S.W. McFarlane Ave.
 Lake City FL 32025

Provider Number: 0 030527-00
 Date: 1/31/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.58	219.36	1/1/2011
	Level H: AIDS	363.44	364.22	1/1/2011
	Level U: Fragile Under 21	479.69	480.47	1/1/2011

Rate Type : <input checked="" type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input checked="" type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data <input type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component	
Basis: <input type="checkbox"/> Budget <input checked="" type="checkbox"/> Unaudited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Field audit - interim portion <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Desk audit - Interim Portion <input type="checkbox"/> Desk Audit - Prospective portion	Changes: <input type="checkbox"/> Licensure Rating Change <input type="checkbox"/> Usual and Customary Limitation <input type="checkbox"/> Target Rate limitation change <input type="checkbox"/> FRVS Change <input checked="" type="checkbox"/> Cost Settlement FYE 6/30/2011 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 05/01/1999

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Medicaid Reimbursement Per Diem Rates

The Health Center of Lake City
 560 S.W. McFarlane Ave.
 Lake City FL 32025

Provider Number: 0 030527-00
 Date: 1/31/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.58	211.62	7/1/2011
	Level H: AIDS	354.78	357.82	7/1/2011
	Level U: Fragile Under 21	472.11	475.15	7/1/2011

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 6/30/2011

Rate Semester Change

On FRV [2] as of 05/01/1999

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Medicaid Cost Reimbursement Analysis

Home Office:

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Medicaid Reimbursement Per Diem Rates

The Health Center of Lake City
 560 S.W. McFarlane Ave.
 Lake City FL 32025

Provider Number: 0 030527-00
 Date: 1/31/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.32	213.61	1/1/2012
	Level H: AIDS	355.93	361.22	1/1/2012
	Level U: Fragile Under 21	474.39	479.68	1/1/2012

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 6/30/2011
 Rate Semester Change
 On FRV [2] as of 05/01/1999

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Medicaid Reimbursement Per Diem Rates

Imperial Health Care Center
 900 Imperial Golf Course
 Naples FL 34110

Provider Number: 0 030530-00
 Date: 1/25/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	232.96	231.54	1/1/2011
	Level H: AIDS	377.82	376.40	1/1/2011
	Level U: Fragile Under 21	494.07	492.65	1/1/2011

Rate Type :

Interim

Total Interim

Interim Component

Settlement based on costs

Prior Provider Prospective data

Prospective

Total Prospective

Prospective Adjusted for New Costs

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 6/30/2011

Rate Semester Change

On FRV [2] as of 06/01/1991

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Medicaid Reimbursement Per Diem Rates

Imperial Health Care Center
 900 Imperial Golf Course
 Naples FL 34110

Provider Number: 0 030530-00
 Date: 1/25/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.26	222.69	7/1/2011
	Level H: AIDS	370.46	368.89	7/1/2011
	Level U: Fragile Under 21	487.79	486.22	7/1/2011

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"/> Prospective Adjusted for New Costs
<input checked="" type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<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"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Cost Settlement FYE 6/30/2011
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 06/01/1991

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Medicaid Reimbursement Per Diem Rates

Imperial Health Care Center
 900 Imperial Golf Course
 Naples FL 34110

Provider Number: 0 030530-00
 Date: 1/25/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.95	223.77	1/1/2012
	Level H: AIDS	372.56	371.38	1/1/2012
	Level U: Fragile Under 21	491.02	489.84	1/1/2012

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 6/30/2011

Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

The Health Center of Daytona Beach
 550 National Healthcare Drive
 Daytona Beach FL 32114

Provider Number: 0 030535-00
 Date: 1/24/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.19	224.06	1/1/2011
	Level H: AIDS	369.05	368.92	1/1/2011
	Level U: Fragile Under 21	485.30	485.17	1/1/2011

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 6/30/11

Rate Semester Change

On FRV [2] as of 07/11/1996

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Medicaid Reimbursement Per Diem Rates

The Health Center of Daytona Beach
 550 National Healthcare Drive
 Daytona Beach FL 32114

Provider Number: 0 030535-00
 Date: 1/24/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.74	215.83	7/1/2011
	Level H: AIDS	361.94	362.03	7/1/2011
	Level U: Fragile Under 21	479.27	479.36	7/1/2011

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 6/30/11

Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

The Health Center of Daytona Beach
 550 National Healthcare Drive
 Daytona Beach FL 32114

Provider Number: 0 030535-00
 Date: 1/24/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>217.02</u>	<u>218.17</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>364.63</u>	<u>365.78</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>483.09</u>	<u>484.24</u>	<u>1/1/2012</u>

Rate Type : <input type="checkbox"/> Interim <input checked="" type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input checked="" type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data		<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component	
Basis: <input type="checkbox"/> Budget <input checked="" type="checkbox"/> Unaudited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Field audit - interim portion <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Desk audit - Interim Portion <input type="checkbox"/> Desk Audit - Prospective portion		Changes: <input type="checkbox"/> Licensure Rating Change <input type="checkbox"/> Usual and Customary Limitation <input type="checkbox"/> Target Rate limitation change <input type="checkbox"/> FRVS Change <input checked="" type="checkbox"/> Cost Settlement FYE 6/30/11 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 07/11/1996	

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Medicaid Reimbursement Per Diem Rates

Health Center of Coconut Creek
 4125 W. Sample Road
 Coconut Creek FL 33073

Provider Number: 0 030537-00
 Date: 1/25/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	236.18	237.15	1/1/2011
Level H: AIDS	381.04	382.01	1/1/2011
Level U: Fragile Under 21	497.29	498.26	1/1/2011

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"/> Prospective Adjusted for New Costs |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 6/30/11**
- Rate Semester Change
- On FRV [2] as of 12/09/1997

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Medicaid Reimbursement Per Diem Rates

Health Center of Coconut Creek
 4125 W. Sample Road
 Coconut Creek FL 33073

Provider Number: 0 030537-00
 Date: 1/25/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>226.12</u>	<u>228.45</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>372.32</u>	<u>374.65</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>489.65</u>	<u>491.98</u>	<u>7/1/2011</u>

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 6/30/11

Rate Semester Change

On FRV [2] as of 12/09/1997

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Medicaid Reimbursement Per Diem Rates

Health Center of Coconut Creek
 4125 W. Sample Road
 Coconut Creek FL 33073

Provider Number: 0 030537-00
 Date: 1/25/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	225.77	229.98	1/1/2012
	Level H: AIDS	373.38	377.59	1/1/2012
	Level U: Fragile Under 21	491.84	496.05	1/1/2012

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 6/30/11
- Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Charlotte Harbor Healthcare
 4000 Kings Highway
 Port Charlotte FL 33980

Provider Number: 0 030540-00
 Date: 1/26/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	234.12	234.44	1/1/2011
	Level H: AIDS	378.98	379.30	1/1/2011
	Level U: Fragile Under 21	495.23	495.55	1/1/2011

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 06/30/11
 Rate Semester Change
 On FRV [2] as of 06/02/1994

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Medicaid Reimbursement Per Diem Rates

Charlotte Harbor Healthcare
 4000 Kings Highway
 Port Charlotte FL 33980

Provider Number: 0 030540-00
 Date: 1/26/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.31	225.99	7/1/2011
	Level H: AIDS	370.51	372.19	7/1/2011
	Level U: Fragile Under 21	487.84	489.52	7/1/2011

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 06/30/11

Rate Semester Change

On FRV [2] as of 06/02/1994


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Medicaid Reimbursement Per Diem Rates

Charlotte Harbor Healthcare
 4000 Kings Highway
 Port Charlotte FL 33980

Provider Number: 0 030540-00
 Date: 1/26/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.98</u>	<u>226.62</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>371.59</u>	<u>374.23</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>490.05</u>	<u>492.69</u>	<u>1/1/2012</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"/> Prospective Adjusted for New Costs |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 06/30/11
 Rate Semester Change
 On FRV [2] as of 06/02/1994

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Medicaid Reimbursement Per Diem Rates

The Aristocrat
 10949 Parnu Street
 Naples FL 34109

Provider Number: 0 030552-00
 Date: 1/27/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	261.94	262.94	1/1/2011
	Level H: AIDS	406.80	407.80	1/1/2011
	Level U: Fragile Under 21	523.05	524.05	1/1/2011

Rate Type : <input checked="" type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input checked="" type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data <input type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component	
Basis: <input type="checkbox"/> Budget <input checked="" type="checkbox"/> Unaudited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Field audit - interim portion <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Desk audit - Interim Portion <input type="checkbox"/> Desk Audit - Prospective portion	Changes: <input type="checkbox"/> Licensure Rating Change <input type="checkbox"/> Usual and Customary Limitation <input type="checkbox"/> Target Rate limitation change <input type="checkbox"/> FRVS Change <input checked="" type="checkbox"/> Cost Settlement FYE 6/30/2011 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 06/09/1994

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Medicaid Reimbursement Per Diem Rates

The Aristocrat
 10949 Parnu Street
 Naples FL 34109

Provider Number: 0 030552-00
 Date: 1/27/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>249.26</u>	<u>251.08</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>395.46</u>	<u>397.28</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>512.79</u>	<u>514.61</u>	<u>7/1/2011</u>

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 6/30/2011
 Rate Semester Change
 On FRV [2] as of 06/09/1994

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Medicaid Reimbursement Per Diem Rates

The Aristocrat
 10949 Parnu Street
 Naples FL 34109

Provider Number: 0 030552-00
 Date: 1/27/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>249.11</u>	<u>251.79</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>396.72</u>	<u>399.40</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>515.18</u>	<u>517.86</u>	<u>1/1/2012</u>

Rate Type : <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input checked="" type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data		<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component	
Basis: <input type="checkbox"/> Budget <input checked="" type="checkbox"/> Unaudited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Field audit - interim portion <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Desk audit - Interim Portion <input type="checkbox"/> Desk Audit - Prospective portion		Changes: <input type="checkbox"/> Licensure Rating Change <input type="checkbox"/> Usual and Customary Limitation <input type="checkbox"/> Target Rate limitation change <input type="checkbox"/> FRVS Change <input checked="" type="checkbox"/> Cost Settlement FYE 6/30/2011 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 06/09/1994	

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Medicaid Reimbursement Per Diem Rates

Avante at Jacksonville Beach, Inc.
 1504 Seabreeze Avenue
 Jacksonville Beach FL 32250-3369

Provider Number: 0 200913-00
 Date: 1/23/2012
 Fiscal Year End: 5/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	222.25	221.89	1/1/2011
	Level H: AIDS	367.11	366.75	1/1/2011
	Level U: Fragile Under 21	483.36	483.00	1/1/2011

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Interim Settlement FYE 05/31/11
 Rate Semester Change
 On FRV [2] as of 07/01/1989

Distribution:

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 No Change in Rate

Home Office:

Avante Group, Inc.
 Janan Mitchell
 4000 Hollywood Blvd, Suite 540-N
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Stephen Russell

Medicaid Cost Reimbursement Analysis



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Medicaid Reimbursement Per Diem Rates

Avante at Jacksonville Beach, Inc.
 1504 Seabreeze Avenue
 Jacksonville Beach FL 32250-3369

Provider Number: 0 200913-00
 Date: 1/23/2012
 Fiscal Year End: 5/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	213.95	213.43	7/1/2011
	Level H: AIDS	360.15	359.63	7/1/2011
	Level U: Fragile Under 21	477.48	476.96	7/1/2011

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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input checked="" type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Interim Settlement FYE 05/31/11
- Rate Semester Change
- On FRV [2] as of 07/01/1989

Distribution:

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Medicaid Reimbursement Per Diem Rates

Avante at Jacksonville Beach, Inc.
 1504 Seabreeze Avenue
 Jacksonville Beach FL 32250-3369

Provider Number: 0 200913-00
 Date: 1/23/2012
 Fiscal Year End: 5/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.26	209.95	1/1/2012
	Level H: AIDS	363.87	357.56	1/1/2012
	Level U: Fragile Under 21	482.33	476.02	1/1/2012

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Interim Settlement FYE 05/31/11
 Rate Semester Change
 On FRV [2] as of 07/01/1989

Distribution:

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Medicaid Reimbursement Per Diem Rates

St. Catherine Laboure Manor
 1750 Stockton Street
 Jacksonville FL 32204

Provider Number: 0 205150-00
 Date: 1/20/2012
 Fiscal Year End: 6/30/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.21	209.18	7/1/2011
	Level H: AIDS	360.41	355.38	7/1/2011
	Level U: Fragile Under 21	477.74	472.71	7/1/2011

Rate Type :

- Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Retro for 7/11 rate semester
 Rate Semester Change
 On FRV [2] as of 07/01/1993

Distribution:

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Medicaid Cost Reimbursement Analysis

Home Office:

St. Vincent Health System
 Mike Duclos
 1 Shircliff Way
 Jacksonville FL 32204



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Medicaid Reimbursement Per Diem Rates

AVANTE AT BOCA RATON, INC.
 1130 NORTHWEST 15TH STREET
 Boca Raton FL 33486

Provider Number: 0 210676-00
 Date: 1/17/2012
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.97	194.30	1/1/2008
	Level H: AIDS	329.97	328.30	1/1/2008
	Level U: Fragile Under 21	437.49	435.82	1/1/2008

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit #NH10-028C FYE 5/31/07

Rate Semester Change

On FRV [2] as of 04/01/1993

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Medicaid Reimbursement Per Diem Rates

AVANTE AT BOCA RATON, INC.
1130 NORTHWEST 15TH STREET
Boca Raton FL 33486

Provider Number: 0 210676-00
 Date: 1/17/2012
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>197.77</u>	<u>196.09</u>	<u>7/1/2008</u>
	Level H: AIDS	<u>334.05</u>	<u>332.37</u>	<u>7/1/2008</u>
	Level U: Fragile Under 21	<u>443.40</u>	<u>441.72</u>	<u>7/1/2008</u>

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH10-028C FYE 5/31/07
- Rate Semester Change
- On FRV [2] as of 04/01/1993

Distribution:

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Medicaid Reimbursement Per Diem Rates

AVANTE AT BOCA RATON, INC.
1130 NORTHWEST 15TH STREET
Boca Raton FL 33486

Provider Number: 0 210676-00
 Date: 1/13/2012
 Fiscal Year End: 5/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>206.88</u>	<u>206.61</u>	<u>1/1/2009</u>
	Level H: AIDS	<u>345.23</u>	<u>344.96</u>	<u>1/1/2009</u>
	Level U: Fragile Under 21	<u>456.24</u>	<u>455.97</u>	<u>1/1/2009</u>

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:


Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA #NH10-028C FYE 5/31/07
 Rate Semester Change
 On FRV [2] as of 04/01/1993

Distribution:

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Medicaid Reimbursement Per Diem Rates

AVANTE AT BOCA RATON, INC.
 1130 NORTHWEST 15TH STREET
 Boca Raton FL 33486

Provider Number: 0 210676-00
 Date: 1/13/2012
 Fiscal Year End: 5/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	189.54	189.29	3/1/2009
	Level H: AIDS	327.89	327.64	3/1/2009
	Level U: Fragile Under 21	438.90	438.65	3/1/2009

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change


Effects of FA #NH10-028C FYE 5/31/07

Rate Semester Change

On FRV [2] as of 04/01/1993

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Medicaid Reimbursement Per Diem Rates

AVANTE AT BOCA RATON, INC.
 1130 NORTHWEST 15TH STREET
 Boca Raton FL 33486

Provider Number: 0 210676-00
 Date: 1/13/2012
 Fiscal Year End: 5/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	230.24	229.96	4/1/2009
	Level H: AIDS	368.59	368.31	4/1/2009
	Level U: Fragile Under 21	479.60	479.32	4/1/2009

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"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input checked="" type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> Effects of FA #NH10-028C FYE 5/31/07
<input type="checkbox"/> Desk audit - Interim Portion	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Desk Audit - Prospective portion	<input type="checkbox"/> On FRV [2] as of 04/01/1993

Distribution:

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

AVANTE AT BOCA RATON, INC.
 1130 NORTHWEST 15TH STREET
 Boca Raton FL 33486

Provider Number: 0 210676-00
 Date: 1/13/2012
 Fiscal Year End: 5/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	238.33	238.05	7/1/2009
	Level H: AIDS	378.68	378.40	7/1/2009
	Level U: Fragile Under 21	491.30	491.02	7/1/2009

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA #NH10-028C FYE 5/31/07
- Rate Semester Change
- On FRV [2] as of 04/01/1993

Distribution:

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- No Change in Rate

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Medicaid Reimbursement Per Diem Rates

AVANTE AT BOCA RATON, INC.
 1130 NORTHWEST 15TH STREET
 Boca Raton FL 33486

Provider Number: 0 210676-00
 Date: 1/13/2012
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	233.52	233.24	1/1/2010
Level H: AIDS	375.44	375.16	1/1/2010
Level U: Fragile Under 21	489.32	489.04	1/1/2010

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA #NH10-028C FYE 5/31/07
- Rate Semester Change
- On FRV [2] as of 04/01/1993

Distribution:

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Medicaid Reimbursement Per Diem Rates

AVANTE AT BOCA RATON, INC.
 1130 NORTHWEST 15TH STREET
 Boca Raton FL 33486

Provider Number: 0 210676-00
 Date: 1/13/2012
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>236.65</u>	<u>236.37</u>	<u>7/1/2010</u>
	Level H: AIDS	<u>379.99</u>	<u>379.71</u>	<u>7/1/2010</u>
	Level U: Fragile Under 21	<u>495.02</u>	<u>494.74</u>	<u>7/1/2010</u>

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Effects of FA #NH10-028C FYE 5/31/07

Rate Semester Change

On FRV [2] as of 04/01/1993

Distribution:

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Medicaid Reimbursement Per Diem Rates

AVANTE AT BOCA RATON, INC.
 1130 NORTHWEST 15TH STREET
 Boca Raton FL 33486

Provider Number: 0 210676-00
 Date: 1/13/2012
 Fiscal Year End: 5/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	233.65	233.37	1/1/2011
	Level H: AIDS	378.51	378.23	1/1/2011
	Level U: Fragile Under 21	494.76	494.48	1/1/2011

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:


- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA #NH10-028C FYE 5/31/07
- Rate Semester Change
- On FRV [2] as of 04/01/1993

Distribution:

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- No Change in Rate


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Medicaid Reimbursement Per Diem Rates

AVANTE AT BOCA RATON, INC.
 1130 NORTHWEST 15TH STREET
 Boca Raton FL 33486

Provider Number: 0 210676-00
 Date: 1/13/2012
 Fiscal Year End: 5/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.95	224.68	7/1/2011
	Level H: AIDS	371.15	370.88	7/1/2011
	Level U: Fragile Under 21	488.48	488.21	7/1/2011

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Effects of FA #NH10-028C FYE 5/31/07

Rate Semester Change

On FRV [2] as of 04/01/1993

Distribution:

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Medicaid Reimbursement Per Diem Rates

Haven of Our Lady of Peace
 1900 Summit Boulevard
 Pensacola FL 32503

Provider Number: 0 258831-00
 Date: 1/17/2012
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	176.13	167.62	7/1/2008
	Level H: AIDS	312.41	303.90	7/1/2008
	Level U: Fragile Under 21	421.76	413.25	7/1/2008

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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH10-018L FYE 6/30/2007
 Rate Semester Change
 On FRV [2] as of 11/08/2001

Distribution:

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 For information Only
 No Change in Rate

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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Haven of Our Lady of Peace
 1900 Summit Boulevard
 Pensacola FL 32503

Provider Number: 0 258831-00
 Date: 1/17/2012
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	176.76	169.54	1/1/2009
	Level H: AIDS	315.11	307.89	1/1/2009
	Level U: Fragile Under 21	426.12	418.90	1/1/2009

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:


- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH10-018L FYE 6/30/2007
- Rate Semester Change
- On FRV [2] as of 11/08/2001

Distribution:

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

 **Stephen Russell**

Medicaid Cost Reimbursement Analysis

Home Office:

Sacred Heart Hospital
 Mike Myers
 5151 North 9th Avenue
 Pensacola FL 32513-2700



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Haven of Our Lady of Peace
 1900 Summit Boulevard
 Pensacola FL 32503

Provider Number: 0 258831-00
 Date: 1/17/2012
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	161.94	155.33	3/1/2009
	Level H: AIDS	300.29	293.68	3/1/2009
	Level U: Fragile Under 21	411.30	404.69	3/1/2009

Rate Type :

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

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH10-018L FYE 6/30/2007
 Rate Semester Change
 On FRV [2] as of 11/08/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

Haven of Our Lady of Peace
 1900 Summit Boulevard
 Pensacola FL 32503

Provider Number: 0 258831-00
 Date: 1/17/2012
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.99	191.36	4/1/2009
	Level H: AIDS	337.34	329.71	4/1/2009
	Level U: Fragile Under 21	448.35	440.72	4/1/2009

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit NH10-018L FYE 6/30/2007

Rate Semester Change

On FRV [2] as of 11/08/2001


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Medicaid Reimbursement Per Diem Rates

Life Care Center of Pensacola
 3291 East Olive Road
 Pensacola FL 32514

Provider Number: 0 315664-00
 Date: 2/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>163.59</u>	<u>163.67</u>	<u>6/1/2006</u>
	Level H: AIDS	<u>288.70</u>	<u>288.78</u>	<u>6/1/2006</u>
	Level U: Fragile Under 21	<u>389.08</u>	<u>389.16</u>	<u>6/1/2006</u>

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit NH11-020C FYE 12/31/2007

Rate Semester Change


On FRV [2] as of 06/01/2006

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Life Care Center of Pensacola
 3291 East Olive Road
 Pensacola FL 32514

Provider Number: 0 315664-00
 Date: 2/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	179.29	180.22	7/1/2006
Level H: AIDS	306.42	307.35	7/1/2006
Level U: Fragile Under 21	408.42	409.35	7/1/2006

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit NH11-020C FYE 12/31/2007

Rate Semester Change

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 3291 East Olive Road
 Pensacola FL 32514

Provider Number: 0 315664-00
 Date: 2/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>185.00</u>	<u>185.95</u>	<u>1/1/2007</u>
	Level H: AIDS	<u>314.60</u>	<u>315.55</u>	<u>1/1/2007</u>
	Level U: Fragile Under 21	<u>418.59</u>	<u>419.54</u>	<u>1/1/2007</u>

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit NH11-020C FYE 12/31/2007

Rate Semester Change

On FRV [2] as of 06/01/2006

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 Pensacola FL 32514

Provider Number: 0 315664-00
 Date: 2/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	182.64	183.43	6/9/2007
	Level H: AIDS	312.24	313.03	6/9/2007
	Level U: Fragile Under 21	416.23	417.02	6/9/2007

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"/> Prospective Adjusted for New Costs
<input checked="" type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input checked="" type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> Field Audit NH11-020C FYE 12/31/2007
<input type="checkbox"/> Desk audit - Interim Portion	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Desk Audit - Prospective portion	<input type="checkbox"/> On FRV [2] as of 06/01/2006

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 Pensacola FL 32514

Provider Number: 0 315664-00
 Date: 2/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>198.46</u>	<u>198.35</u>	<u>7/1/2007</u>
	Level H: AIDS	<u>330.40</u>	<u>330.29</u>	<u>7/1/2007</u>
	Level U: Fragile Under 21	<u>436.26</u>	<u>436.15</u>	<u>7/1/2007</u>

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit NH11-020C FYE 12/31/2007

Rate Semester Change

On FRV [2] as of 06/01/2006

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Provider Number: 0 315664-00
 Date: 2/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	196.19	195.69	1/1/2008
	Level H: AIDS	330.19	329.69	1/1/2008
	Level U: Fragile Under 21	437.71	437.21	1/1/2008

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"/> Prospective Adjusted for New Costs
<input checked="" type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input checked="" type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> Field Audit NH11-020C FYE 12/31/2007
<input type="checkbox"/> Desk audit - Interim Portion	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Desk Audit - Prospective portion	<input type="checkbox"/> On FRV [2] as of 06/01/2006

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 Pensacola FL 32514

Provider Number: 0 315664-00
 Date: 2/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.79	195.70	7/1/2008
	Level H: AIDS	332.07	331.98	7/1/2008
	Level U: Fragile Under 21	441.42	441.33	7/1/2008

Rate Type : <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input checked="" type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data		<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component	
Basis: <input type="checkbox"/> Budget <input type="checkbox"/> Unaudited costs <input checked="" type="checkbox"/> Field audited costs <input type="checkbox"/> Field audit - interim portion <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Desk audit - Interim Portion <input type="checkbox"/> Desk Audit - Prospective portion		Changes: <input type="checkbox"/> Licensure Rating Change <input type="checkbox"/> Usual and Customary Limitation <input type="checkbox"/> Target Rate limitation change <input type="checkbox"/> FRVS Change <input checked="" type="checkbox"/> Field Audit NH11-020C FYE 12/31/2007 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 06/01/2006	

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Provider Number: 0 315664-00
 Date: 2/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.43	193.35	1/1/2009
	Level H: AIDS	331.78	331.70	1/1/2009
	Level U: Fragile Under 21	442.79	442.71	1/1/2009

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"/> Prospective Adjusted for New Costs |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH11-020C FYE 12/31/2007
- Rate Semester Change
- On FRV [2] as of 06/01/2006

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 3291 East Olive Road
 Pensacola FL 32514

Provider Number: 0 315664-00
 Date: 2/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>177.22</u>	<u>177.14</u>	<u>3/1/2009</u>
	Level H: AIDS	<u>315.57</u>	<u>315.49</u>	<u>3/1/2009</u>
	Level U: Fragile Under 21	<u>426.58</u>	<u>426.50</u>	<u>3/1/2009</u>

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH11-020C FYE 12/31/2007
 Rate Semester Change
 On FRV [2] as of 06/01/2006

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Life Care Center of Pensacola
 3291 East Olive Road
 Pensacola FL 32514

Provider Number: 0 315664-00
 Date: 2/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.46	211.38	4/1/2009
	Level H: AIDS	349.81	349.73	4/1/2009
	Level U: Fragile Under 21	460.82	460.74	4/1/2009

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH11-020C FYE 12/31/2007
 Rate Semester Change
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Provider Number: 0 315664-00
 Date: 2/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:


		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>215.40</u>	<u>215.31</u>	<u>7/1/2009</u>
	Level H: AIDS	<u>355.75</u>	<u>355.66</u>	<u>7/1/2009</u>
	Level U: Fragile Under 21	<u>468.37</u>	<u>468.28</u>	<u>7/1/2009</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"/> Prospective Adjusted for New Costs
<input checked="" type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input checked="" type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> Field Audit NH11-020C FYE 12/31/2007
<input type="checkbox"/> Desk audit - Interim Portion	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Desk Audit - Prospective portion	<input type="checkbox"/> On FRV [2] as of 06/01/2006

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Life Care Center of Pensacola
 3291 East Olive Road
 Pensacola FL 32514

Provider Number: 0 315664-00
 Date: 2/7/2012
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.57	213.48	1/1/2010
	Level H: AIDS	355.49	355.40	1/1/2010
	Level U: Fragile Under 21	469.37	469.28	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"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input checked="" type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> Effects of FA NH11-020C FYE 12/31/2007
<input type="checkbox"/> Desk audit - Interim Portion	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Desk Audit - Prospective portion	<input type="checkbox"/> On FRV [2] as of 06/01/2006

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Provider Number: 0 315664-00
 Date: 2/7/2012
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.42	216.34	7/1/2010
	Level H: AIDS	359.76	359.68	7/1/2010
	Level U: Fragile Under 21	474.79	474.71	7/1/2010

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Effects of FA NH11-020C FYE 12/31/2007

Rate Semester Change

On FRV [2] as of 06/01/2006


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 Date: 2/7/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.09	217.00	1/1/2011
	Level H: AIDS	361.95	361.86	1/1/2011
	Level U: Fragile Under 21	478.20	478.11	1/1/2011

Rate Type : <input type="checkbox"/> Interim <input checked="" type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data		<input checked="" type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component	
Basis: <input type="checkbox"/> Budget <input checked="" type="checkbox"/> Unaudited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Field audit - interim portion <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Desk audit - Interim Portion <input type="checkbox"/> Desk Audit - Prospective portion	Changes: <input type="checkbox"/> Licensure Rating Change <input type="checkbox"/> Usual and Customary Limitation <input type="checkbox"/> Target Rate limitation change <input type="checkbox"/> FRVS Change <input checked="" type="checkbox"/> Effects of FA NH11-020C FYE 12/31/2007 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 06/01/2006		

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SR Stephen Russell

Medicaid Cost Reimbursement Analysis



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Medicaid Reimbursement Per Diem Rates

Life Care Center of Pensacola
 3291 East Olive Road
 Pensacola FL 32514

Provider Number: 0 315664-00
 Date: 2/7/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.08	208.00	7/1/2011
	Level H: AIDS	354.28	354.20	7/1/2011
	Level U: Fragile Under 21	471.61	471.53	7/1/2011

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH11-020C FYE 12/31/2007
- Rate Semester Change
- On FRV [2] as of 06/01/2006

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Medicaid Reimbursement Per Diem Rates

Life Care Center of Pensacola
 3291 East Olive Road
 Pensacola FL 32514

Provider Number: 0 315664-00
 Date: 2/7/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.65	209.57	1/1/2012
	Level H: AIDS	357.26	357.18	1/1/2012
	Level U: Fragile Under 21	475.72	475.64	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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH11-020C FYE 12/31/2007
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Darcy Hall of Life Care
 2170 Palm Beach Lakes Blvd.
 West Palm Beach FL 33409

Provider Number: 0 317349-00
 Date: 2/1/2012
 Fiscal Year End: 3/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	164.14	164.13	9/14/2006
	Level H: AIDS	291.27	291.26	9/14/2006
	Level U: Fragile Under 21	393.27	393.26	9/14/2006

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"/> Prospective Adjusted for New Costs
<input checked="" type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input checked="" type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> Field Audit #NH11-021C FYE 3/31/2007
<input type="checkbox"/> Desk audit - Interim Portion	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Desk Audit - Prospective portion	<input type="checkbox"/> On FRV [2] as of 07/01/1990

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Darcy Hall of Life Care
 2170 Palm Beach Lakes Blvd.
 West Palm Beach FL 33409

Provider Number: 0 317349-00
 Date: 2/1/2012
 Fiscal Year End: 3/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	166.68	165.80	1/1/2007
	Level H: AIDS	296.28	295.40	1/1/2007
	Level U: Fragile Under 21	400.27	399.39	1/1/2007

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"/> Prospective Adjusted for New Costs |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
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Provider Number: 0 317349-00
 Date: 2/1/2012
 Fiscal Year End: 3/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	167.08	166.53	4/1/2007
	Level H: AIDS	296.68	296.13	4/1/2007
	Level U: Fragile Under 21	400.67	400.12	4/1/2007

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-021C FYE 3/31/2007
- Rate Semester Change
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Provider Number: 0 317349-00
 Date: 2/1/2012
 Fiscal Year End: 3/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>178.42</u>	<u>175.64</u>	<u>7/1/2007</u>
	Level H: AIDS	<u>310.36</u>	<u>307.58</u>	<u>7/1/2007</u>
	Level U: Fragile Under 21	<u>416.22</u>	<u>413.44</u>	<u>7/1/2007</u>

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11-021C FYE 3/31/2007
 Rate Semester Change
 On FRV [2] as of 07/01/1990

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Darcy Hall of Life Care
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 West Palm Beach FL 33409

Provider Number: 0 317349-00
 Date: 2/1/2012
 Fiscal Year End: 3/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	177.04	174.29	1/1/2008
	Level H: AIDS	311.04	308.29	1/1/2008
	Level U: Fragile Under 21	418.56	415.81	1/1/2008

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11-021C FYE 3/31/2007
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 West Palm Beach FL 33409

Provider Number: 0 317349-00
 Date: 2/1/2012
 Fiscal Year End: 3/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	177.86	175.08	7/1/2008
	Level H: AIDS	314.14	311.36	7/1/2008
	Level U: Fragile Under 21	423.49	420.71	7/1/2008

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:


- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
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 West Palm Beach FL 33409

Provider Number: 0 317349-00
 Date: 2/1/2012
 Fiscal Year End: 3/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	169.67	168.25	1/1/2009
	Level H: AIDS	308.02	306.60	1/1/2009
	Level U: Fragile Under 21	419.03	417.61	1/1/2009

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"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	
Basis:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input checked="" type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> Effects of FA #NH11-021C FYE 3/31/2007
<input type="checkbox"/> Desk audit - Interim Portion	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Desk Audit - Prospective portion	<input type="checkbox"/> On FRV [2] as of 07/01/1990

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 West Palm Beach FL 33409

Provider Number: 0 317349-00
 Date: 2/1/2012
 Fiscal Year End: 3/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	155.45	154.15	3/1/2009
	Level H: AIDS	293.80	292.50	3/1/2009
	Level U: Fragile Under 21	404.81	403.51	3/1/2009

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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:


- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
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Darcy Hall of Life Care
 2170 Palm Beach Lakes Blvd.
 West Palm Beach FL 33409

Provider Number: 0 317349-00
 Date: 2/1/2012
 Fiscal Year End: 3/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.72	191.22	4/1/2009
	Level H: AIDS	331.07	329.57	4/1/2009
	Level U: Fragile Under 21	442.08	440.58	4/1/2009

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
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Darcy Hall of Life Care
 2170 Palm Beach Lakes Blvd.
 West Palm Beach FL 33409

Provider Number: 0 317349-00
 Date: 2/1/2012
 Fiscal Year End: 3/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>198.57</u>	<u>198.39</u>	<u>7/1/2009</u>
	Level H: AIDS	<u>338.92</u>	<u>338.74</u>	<u>7/1/2009</u>
	Level U: Fragile Under 21	<u>451.54</u>	<u>451.36</u>	<u>7/1/2009</u>

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA #NH11-021C FYE 3/31/2007
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Darcy Hall of Life Care
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 West Palm Beach FL 33409

Provider Number: 0 317349-00
 Date: 2/1/2012
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>201.07</u>	<u>199.53</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>342.99</u>	<u>341.45</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>456.87</u>	<u>455.33</u>	<u>1/1/2010</u>

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
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Provider Number: 0 317349-00
 Date: 2/1/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.34	205.79	7/1/2010
	Level H: AIDS	350.68	349.13	7/1/2010
	Level U: Fragile Under 21	465.71	464.16	7/1/2010

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

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- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
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Provider Number: 0 317349-00
 Date: 2/1/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.16	208.57	1/1/2011
Level H: AIDS	355.02	353.43	1/1/2011
Level U: Fragile Under 21	471.27	469.68	1/1/2011

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

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- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA #NH11-021C FYE 3/31/2007
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Medicaid Reimbursement Per Diem Rates

Darcy Hall of Life Care
 2170 Palm Beach Lakes Blvd.
 West Palm Beach FL 33409

Provider Number: 0 317349-00
 Date: 2/1/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.91	204.39	7/1/2011
	Level H: AIDS	352.11	350.59	7/1/2011
	Level U: Fragile Under 21	469.44	467.92	7/1/2011

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA #NH11-021C FYE 3/31/2007
 Rate Semester Change
 On FRV [2] as of 07/01/1990

Distribution:

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

Stephen Russell
 Medicaid Cost Reimbursement Analysis

Home Office:

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 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
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Medicaid Reimbursement Per Diem Rates

Darcy Hall of Life Care
 2170 Palm Beach Lakes Blvd.
 West Palm Beach FL 33409

Provider Number: 0 317349-00
 Date: 2/1/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.70	207.15	1/1/2012
	Level H: AIDS	356.31	354.76	1/1/2012
	Level U: Fragile Under 21	474.77	473.22	1/1/2012

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Effects of FA #NH11-021C FYE 3/31/2007

Rate Semester Change

On FRV [2] as of 07/01/1990

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