



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Orange City Nursing and Rehab
 2810 Enterprise Road
 DeBary FL 32713

Provider Number: 0 263567-00
 Date: 11/13/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	160.00	159.12	1/1/2006
	Level H: AIDS	285.11	284.23	1/1/2006
	Level U: Fragile Under 21	385.49	384.61	1/1/2006

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 RFA NH06-164J FYE 6/30/2004
- Rate Semester Change
- On FRV [2] as of 06/26/1991

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Southern HealthCare Management, LLC
 R. Mark Cronquist
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 Date: 11/13/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>163.17</u>	<u>162.27</u>	<u>7/1/2006</u>
	Level H: AIDS	<u>290.30</u>	<u>289.40</u>	<u>7/1/2006</u>
	Level U: Fragile Under 21	<u>392.30</u>	<u>391.40</u>	<u>7/1/2006</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
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Medicaid Reimbursement Per Diem Rates

Royal Oaks Nursing and Rehab
 2225 Knox McRae Drive
 Titusville FL 32780

Provider Number: 0 263583-00
 Date: 10/30/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	157.18	156.18	1/1/2006
	Level H: AIDS	282.29	281.29	1/1/2006
	Level U: Fragile Under 21	382.67	381.67	1/1/2006

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
 FA & RFA NH06-153J FYE 6/30/2004
 Rate Semester Change
 On FRV [2] as of 04/09/1993

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Royal Oaks Nursing and Rehab
 2225 Knox McRae Drive
 Titusville FL 32780

Provider Number: 0 263583-00
 Date: 10/30/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	160.28	159.26	7/1/2006
Level H: AIDS	287.41	286.39	7/1/2006
Level U: Fragile Under 21	389.41	388.39	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
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- FRVS Change
- FA & RFA NH06-153J FYE 6/30/2004**
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Royal Oaks Nursing and Rehab
 2225 Knox McRae Drive
 Titusville FL 32780

Provider Number: 0 263583-00
 Date: 10/30/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	157.28	157.23	1/1/2007
Level H: AIDS	286.88	286.83	1/1/2007
Level U: Fragile Under 21	390.87	390.82	1/1/2007

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:

<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 & RFA NH06-153J FYE 6/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 04/09/1993

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Provider Number: 0 263583-00
 Date: 10/30/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	160.19	160.14	2/1/2007
Level H: AIDS	289.79	289.74	2/1/2007
Level U: Fragile Under 21	393.78	393.73	2/1/2007

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:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
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<input type="checkbox"/> Desk audited costs
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<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
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 Date: 10/30/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>157.28</u>	<u>157.23</u>	<u>3/1/2007</u>
Level H: AIDS	<u>286.88</u>	<u>286.83</u>	<u>3/1/2007</u>
Level U: Fragile Under 21	<u>390.87</u>	<u>390.82</u>	<u>3/1/2007</u>

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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:

<input type="checkbox"/> Budget
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<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:

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<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 & RFA NH06-153J FYE 6/30/04
<input type="checkbox"/> Rate Semester Change
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Provider Number: 0 263583-00
 Date: 10/30/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>181.19</u>	<u>181.13</u>	<u>7/1/2007</u>
	Level H: AIDS	<u>313.13</u>	<u>313.07</u>	<u>7/1/2007</u>
	Level U: Fragile Under 21	<u>418.99</u>	<u>418.93</u>	<u>7/1/2007</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:

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 Date: 10/30/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	179.73	179.68	1/1/2008
Level H: AIDS	313.73	313.68	1/1/2008
Level U: Fragile Under 21	421.25	421.20	1/1/2008

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:

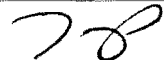
<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> 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 & RFA NH06-153J FYE 6/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 04/09/1993

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Provider Number: 0 263583-00
 Date: 10/30/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	181.22	181.16	7/1/2008
	Level H: AIDS	317.50	317.44	7/1/2008
	Level U: Fragile Under 21	426.85	426.79	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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Rate Semester Change

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Provider Number: 0 263583-00
 Date: 10/30/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	176.39	176.34	1/1/2009
Level H: AIDS	314.74	314.69	1/1/2009
Level U: Fragile Under 21	425.75	425.70	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
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Provider Number: 0 263583-00
 Date: 10/30/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	161.61	161.56	3/1/2009
	Level H: AIDS	299.96	299.91	3/1/2009
	Level U: Fragile Under 21	410.97	410.92	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
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 Field audited costs
 Field audit - interim portion
 Desk audited costs
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Changes:

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 Date: 10/30/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.08	198.02	4/1/2009
	Level H: AIDS	336.43	336.37	4/1/2009
	Level U: Fragile Under 21	447.44	447.38	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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Rate Semester Change

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Provider Number: 0 263583-00
 Date: 10/30/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.43	203.38	7/1/2009
	Level H: AIDS	343.78	343.73	7/1/2009
	Level U: Fragile Under 21	456.40	456.35	7/1/2009

Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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:
<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
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<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
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<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH06-153J FYE 6/30/04
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Provider Number: 0 263583-00
 Date: 10/30/2012
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 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	188.35	188.29	1/1/2010
Level H: AIDS	330.27	330.21	1/1/2010
Level U: Fragile Under 21	444.15	444.09	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
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 Target Rate limitation change
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 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.35	203.29	7/1/2010
	Level H: AIDS	346.69	346.63	7/1/2010
	Level U: Fragile Under 21	461.72	461.66	7/1/2010

Rate Type : <input type="checkbox"/> Interim <input 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 & RFA NH06-153J FYE 6/30/04 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 04/09/1993

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Medicaid Reimbursement Per Diem Rates

Royal Oaks Nursing and Rehab
 2225 Knox McRae Drive
 Titusville FL 32780

Provider Number: 0 263583-00
 Date: 10/30/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>201.21</u>	<u>201.16</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>348.82</u>	<u>348.77</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>467.28</u>	<u>467.23</u>	<u>1/1/2012</u>

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> 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 & RFA NH06-153J FYE 6/30/04**
- Rate Semester Change
- On FRV [2] as of 04/09/1993

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Medicaid Reimbursement Per Diem Rates

Royal Oaks Nursing and Rehab
 2225 Knox McRae Drive
 Titusville FL 32780

Provider Number: 0 263583-00
 Date: 10/30/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.18	208.12	7/1/2012
	Level H: AIDS	357.39	357.33	7/1/2012
	Level U: Fragile Under 21	477.14	477.08	7/1/2012

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 & RFA NH06-153J FYE 6/30/04
 Rate Semester Change
 On FRV [2] as of 04/09/1993

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Medicaid Reimbursement Per Diem Rates

Tuskawilla Nursing and Rehab
 1024 Willa Springs Drive
 Winter Springs FL 32708

Provider Number: 0 263591-00
 Date: 11/7/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	150.79	150.05	1/1/2006
Level H: AIDS	275.90	275.16	1/1/2006
Level U: Fragile Under 21	376.28	375.54	1/1/2006

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 RFA NH06-159J FYE 6/30/2004**
- Rate Semester Change
- On FRV [2] as of 11/07/1994

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Tuskawilla Nursing and Rehab
 1024 Willa Springs Drive
 Winter Springs FL 32708

Provider Number: 0 263591-00
 Date: 11/7/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	153.78	153.03	7/1/2006
	Level H: AIDS	280.91	280.16	7/1/2006
	Level U: Fragile Under 21	382.91	382.16	7/1/2006

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 RFA NH06-159J FYE 6/30/2004
 Rate Semester Change
 On FRV [2] as of 11/07/1994

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Tuskawilla Nursing and Rehab
 1024 Willa Springs Drive
 Winter Springs FL 32708

Provider Number: 0 263591-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	154.35	154.36	2/1/2007
	Level H: AIDS	283.95	283.96	2/1/2007
	Level U: Fragile Under 21	387.94	387.95	2/1/2007

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
 Effects of Field Audit RFA NH06-159J FYE 6/30/04
 Rate Semester Change
 On FRV [2] as of 11/07/1994

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 1024 Willa Springs Drive
 Winter Springs FL 32708

Provider Number: 0 263591-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	169.07	169.08	7/1/2007
Level H: AIDS	301.01	301.02	7/1/2007
Level U: Fragile Under 21	406.87	406.88	7/1/2007

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 Field Audit RFA NH06-159J FYE 6/30/04
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Tuskawilla Nursing and Rehab
 1024 Willa Springs Drive
 Winter Springs FL 32708

Provider Number: 0 263591-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	168.07	168.08	1/1/2008
	Level H: AIDS	302.07	302.08	1/1/2008
	Level U: Fragile Under 21	409.59	409.60	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
- Effects of Field Audit RFA NH06-159J FYE 6/30/04
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Tuskawilla Nursing and Rehab
 1024 Willa Springs Drive
 Winter Springs FL 32708

Provider Number: 0 263591-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	170.48	170.49	7/1/2008
Level H: AIDS	306.76	306.77	7/1/2008
Level U: Fragile Under 21	416.11	416.12	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
- Effects of Field Audit RFA NH06-159J FYE 6/30/04
- Rate Semester Change
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 1024 Willa Springs Drive
 Winter Springs FL 32708

Provider Number: 0 263591-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	171.90	171.91	1/1/2009
	Level H: AIDS	310.25	310.26	1/1/2009
	Level U: Fragile Under 21	421.26	421.27	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

Effects of Field Audit RFA NH06-159J FYE 6/30/04

Rate Semester Change

On FRV [2] as of 11/07/1994


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Tuskawilla Nursing and Rehab
 1024 Willa Springs Drive
 Winter Springs FL 32708

Provider Number: 0 263591-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	157.49	157.50	3/1/2009
	Level H: AIDS	295.84	295.85	3/1/2009
	Level U: Fragile Under 21	406.85	406.86	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 Field Audit RFA NH06-159J FYE 6/30/04
- Rate Semester Change
- On FRV [2] as of 11/07/1994

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Tuskawilla Nursing and Rehab
 1024 Willa Springs Drive
 Winter Springs FL 32708

Provider Number: 0 263591-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.04	193.05	4/1/2009
	Level H: AIDS	331.39	331.40	4/1/2009
	Level U: Fragile Under 21	442.40	442.41	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:

- 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 Field Audit RFA NH06-159J FYE 6/30/04
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 1024 Willa Springs Drive
 Winter Springs FL 32708

Provider Number: 0 263591-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	194.54	194.55	7/1/2009
Level H: AIDS	334.89	334.90	7/1/2009
Level U: Fragile Under 21	447.51	447.52	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
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Tuskawilla Nursing and Rehab
 1024 Willa Springs Drive
 Winter Springs FL 32708

Provider Number: 0 263591-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	194.25	194.26	1/1/2010
	Level H: AIDS	336.17	336.18	1/1/2010
	Level U: Fragile Under 21	450.05	450.06	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:

- 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 Field Audit RFA NH06-159J FYE 6/30/04
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 1024 Willa Springs Drive
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Provider Number: 0 263591-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.03	203.04	7/1/2010
	Level H: AIDS	346.37	346.38	7/1/2010
	Level U: Fragile Under 21	461.40	461.41	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 Field Audit RFA NH06-159J FYE 6/30/04
 Rate Semester Change
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Distribution:

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 1024 Willa Springs Drive
 Winter Springs FL 32708

Provider Number: 0 263591-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	205.39	205.40	1/1/2011
	Level H: AIDS	350.25	350.26	1/1/2011
	Level U: Fragile Under 21	466.50	466.51	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
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 Winter Springs FL 32708

Provider Number: 0 263591-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>198.47</u>	<u>198.48</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>344.67</u>	<u>344.68</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>462.00</u>	<u>462.01</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
 Effects of Field Audit RFA NH06-159J FYE 6/30/04
 Rate Semester Change
 On FRV [2] as of 11/07/1994

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Medicaid Reimbursement Per Diem Rates

Tuskawilla Nursing and Rehab
 1024 Willa Springs Drive
 Winter Springs FL 32708

Provider Number: 0 263591-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.76</u>	<u>199.77</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>347.37</u>	<u>347.38</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>465.83</u>	<u>465.84</u>	<u>1/1/2012</u>

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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:

<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 Field Audit RFA NH06-159J FYE 6/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 11/07/1994

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Medicaid Reimbursement Per Diem Rates

Tuskawilla Nursing and Rehab
 1024 Willa Springs Drive
 Winter Springs FL 32708

Provider Number: 0 263591-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>209.21</u>	<u>209.22</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>358.42</u>	<u>358.43</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>478.17</u>	<u>478.18</u>	<u>7/1/2012</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 Field Audit RFA NH06-159J FYE 6/30/04
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Hunter's Creek Nursing and Rehab
 14155 Town Loop Blvd.
 Orlando FL 32837

Provider Number: 0 263605-00
 Date: 11/1/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>173.28</u>	<u>172.40</u>	<u>1/1/2006</u>
	Level H: AIDS	<u>298.39</u>	<u>297.51</u>	<u>1/1/2006</u>
	Level U: Fragile Under 21	<u>398.77</u>	<u>397.89</u>	<u>1/1/2006</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
 FA & RFA #NH06-151J FYE 06/30/04
 Rate Semester Change
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Hunter's Creek Nursing and Rehab
 14155 Town Loop Blvd.
 Orlando FL 32837

Provider Number: 0 263605-00
 Date: 11/1/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>176.62</u>	<u>175.73</u>	<u>7/1/2006</u>
	Level H: AIDS	<u>303.75</u>	<u>302.86</u>	<u>7/1/2006</u>
	Level U: Fragile Under 21	<u>405.75</u>	<u>404.86</u>	<u>7/1/2006</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


FA & RFA #NH06-151J FYE 06/30/04

Rate Semester Change

On FRV [2] as of 05/26/1998

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Medicaid Reimbursement Per Diem Rates

Hunter's Creek Nursing and Rehab
 14155 Town Loop Blvd.
 Orlando FL 32837

Provider Number: 0 263605-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	178.61	178.57	2/1/2007
	Level H: AIDS	308.21	308.17	2/1/2007
	Level U: Fragile Under 21	412.20	412.16	2/1/2007

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
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 Rate Semester Change
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Hunter's Creek Nursing and Rehab
 14155 Town Loop Blvd.
 Orlando FL 32837

Provider Number: 0 263605-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	174.30	174.27	3/1/2007
	Level H: AIDS	303.90	303.87	3/1/2007
	Level U: Fragile Under 21	407.89	407.86	3/1/2007

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

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Rate Semester Change

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Hunter's Creek Nursing and Rehab
 14155 Town Loop Blvd.
 Orlando FL 32837

Provider Number: 0 263605-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	190.50	190.47	7/1/2007
	Level H: AIDS	322.44	322.41	7/1/2007
	Level U: Fragile Under 21	428.30	428.27	7/1/2007

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
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 Rate Semester Change
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 14155 Town Loop Blvd.
 Orlando FL 32837

Provider Number: 0 263605-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	188.81	188.77	1/1/2008
	Level H: AIDS	322.81	322.77	1/1/2008
	Level U: Fragile Under 21	430.33	430.29	1/1/2008

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
- Effects of FA & RFA #NH06-151J FYE 06/30/04
- Rate Semester Change
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 14155 Town Loop Blvd.
 Orlando FL 32837

Provider Number: 0 263605-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	190.53	190.49	7/1/2008
	Level H: AIDS	326.81	326.77	7/1/2008
	Level U: Fragile Under 21	436.16	436.12	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
- Effects of FA & RFA #NH06-151J FYE 06/30/04
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 14155 Town Loop Blvd.
 Orlando FL 32837

Provider Number: 0 263605-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	185.50	185.46	1/1/2009
	Level H: AIDS	323.85	323.81	1/1/2009
	Level U: Fragile Under 21	434.86	434.82	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
 Effects of FA & RFA #NH06-151J FYE 06/30/04
 Rate Semester Change
 On FRV [2] as of 05/26/1998

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 Orlando FL 32837

Provider Number: 0 263605-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	169.95	169.91	3/1/2009
	Level H: AIDS	308.30	308.26	3/1/2009
	Level U: Fragile Under 21	419.31	419.27	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
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
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 Rate Semester Change
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 Orlando FL 32837

Provider Number: 0 263605-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.54	207.50	4/1/2009
	Level H: AIDS	345.89	345.85	4/1/2009
	Level U: Fragile Under 21	456.90	456.86	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:

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 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
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Provider Number: 0 263605-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.27</u>	<u>214.23</u>	<u>7/1/2009</u>
	Level H: AIDS	<u>354.62</u>	<u>354.58</u>	<u>7/1/2009</u>
	Level U: Fragile Under 21	<u>467.24</u>	<u>467.20</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
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 Orlando FL 32837

Provider Number: 0 263605-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.56	213.53	1/1/2010
	Level H: AIDS	355.48	355.45	1/1/2010
	Level U: Fragile Under 21	469.36	469.33	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 & RFA #NH06-151J FYE 06/30/04
 Rate Semester Change
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 14155 Town Loop Blvd.
 Orlando FL 32837

Provider Number: 0 263605-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	223.84	223.80	7/1/2010
	Level H: AIDS	367.18	367.14	7/1/2010
	Level U: Fragile Under 21	482.21	482.17	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
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Provider Number: 0 263605-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	226.33	226.29	1/1/2011
	Level H: AIDS	371.19	371.15	1/1/2011
	Level U: Fragile Under 21	487.44	487.40	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 & RFA #NH06-151J FYE 06/30/04
 Rate Semester Change
 On FRV [2] as of 05/26/1998

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Thomas Parker
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Hunter's Creek Nursing and Rehab
 14155 Town Loop Blvd.
 Orlando FL 32837

Provider Number: 0 263605-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.33	219.30	7/1/2011
	Level H: AIDS	365.53	365.50	7/1/2011
	Level U: Fragile Under 21	482.86	482.83	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 & RFA #NH06-151J FYE 06/30/04
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Hunter's Creek Nursing and Rehab
 14155 Town Loop Blvd.
 Orlando FL 32837

Provider Number: 0 263605-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>221.56</u>	<u>221.52</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>369.17</u>	<u>369.13</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>487.63</u>	<u>487.59</u>	<u>1/1/2012</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 & RFA #NH06-151J FYE 06/30/04
 Rate Semester Change
 On FRV [2] as of 05/26/1998

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Medicaid Reimbursement Per Diem Rates

Hunter's Creek Nursing and Rehab
 14155 Town Loop Blvd.
 Orlando FL 32837

Provider Number: 0 263605-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>228.40</u>	<u>228.37</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>377.61</u>	<u>377.58</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>497.36</u>	<u>497.33</u>	<u>7/1/2012</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 & RFA #NH06-151J FYE 06/30/04
- Rate Semester Change
- On FRV [2] as of 05/26/1998

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Medicaid Reimbursement Per Diem Rates

Boulevard Rehabilitation Center
 2839 South Seacrest Boulevard
 Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 11/2/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>173.28</u>	<u>173.00</u>	<u>7/1/2006</u>
	Level H: AIDS	<u>300.41</u>	<u>300.13</u>	<u>7/1/2006</u>
	Level U: Fragile Under 21	<u>402.41</u>	<u>402.13</u>	<u>7/1/2006</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
 FA & RFA #NH06-154J FYE 06/30/04
 Rate Semester Change
 On FRV [2] as of 09/29/1988

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Medicaid Reimbursement Per Diem Rates

Boulevard Rehabilitation Center
 2839 South Seacrest Boulevard
 Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 11/2/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>171.26</u>	<u>171.14</u>	<u>1/1/2007</u>
Level H: AIDS	<u>300.86</u>	<u>300.74</u>	<u>1/1/2007</u>
Level U: Fragile Under 21	<u>404.85</u>	<u>404.73</u>	<u>1/1/2007</u>

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> 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 & RFA #NH06-154J FYE 06/30/04
 Rate Semester Change
 On FRV [2] as of 09/29/1988

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Boulevard Rehabilitation Center
2839 South Seacrest Boulevard
Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 11/2/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>174.16</u>	<u>174.04</u>	<u>2/1/2007</u>
	Level H: AIDS	<u>303.76</u>	<u>303.64</u>	<u>2/1/2007</u>
	Level U: Fragile Under 21	<u>407.75</u>	<u>407.63</u>	<u>2/1/2007</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
 Effects of FA & RFA #NH06-154J FYE 06/30/04
 Rate Semester Change
 On FRV [2] as of 09/29/1988

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Boulevard Rehabilitation Center
2839 South Seacrest Boulevard
Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 11/2/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>171.26</u>	<u>171.14</u>	<u>3/1/2007</u>
	Level H: AIDS	<u>300.86</u>	<u>300.74</u>	<u>3/1/2007</u>
	Level U: Fragile Under 21	<u>404.85</u>	<u>404.73</u>	<u>3/1/2007</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
 Effects of FA & RFA #NH06-154J FYE 06/30/04
 Rate Semester Change
 On FRV [2] as of 09/29/1988

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Boulevard Rehabilitation Center
2839 South Seacrest Boulevard
Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 11/2/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>183.98</u>	<u>183.86</u>	<u>7/1/2007</u>
	Level H: AIDS	<u>315.92</u>	<u>315.80</u>	<u>7/1/2007</u>
	Level U: Fragile Under 21	<u>421.78</u>	<u>421.66</u>	<u>7/1/2007</u>

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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 & RFA #NH06-154J FYE 06/30/04
 Rate Semester Change
 On FRV [2] as of 09/29/1988

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Boulevard Rehabilitation Center
2839 South Seacrest Boulevard
Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 11/2/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>175.47</u>	<u>175.35</u>	<u>1/1/2008</u>
	Level H: AIDS	<u>309.47</u>	<u>309.35</u>	<u>1/1/2008</u>
	Level U: Fragile Under 21	<u>416.99</u>	<u>416.87</u>	<u>1/1/2008</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
 Effects of FA & RFA #NH06-154J FYE 06/30/04
 Rate Semester Change
 On FRV [2] as of 09/29/1988

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2839 South Seacrest Boulevard
Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 11/2/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>178.01</u>	<u>177.89</u>	<u>7/1/2008</u>
	Level H: AIDS	<u>314.29</u>	<u>314.17</u>	<u>7/1/2008</u>
	Level U: Fragile Under 21	<u>423.64</u>	<u>423.52</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
 Effects of FA & RFA #NH06-154J FYE 06/30/04
 Rate Semester Change
 On FRV [2] as of 09/29/1988

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Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 11/2/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>177.24</u>	<u>177.12</u>	<u>1/1/2009</u>
	Level H: AIDS	<u>315.59</u>	<u>315.47</u>	<u>1/1/2009</u>
	Level U: Fragile Under 21	<u>426.60</u>	<u>426.48</u>	<u>1/1/2009</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
 Effects of FA & RFA #NH06-154J FYE 06/30/04
 Rate Semester Change
 On FRV [2] as of 09/29/1988

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Boulevard Rehabilitation Center
 2839 South Seacrest Boulevard
 Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 11/2/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	162.38	162.28	3/1/2009
Level H: AIDS	300.73	300.63	3/1/2009
Level U: Fragile Under 21	411.74	411.64	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
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA & RFA #NH06-154J FYE 06/30/04**
- Rate Semester Change
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2839 South Seacrest Boulevard
Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 11/2/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>200.75</u>	<u>200.63</u>	<u>4/1/2009</u>
	Level H: AIDS	<u>339.10</u>	<u>338.98</u>	<u>4/1/2009</u>
	Level U: Fragile Under 21	<u>450.11</u>	<u>449.99</u>	<u>4/1/2009</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 & RFA #NH06-154J FYE 06/30/04
 Rate Semester Change
 On FRV [2] as of 09/29/1988

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Boulevard Rehabilitation Center
2839 South Seacrest Boulevard
Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 11/2/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.39</u>	<u>203.27</u>	<u>7/1/2009</u>
	Level H: AIDS	<u>343.74</u>	<u>343.62</u>	<u>7/1/2009</u>
	Level U: Fragile Under 21	<u>456.36</u>	<u>456.24</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 & RFA #NH06-154J FYE 06/30/04

Rate Semester Change

On FRV [2] as of 09/29/1988

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 2839 South Seacrest Boulevard
 Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 11/2/2012
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	198.22	198.10	1/1/2010
Level H: AIDS	340.14	340.02	1/1/2010
Level U: Fragile Under 21	454.02	453.90	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:

<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 & RFA #NH06-154J FYE 06/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 09/29/1988

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Thomas Parker
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Medicaid Reimbursement Per Diem Rates

Boulevard Rehabilitation Center
 2839 South Seacrest Boulevard
 Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 11/2/2012
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.40	202.28	7/1/2010
	Level H: AIDS	345.74	345.62	7/1/2010
	Level U: Fragile Under 21	460.77	460.65	7/1/2010

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:

- 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 & RFA #NH06-154J FYE 06/30/04**
- Rate Semester Change
- On FRV [2] as of 09/29/1988

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Medicaid Reimbursement Per Diem Rates

Boulevard Rehabilitation Center
 2839 South Seacrest Boulevard
 Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 11/2/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.47	203.35	1/1/2011
Level H: AIDS	348.33	348.21	1/1/2011
Level U: Fragile Under 21	464.58	464.46	1/1/2011

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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 & RFA #NH06-154J FYE 06/30/04
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Boulevard Rehabilitation Center
2839 South Seacrest Boulevard
Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 11/2/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>196.40</u>	<u>196.28</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>342.60</u>	<u>342.48</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>459.93</u>	<u>459.81</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
 Effects of FA & RFA #NH06-154J FYE 06/30/04
 Rate Semester Change
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Boulevard Rehabilitation Center
 2839 South Seacrest Boulevard
 Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 11/2/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>191.03</u>	<u>190.92</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>338.64</u>	<u>338.53</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>457.10</u>	<u>456.99</u>	<u>1/1/2012</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 & RFA #NH06-154J FYE 06/30/04

Rate Semester Change

On FRV [2] as of 09/29/1988

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 2839 South Seacrest Boulevard
 Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 11/2/2012
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>197.68</u>	<u>197.57</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>346.89</u>	<u>346.78</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>466.64</u>	<u>466.53</u>	<u>7/1/2012</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 & RFA #NH06-154J FYE 06/30/04
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Palm City Nursing and Rehab
 2505 SW Martin Highway
 Palm City FL 34990

Provider Number: 0 263621-00
 Date: 11/7/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	163.84	161.48	1/1/2006
	Level H: AIDS	288.95	286.59	1/1/2006
	Level U: Fragile Under 21	389.33	386.97	1/1/2006

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"/> FA & RFA NH06-158J FYE 6/30/2004
<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 10/19/1993

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Medicaid Reimbursement Per Diem Rates

Palm City Nursing and Rehab
2505 SW Martin Highway
Palm City FL 34990

Provider Number: 0 263621-00
 Date: 11/7/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>167.03</u>	<u>164.65</u>	<u>7/1/2006</u>
Level H: AIDS	<u>294.16</u>	<u>291.78</u>	<u>7/1/2006</u>
Level U: Fragile Under 21	<u>396.16</u>	<u>393.78</u>	<u>7/1/2006</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
 FA & RFA NH06-158J FYE 6/30/2004
 Rate Semester Change
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Palm City Nursing and Rehab
 2505 SW Martin Highway
 Palm City FL 34990

Provider Number: 0 263621-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>166.55</u>	<u>165.61</u>	<u>1/1/2007</u>
	Level H: AIDS	<u>296.15</u>	<u>295.21</u>	<u>1/1/2007</u>
	Level U: Fragile Under 21	<u>400.14</u>	<u>399.20</u>	<u>1/1/2007</u>

Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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:
<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 & RFA NH06-158J FYE 6/30/2004
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/19/1993

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Palm City Nursing and Rehab
 2505 SW Martin Highway
 Palm City FL 34990

Provider Number: 0 263621-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	169.87	168.94	2/1/2007
Level H: AIDS	299.47	298.54	2/1/2007
Level U: Fragile Under 21	403.46	402.53	2/1/2007

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
 Effects of FA & RFA NH06-158J FYE 6/30/2004
 Rate Semester Change
 On FRV [2] as of 10/19/1993

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Palm City Nursing and Rehab
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Provider Number: 0 263621-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	166.55	165.61	3/1/2007
	Level H: AIDS	296.15	295.21	3/1/2007
	Level U: Fragile Under 21	400.14	399.20	3/1/2007

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:

<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 & RFA NH06-158J FYE 6/30/2004
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/19/1993

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Medicaid Reimbursement Per Diem Rates

Palm City Nursing and Rehab
 2505 SW Martin Highway
 Palm City FL 34990

Provider Number: 0 263621-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	180.29	180.19	7/1/2007
Level H: AIDS	312.23	312.13	7/1/2007
Level U: Fragile Under 21	418.09	417.99	7/1/2007


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:
<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 & RFA NH06-158J FYE 6/30/2004
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/19/1993

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 Palm City FL 34990

Provider Number: 0 263621-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>178.87</u>	<u>178.77</u>	<u>1/1/2008</u>
	Level H: AIDS	<u>312.87</u>	<u>312.77</u>	<u>1/1/2008</u>
	Level U: Fragile Under 21	<u>420.39</u>	<u>420.29</u>	<u>1/1/2008</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
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Provider Number: 0 263621-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>180.69</u>	<u>180.59</u>	<u>7/1/2008</u>
	Level H: AIDS	<u>316.97</u>	<u>316.87</u>	<u>7/1/2008</u>
	Level U: Fragile Under 21	<u>426.32</u>	<u>426.22</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
 Effects of FA & RFA NH06-158J FYE 6/30/2004
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2505 SW Martin Highway
Palm City FL 34990

Provider Number: 0 263621-00
 Date: 12/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>178.69</u>	<u>178.60</u>	<u>1/1/2009</u>
	Level H: AIDS	<u>317.04</u>	<u>316.95</u>	<u>1/1/2009</u>
	Level U: Fragile Under 21	<u>428.05</u>	<u>427.96</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 & RFA NH06-158J FYE 6/30/2004
 Rate Semester Change
 On FRV [2] as of 10/19/1993

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Palm City Nursing and Rehab
2505 SW Martin Highway
Palm City FL 34990

Provider Number: 0 263621-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	163.71	163.63	3/1/2009
	Level H: AIDS	302.06	301.98	3/1/2009
	Level U: Fragile Under 21	413.07	412.99	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 & RFA NH06-158J FYE 6/30/2004**
- Rate Semester Change
- On FRV [2] as of 10/19/1993

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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 R. Mark Cronquist
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 2727 Mahan Drive - Mail Stop 23
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Medicaid Reimbursement Per Diem Rates

Palm City Nursing and Rehab
2505 SW Martin Highway
Palm City FL 34990

Provider Number: 0 263621-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>201.41</u>	<u>201.32</u>	<u>4/1/2009</u>
	Level H: AIDS	<u>339.76</u>	<u>339.67</u>	<u>4/1/2009</u>
	Level U: Fragile Under 21	<u>450.77</u>	<u>450.68</u>	<u>4/1/2009</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
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Palm City Nursing and Rehab
2505 SW Martin Highway
Palm City FL 34990

Provider Number: 0 263621-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>206.07</u>	<u>205.97</u>	<u>7/1/2009</u>
	Level H: AIDS	<u>346.42</u>	<u>346.32</u>	<u>7/1/2009</u>
	Level U: Fragile Under 21	<u>459.04</u>	<u>458.94</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
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Medicaid Reimbursement Per Diem Rates

Palm City Nursing and Rehab
 2505 SW Martin Highway
 Palm City FL 34990

Provider Number: 0 263621-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.86	195.77	1/1/2010
	Level H: AIDS	337.78	337.69	1/1/2010
	Level U: Fragile Under 21	451.66	451.57	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 & RFA NH06-158J FYE 6/30/2004
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Medicaid Reimbursement Per Diem Rates

Palm City Nursing and Rehab
 2505 SW Martin Highway
 Palm City FL 34990

Provider Number: 0 263621-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.39	207.30	1/1/2011
Level H: AIDS	352.25	352.16	1/1/2011
Level U: Fragile Under 21	468.50	468.41	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
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Palm City Nursing and Rehab
 2505 SW Martin Highway
 Palm City FL 34990

Provider Number: 0 263621-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.66	201.57	7/1/2011
	Level H: AIDS	347.86	347.77	7/1/2011
	Level U: Fragile Under 21	465.19	465.10	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
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Medicaid Reimbursement Per Diem Rates

Palm City Nursing and Rehab
 2505 SW Martin Highway
 Palm City FL 34990

Provider Number: 0 263621-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.97	202.88	1/1/2012
Level H: AIDS	350.58	350.49	1/1/2012
Level U: Fragile Under 21	469.04	468.95	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
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Palm City Nursing and Rehab
 2505 SW Martin Highway
 Palm City FL 34990

Provider Number: 0 263621-00
 Date: 11/7/2012
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.02	212.93	7/1/2012
	Level H: AIDS	362.23	362.14	7/1/2012
	Level U: Fragile Under 21	481.98	481.89	7/1/2012

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 & RFA NH06-158J FYE 6/30/2004
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

MCHS - Naples
 3601 Lakewood Blvd
 Naples FL 34112

Provider Number: 0 309958-00
 Date: 10/29/2012
 Fiscal Year End: 5/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>157.65</u>	<u>145.01</u>	<u>1/1/2006</u>
	Level H: AIDS	<u>282.76</u>	<u>270.12</u>	<u>1/1/2006</u>
	Level U: Fragile Under 21	<u>383.14</u>	<u>370.50</u>	<u>1/1/2006</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 RFA NH06-196J FYE 5/31/2005

Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

MCHS - Naples
 3601 Lakewood Blvd
 Naples FL 34112

Provider Number: 0 309958-00
 Date: 10/29/2012
 Fiscal Year End: 5/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	160.68	147.34	7/1/2006
	Level H: AIDS	287.81	274.47	7/1/2006
	Level U: Fragile Under 21	389.81	376.47	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

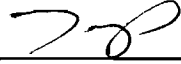
FRVS Change

Field Audit RFA NH06-196J FYE 5/31/2005

Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

SandalWood Nursing Center
 1001 South Beach Street
 Daytona Beach FL 32114

Provider Number: 0 312045-00
 Date: 10/29/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]


Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	155.99	155.43	1/1/2006
	Level H: AIDS	281.10	280.54	1/1/2006
	Level U: Fragile Under 21	381.48	380.92	1/1/2006

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 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 NH11-030C FYE 12/31/2006 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 08/01/1999

Distribution:

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Medicaid Reimbursement Per Diem Rates

SandalWood Nursing Center
 1001 South Beach Street
 Daytona Beach FL 32114

Provider Number: 0312045-00
 Date: 10/29/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	157.25	157.04	7/1/2006
	Level H: AIDS	284.38	284.17	7/1/2006
	Level U: Fragile Under 21	386.38	386.17	7/1/2006

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:


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 NH11-030C FYE 12/31/2006
 Rate Semester Change
 On FRV [2] as of 08/01/1999

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Medicaid Reimbursement Per Diem Rates

SandalWood Nursing Center
 1001 South Beach Street
 Daytona Beach FL 32114

Provider Number: 0 312045-00
 Date: 10/29/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	165.89	165.79	1/1/2007
	Level H: AIDS	295.49	295.39	1/1/2007
	Level U: Fragile Under 21	399.48	399.38	1/1/2007

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 NH11-030C FYE 12/31/2006
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

SandalWood Nursing Center
 1001 South Beach Street
 Daytona Beach FL 32114

Provider Number: 0312045-00
 Date: 10/29/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>170.78</u>	<u>170.64</u>	<u>2/1/2007</u>
	Level H: AIDS	<u>300.38</u>	<u>300.24</u>	<u>2/1/2007</u>
	Level U: Fragile Under 21	<u>404.37</u>	<u>404.23</u>	<u>2/1/2007</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
 Field Audit NH11-030C FYE 12/31/2006
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 1001 South Beach Street
 Daytona Beach FL 32114

Provider Number: 0 312045-00
 Date: 10/29/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	165.89	165.79	3/1/2007
Level H: AIDS	295.49	295.39	3/1/2007
Level U: Fragile Under 21	399.48	399.38	3/1/2007

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 NH11-030C FYE 12/31/2006
 Rate Semester Change
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Provider Number: 0312045-00
 Date: 10/29/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	167.89	167.46	7/1/2007
	Level H: AIDS	299.83	299.40	7/1/2007
	Level U: Fragile Under 21	405.69	405.26	7/1/2007

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 NH11-030C FYE 12/31/2006
 Rate Semester Change
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Provider Number: 0312045-00
 Date: 10/29/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	166.70	166.27	1/1/2008
Level H: AIDS	300.70	300.27	1/1/2008
Level U: Fragile Under 21	408.22	407.79	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:

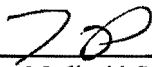
Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH11-030C FYE 12/31/2006
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 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	168.69	168.25	7/1/2008
	Level H: AIDS	304.97	304.53	7/1/2008
	Level U: Fragile Under 21	414.32	413.88	7/1/2008

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:

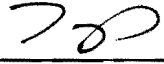
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH11-030C FYE 12/31/2006
- Rate Semester Change
- On FRV [2] as of 08/01/1999

Distribution:

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Medicaid Reimbursement Per Diem Rates

SandalWood Nursing Center
 1001 South Beach Street
 Daytona Beach FL 32114

Provider Number: 0 312045-00
 Date: 10/29/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	167.95	168.58	1/1/2009
	Level H: AIDS	306.30	306.93	1/1/2009
	Level U: Fragile Under 21	417.31	417.94	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
 Effects of FA NH11-030C FYE 12/31/06
 Rate Semester Change
 On FRV [2] as of 08/01/1999

Distribution:

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Medicaid Reimbursement Per Diem Rates

SandalWood Nursing Center
 1001 South Beach Street
 Daytona Beach FL 32114

Provider Number: 0 312045-00
 Date: 10/29/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	153.88	154.45	3/1/2009
Level H: AIDS	292.23	292.80	3/1/2009
Level U: Fragile Under 21	403.24	403.81	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 NH11-030C FYE 12/31/06
- Rate Semester Change
- On FRV [2] as of 08/01/1999

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SandalWood Nursing Center
 1001 South Beach Street
 Daytona Beach FL 32114

Provider Number: 0 312045-00
 Date: 10/29/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	191.02	191.68	4/1/2009
	Level H: AIDS	329.37	330.03	4/1/2009
	Level U: Fragile Under 21	440.38	441.04	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
 Effects of FA NH11-030C FYE 12/31/06
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SandalWood Nursing Center
 1001 South Beach Street
 Daytona Beach FL 32114

Provider Number: 0 312045-00
 Date: 10/29/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.91	194.57	7/1/2009
	Level H: AIDS	334.26	334.92	7/1/2009
	Level U: Fragile Under 21	446.88	447.54	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 NH11-030C FYE 12/31/06
 Rate Semester Change
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SandalWood Nursing Center
 1001 South Beach Street
 Daytona Beach FL 32114

Provider Number: 0 312045-00
 Date: 10/29/2012
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	179.14	179.80	1/1/2010
	Level H: AIDS	321.06	321.72	1/1/2010
	Level U: Fragile Under 21	434.94	435.60	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 NH11-030C FYE 12/31/06
 Rate Semester Change
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Provider Number: 0 312045-00
 Date: 10/29/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.09	193.81	7/1/2010
	Level H: AIDS	336.43	337.15	7/1/2010
	Level U: Fragile Under 21	451.46	452.18	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 NH11-030C FYE 12/31/06
 Rate Semester Change
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 Daytona Beach FL 32114

Provider Number: 0 312045-00
 Date: 10/29/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.13	195.85	1/1/2011
	Level H: AIDS	339.99	340.71	1/1/2011
	Level U: Fragile Under 21	456.24	456.96	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 NH11-030C FYE 12/31/06

Rate Semester Change

On FRV [2] as of 08/01/1999

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 Daytona Beach FL 32114

Provider Number: 0 312045-00
 Date: 10/29/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.71	199.39	7/1/2011
	Level H: AIDS	344.91	345.59	7/1/2011
	Level U: Fragile Under 21	462.24	462.92	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 NH11-030C FYE 12/31/06
 Rate Semester Change
 On FRV [2] as of 08/01/1999

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Provider Number: 0 312045-00
 Date: 10/29/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	200.04	200.72	1/1/2012
Level H: AIDS	347.65	348.33	1/1/2012
Level U: Fragile Under 21	466.11	466.79	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:

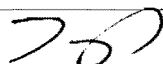
Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH11-030C FYE 12/31/06
 Rate Semester Change
 On FRV [2] as of 08/01/1999

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 Daytona Beach FL 32114

Provider Number: 0 312045-00
 Date: 10/29/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	205.79	206.48	7/1/2012
Level H: AIDS	355.00	355.69	7/1/2012
Level U: Fragile Under 21	474.75	475.44	7/1/2012

Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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:
<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 NH11-030C FYE 12/31/06
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 08/01/1999

Distribution:
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Medicaid Reimbursement Per Diem Rates

MCHS - Carrollwood
 3030 W. Bearss Avenue
 Tampa FL 33618

Provider Number: 0 319350-00
 Date: 10/26/2012
 Fiscal Year End: 5/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	176.53	173.10	12/31/2006
Level H: AIDS	303.66	300.23	12/31/2006
Level U: Fragile Under 21	405.66	402.23	12/31/2006

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
 FA & RFA NH06-197J prior prov. 202525
 Rate Semester Change
 On FRV [2] as of 07/20/1990

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Medicaid Reimbursement Per Diem Rates

MCHS - Carrollwood
 3030 W. Bearss Avenue
 Tampa FL 33618

Provider Number: 0 319350-00
 Date: 10/26/2012
 Fiscal Year End: 5/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	171.49	171.43	1/1/2007
	Level H: AIDS	301.09	301.03	1/1/2007
	Level U: Fragile Under 21	405.08	405.02	1/1/2007

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

Effects of FA & RFA NH06-197J prior prov. 202525

Rate Semester Change

On FRV [2] as of 07/20/1990


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Medicaid Reimbursement Per Diem Rates

Heartland of Jacksonville FL, LLC
 8495 Normandy Blvd
 Jacksonville FL 32221

Provider Number: 0 325236-00
 Date: 10/30/2012
 Fiscal Year End: 6/30/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>173.44</u>	<u>173.36</u>	<u>12/20/2007</u>
	Level H: AIDS	<u>305.38</u>	<u>305.30</u>	<u>12/20/2007</u>
	Level U: Fragile Under 21	<u>411.24</u>	<u>411.16</u>	<u>12/20/2007</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
 Effects of FA RFA NH06-195J for prior prov 201511
 Rate Semester Change
 On FRV [2] as of 01/12/1990

Distribution:

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Medicaid Reimbursement Per Diem Rates

Heartland of Jacksonville FL, LLC
 8495 Normandy Blvd
 Jacksonville FL 32221

Provider Number: 0 325236-00
 Date: 10/30/2012
 Fiscal Year End: 6/30/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>171.35</u>	<u>171.27</u>	<u>1/1/2008</u>
	Level H: AIDS	<u>305.35</u>	<u>305.27</u>	<u>1/1/2008</u>
	Level U: Fragile Under 21	<u>412.87</u>	<u>412.79</u>	<u>1/1/2008</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
 Effects of FA RFA NH06-195J for prior prov 201511
 Rate Semester Change
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Distribution:

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Medicaid Reimbursement Per Diem Rates

Heartland of Jacksonville FL, LLC
 8495 Normandy Blvd
 Jacksonville FL 32221

Provider Number: 0 325236-00
 Date: 10/30/2012
 Fiscal Year End: 6/30/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	172.92	172.84	7/1/2008
	Level H: AIDS	309.20	309.12	7/1/2008
	Level U: Fragile Under 21	418.55	418.47	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
- Effects of FA RFA NH06-195J for prior prov 201511
- Rate Semester Change
- On FRV [2] as of 01/12/1990

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Heartland of Jacksonville FL, LLC
 8495 Normandy Blvd
 Jacksonville FL 32221

Provider Number: 0 325236-00
 Date: 10/30/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	176.73	176.65	1/1/2009
Level H: AIDS	315.08	315.00	1/1/2009
Level U: Fragile Under 21	426.09	426.01	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:

<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 RFA NH06-195J for prior prov 201511
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 01/12/1990

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: HCR Manor Care
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Heartland of Jacksonville FL, LLC
 8495 Normandy Blvd
 Jacksonville FL 32221

Provider Number: 0 325236-00
 Date: 10/30/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>161.92</u>	<u>161.85</u>	<u>3/1/2009</u>
	Level H: AIDS	<u>300.27</u>	<u>300.20</u>	<u>3/1/2009</u>
	Level U: Fragile Under 21	<u>411.28</u>	<u>411.21</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
 Effects of FA RFA NH06-195J for prior prov 201511
 Rate Semester Change
 On FRV [2] as of 01/12/1990

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Heartland of Jacksonville FL, LLC
 8495 Normandy Blvd
 Jacksonville FL 32221

Provider Number: 0 325236-00
 Date: 10/30/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.98	198.90	4/1/2009
	Level H: AIDS	337.33	337.25	4/1/2009
	Level U: Fragile Under 21	448.34	448.26	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
 Effects of FA RFA NH06-195J for prior prov 201511
 Rate Semester Change
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Heartland of Jacksonville FL, LLC
 8495 Normandy Blvd
 Jacksonville FL 32221

Provider Number: 0 325236-00
 Date: 10/30/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.15	206.06	7/1/2009
Level H: AIDS	346.50	346.41	7/1/2009
Level U: Fragile Under 21	459.12	459.03	7/1/2009

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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:

<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 RFA NH06-195J for prior prov 201511
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 01/12/1990

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Heartland of Jacksonville FL, LLC
 8495 Normandy Blvd
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Provider Number: 0 325236-00
 Date: 10/30/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>208.27</u>	<u>208.19</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>350.19</u>	<u>350.11</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>464.07</u>	<u>463.99</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
 Effects of FA RFA NH06-195J for prior prov 201511
 Rate Semester Change
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Heartland of Jacksonville FL, LLC
 8495 Normandy Blvd
 Jacksonville FL 32221

Provider Number: 0 325236-00
 Date: 10/30/2012
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	194.96	194.88	7/1/2010
Level H: AIDS	338.30	338.22	7/1/2010
Level U: Fragile Under 21	453.33	453.25	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 RFA NH06-195J for prior prov 201511
- Rate Semester Change
- On FRV [2] as of 01/12/1990

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Medicaid Reimbursement Per Diem Rates

Heartland of Jacksonville FL, LLC
8495 Normandy Blvd
Jacksonville FL 32221

Provider Number: 0 325236-00
Date: 10/30/2012
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.42	202.34	1/1/2011
Level H: AIDS	347.28	347.20	1/1/2011
Level U: Fragile Under 21	463.53	463.45	1/1/2011

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> 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 RFA NH06-195J for prior prov 201511
 Rate Semester Change
 On FRV [2] as of 01/12/1990

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Heartland of Jacksonville FL, LLC
 8495 Normandy Blvd
 Jacksonville FL 32221

Provider Number: 0 325236-00
 Date: 10/30/2012
 Fiscal Year End: 6/30/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.00	194.93	7/1/2011
	Level H: AIDS	341.20	341.13	7/1/2011
	Level U: Fragile Under 21	458.53	458.46	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 RFA NH06-195J for prior prov 201511
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Provider Number: 0 325236-00
 Date: 10/30/2012
 Fiscal Year End: 6/30/2010
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>196.97</u>	<u>196.89</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>344.58</u>	<u>344.50</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>463.04</u>	<u>462.96</u>	<u>1/1/2012</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:

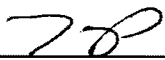
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
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Heartland of Jacksonville FL, LLC
 8495 Normandy Blvd
 Jacksonville FL 32221

Provider Number: 0 325236-00
 Date: 10/30/2012
 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	190.98	190.90	7/1/2012
	Level H: AIDS	340.19	340.11	7/1/2012
	Level U: Fragile Under 21	459.94	459.86	7/1/2012

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 RFA NH06-195J for prior prov 201511
 Rate Semester Change
 On FRV [2] as of 01/12/1990

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Manor Care-Carrollwood of Tampa FL, LLC
 3030 W. Bearass Avenue
 Tampa FL 33618

Provider Number: 0 325678-00
 Date: 10/2/2012
 Fiscal Year End: 5/31/2006
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>179.34</u>	<u>179.27</u>	<u>12/20/2007</u>
Level H: AIDS	<u>311.28</u>	<u>311.21</u>	<u>12/20/2007</u>
Level U: Fragile Under 21	<u>417.14</u>	<u>417.07</u>	<u>12/20/2007</u>

Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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:
<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 & RFA NH06-197J prior prov. 202525
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 07/20/1990

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Manor Care-Carrollwood of Tampa FL, LLC
 3030 W. Bearass Avenue
 Tampa FL 33618

Provider Number: 0 325678-00
 Date: 10/2/2012
 Fiscal Year End: 5/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>179.48</u>	<u>179.42</u>	<u>1/1/2008</u>
	Level H: AIDS	<u>313.48</u>	<u>313.42</u>	<u>1/1/2008</u>
	Level U: Fragile Under 21	<u>421.00</u>	<u>420.94</u>	<u>1/1/2008</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
 Effects of FA & RFA NH06-197J prior prov. 202525
 Rate Semester Change
 On FRV [2] as of 07/20/1990

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Medicaid Reimbursement Per Diem Rates

Manor Care-Carrollwood of Tampa FL, LLC
 3030 W. Bearass Avenue
 Tampa FL 33618

Provider Number: 0 325678-00
 Date: 10/2/2012
 Fiscal Year End: 5/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>181.40</u>	<u>181.33</u>	<u>7/1/2008</u>
	Level H: AIDS	<u>317.68</u>	<u>317.61</u>	<u>7/1/2008</u>
	Level U: Fragile Under 21	<u>427.03</u>	<u>426.96</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
 Effects of FA & RFA NH06-197J prior prov. 202525
 Rate Semester Change
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Manor Care-Carrollwood of Tampa FL, LLC
 3030 W. Bearass Avenue
 Tampa FL 33618

Provider Number: 0 325678-00
 Date: 10/2/2012
 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>186.92</u>	<u>186.86</u>	<u>1/1/2009</u>
	Level H: AIDS	<u>325.27</u>	<u>325.21</u>	<u>1/1/2009</u>
	Level U: Fragile Under 21	<u>436.28</u>	<u>436.22</u>	<u>1/1/2009</u>

Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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:
<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 & RFA NH06-197J prior prov. 202525
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 07/20/1990

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Provider Number: 0 325678-00
 Date: 10/2/2012
 Fiscal Year End: 5/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>171.25</u>	<u>171.20</u>	<u>3/1/2009</u>
	Level H: AIDS	<u>309.60</u>	<u>309.55</u>	<u>3/1/2009</u>
	Level U: Fragile Under 21	<u>420.61</u>	<u>420.56</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
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 3030 W. Bearass Avenue
 Tampa FL 33618

Provider Number: 0 325678-00
 Date: 10/2/2012
 Fiscal Year End: 5/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>209.03</u>	<u>208.96</u>	<u>4/1/2009</u>
	Level H: AIDS	<u>347.38</u>	<u>347.31</u>	<u>4/1/2009</u>
	Level U: Fragile Under 21	<u>458.39</u>	<u>458.32</u>	<u>4/1/2009</u>


Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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:
<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 & RFA NH06-197J prior prov. 202525
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 07/20/1990

Distribution:

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 Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: HCR Manor Care
 Julie Yoxtheimer
 333 North Summit Street
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Manor Care-Carrollwood of Tampa FL, LLC
 3030 W. Bearass Avenue
 Tampa FL 33618

Provider Number: 0 325678-00
 Date: 10/2/2012
 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>212.67</u>	<u>212.61</u>	<u>7/1/2009</u>
	Level H: AIDS	<u>353.02</u>	<u>352.96</u>	<u>7/1/2009</u>
	Level U: Fragile Under 21	<u>465.64</u>	<u>465.58</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 & RFA NH06-197J prior prov. 202525
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Medicaid Reimbursement Per Diem Rates

Manor Care-Carrollwood of Tampa FL, LLC
 3030 W. Bearass Avenue
 Tampa FL 33618

Provider Number: 0 325678-00
 Date: 10/2/2012
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.45	214.39	7/1/2010
	Level H: AIDS	357.79	357.73	7/1/2010
	Level U: Fragile Under 21	472.82	472.76	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 & RFA NH06-197J prior prov. 202525
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Manor Care-Carrollwood of Tampa FL, LLC
 3030 W. Bearass Avenue
 Tampa FL 33618

Provider Number: 0 325678-00
 Date: 10/2/2012
 Fiscal Year End: 5/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>212.98</u>	<u>212.92</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>357.84</u>	<u>357.78</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>474.09</u>	<u>474.03</u>	<u>1/1/2011</u>

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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:


<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 & RFA NH06-197J prior prov. 202525
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 Tampa FL 33618

Provider Number: 0 325678-00
 Date: 10/2/2012
 Fiscal Year End: 5/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.32</u>	<u>204.27</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>350.52</u>	<u>350.47</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>467.85</u>	<u>467.80</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
 Effects of FA & RFA NH06-197J prior prov. 202525
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 3030 W. Bearass Avenue
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Provider Number: 0 325678-00
 Date: 10/2/2012
 Fiscal Year End: 5/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.38	205.32	1/1/2012
	Level H: AIDS	352.99	352.93	1/1/2012
	Level U: Fragile Under 21	471.45	471.39	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 & RFA NH06-197J prior prov. 202525
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Provider Number: 0 325678-00
 Date: 10/2/2012
 Fiscal Year End: 5/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.15	211.09	7/1/2012
Level H: AIDS	360.36	360.30	7/1/2012
Level U: Fragile Under 21	480.11	480.05	7/1/2012

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
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 Field audited costs
 Field audit - interim portion
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 Desk Audit - Prospective portion

Changes:

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