

RICK SCOTT GOVERNOR ELIZABETH DUDEK SECRETARY

MEMORANDUM

Date:

March 5, 2013

To:

Angela Ramsey, Acting Chief, Medicaid Contract Management

From: 70 Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement

Subject: Retroactive Nursing Facility Per Diem Rates

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

	Provider Name	Provider	Number of Rate
		<u>Number</u>	Change Notices
1.	Longwood Health Care Center	0 005379-00	1
2.	Accentia Health & Rehab Center of Tampa Bay	0 005826-00	1
3.	West Broward Rehab & Healthcare	0 026536-00	1
4.	Cross Pointe Care Center	0 028133-00	1
5.	Seven Hills Health & Rehab Center	0 033175-00	7
6.	Oceanside Extended Care Center	0 212733-00	1
7.	New Horizon Health & Rehab Center	0 227773-00	1
8.	Ruleme Center LLC	0 260452-00	5
9.	The Allegro at College Harbor	0 309800-00	1
10.	Eagle Lake Rehab & Care Center	0 311065-00	1
11.	CrestWood Nursing Center	0 312274-00	1
12.	Palmer Ranch Healthcare & Rehab	0 319244-00	1
13.	Seminole Pavilion Rehab & Nursing Service	0 324230-00	1
		Total	23

If you have any questions regarding the above contact Thomas Parker at 412-4110.

TP/dm Attachments



		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
·	Effective Date							
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II	:		MCM	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	Level U	number	Number
000537900	20110101	209.21	354.07	209.21	209.21	470.32	72544-13	
000582600	20120701	188.90	338.11	188.90	188.90	457.86	72544-13	
002653600	20130101	235.96	386.77	235.96	235.96	507.81	72544-13	
002813300	20130101	237.11	387.92	237.11	237.11	508.96	72544-13	
003317500	20101201	211.51	354.85	211.51	211.51	469.88	72544-13	
003317500	20110101	213.84	358.70	213.84	213.84	474.95	72544-13	
003317500	20110701	206.47	352.67	206.47	206.47	470.00	72544-13	
003317500	20120101	208.15	355.76	208.15	208.15	474.22	72544-13	
003317500	20120201	211.26	358.87	211.26	211.26	477.33	72544-13	
003317500	20120701	218.91	368.12	218.91	218.91	487.87	72544-13	
003317500	20130101	222.79	373.60	222.79	222.79	494.64	72544-13	
021273300	20120701	153.49	302.70	153.49	153.49	422.45	72544-13	
022777300	20130101	235.25	386.06	235.25	235.25	507.10	72544-13	
026045200	20110601	217.05	361.91	217.05	217.05	478.16	72544-13	
026045200	20110701	209.37	355.57	209.37	209.37	472.90	72544-13	
026045200	20120101	208.27	35 5.88	208.27	208.27	474.34	72544-13	
026045200	20120701	214.46	363.67	214.46	214.46	483.42	72544-13	
026045200	20130101	210.57	361.38	210.57	210.57	482.42	72544-13	
030980000	20130101	234.83	385.64	234.83	234.83	506.68	72544-13	
031106500	20120701	206.54	355.75	206.54	206.54	475.50	72544-13	
031227400	20120701	181.92	331.13	181.92	181.92	450.88	72544-13	
031924400	20130101	246.37	397.18	246.37	246.37	518.22	72544-13	
032423000	20130101	202.64	353.45	202.64	202.64	474.49	72544-13	



Longwood Health Care Center				Provider Number:	0 005379-00
1520 South Grant Street				Date:	1/14/2013
Longwood FL 32750				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	·	Current Rate 208.91	New Rate 209.21	Effective Date 1/1/2011
	Level H: AIDS	;	353.77	354.07	1/1/2011
	Level U: Fragile Under 21		470.02	470.32	1/1/2011
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion	Changes:	Licensur Usual and Target R FRVS Cl Ratings	Total Prospective Prospective Adjusted of Total Prospective with Rating Change de Customary Limitation thange thange Days Correction the prospective Change [2] as of 01/29/1998	Interim Component
Contract Managem Permanent File For informat No Change i	ion Only	Mec.	licaid Cos	Thomas Parker t Reimbursement Plans	ning and Finance
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	ervices, LLC			



Accentia Health & Rehabilitation Center of Tampa B				Provider Number:	0 005826-00	
1818 East Fletcher A	venue	_		Date:	1/14/2013	
Tampa FL 33612		-		Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Nursing Home	Single Level		Rate 188.58	Rate	Date	
rursing mome	Single Devel		100.30		//1/2012	
	Level H: AIDS		337.79	338.11	7/1/2012	
	Level U: Fragile Under 21	-	457.54	457.86	7/1/2012	
Rate Type :						
Interim		x	Prospectiv	re		
,	Total Interim	***************************************	X	Total Prospective		
	Interim Component		*******	Prospective Adjusted		
	Settlement based on costs			Total Prospective with	n Interim Component	
	Prior Provider Prospective data					
Basis:		Changes:				
Dudast			Licensur	e Rating Change		
Budget X Unaudited	costs	Licensure Rating Change Usual and Customary Limitation				
Field audit		Target Rate limitation change				
Field audit	- interim portion	FRVS Change				
Desk audite		X Rating Days Correction for 7/12 rate semester				
	- Interim Portion - Prospective portion	Rate Semester Change On FRV [2] as of 09/01/1991				
Distribution:	- Prospective portion		Olitiky	[2] as of 09/01/1991		
	ement / Fiscal Agent		0	Thomas Parker		
Permanent File	ement / Fiscal Agent	Me	dicaid Cost	t Reimbursement Plan	ning and Finance	
	nation Only					
No Chang						
110 Chang	•					
Home Office:	Pensacola Administrative	Services, LLC				
	2 North Palafox Street Pensacola Fl 32502					
		7				



West Broward Rehabilitation and Healthcare		Provider Number:	0 026536-00
7751 West Broward Blvd.	 Date: 1/17		
Plantation FL 33324		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level Level H: AIDS	Current Rate 233.00	New Rate 235.96	Effective Date 1/1/2013
Level U: Fragile Under 21	504.85	507.81	1/1/2013
Rate Type:	Usual ar Target F FRVS C X Correct Rate Ser	Total Prospective Prospective Adjusted Total Prospective with re Rating Change and Customary Limitation Rate limitation change	n Interim Component
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Con	Thomas Parker st Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office			



Cross Pointe Care Cente	r			Provider Number:	0 028133-00
440 Phippen-Waiters Ro	oad			Date:	2/20/2013
Dania Beach FL 33004				Fiscal Year End:	1/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 254.22	New Rate 237.11	Effective Date 1/1/2013
	Level H: AIDS		405.03	387.92	1/1/2013
	Level U: Fragile Under 21		526.07	508.96	1/1/2013
Inte	ral Interim erim Component tlement based on costs or Provider Prospective data	Change		e Fotal Prospective Prospective Adjusted Fotal Prospective with	
Desk audited of Desk audit - In Desk Audit - I	costs nterim portion costs	X	Licensure Usual and Target Ra FRVS Ch Retro for Rate Sem	Rating Change I Customary Limitation the limitation change thange 1/13 R/S using 1/31/ester Change 2] as of 05/01/2000	
Distribution:			フグノ	Thomas Parker	
Contract Managem Permanent File For informati No Change i Home Office:	ion Only	N	fedicaid Cost	Reimbursement Plan	ning and Finance



Seven Hills Health & Rehab Center		Provider Number:	0 033175-00
3333 Capital Medical Blvd.	al Blvd. Date:		
Tallahassee FL 32308		Fiscal Year End:	1/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.54	211.51	12/1/2010
Level H: AIDS	357.88	354.85	12/1/2010
Level U: Fragile Under 21	472.91	469.88	12/1/2010
Rate Type: X Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	Prospective Changes:	Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Cost Set Rate Sen	re Rating Change and Customary Limitation and change thange attlement FYE 1/31/20 mester Change [2] as of 12/01/2001	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cos	Thomas Parker at Reimbursement Plan	ning and Finance
Home Office: Summit Care II, Inc Guy Farmer 2851 Remington Green Circle, Tallahassee FL 32308	Ste. D		



Seven Hills Health & F			Provider Number:	0 033175-00		
3333 Capital Medical F	Blvd.			Date:	2/12/2013	
Tallahassee FL 32308	•	Fiscal Year End: 1/3			1/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:						
• •		•	Current	New	Effective	
	~		Rate	Rate	Date	
Nursing Home	Single Level		216.89		1/1/2011	
	Level H: AIDS		361.75	358.70	1/1/2011	
	Level U: Fragile Under 21		478.00	474.95	1/1/2011	
In X Se		Changes:	Licensur Usual an	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitatio ate limitation change	Interim Component	
Field audit -	interim portion		FRVS C	hange		
Desk audited	costs Interim Portion	Cost Settlement FYE 1/31/2012				
	Prospective portion	Rate Semester Change On FRV [2] as of 12/01/2001				
Distribution:		7-7	3	Thomas Parker		
Contract Managen	nent / Fiscal Agent	Med	licaid Cos	t Reimbursement Plans	ning and Finance	
Permanent File		17100	iicaia cos	remoursement ram	and I mance	
For informa	tion Only					
No Change	in Rate					
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circ Tallahassee FL 32308	ele, Ste. D				



Seven Hills Health & Rehab Cent	er			Provider Number:	0 033175-00
3333 Capital Medical Blvd.			Date:	2/11/2013	
Tallahassee FL 32308				Fiscal Year End:	1/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	Level		Current Rate 207.73	New Rate 206.47	Effective Date 7/1/2011
Level H:	AIDS		353.93	352.67	7/1/2011
Level U:	Fragile Under 21		471.26	470.00	7/1/2011
Budget X Unaudited costs	ponent	Changes:	Licensure Usual and	Prospective Prospective Adjusted Prospective with Rating Change Customary Limitation	n Interim Component
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		X	FRVS Ch Cost Sett Rate Sem	-	12
Guy 2851	mit Care II, Inc Farmer Remington Green Circ hassee FL 32308		licaid Cost	Thomas Parker Reimbursement Plan	ning and Finance



Seven Hills Health & Rehab Center			Provider Number:	0 033175-00
3333 Capital Medical Blvd.			Date:	2/11/2013
Tallahassee FL 32308			Fiscal Year End:	1/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 207.77	New Rate 208.15	Effective Date 1/1/2012
Level H: AIDS Level U: Fragile Under 21		355.38 473.84	355.76 474.22	1/1/2012 1/1/2012
Rate Type: X Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	Changes:]	e Fotal Prospective Prospective Adjusted Fotal Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual and Target Ra FRVS Ch Cost Sett Rate Sem	Rating Change I Customary Limitation the limitation change lange lement FYE 1/31/201 ester Change	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Summit Care II, Inc Guy Farmer 2851 Remington Green Circle, Tallahassee FL 32308		dicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance



Seven Hills Health & Rehab Center			Provider Number:	0 033175-00	
3333 Capital Medical Blvd.			Date:	2/12/2013	
Tallahassee FL 32308			Fiscal Year End:	1/31/2012	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level		Current Rate 207.77	New Rate	Effective Date 2/1/2012	
Level H: AIDS		355.38	358.87	2/1/2012	
Level U: Fragile Under 21		473.84	477.33	2/1/2012	
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	X Changes:	1	Fotal Prospective Prospective Adjusted	for New Costs 1 Interim Component	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	X	Usual and Target Ra FRVS Ch Cost Sett Rate Sem On FRV [Rating Change Customary Limitation te limitation change ange lement FYE 1/31/20 ester Change [2] as of 12/01/2001 Thomas Parker Reimbursement Plan		
Permanent File For information Only No Change in Rate Home Office: Summit Care II, Inc Guy Farmer 2851 Remington Green Circle, Tallahassee FL 32308		incard Cost	Remoursement Fian	ming and rinance	



Seven Hills Health & Reh	ab Center		Provider Number:	0 033175-00
3333 Capital Medical Blv	d.		Date:	2/11/2013
Tallahassee FL 32308			Fiscal Year End:	1/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	Single Level	Curren Rate 212.7	Rate	Effective Date 7/1/2012
L	evel H: AIDS	361.9	7 368.12	7/1/2012
L	evel U: Fragile Under 21	481.7	2 487.87	7/1/2012
Basis: Budget X Unaudited costs Field audit - int Desk audit - Int Desk Audit - Pr	erim portion	Usua Targe FRV: X Cost Rate	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with sure Rating Change I and Customary Limitation Rate limitation change Schange Settlement FYE 1/31/20 Semester Change RV [2] as of 12/01/2001	h Interim Component
Distribution: Contract Managemer Permanent File For informatio No Change in Home Office:	n Only		Thomas Parker Cost Reimbursement Plan	ning and Finance



Seven Hills Health & Reh	ab Center			Provider Number:	0 033175-00
3333 Capital Medical Blv	1.	•		Date:	2/11/2013
Tallahassee FL 32308		·		Fiscal Year End:	1/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level		Current Rate 215.48	New Rate 222.79	Effective Date 1/1/2013
Le	evel H: AIDS	,	366.29	373.60	1/1/2013
Le	evel U: Fragile Under 21		487.33	494.64	1/1/2013
Interi X Settle	Interim m Component ment based on costs Provider Prospective data	Changes:	Licensur	Total Prospective Prospective Adjusted of Total Prospective with Reference to the control of the	Interim Component
Field audited co Field audit - into Desk audited co Desk audit - Into Desk Audit - Pro	erim portion	X	Target Rate Sem	ate limitation change	
Distribution: Contract Management Permanent File For information No Change in 19 Home Office:	n Only		licaid Cost	Thomas Parker Reimbursement Plans	ning and Finance



Oceanside Extended Care	Center			Provider Number:	0 212733-00
550 9th Street				Date:	1/14/2013
Miami Beach FL 33139				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Si	ingle Level		153.22		7/1/2012
Le	evel H: AIDS	<u></u>	302.43	302.70	7/1/2012
Le	evel U: Fragile Under 21	·	422.18	422.45	7/1/2012
Basis: Budget X Unaudited costs	Interim m Component ment based on costs Provider Prospective data	X Changes:	Licensure Usual and	Fotal Prospective Prospective Adjusted: Fotal Prospective with Rating Change Customary Limitation	n Interim Component
Field audited con Field audit - inte Desk audited con Desk audit - Inte Desk Audit - Pro	erim portion sts erim Portion	X	FRVS Ch Ratings I Rate Sem	te limitation change hange Days Correction ester Change [2] as of 10/01/1985	
Distribution:			82	Thomas Parker	****
Contract Management Permanent File For information No Change in F	n Only Rate	Med	licaid Cost	Reimbursement Plans	ning and Finance
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114				



New Horizon Health & Re	hab Center			Provider Number:	0 227773-00	
635 SE 17th Street		•		Date:	2/5/2013	
Ocala FL 34471				Fiscal Year End:	8/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:				Tradit Status.		
			Current Rate	New Rate	Effective Date	
Nursing Home S	ingle Level	<u></u>	231.98	235.25	1/1/2013	
Le	evel H: AIDS		382.79	386.06	1/1/2013	
Le	evel U: Fragile Under 21		503.83	507.10	1/1/2013	
Basis: Budget X Unaudited costs Field audit - inte Desk audited co Desk audit - Inte	erim portion	Changes	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted to Fotal Prospective with Prospective with Rating Change I Customary Limitation I Customary Limitation	Interim Component	
Contract Managemen	t / Fiscal Agent	Me	dicaid Cost	Reimbursement Plans	ning and Finance	-
Permanent File	n Only					
For information	•					
No Change in l	Kale					
Home Office:	Greystone Healthcare Man 4042 Park Oaks Blvd, Suite Tampa FL 33610					



Ruleme Center, LLC				Provider Number:	0 260452-00
2810 Ruleme Street				Date:	2/7/2013
Eustis FL 32726				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current	New	Effective
N'	Circula I		Rate	Rate	Date
Nursing Home	Single Level		219.13	<u>217.05</u> _	6/1/2011
	Level H: AIDS	·	363.99	361.91	6/1/2011
	Level U: Fragile Under 21		480.24	478.16	6/1/2011
		_			
Rate Type :					
Interim		X	Prospective		
	Total Interim			Fotal Prospective	for Now Costs
	nterim Component ettlement based on costs			Prospective Adjusted Fotal Prospective with	
	rior Provider Prospective data			roun riospective with	i internii Component
		Ch an man	1		
Basis:		Changes:]		
Budget			Licensure	Rating Change	
X Unaudited c	osts		Usual and	Customary Limitation	on
Field audite	d costs		_	te limitation change	
	- interim portion		FRVS Ch	_	
Desk audite	d costs Interim Portion	X		o full FRVS 6/1/2011 ester Change	
	- Prospective portion			[2] as of 06/01/2011	
Distribution:		7	R	Thomas Parker	
_	ment / Fiscal Agent	Med	licaid Cost	Reimbursement Plan	ning and Finance
Permanent File					-
For inform	•				
No Change	e in Rate				
Home Office:	OPIS Management Resource	es, LLC			
	Jennifer Ziolowski				
	10150 Highland Manor Drive Tampa FL 33610	e			



Ruleme Center, LLC				Provider Number:	0 260452-00
2810 Ruleme Street				Date:	2/7/2013
Eustis FL 32726				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:		(Current Rate	New Rate	Effective Date
Nursing Home Sin	ngle Level		211.28	209.37	7/1/2011
Lev	rel H: AIDS		357.48	355.57	7/1/2011
Lev	rel U: Fragile Under 21		474.81	472.90	7/1/2011
Settlem	a Component nent based on costs rovider Prospective data ts im portion s	Changes:	Licensure Usual and Target R FRVS Cl	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Desk Audit - Pros			OH PRV	[2] as of 06/01/2011 Thomas Parker	
Contract Management Permanent File For information No Change in R	Only	Med	licaid Cost	t Reimbursement Plans	ning and Finance
Home Office:	OPIS Management Resource Jennifer Ziolowski 10150 Highland Manor Drive Tampa FL 33610				



Ruleme Center, LLC				Provider Number:	0 260452-00
2810 Ruleme Street		-	Date: 2/7/20		2/7/2013
Eustis FL 32726		_		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		209.91		1/1/2012
	Level H: AIDS		357.52	355.88	1/1/2012
	Level U: Fragile Under 21		475.98	474.34	1/1/2012
Rate Type :					
Interim		X	Prospectiv	⁄e	
	Total Interim		_ <u>x</u>	Total Prospective	
	nterim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	Interim Component
F	Prior Provider Prospective data				
Basis:		Change	s:	_	
Dudon			Licensur	e Rating Change	
Budget X Unaudited	costs	-		d Customary Limitatio	n .
Field audite				ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite		X		to full FRVS 6/1/2011	l
	- Interim Portion			nester Change [2] as of 06/01/2011	
Distribution:	- Prospective portion		Olltry	Thomas Parker	·
Contract Manage	ement / Fiscal Agent				.t
Permanent File	v	N	dedicaid Cos	t Reimbursement Plans	ning and Finance
	nation Only				
No Chang	e in Rate				
Home Office:	OPIS Management Resou	rces. LLC			
nome Omce:	Jennifer Ziolowski	,			
	10150 Highland Manor Dr	ive			
	Tampa FL 33610				



Ruleme Center, LLC				Provider Number:	0 260452-00
2810 Ruleme Street			Date: 2/7/20		2/7/2013
Eustis FL 32726				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		216.09		7/1/2012
	Level H: AIDS		365.30	363.67	7/1/2012
	Level U: Fragile Under 21	_	485.05	483.42	7/1/2012
	Fotal Interim	x		Total Prospective	
	nterim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
	rior Provider Prospective data		1		
Basis:		Changes:			
Budget X Unaudited of Field audited Field audited Desk audited	ed costs - interim portion		Usual and Target Ra FRVS Ch	e Rating Change I Customary Limitation the limitation change hange to full FRVS 6/1/2011	
	- Interim Portion			ester Change	l .
Desk Audit	- Prospective portion		On FRV	[2] as of 06/01/2011	
Distribution:			7	Thomas Parker	
Permanent File For inform	ement / Fiscal Agent	Med	licaid Cost	Reimbursement Plans	ning and Finance
No Chang					
Home Office:	OPIS Management Resourc Jennifer Ziolowski 10150 Highland Manor Driv Tampa FL 33610				



Ruleme Center, LLC				Provider Number:	0 260452-00
2810 Ruleme Street				Date:	2/7/2013
Eustis FL 32726				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level		Current Rate 212.35	New Rate 210.57	Effective Date 1/1/2013
Le	evel H: AIDS		363.16	361.38	1/1/2013
Le	evel U: Fragile Under 21		484.20	482.42	1/1/2013
Interi Settle	erim portion ests	Changes:	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted of Fotal Prospective with Rating Change Customary Limitation te limitation change	n Interim Component
Desk Audit - Pro Distribution: Contract Managemen	ospective portion nt / Fiscal Agent	Med	8	2] as of 06/01/2011 Thomas Parker Reimbursement Plans	ning and Finance
Permanent File For information No Change in	·			Accompany of the state of the s	and I manee
Home Office:	OPIS Management Resources, Jennifer Ziolowski 10150 Highland Manor Drive Tampa FL 33610	LLC			



The Allegro at College Harbor		Provider Number:	0 309800-00
4600 54th Avenue South		Date:	2/15/2013
St. Petersburg Fl 33711	,	Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	R	rrent New Rate 234.83	Effective Date 1/1/2013
Level H: AIDS	38	4.33 385.64	1/1/2013
Level U: Fragile Under 21	50	5.37 506.68	1/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: I - No Home Office	Changes: L U T X R C	Total Prospective Prospective Adjusted Total Prospective Will icensure Rating Change sual and Customary Limital arget Rate limitation change RVS Change etro for rate semester 1/13 ate Semester Change in FRV [2] as of 08/20/1999 Thomas Parker aid Cost Reimbursement Plan	tion B using FYE 12/31/11



Eagle Lake Rehab & Ca	re Center	Provider Number: 0 3110		0 311065-00	
1100 66th Street North			Date: 1/11/2		1/11/2013
St. Petersburg FL 33710					12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		206.06	206.54	7/1/2012
	Level H: AIDS	;	355.27	355.75	7/1/2012
	Level U: Fragile Under 21		475.02	475.50	7/1/2012
Rate Type: Interim Tot	tal Interim	x	Prospectiv X	e Total Prospective	
Set	erim Component tlement based on costs or Provider Prospective data	,		Prospective Adjusted Total Prospective with	
Basis:		Changes:			
Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - I	costs nterim portion costs	X	Usual and Target Ra FRVS Ch Ratings I Rate Sem	Days Correction lester Change	on
	Prospective portion		On FRV	[2] as of 07/01/1987	
<u>Distribution:</u>	ont / Figural A gent		7-6-1	Thomas Parker	
Contract Managem Permanent File For informat No Change i	ion Only	Мес	licaid Cost	Reimbursement Plan	ning and Finance
Home Office:	Traditions Management of F 24541 US Highway 19 North Clearwater FL 33763				



CrestWood Nursing Cente	r	_		Provider Number:	0 312274-00	
501 South Palm Avenue		Date: 1/17/		1/17/2013		
Palatka FL 32177		•		Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ingle Level	-	Current Rate 182.05	New Rate	Effective Date	
Nursing Home Si	ingle Level	-	182.05	<u> 181.92</u> _	7/1/2012	
Le	evel H: AIDS		331.26	331.13	7/1/2012	
Le	evel U: Fragile Under 21		451.01	450.88	7/1/2012	
Rate Type:	·	X	Prospective	e		PARTIES AND ADDRESS OF THE PARTIES AND ADDRESS O
	Interim		_	Total Prospective		
Interio	m Component			Prospective Adjusted	for New Costs	
Settle	ment based on costs			Total Prospective with	Interim Component	
Prior	Provider Prospective data					
Basis:		Change	3:			
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Distribution:				Thomas Parker		
Contract Managemen Permanent File For information No Change in I	ı Only	M	ledicaid Cost	Reimbursement Plan	ning and Finance	
Home Office:	Putnam Council, Inc.		Mary has Minimum and Mary has Mary has Minimum and			
	16 Norcross Street Roswell GA 30075					



Palmer Ranch Healthcar	re and Rehabilitation			Provider Number:	0 319244-00
5111 Palmer Ranch Park	kway	Date: 1/.		1/23/2013	
Sarasota Fl 34238				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:	6. 1.1. 1	_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		258.48		1/1/2013
	Level H: AIDS	-	409.29	397.18	1/1/2013
	Level U: Fragile Under 21	-	530.33	518.22	1/1/2013
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited	costs nterim portion costs	Changes X	Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted of Total Prospective with Re Rating Change I Customary Limitation ate limitation change nange r 01/13 Rate Semeste	n Interim Component
Desk audit - In	Prospective portion			ester Change [2] as of 06/01/2000	
Distribution:	out / Finan I A nort		0	Thomas Parker	
Contract Managem Permanent File For informati No Change i Home Office:	ion Only	M	edicaid Cost	Reimbursement Plant	ning and Finance
Home Office.	3131 Elliott Avenue, Seattle WA 98121				



Seminole Pavilion Rehabilitation & Nursing Service 10800 Temple Terrace Seminole FL 33772			Provider Number Date		: 0 324230-00	
					e: 1/29/2013	
				Fiscal Year End:	5/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 202.96	New Rate 202.64	Effective Date 1/1/2013	
	Level H: AIDS		353.77	353.45	1/1/2013	
	Level U: Fragile Under 21		474.81	474.49	1/1/2013	
In Se	otal Interim terim Component ettlement based on costs ior Provider Prospective data	X Changes:]	Total Prospective Prospective Adjusted Total Prospective with	•	
Budget X Unaudited costs Field audited costs Field audit - interim portion			Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change			
Desk audit - Interim Portion Desk audit - Interim Portion Desk Audit - Prospective portion		X				
Distribution:		7-	50	Thomas Parker		
Contract Manager Permanent FileFor informaNo Change	-	Med	dicaid Cost	Reimbursement Plan	ning and Finance	
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214					