

RICK SCOTT GOVERNOR ELIZABETH DUDEK SECRETARY

MEMORANDUM

Date:

September 04, 2013

To:

Gay Munyon, Bureau Chief, Medicaid Contract Management

From:

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	<u>Provider</u>	Number of Rate
		Number	Change Notices
1.	Crossbreeze Care Center	0 046233-00	6
2.	Pines Nursing Home	0 200620-00	3
3.	MK of Winter Garden LLC	0 225410-00	1
4.	Alhambra Health & Rehab Center	0 261254-00	4
5.	The Springs At Boca Ciega Bay	0 267724-00	3
6.	The Springs at Lake Pointe Woods	0 268780-00	3
		Total	20

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

TP/ab Attachments



		Single Level	Level H: AIDS	Single Level	Single Level		
	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MCM	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
004623300	20111001	219.68	365.88	219.68	219.68	73876-13	
004623300	20120101	221.12	368.73	221.12	221.12	73876-13	
004623300	20120401	226.64	374.25	226.64	226.64	73876-13	
004623300	20120701	236.30	385.51	236.30	236.30	73876-13	
004623300	20130101	239.52	390.33	239.52	239.52	73876-13	
004623300	20130701	245.06	0.00	245.06	245.06	73876-13	
020062000	20120701	239.38	388.59	239.38	239.38	73876-13	
020062000	20130101	242.32	393.13	242.32	242.32	73876-13	
020062000	20130701	248.11	0.00	248.11	248.11	73876-13	
022541000	20130701	230.77	0.00	230.77	230.77	73876-13	
026125400	20110701	208.54	354.74	208.54	208.54	73876-13	
026125400	20120701	218.77	367.98	218.77	218.77	73876-13	
026125400	20130101	222.47	373.28	222.47	222.47	73876-13	
026125400	20130701	229.16	0.00	229.16	229.16	73876-13	
026772400	20070101	164.86	294.46	164.86	164.86	73876-13	NH06-207C
026772400	20070201	168.55	298.15	168.55	168.55	73876-13	NH06-207C
026772400	20070301	164.86	294.46	164.86	164.86	73876-13	NH06-207C
026878000	20070101	180.74	310.34	180.74	180.74	73876-13	NH06-208C
026878000	20070201	188.50	318.10	188.50	188.50	73876-13	NH06-208C
026878000	20070301	180.74	310.34	180.74	180.74	73876-13	NH06-208C



Crossbreeze Care Center		Provide	er Number:	0 046233-00
1755 18th Street			Date:	8/13/2013
Sarasota FL 34234		Fiscal	Year End:	3/31/2012
		Aı	udit Status:	Unaudited [3]
Provider Type:			lew Late	Effective Date
Nursing Home Single Level	21	8.77 21	9.68	10/1/2011
Level H: Aids	36	4.97 36	5.88	10/1/2011
Rate Type: X Interim Total Interim Interim Component X Settlement based on costs	Pro		e Adjusted 1	for New Costs Interim Component
Prior Provider Prospective data Basis:	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	U	censure Rating C sual and Customa arget Rate limitati RVS Change ost Settlement F' ate Semester Chan of FRV [2] as of 1	ry Limitation change YE 3/31/201	
Distribution:	7-	Thoma	s Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medica	id Cost Reimburs		ing and Finance



Crossbreeze Care Center		Provider Number:	0 046233-00	
1755 18th Street		Date:	8/13/2013	
Sarasota FL 34234		Fiscal Year End:	3/31/2012	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level Level H: Aids	Current Rate 220.19	New Rate 221.12 368.73	Effective Date 1/1/2012	
Rate Type: X Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data		e Fotal Prospective Prospective Adjusted 1 Fotal Prospective with		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited rosts Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only	Usual and Target Ra FRVS Ch X Cost Sett Rate Seme On FRV	Rating Change Customary Limitation the limitation change ange lement FYE 3/31/201 ester Change 2] as of 10/01/1985 Thomas Parker Reimbursement Plann	2	
No Change in Rate Home Office: 1 - No Home Office				



Crossbreeze Care Center		Provider Number:	0 046233-00
1755 18th Street		Date:	8/13/2013
Sarasota FL 34234		Fiscal Year End:	3/31/2012
		Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
Nursing Home Single Level	Rate 220.19	Rate	Date 4/1/2012
Autising Home Single Level	220.19		4/1/2012
Level H: Aids	367.80	374.25	4/1/2012
Rate Type :			
Interim	X Prospectiv	ve.	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted i	for New Costs
X Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensure	e Rating Change	
X Unaudited costs		d Customary Limitation	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS CI	nange	
Desk audited costs		tlement FYE 3/31/201	2
Desk audit - Interim Portion Desk Audit - Prospective portion		lester Change [2] as of 10/01/1985	
Distribution:	20	Thomas Parker	angalangan Majabanganan gamangan gamangan manga mengan mangan mangan mangan mangan mangan mangan mangan mangan
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plann	ing and Finance
Permanent File	2.10 2.001		
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No Change in Rate			
Home Office: 1 - No Home Office	and the second of the second o	,	
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Crossbreeze Care Center		Provider Number:	0 046233-00
1755 18th Street		Date:	8/13/2013
Sarasota FL 34234		Fiscal Year End:	3/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	229.74	236.30	7/1/2012
Level H: Aids	378.95	385.51	7/1/2012
Rate Type :			
Interim	X Prospecti	ve	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted f	or New Costs
X Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitation	1
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs		tlement FYE 3/31/201	2
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 10/01/1985	
Distribution:	70	Thomas Parker	
Contract Management / Fiscal Agent	Modicaid Coo	t Reimbursement Plann	ing and Finance
Permanent File	Medicald Cos	t Kemioursement Flami	ing and rmance
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No Change in Rate			
Home Office: 1 - No Home Office			
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Crossbreeze Care Center		Provider Number:	0 046233-00
1755 18th Street		Date:	8/13/2013
Sarasota FL 34234		Fiscal Year End:	3/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	230.31	239.52	1/1/2013
Level H: Aids	381.12	390.33	1/1/2013
Rate Type: Interim Total Interim Interim Component X Settlement based on costs	F	e Fotal Prospective Prospective Adjusted fotal Prospective with	
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Chi X Cost Settl Rate Seme	Rating Change Customary Limitation te limitation change ange ement FYE 3/31/201 ester Change 2] as of 10/01/1985	
Distribution:	20	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost	Reimbursement Plann	ing and Finance
Home Office: 1 - No Home Office			



Crossbreeze Care Center			Provider Number:	0 046233-00
1755 18th Street			Date:	8/13/2013
Sarasota FL 34234			Fiscal Year End:	3/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
Nursing Home Single Level		Rate 234.02	Rate	Date 7/1/2013
Single Level		234,02		1/1/2010
Rate Type:		-		
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Interim Total Interim	X	_ Prospectiv	Total Prospective	
Interim Component			Prospective Adjusted to	for New Costs
X Settlement based on costs		-	Total Prospective with	
Prior Provider Prospective data				
Basis:	Changes	:		
Budget			Rating Change	
X Unaudited costs			Customary Limitation	1
Field audited costs		FRVS Ch	ate limitation change	
Field audit - interim portion Desk audited costs	<u> </u>	_	lange lement FYE 3/31/201	3
Desk audit - Interim Portion		-	ester Change	2
Desk Audit - Prospective portion	-		[2] as of 10/01/1985	
Distribution:		2	Thomas Parker	
Contract Management / Fiscal Agent		odinaid Cart		ing and Finance
Permanent File	IVIC	edicaid Cost	Reimbursement Plann	ing and rmance
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				
Home Office: 1 - No Home Office				
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			Amounts.	



Pines Nursing Home			Provider Number:	0 200620-00
301 NE 141st Street North			Date:	8/12/2013
North Miami Beach FL 33161			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:			Tiwati Swing.	
	•	Current Rate	New Rate	Effective Date
Nursing Home Single Level	_	247.99	239.38	7/1/2012
Level H: Aids		397.20	388.59	7/1/2012
Rate Type:	<u>.</u>			
Interim	X	Prospectiv	e	
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:	Changes:	POTOTO 100 100 100 100 100 100 100 100 100 10		
Budget		Licensure	Rating Change	
X Unaudited costs			l Customary Limitation	n
Field audited costs			nte limitation change	-
Field audit - interim portion		FRVS Ch	ange	
Desk audited costs	X		l Cost Report FYE 1	2/31/2011
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion		On FRV	[2] as of 10/01/1985	
Distribution:	\mathcal{I}	7	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cost	Reimbursement Plann	ning and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office	- This is the second of the se	*16		
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301 NE 141st Street North North Miami Beach FL 33161			Date:	8/12/2013	
North Miami Beach FL 33161				0/12/2013	
			Fiscal Year End:	12/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:	C	urrent	New	Effective	
		Rate	Rate	Date	
Nursing Home Single Level	2	51.05		1/1/2013	
Level H: Aids	4	01.86	393.13	1/1/2013	
Rate Type:					
Interim	X P	rospective	e		
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:	Changes:				
Budget		Licensure	Rating Change		
X Unaudited costs			Customary Limitation	n.	
Field audited costs			te limitation change		
Field audit - interim portion		FRVS Ch	ange		
Desk audited costs			Cost Report FYE 12	2/31/2011	
Desk audit - Interim Portion Desk Audit - Prospective portion			ester Change 2] as of 10/01/1985		
Distribution:		2/2	Thomas Parker		
Contract Management / Fiscal Agent	Medi	icaid Cost	Reimbursement Plann	ning and Finance	
Permanent File	TVICOI.	0000		ing and I manor	
For information Only					
No Change in Rate					
Home Office: 1 - No Home Office	Principles of Section 19 - Section 19 - Section 19 1 - Section 19 1		-		
Home Office.					



Pines Nursing Home			Provider Number:	0 200620-00
301 NE 141st Street North			Date:	8/12/2013
North Miami Beach FL 33161			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	_	Current Rate 258.57	New Rate 248.11	Effective Date 7/1/2013
Rate Type:				
Interim	X	Prospectiv	re	
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted f	
Settlement based on costs Prior Provider Prospective data			Total Prospective with	Interim Component
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Basis:	Changes:	_		
		Licensur	e Rating Change	
Budget X Unaudited costs			d Customary Limitation	n
Field audited costs	1		ate limitation change	II.
Field audit - interim portion		FRVS CI		
Desk audited costs	X		d Cost Report FYE 12	2/31/2011
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion Distribution:	1	$\frac{OHFRV}{2}$	[2] as of 10/01/1985	
Contract Management / Fiscal Agent		0-	Thomas Parker	
Permanent File	Med	dicaid Cos	Reimbursement Plann	ning and Finance
For information Only				
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MK of Winter Garden 2751 W Colonial Dr	LLC			Provider Number:	0 225410-00	
Winter Garden FL 3478	27			Date:	8/27/2013	
Willer Garden FL 3476	57			Fiscal Year End:	12/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level	*********	231.24		7/1/2013	
					•	
Rate Type :					Wy)	
Kate Type:						
Interim		X	Prospectiv	re		
To	otal Interim		X	Total Prospective		
Interim Component		Prospective Adjusted for New Costs				
Se	ttlement based on costs			Total Prospective with	Interim Component	
Pri	ior Provider Prospective data			-		
Basis:	İ	Changes:			1	
			J			
Budget	-		Licensure	e Rating Change		
X Unaudited co	sts		Usual and	d Customary Limitation	n	
Field audited	costs		Target Ra	ate limitation change		
Field audit -	interim portion		FRVS Cl	nange		
Desk audited		X Retro for 7/13 using FYE 12/31/2012 Cost Report				
	nterim Portion	Rate Semester Change On FRV [2] as of 09/01/1999				
	Prospective portion		On FRV	[2] as of 09/01/1999		
Distribution:			$\mathcal{A}\mathcal{A}$	Thomas Parker		
Contract Managen	nent / Fiscal Agent	— Med	licaid Cost	Reimbursement Plann	ing and Finance	
Permanent File	*	1.10				
For information	tion Only					
No Change	in Rate					
	M-K Management, LLC					
Home Office:	Mark D. Hickman					
	1181 Vickery Lane, Suite 200			——————————————————————————————————————		
	Cordova TN 38016-0633					
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Alhambra Health & Rehab Center			Provider Number:	0 261254-00
7501 38th Avenue North			Date:	8/28/2013
St. Petersburg FL 33710			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:	_	Current Rate	New Rate	Effective Date
Nursing Home Single Level		208.53	208.54	7/1/2011
Level H: Aids	_3	354.73	354.74	7/1/2011
Rate Type:	110000			
Interim	X F	rospective	e ·	
Total Interim		_	Total Prospective	
Interim Component]	Prospective Adjusted f	or New Costs
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data	•			
Basis:	Changes:		76.00	
Budget		Licensure	Rating Change	
X Unaudited costs	-		Customary Limitation	1
Field audited costs			te limitation change	
Field audit - interim portion	•	FRVS Ch	ange	
Desk audited costs			Asset Correction	
Desk audit - Interim Portion			ester Change 2] as of 04/13/1994	
Desk Audit - Prospective portion Distribution:			Thomas Parker	
Contract Management / Fiscal Agent		anid Cant		ing and Eigenee
Permanent File	Medi	caid Cost	Reimbursement Plann	ing and r mance
For information Only				
No Change in Rate				
Home Office: Greystone Healthcare Manag	ement, LLC			
4042 Park Oaks Blvd, Suite 3 Tampa FL 33610	00			



Still Avenue North Still Petersburg FI. 33710 Fiscal Year End: 12/31/2011 Audit Status: Unaudited [3]	Alhambra Health & Rel	nab Center			Provider Number:	0 261254-00
Provider Type: Carrent Rate Rate Date	7501 38th Avenue Nort	h			Date:	8/28/2013
Provider Type: Nursing Home Single Level 218.76 218.77 7/1/2012 Level H: Aids 367.97 367.98 7/1/2012 Rate Type:	St. Petersburg FL 33710				Fiscal Year End:	12/31/2011
Nursing Home Single Level 218.76 218.77 7/1/2012 Level H: Aids 367.97 367.98 7/1/2012 Rate Type: Interim					Audit Status:	Unaudited [3]
Rate Rate Date	Provider Type:			•		
Rate Type :					- · - · ·	
Rate Type:	Nursing Home	Single Level				
Interim	Nursing nome	Single Level	_	218.76		7/1/2012
Interim X Prospective Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis:		Level H: Aids		367.97	367.98	7/1/2012
Interim X Prospective Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis:						
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Rate Type:					
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audite - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Desk Audit - Prospective portion Permanent File For information Only No Change in Rate Home Office: Greystone Healthcare Management, LLC Prior Prospective Adjusted for New Costs Total Prospective with Interim Component Total Prospective with Interim Component Total Prospective with Interim Component Interim Component Total Prospective with Interim Component Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Effects of Asset Correction Rate Semester Change On FRV [2] as of 04/13/1994 Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	Interim		X	Prospectiv	e	
Budget X Unaudited costs Field 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: Greystone Healthcare Management, LLC 4042 Park Oaks Blvd, Suite 300 Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change Effects of Asset Correction Rate Semester Change On FRV [2] as of 04/13/1994 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Tot	tal Interim		X	Total Prospective	
Budget X Unaudited costs Field audited costs Target Rate limitation change Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change X Effects of Asset Correction Rate Semester Change On FRV [2] as of 04/13/1994 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Inte	erim Component			Prospective Adjusted f	for New Costs
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 Permanent File For information Only No Change in Rate Home Office: Greystone Healthcare Management, LLC 4042 Park Oaks Blvd, Suite 300 Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change V Effects of Asset Correction Rate Semester Change On FRV [2] as of 04/13/1994 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Set	tlement based on costs			Total Prospective with	Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited - Interim Portion Desk audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 04/13/1994 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Pric	or Provider Prospective data				
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 Permanent File For information Only No Change in Rate Home Office: Usual and Customary Limitation Target Rate limitation change FRVS Change OR Rate Semester Change On FRV [2] as of 04/13/1994 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	Basis:		Changes:			
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 Permanent File For information Only No Change in Rate Home Office: Usual and Customary Limitation Target Rate limitation change FRVS Change OR Rate Semester Change On FRV [2] as of 04/13/1994 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance				-		
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Target Rate limitation change FRVS Change X Effects of Asset Correction Rate Semester Change On FRV [2] as of 04/13/1994 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance				Licensure	Rating Change	
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: Field audit - Interim portion FRVS Change X Effects of Asset Correction Rate Semester Change On FRV [2] as of 04/13/1994 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance						1
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: The Rate Semester Change On FRV [2] as of 04/13/1994 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance		Į.		_	=	
Desk audit - Interim Portion Desk Audit - Prospective portion On FRV [2] as of 04/13/1994 Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Greystone Healthcare Management, LLC 4042 Park Oaks Blvd, Suite 300		_			J	
Desk Audit - Prospective portion On FRV [2] as of 04/13/1994 Thomas Parker Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Greystone Healthcare Management, LLC 4042 Park Oaks Blvd, Suite 300		· · · · · · · · · · · · · · · · · · ·	X			
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Greystone Healthcare Management, LLC 4042 Park Oaks Blvd, Suite 300			<u> </u>			
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Greystone Healthcare Management, LLC 4042 Park Oaks Blvd, Suite 300		Tospective portion		7-/2	·	
Permanent File For information Only No Change in Rate Home Office: Greystone Healthcare Management, LLC 4042 Park Oaks Blvd, Suite 300		ent / Fiscal Agent			Thomas Parker	
For information Only No Change in Rate Home Office: Greystone Healthcare Management, LLC 4042 Park Oaks Blvd, Suite 300	_	ent/ Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
No Change in Rate Home Office: Greystone Healthcare Management, LLC 4042 Park Oaks Blvd, Suite 300		Out.				
Home Office: Greystone Healthcare Management, LLC 4042 Park Oaks Blvd, Suite 300		•				
4042 Park Oaks Blvd, Suite 300	No Change in	n Rate				
4042 Park Oaks Blvd, Suite 300	Home Office	Greystone Healthcare Managen	ient, LLC			
	Home Office.					
Tampa FL 33610		4042 Park Oaks Blvd, Suite 300				
14mpa 12 33010		Tampa FL 33610			i I	



Alhambra Health & Rehab Center		Provider Number:	0 261254-00
7501 38th Avenue North		Date:	8/28/2013
St. Petersburg FL 33710		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:			,
	Current Rate	New	Effective
Nursing Home Single Level	222.46	Rate	Date 1/1/2013
			1/1/2013
Level H: Aids	373.27	373.28	1/1/2013
	-		
D-4- T			
Rate Type :			
Interim	X Prospective		A
Total Interim		Total Prospective	
Interim Component	******	Prospective Adjusted	
Settlement based on co		Total Prospective with	Interim Component
Prior Provider Prospec	iata		
Basis:	Changes:		
	T :	Dating Change	
Budget X Unaudited costs	-	Rating Change	_
Field audited costs		Customary Limitation te limitation change	1
Field audit - interim portion	FRVS Ch.	_	
Desk audited costs		Asset Correction	
Desk audit - Interim Portion		ester Change	
Desk Audit - Prospective portion	On FRV [2] as of 04/13/1994	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plann	ing and Finance
Permanent File	1/10/10/10/10		
For information Only			
No Change in Rate			
Home Office: Greystone He	re Management, LLC	,	
		1	
4042 Park Oak	d, Suite 300	*	
Tampa FL 336		i i	



Alhambra Health & Rehab Center			Provider Number:	0 261254-00
7501 38th Avenue North			Date:	8/28/2013
St. Petersburg FL 33710			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:			radit Butus.	Chadated [5]
• •		Current	New	Effective
	Acceptance	Rate	Rate	Date
Nursing Home Single Level		229.15	<u>229.16</u> _	7/1/2013
				The state of the s
Rate Type:				
Interim	X	Prospective	e	
Total Interim		_	Total Prospective	
Interim Component			Prospective Adjusted f	or New Costs
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Budget			Rating Change	
X Unaudited costs Field audited costs			Customary Limitation te limitation change	1
Field audit - interim portion	ļ ———	FRVS Ch		
Desk audited costs	X		Asset Correction	
Desk audit - Interim Portion		Rate Seme	ester Change	
Desk Audit - Prospective portion		On FRV [2] as of 04/13/1994	
Distribution:		7 / \	Thomas Parker	
Contract Management / Fiscal Agent	Med	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File				•
For information Only				
No Change in Rate			•	
Home Office: Greystone Healthcare Manager	ment, LLC	***************************************		
			!	
4042 Park Oaks Blvd, Suite 300)		!	
Tampa FL 33610				



The Springs At Boca Ciega Bay		Provider 1	Number:	0 267724-00	
1255 Pasadena Avenue S.			Date:	4/23/2013	
St. Petersburg FL 33707		Fiscal Ye	ar End:	12/31/2005	
		Audi	it Status:	Unaudited [3]	
Provider Type:			-		
•	Curr			Effective	
	Ra			Date	
Nursing Home Single Level		.33 164.	<u>86 </u>	1/1/2007	
Level H: AIDS		.93 294.4	46	1/1/2007	
Rate Type:			٠		
Interim	X Pros	pective			
Total Interim		X Total Prospe	ctive		
Interim Component		Prospective .	-		
Settlement based on costs		Total Prospe	ctive with I	Interim Component	
Prior Provider Prospective data					
Basis:	Changes:				
Budget		ensure Rating Cha	_		
X Unaudited costs Field audited costs		ual and Customary get Rate limitation			
Field audit - interim portion		VS Change	change		
Desk audited costs		ects of FA NH06-	207C FYE	12/31/2004	
Desk audit - Interim Portion		e Semester Change		12.01/2001	
Desk Audit - Prospective portion	On On	FRV [2] as of 07/0	1/1987		
Distribution:	77	Thomas P	arker		
Contract Management / Fiscal Agent	Medicaio	i Cost Reimbursen	nent Plannir	ng and Finance	
Permanent File					
For information Only					
No Change in Rate					
Home Office: Summit Care II, Inc			\neg		
Guy Farmer 2851 Remington Green Circle, Sto Tallahassee FL 32308	e. D				



The Springs At Boca Cieg	а Вау			Provider Number:	0 267724-00
1255 Pasadena Avenue S.				Date:	4/23/2013
St. Petersburg FL 33707				Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type:					,
			Current Rate	New Rate	Effective
Nursing Home S	ingle Level		168.02	168.55	Date 2/1/2007
ruising frome	merc never		100.02	106.55	2/1/200/
Le	evel H: AIDS		297.62	298.15	2/1/2007
Rate Type:					
Interim		X	_ Prospective	e	
	Interim		***************************************	Total Prospective	
	m Component			Prospective Adjusted i	
	ment based on costs			Fotal Prospective with	Interim Component
Prior .	Provider Prospective data				
Basis:		Change	s:		
Budget			Licensure	Rating Change	!
X Unaudited costs				Customary Limitation	n
Field audited cos	sts		_	te limitation change	-
Field audit - inte	rim portion		FRVS Ch	ange	
Desk audited cos	-	X	Effects of	FA NH06-207C FY	E 12/31/2004
Desk audit - Inter				ester Change	
Desk Audit - Pro	spective portion		On FRV [2] as of 07/01/1987	
Distribution:	(ファン	Thomas Parker	
Contract Management	/ Fiscal Agent	M	ledicaid Cost	Reimbursement Plann	ing and Finance
Permanent File					
For information	•				
No Change in R	ate				
Home Office:	Summit Care II, Inc				
	Guy Farmer				
	2851 Remington Green Circ Tallahassee FL 32308	le, Ste. D			



The Springs At Boca Ciega Bay		Provider Number:	0 267724-00
1255 Pasadena Avenue S.		Date:	4/23/2013
St. Petersburg FL 33707		Fiscal Year End:	12/31/2005
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 164.33	New Rate 164.86	Effective Date 3/1/2007
Level H: AIDS	293.93	294.46	3/1/2007
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospecti	ve Total Prospective Prospective Adjusted to 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 ar Target F FRVS C X Effects of Rate Ser	re Rating Change and Customary Limitation Rate limitation change Change of FA NH06-207C FYI mester Change [2] as of 07/01/1987	
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		Thomas Parker at Reimbursement Plann	ing and Finance



The Springs at Lake Point	e Woods			Provider Number:	0 268780-00
3280 Lake Pointe Drive				Date:	4/23/2013
Sarasota FL 34238				Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level		Current Rate 181.45	New Rate 180.74	Effective Date 1/1/2007
THIS III SI	angle Eevel		101.10	100.74	17172007
Le	evel H: AIDS		311.05	310.34	1/1/2007
	~				
Rate Type:					
Interim		X	Prospective	e	
Total	Interim			Total Prospective	
Interio	n Component]	Prospective Adjusted	for New Costs
Settler	ment based on costs			Total Prospective with	Interim Component
Prior 1	Provider Prospective data				
Basis:		Change	s:		
Budget			Licensure	Rating Change	
X Unaudited costs			,	l Customary Limitatio	ın
Field audited cos	sts			te limitation change	
Field audit - inte	rim portion		FRVS Ch	ange	
Desk audited cos	- 1	X	Effects of	FA #NH06-208C FY	YE 12/31/04
Desk audit - Inter	1			ester Change	
Desk Audit - Pro	spective portion		On FRV	2] as of 11/01/1989	
Distribution:			フムー) Thomas Parker	
Contract Management	:/Fiscal Agent	N	Medicaid Cost	Reimbursement Plant	ning and Finance
Permanent File					
For information	Only				
No Change in R	Late				
Home Office:	Summit Care II, Inc				
nome onice.	Guy Farmer				
	2851 Remington Green Circl	e, Ste. D			
	Tallahassee FL 32308				



The Springs at Lake Poin	te Woods			Provider Number:	0 268780-00	
3280 Lake Pointe Drive		•		Date:	4/23/2013	
Sarasota FL 34238		•		Fiscal Year End:	12/31/2005	
				Audit Status:	Unaudited [3]	
Provider Type:						
••			Current	New	Effective	
NY YEAR	You all I amal	-	Rate	Rate	Date	
Nursing Home S	Single Level		189.21	188.50	2/1/2007	
L	evel H: AIDS		318.81	318.10	2/1/2007	
	·	•		eroyanniniiniikkonjungyanay ngiy	and the second s	
Rate Type:			elly gasterilling and gross annihing makelings particular and an electric state of the second of the			
Interim		X	Prospective	:		
Total	Interim			Total Prospective		
	im Component			Prospective Adjusted		
	ment based on costs		T	otal Prospective with	Interim Component	
Prior	Provider Prospective data					
Basis:		Changes				
Dudost			Licensure	Rating Change		
Budget X Unaudited costs				Customary Limitatio	n	
Field audited co				te limitation change		
Field audit - inte	erim portion		FRVS Cha	ange		
Desk audited cos	· · · · · · · · · · · · · · · · · · ·	X		FA #NH06-208C FY	/E 12/31/04	
Desk audit - Inte	· ·			ester Change		
Desk Audit - Pro Distribution:	ospective portion			2] as of 11/01/1989		
Contract Managemen	t / Fiscal Agent			Thomas Parker		
Permanent File	tr i Bourrigont	M	edicaid Cost 1	Reimbursement Plann	ning and Finance	
For information	Only					
No Change in I	-					
Home Office:	Summit Care II, Inc					
Home Office.	Guy Farmer					
	2851 Remington Green Circl	e, Ste. D				
	Tallahassee FL 32308					



The Springs at Lake Pointe Woods		Provider Number:	0 268780-00
3280 Lake Pointe Drive		Date:	4/23/2013
Sarasota FL 34238		Fiscal Year End:	12/31/2005
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 181.45	New Rate 180.74	Effective Date 3/1/2007
Level H: AIDS	311.05	310.34	3/1/2007
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		e 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 and Target Ra FRVS Ch X Effects of Rate Sem	Rating Change I Customary Limitation Ite limitation change I FA #NH06-208C F1 ester Change [2] as of 11/01/1989	
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		Thomas Parker Reimbursement Plant	ning and Finance