

RICK SCOTT GOVERNOR ELIZABETH DUDEK SECRETARY

MEMORANDUM

Date: April 5, 2012

To: Alan Strowd, Chief, Medicaid Contract Management

From: Stephen Russell, Medicaid Cost Reimbursement Planning Administrator

Subject: Retroactive Nursing Facility Per Diem Rates

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

	Provider Name	Provider	Number of Rate
		Number	Change Notices
1.	Accentia Health & Rehab Center of Tampa	0 005826-00	1
2.	Bayonet Point Health & Rehab Center	0 030546-00	3
3.	St. Catherine Laboure Manor	0 205150-00	6
4.	Capital Healthcare Center	0 252093-00	1
5.	Coral Trace Health Care	0 252107-00	4
6.	Fletcher Health & Rehab Center	0 252221-00	4
7.	Fort Pierce Health Care	0 252239-00	4
8.	Heritage Healthcare Center	0 252298-00	1
9.	Grand Oaks Health & Rehab Center	0 252409-00	1
10.	Harts Harbor Health Care Center	0 252417-00	4
11.	Habana Health Care Center	0 252506-00	4
		Total	33

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

SR/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
000582600	20090401	193.70	332.05	193.70	193.70	443.06	70164-12	
003054600	20110101	227.61	372.47	227.61	227.61	488.72	70164-12	
003054600	20110701	220.71	366.91	220.71	220.71	484.24	70164-12	
003054600	20120101	222.64	370.25	222.64	222.64	488.71	70164-12	
020515000	20090701	209.23	349.58	209.23	209.23	462.20	70164-12	NH11-036G
020515000	20100101	215.58	357.50	215.58	215.58	471.38	70164-12	NH11-036G
020515000	20100701	219.70	363.04	219.70	219.70	478.07	70164-12	NH11-036G
020515000	20110101	222.00	366.86	222.00	222.00	483.11	70164-12	NH11-036G
020515000	20110701	209.10	355.30	209.10	209.10	472.63	70164-12	NH11-036G
020515000	20120101	211.28	358.89	211.28	211.28	477.35	70164-12	NH11-036G
025209300	20060701	147.80	274.93	147.80	147.80	376.93	70164-12	NH07-073J
025210700	20060701	166.20	293.33	166.20	166.20	395.33	70164-12	NH07-075J
025210700	20070101	175.54	305.14	175.54	175.54	409.13	70164-12	NH07-075J
025210700	20070201	180.46	310.06	180.46	180.46	414.05	70164-12	NH07-075J
025210700	20070301	175.54	305.14	175.54	175.54	409.13	70164-12	NH07-075J
025222100	20060701	157.14	284.27	157.14	157.14	386.27	70164-12	NH07-078J
025222100	20070101	166.77	296.37	166.77	166.77	400.36	70164-12	NH07-078J
025222100	20070201	172.41	302.01	172.41	172.41	406.00	70164-12	NH07-078J
025222100	20070301	166.77	296.37	166.77	166.77	400.36	70164-12	NH07-078J
025223900	20060701	177.45	304.58	177.45	177.45	406.58	70164-12	NH07-070J
025223900	20070101	183.31	312.91	183.31	183.31	416.90	70164-12	NH07-070J
025223900	20070201	185.75	315.35	185.75	185.75	419.34	70164-12	NH07-070J
025223900	20070301	183.31	312.91	183.31	183.31	416,90	70164-12	NH07-070J
025229800	20060701	139.51	266.64	139.51	139.51	368.64	70164-12	NH08-082J
025240900	20060701	151.40	278.53	151.40	151.40	380.53	70164-12	NH07-072J
025241700	20060701	143.34	270.47	143.34	143.34	372.47	70164-12	NH07-079J
025241700	20070101	151.85	281.45	151.85	151.85	385.44	70164-12	NH07-079J
025241700	20070201	156.56	286.16	156.56	156.56	390.15	70164-12	NH07-079J
025241700	20070301	151.85	281.45	151.85	151.85	385.44	70164-12	NH07-079J
025250600	20060701	153.15	280.28	153.15	153.15	382.28	70164-12	NH07-081J
025250600	20070101	162.22	291.82	162.22	162.22	395.81	70164-12	NH07-081J
025250600	20070201	167.32	296.92	167.32	167.32	400.91	70164-12	NH07-081J
025250600	20070301	162.22	291.82	162.22	162.22	395,81	70164-12	NH07-081J



Accentia Health & Rehabilitation Center of Tampa B		Provider Number:	0 005826-00		
1818 East Fletcher Avenue		Date:	3/26/2012		
Tampa FL 33612		Fiscal Year End:	6/30/2009		
		Audit Status:	Unaudited [3]		
Provider Type: Nursing Home Single Level	Current Rate 201.69	New Rate 193.70	Effective Date 4/1/2009		
Level H: AIDS	340.04	332.05	4/1/2009		
Level U: Fragile Under 21	451.05	443.06	4/1/2009		
Total Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	Prospective Prospe	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	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Retro for 4/09 rate semester Rate Semester Change On FRV [2] as of 09/01/1991				
Distribution:	. 51	Stephen Russell			
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502		d Cost Reimbursement	Analysis		



Current Rate 226.69 371.55 487.80	Date: Fiscal Year End: Audit Status: New Rate 227.61	3/20/2012 6/30/2011 Unaudited [3] Effective Date 1/1/2011
Rate 226.69 371.55	Fiscal Year End: Audit Status: New Rate 227.61	6/30/2011 Unaudited [3] Effective Date
Rate 226.69 371.55	New Rate 227.61	Effective Date
Rate 226.69 371.55	New Rate 227.61	Effective Date
	372.47	
487.80		1/1/2011
	488.72	1/1/2011
7	Fotal Prospective Prospective Adjusted	
Usual and Target Ra FRVS Ch Cost Sett Rate Sem	Customary Limitation change nange lement FYE 06/30/1 ester Change	
5K Medicaid	Stephen Russell Cost Reimbursement	t Analysis
	Licensure Usual and Target Ra FRVS Ch Cost Sett Rate Sem On FRV	Prospective Total Prospective Prospective Adjusted Total Prospective with Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Cost Settlement FYE 06/30/1 Rate Semester Change On FRV [2] as of 10/01/2000 Stephen Russell Medicaid Cost Reimbursement



Bayonet Point Health	a & Rehabilitation Center			Provider Number:	0 030546-00
7210 Beacon Woods Drive Hudson FL 34667		•		Date:	3/20/2012
				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		216.28		7/1/2011
	Level H: AIDS		362.48	366.91	7/1/2011
	Level U: Fragile Under 21		479.81	484.24	7/1/2011
Basis: Budget X Unaudited Field audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs - Interim Portion t - Prospective portion	Change X	Licensur Usual an Target R FRVS C Cost Set Rate Sen On FRV	Total Prospective Prospective Adjusted Total Prospective with Re Rating Change d Customary Limitation ate limitation change hange stlement FYE 06/30/1 nester Change [2] as of 10/01/2000	n Interim Component on
	ge in Rate 1 - No Home Office				
Home Office:	1 - INO HOME OTHER				



Bayonet Point Health	a & Rehabilitation Center			Provider Number:	0 030546-00
7210 Beacon Woods	Drive	•		Date:	3/20/2012
Hudson FL 34667				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		216.01		1/1/2012
	Level H: AIDS	_	363.62	370.25	1/1/2012
	Level U: Fragile Under 21		482.08	488.71	1/1/2012
Basis: Budget X Unaudited Field audi Field audi Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs - Interim Portion t - Prospective portion	Changes:	Licensur Usual an Target R FRVS C Cost Set Rate Sen	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
	gement / Fiscal Agent	<u></u>	Medicai	Stephen Russell d Cost Reimbursement	· Analysis
No Chan	mation Only ge in Rate		Wiedream	2 Cost Reimodrsement	, Allalysis
Home Office:	1 - No Home Office				



St. Catherine Laboure M	lanor			Provider Number:	0 205150-00
1750 Stockton Street			Date:	3/27/2012	
Jacksonville FL 32204				Fiscal Year End:	6/30/2008
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	211.90		7/1/2009
	Level H: AIDS		352.25	349.58	7/1/2009
	Level U: Fragile Under 21		464.87	462.20	7/1/2009
Inte	cal Interim erim Component tlement based on costs or Provider Prospective data	X		ve Total Prospective Prospective Adjusted Total Prospective with	
Basis: Budget Unaudited cos X Field audited Field audit - in Desk audited of Desk Audit - In	costs nterim portion costs	Changes X	Licensure Usual and Target R FRVS Cl Field Au Rate Sem	e Rating Change d Customary Limitation ate limitation change hange dit #NH11-036G FY nester Change [2] as of 07/01/1993	
Distribution:	(Fig. 1 A		IK	Stephen Russell	
Contract Managemer Permanent File For informati No Change in	ion Only		Medicaid	l Cost Reimbursement	Analysis
Home Office:	St. Vincent Health System Mike Duclos 1 Shircliff Way Jacksonville FL 32204				



St. Catherine Laboure Manor				Provider Number:	0 205150-00
1750 Stockton Street			Date:	3/28/2012	
Jacksonville FL 32204	1			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 215.66	New Rate 215.58	Effective Date 1/1/2010
rursing frome	Single Level		213.00		1/1/2010
	Level H: AIDS		357.58	357.50	1/1/2010
	Level U: Fragile Under 21		471.46	471.38	1/1/2010
II S	otal Interim nterim Component ettlement based on costs rior Provider Prospective data	<u> </u>	F	e Fotal Prospective Prospective Adjusted : Fotal Prospective with	
Basis:		Changes:			
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 Effects of Rate Seme		n -036G FYE 6/30/2008
Distribution:			AN	Stephen Russell	
Contract Manage Permanent File For inform No Change			Medicaid	Cost Reimbursement	Analysis
Home Office:	St. Vincent Health System Mike Duclos 1 Shircliff Way Jacksonville FL 32204				



St. Catherine Laboure M	anor			Provider Number:	0 205150-00	
1750 Stockton Street				Date:	3/28/2012	
Jacksonville FL 32204				Fiscal Year End:	6/30/2009	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 219.78	New Rate 219.70	Effective Date 7/1/2010	
runsing frome	Single Devel		217.70		7/1/2010	
:	Level H: AIDS	-	363.12	363.04	7/1/2010	
]	Level U: Fragile Under 21		478.15	478.07	7/1/2010	
	al Interim erim Component	x		e Total Prospective Prospective Adjusted	for New Costs	
Sett Pric	element based on costs or Provider Prospective data			Total Prospective with		
	costs nterim portion costs	Changes:	Usual and Target R FRVS CI Effects of Rate Sent On FRV	f Field Audit #NH11 nester Change [2] as of 07/01/1993	on -036G FYE 6/30/2008	
Distribution: Contract Managemer Permanent File For informati No Change in Home Office:	ion Only			Stephen Russell Cost Reimbursement	Analysis	



St. Catherine Laboure M	1 anor			Provider Number:	0 205150-00	
1750 Stockton Street				Date:	3/28/2012	
Jacksonville FL 32204			Fiscal Year End:		6/30/2009	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 222.08	New Rate	Effective Date 1/1/2011	
	Level H: AIDS		366.94	366.86	1/1/2011	
	Level U: Fragile Under 21		483.19	483.11	1/1/2011	
Into	tal Interim erim Component tlement based on costs or Provider Prospective data	Changes:		e Total Prospective Prospective Adjusted: Total Prospective with		
Desk audited Desk audit - I	costs interim portion	X	Usual and Target R: FRVS Ch Effects o Rate Sem	· ·	n -036G FYE 6/30/2008	
Distribution:			M	Stephen Russell		
Contract Managem Permanent File For informat No Change i	ion Only		Medicaid	Cost Reimbursement	Analysis	
Home Office:	St. Vincent Health System Mike Duclos I Shircliff Way Jacksonville FL 32204					



St. Catherine Laboure Manor				Provider Number:	0 205150-00
1750 Stockton Street				Date:	3/28/2012
Jacksonville FL 32204				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 209.18	New Rate 209.10	Effective Date 7/1/2011
Lev	rel H: AIDS		355.38	355.30	7/1/2011
Lev	rel U: Fragile Under 21		472.71	472.63	7/1/2011
Basis: Budget X Unaudited costs Field audit - inter Desk audited cost	ts rim portion	Changes:	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation ate limitation change liange Field Audit #NH11	n Interim Component
Desk audit - Inter Desk Audit - Pros				ester Change [2] as of 07/01/1993	
Distribution:	/P: 14		IN	Stephen Russell	
Contract Management Permanent File For information No Change in R	Only		Medicaid	Cost Reimbursement	Analysis
Home Office:	St. Vincent Health System Mike Duclos 1 Shircliff Way Jacksonville FL 32204				



St. Catherine Laboure Manor				Provider Number:	0 205150-00	
1750 Stockton Street				Date:	3/28/2012	
Jacksonville FL 32204	***************************************			Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Nursing Home S	ingle Level	-	Rate 211.36	Rate	Date 1/1/2012	
rursing frome	mgic Devel				1/1/2012	
. Le	evel H: AIDS		358.97	358.89	1/1/2012	
Le	evel U: Fragile Under 21		477.43	477.35	1/1/2012	
Rate Type :						
Interim	•	X	_ Prospectiv			
	Interim		***************************************	Total Prospective Prospective Adjusted	for Novy Coata	
	m Component ement based on costs			Total Prospective with		
	Provider Prospective data			Total I Tospective will	i internii Component	
FILOI	Provider Prospective data					
Basis:		Changes	:			
			Licensur	e Rating Change		
Budget X Unaudited costs						
Field audited costs		Usual and Customary Limitation Target Rate limitation change				
Field audit - int		FRVS Change				
Desk audited co		X Effects of Field Audit #NH11-036G FYE 6/30/2008				
Desk audit - Inte		Rate Semester Change				
Desk Audit - Pro	ospective portion		On FRV	[2] as of 07/01/1993		
Distribution:			B	Stephen Russell		
Contract Management / Fiscal Agent		***************************************	Medicaio	d Cost Reimbursement	Analysis	
Permanent File					·	
For information	n Only					
No Change in	Rate					
Home Office:	St. Vincent Health System					
Home Office,	Mike Duclos					
	1 Shircliff Way					
	Jacksonville FL 32204					



Capital Healthcare Center				Provider Number:	0 252093-00	
3333 Capital Medical	Blvd.			Date:	4/2/2012	
Tallahassee FL 32308	}			Fiscal Year End:	8/31/2005	
				Audit Status:	Revised Field Audit [5]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		147.56	147.80	7/1/2006	
	Level H: AIDS		274.69	274.93	7/1/2006	
	Level U: Fragile Under 21	_	376.69	376.93	7/1/2006	
Rate Type:		X	Prospectiv	e		
	Total Interim			Total Prospective		
I	nterim Component		-	Prospective Adjusted		
	Settlement based on costs			Total Prospective with	Interim Component	
· F	Prior Provider Prospective data					
Basis:		Changes:				
Budget Unaudited of Field audited	ţ		Usual an	e Rating Change If Customary Limitation ate limitation change mange	n	
1	ed costs - Interim Portion - Prospective portion	<u>X</u>	Rate Sen	RFA #NH07-073J FY nester Change [2] as of 12/01/2001	YE 8/31/05	
Distribution:			M	Stephen Russell		
Permanent File	ement / Fiscal Agent nation Only se in Rate	-	Medicaio	Cost Reimbursement	Analysis	
Home Office:	1 - No Home Office					



Coral Trace Health Care			Provider Number:	0 252107-00
216 Santa Barbara Blvd			Date:	3/23/2012
Cape Coral FL 33991			Fiscal Year End:	8/31/2005
			Audit Status:	Revised Field Audit [5]
Provider Type:		urrent Rate	New Rate	Effective Date
Nursing Home Single Level	1	65.26	166.20	7/1/2006
Level H: AIDS	2'	92.39	293.33	7/1/2006
Level U: Fragile Under 21	3	94.39	395.33	7/1/2006
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	X P	F	otal Prospective Prospective Adjusted	for New Costs h Interim Component
Budget Unaudited costs X 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 Field Aud Rate Semo	-	on VH07-075J FYE 8/31/05
Distribution:		41	Stephen Russell	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Medicaid	Cost Reimbursement	Analysis
Home Office: 1 - No Home Office				



Coral Trace Health Care				Provider Number:	0 252107-00	
216 Sa	anta Barbara B	Blvd			Date:	3/23/2012
Cape (Coral FL 3399	1			Fiscal Year End:	8/3 1/2005
					Audit Status:	Revised Field Audit [5]
	ider Type:	Single Level	<u>-</u>	Current Rate 174.63	New Rate 175.54	Effective Date 1/1/2007
		Level H: AIDS		304.23	305.14	1/1/2007
		Level U: Fragile Under 21	-	408.22	409.13	1/1/2007
x	Basis: Budget Unaudited Field audi Field audi Desk audi Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data I costs Ited costs Ited costs Ited it - interim portion	Changes X	Licensur Usual an Target R FRVS C Field Au Rate Sen	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change hange	n Interim Component
C	ristribution: Contract Manag Permanent File	gement / Fiscal Agent		Medicai	Stephen Russell	Analysis
- -		mation Only ge in Rate T - No Home Office				
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Coral Trace Health Care	_		Provider Number:	0 252107-00	
216 Santa Barbara Blvd	_		Date:	3/23/2012	
Cape Coral FL 33991	-		Fiscal Year End:	8/31/2005	
			Audit Status:	Revised Field Audit	[5]
Provider Type: Nursing Home Single Level	_	Current Rate 179.64	New Rate	Effective Date 2/1/2007	
Level H: AIDS		309.24	310.06	2/1/2007	
Level U: Fragile Under 21	_	413.23	414.05	2/1/2007	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X		re Total Prospective Prospective Adjusted Total Prospective with		
Basis:	Changes:				
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual an Target R FRVS C Field Au Rate Sen	_	on (H07-075J FYE 8/31/0	05
Distribution:		J)	KStephen Russell		**************************************
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Medicaio	d Cost Reimbursement	Analysis	
Home Office: 1 - No Home Office					



		Provider Number:	0 252107-00
		Date:	3/23/2012
		Fiscal Year End:	8/31/2005
		Audit Status:	Revised Field Audit [5]
1	Current Rate 174.63	New Rate 175.54	Effective Date 3/1/2007
	304.23	305.14	3/1/2007
le Under 21	408.22	409.13	3/1/2007
nt on costs spective data	XT	otal Prospective Prospective Adjusted	
	Licensure Usual and Target Ra FRVS Ch	Customary Limitation te limitation change ange lit & Revised FA #Nester Change	
	Į.K	Stephen Russell	
ent —	Medicaid		t Analysis
	cha costs spective data Cha c	Rate 174.63 304.23 408.22 X Prospective X T on costs spective data Changes: Licensure Usual and Target Rat FRVS Chi X Field Aud Rate Seme On FRV [Total Prospective X



Fletcher Health and Rehab. Center		Provider Number:	0 252221-00
518 West Fletcher Ave		Date:	3/27/2012
Tampa FL 33612		Fiscal Year End:	8/31/2005
		Audit Status:	Revised Field Audit [5]
Provider Type: Nursing Home Single Level	Current	New <u>Rate</u> 157.14	Effective Date 7/1/2006
Level H: AIDS	284.34	284.27	7/1/2006
Level U: Fragile Under 21	386.34	386.27	7/1/2006
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X	ve Total Prospective Prospective Adjusted Total Prospective witl	
Budget Unaudited costs X 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 FA & R Rate Ser	re Rating Change and Customary Limitation tate limitation change thange FA #NH07-078J FYE mester Change	
Distribution:	9A	Stephen Russell	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicai	d Cost Reimbursement	Analysis



Fletcher Health and Rehab. Center			Provider Number:	0 252221-00	
518 West Fletcher Ave			Date:	3/27/2012	
Tampa FL 33612			Fiscal Year End:	8/31/2005	
			Audit Status:	Revised Field Audit [5]	
Provider Type: Nursing Home Single Level		Current Rate 166.91	New Rate 166.77	Effective Date 1/1/2007	

Level H: AIDS	,	296.51		1/1/2007	
Level U: Fragile Under 21		400.50	400.36	1/1/2007	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	X Changes:		Total Prospective Prospective Adjusted Total Prospective with		
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual an Target R FRVS C FA & RI Rate Sen	d Customary Limitation ate limitation change		
Distribution:		J/	Stephen Russell		
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		Medicaid	d Cost Reimbursement	Analysis	



Fletcher Health and Rehab. Center				Provider Number:	0 252221-00
518 West Fletcher Av	18 West Fletcher Ave			Date:	3/27/2012
Tampa FL 33612		_		Fiscal Year End:	8/31/2005
		+		Audit Status:	Revised Field Audit [5]
Provider Type:				Trade Salvas.	***************************************
J 1		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		172.68	172.41	2/1/2007
	Level H: AIDS	_	302.28	302.01	2/1/2007
	Level U: Fragile Under 21	-	406.27	406.00	2/1/2007
Rate Type :		***************************************			
Interim		X	Prospectiv	e	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted Total Prospective with	
	Settlement based on costs Prior Provider Prospective data			Total Frospective will	i interim Component
	Tior Frontier Frospositio data				
Basis:		Changes			
Dudget			Licensur	e Rating Change	
Budget Unaudited	costs			d Customary Limitatio	on
X Field audit				ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite		X		FA #NH07-078J FYE	2 08/31/05
	- Interim Portion - Prospective portion			nester Change [2] as of 05/19/1998	
Distribution:			B.	AStephen Russell	
Contract Manag	ement / Fiscal Agent		Medicaio	Cost Reimbursement	Analysis
Permanent File					
	nation Only				
No Chang	ge in Rate				
Home Office:	1 - No Home Office	W 0 0			



Fletcher Health and Rehab. Center		Provider Number:	0 252221-00
518 West Fletcher Ave		Date:	3/27/2012
Tampa FL 33612		Fiscal Year End:	8/31/2005
		Audit Status:	Revised Field Audit [5]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	166.91		3/1/2007
Level H: AIDS	296.51	296.37	3/1/2007
Level U: Fragile Under 21	400.50	400.36	3/1/2007
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Prospective portion	Usual a:	Total Prospective Prospective Adjusted Total Prospective with The Rating Change	h Interim Component
Distribution:	J,	RStephen Russell	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medica	id Cost Reimbursement	t Analysis



Fort Pierce Health C	are			Provider Number:	0 252239-00
611 South 13th Stree	et			Date:	3/27/2012
Ft. Pierce FL 34950				Fiscal Year End:	8/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type: Nursing Home	Single Level	_	Current Rate 175.13	New <u>Rate</u> 177.45	Effective Date 7/1/2006
J	Level H: AIDS		302.26	304.58	7/1/2006
	Level U: Fragile Under 21		404.26	406.58	7/1/2006
Rate Type : Interim Basis:	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:		re Total Prospective Prospective Adjusted Total Prospective with	
Desk audit	ted costs it - interim portion	X	Usual and Target R FRVS Cl FA RFA Rate Sen	e Rating Change d Customary Limitation ate limitation change hange #NH07-070J FYE 8 hester Change [2] as of 10/01/1985	
Permanent File For inform	gement / Fiscal Agent			Stephen Russell Cost Reimbursement	Analysis
Home Office:	1 - No Home Office				



Fort Pierce Health Care		Provider Number:	0 252239-00	
611 South 13th Street		Date:	3/27/2012	
Ft. Pierce FL 34950		Fiscal Year End:	8/31/2005	
		Audit Status:	Revised Field Audit [5]	
Provider Type: Nursing Home Single Level	Current Rate 181.27	New Rate 183.31	Effective Date 1/1/2007	
Level H: AIDS	310.87	312.91	1/1/2007	
Level U: Fragile Under 21	414.86	416.90	1/1/2007	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Prospective portion	Usual a Target I FRVS (X FA RF) Rate Se	Total Prospective Prospective Adjusted Total Prospective with re Rating Change and Customary Limitation Rate limitation change	n Interim Component	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medica	Stephen Russell id Cost Reimbursement	Analysis	



Fort Pierce Health Care				Provider Number:	0 252239-00	
611 South 13th Street				Date:	3/27/2012	
Ft. Pierce FL 34950				Fiscal Year End:	8/31/2005	
				Audit Status:	Revised Field Audit [5]	
Provider Type:				Audit Status.	revised Field Addit [5]	
riovider rype.		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	183.77		2/1/2007	
	Level H: AIDS		313.37	315.35	2/1/2007	
	Level U: Fragile Under 21		417.36	419.34	2/1/2007	
Rate Type:						
Interim		X	Prospectiv	∕e		
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	1 Interim Component	
ł	Prior Provider Prospective data				*	
Basis:		Changes	:			
Budget			Licensur	e Rating Change		
Unaudited	costs	***************************************	Usual an	d Customary Limitatic	on	
X Field audite	ed costs			ate limitation change		
	- interim portion		FRVS C	-		
Desk audite	ed costs - Interim Portion	X		.#NH07-070J FYE 8/ nester Change	/31/05	
	- Prospective portion			[2] as of 10/01/1985		
Distribution:			ŠV	Stephen Russell		
-	ement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis	
Permanent File					•	
	nation Only					
No Chang	e in Rate					
Home Office:	1 - No Home Office		-			



Fort Pierce Health Care				Provider Number:	0 252239-00
611 South 13th Street				Date:	3/27/2012
Ft. Pierce FL 34950				Fiscal Year End:	8/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type: Nursing Home Single L	aval		Current Rate 181.27	New Rate	Effective Date 3/1/2007
ruising frome Single E	evel.	***************************************	101.4/		3/1/200/
Level H: A	AIDS		310.87	312.91	3/1/2007
Level U: F	ragile Under 21		414.86	416.90	3/1/2007
Interim Total Interim Interim Comp Settlement bas Prior Provider Basis: Budget Unaudited costs X Field audited costs Field audit - interim port Desk audited costs	Prospective data	Changes:	Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with Rating Change d Customary Limitation ate limitation change	n Interim Component
Desk audit - Interim Port Desk Audit - Prospective				lester Change [2] as of 10/01/1985	
Distribution:			JsK	Stephen Russell	
Contract Management / Fiscal Permanent FileFor information OnlyNo Change in Rate Home Office:	Agent O Home Office		Medicaid	Cost Reimbursement	Analysis



Heritage Healthcare Center		Provider Number:	0 252298-00	
3101 Ginger Drive		Date:	4/2/2012	
Tallahassee FL 32308		Fiscal Year End:	8/31/2005	
		Audit Status:	Revised Field Audit [5]	
Provider Type: Nursing Home Single Level	Currer Rate 140.4	Rate	Effective Date 7/1/2006	
Level H: AIDS	267.5	4 266.64	7/1/2006	
Level U: Fragile Under 21	369.5	368.64	7/1/2006	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	X Prospo	Total Prospective Prospective Adjusted	l for New Costs th Interim Component	
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usua Targ FRV X FA & Rate	nsure Rating Change all and Customary Limitati et Rate limitation change S Change & RFA #NH07-082J FY Semester Change RV [2] as of 04/26/1997		
Distribution:	ر	Stephen Russell		
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Med	icaid Cost Reimbursemer	nt Analysis	



Grand Oaks Health and Rehab. Center 3001 Palm Coast Parkway SE				Provider Number:	0 252409-00
				Date:	3/26/2012
Palm Coast FL 32137	7	•		Fiscal Year End:	8/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		152.00		7/1/2006
	Level H: AIDS	_	279.13	278.53	7/1/2006
	Level U: Fragile Under 21	_	381.13	380.53	7/1/2006
Rate Type:					
Interim		X	Prospectiv	re	
Total Interim X Total Prospective					
	Interim Component	Prospective Adjusted for New Costs			
	Settlement based on costs			Total Prospective with	1 Interim Component
I	Prior Provider Prospective data	_			
Basis:		Changes	:		
Budget			Licensure	Rating Change	
Unaudited	costs		****	d Customary Limitatio	on
X Field audit	ed costs			ate limitation change	
Field audit	- interim portion		FRVS CI	hange	
Desk audite		X		evised FA NH07-072.	J FYE 8/31/05
	- Interim Portion - Prospective portion			lester Change [2] as of 05/16/1997	
Distribution:	r rospective portion			Stephen Russell	
Contract Manag	ement / Fiscal Agent			Cost Reimbursement	Amalucia
Permanent File			Medicald	i Cost Reimbursement	Anarysis
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No Chang	ge in Rate				
II.	1 - No Home Office		#TOPPOSITION AND ADDRESS OF THE PARTY OF THE		
Home Office:	1 10 Home Office				
				717.0	



Harts Harbor Health	Care Center			Provider Number:	0 252417-00	
11565 Harts Road		•		Date:	3/27/2012	
Jacksonville FL 3221	8			Fiscal Year End:	8/31/2005	
				Audit Status:	Revised Field Audi	t [5]
Provider Type: Nursing Home	Single Level	***************************************	Current Rate 144.08	New Rate 143.34	Effective Date 7/1/2006	
	G					
	Level H: AIDS		271.21	270.47	7/1/2006	
	Level U: Fragile Under 21		373.21	372.47	7/1/2006	
Rate Type :	•					
Interim		X	Prospectiv	re		
	Total Interim			Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	Interim Component	
	Prior Provider Prospective data					<u></u>
Basis:		Changes:]			
		•	Licanova	o Dating Change		
Budget		-		e Rating Change d Customary Limitatio		
Unaudited X Field audit	· ·			ate limitation change	OH	
	: - interim portion		FRVS C	-		
Desk audit	_	X	FA RFA	NH07-079J FYE 8/3	1/05	
	- Interim Portion			nester Change		
	t - Prospective portion		On FRV	[2] as of 12/01/2001		
Distribution:			SI	Stephen Russell		
	ement / Fiscal Agent	41	Medicaio	l Cost Reimbursement	Analysis	
Permanent File						
	nation Only					
No Chang	ge in Rate					
Home Office:	I - No Home Office					



Harts Harbor Health Care Center		Provider Number:	0 252417-00
11565 Harts Road		Date:	3/27/2012
Jacksonville FL 32218	_	Fiscal Year End:	8/31/2005
		Audit Status:	Revised Field Audit [5]
Provider Type: Nursing Home Single Level	Curre Rate	Rate	Effective Date 1/1/2007
Level H: AIDS	282.2	20 281.45	1/1/2007
Level U: Fragile Under 21	386.	385.44	1/1/2007
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs	Changes: Lice Usu Tar	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Prospe	th Interim Component on
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Rate	E Semester Change FRV [2] as of 12/01/2001	31/03
Distribution:		Stephen Russell	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Med	licaid Cost Reimbursemen	t Analysis



Harts Harbor Health Care Center		Provider Number:	0 252417-00	
11565 Harts Road		Date:	3/27/2012	
Jacksonville FL 32218		Fiscal Year End:	8/31/2005	
		Audit Status:	Revised Field Audit [5]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	157.33	156.56	2/1/2007	
Level H: AIDS	286.93	286.16	2/1/2007	
Level U: Fragile Under 21	390.92	390.15	2/1/2007	
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Total Prospective Prospective Adjusted Total Prospective with		
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	Usual and Target Ri FRVS CI X FA RFA Rate Sem	NH07-079J FYE 8/3 nester Change [2] as of 12/01/2001		
Contract Management / Fiscal Agent	Medicaid	Stephen Russell Cost Reimbursement	Anchreic	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office	Medicald	Cost Reimoursement	Anatysis	



Harts Harbor Health Care Center				Provider Number:	0 252417-00
11565 Harts Road				Date:	3/27/2012
Jacksonville FL 3221	8			Fiscal Year End:	8/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type:				riddit Status.	Tee vised Flord Madic [5]
• •			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		152.60	151.85	3/1/2007
	Level H: AIDS		202.20	201 45	2/1/0007
		-	282.20		3/1/2007
	Level U: Fragile Under 21		386.19	385.44	3/1/2007
		17 Managa	111400007	****	
Rate Type :					
Interim		X	Prospectiv		
	Total Interim			Total Prospective	0.21
	nterim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interim Component
	Tiof Trovider Trospective data				
Basis:		Changes	:		
Budget			Licensure	e Rating Change	
Unaudited o	costs			d Customary Limitatio	n
X Field audite	ed costs			ate limitation change	1
Field audit	- interim portion		FRVS C	hange	
Desk audite		X		NH07-079J FYE 8/3	1/05
	- Interim Portion - Prospective portion			nester Change [2] as of 12/01/2001	
Distribution:	- 1 Tospective portion		OHTKV	n	
	ement / Fiscal Agent	(***		7 Stephen Russell	
Permanent File	ment / Fiscal Agent		Medicaid	l Cost Reimbursement	Analysis
For inform	ration Only				
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No Change	e in Raie				
Home Office:	I - No Home Office			***************************************	
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Habana Health Care	Center			Provider Number:	0 252506-00
2916 Habana Way				Date:	3/29/2012
Tampa FL 33614				Fiscal Year End:	8/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type: Nursing Home	Single Level		Current Rate	New Rate	Effective Date 7/1/2006
	Level H: AIDS		278.89	280.28	7/1/2006
	Level U: Fragile Under 21		380.89	382.28	7/1/2006
Rate Type: Interim Basis: Budget Unaudited X Field audi Field audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
	ted costs t - Interim Portion it - Prospective portion	X	Rate Sen	FA # NH07-081J FYI nester Change [2] as of 05/01/1989	E 08/31/05
Distribution	_		H	Stephen Russell	
Permanent File For infor No Chan	gement / Fiscal Agent mation Only age in Rate		Medicaio	d Cost Reimbursement	Analysis
Home Office:					



Habana Health Care (Center			Provider Number:	0 252506-00
2916 Habana Way				Date:	3/29/2012
Tampa FL 33614	***************************************			Fiscal Year End:	8/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		160.86		1/1/2007
	Level H: AIDS		290.46	291.82	1/1/2007
	Level U: Fragile Under 21	_	394.45	395.81	1/1/2007
Rate Type :			***************************************		
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	<u>:</u>]		
Budget			Licensur	e Rating Change	
Unaudited	costs		-	d Customary Limitatio	n
X Field audite	ed costs			ate limitation change	
	- interim portion		FRVS C	•	
Desk audite	ed costs - Interim Portion	X		FA # NH07-081J FYI nester Change	E 08/31/05
	- Prospective portion			[2] as of 05/01/1989	
Distribution:			Sh.	Stephen Russell	·
_	ement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
Permanent File					
-	nation Only				
No Chang	ge in Rate				
Home Office:	1 - No Home Office				



Habana Health Care Center		Provider Number:	0 252506-00
2916 Habana Way		Date:	3/29/2012
Tampa FL 33614		Fiscal Year End:	8/31/2005
		Audit Status:	Revised Field Audit [5]
Provider Type:	Current	New	Effective
Nursing Home Single Level	Rate 166.09	Rate 167.32	Date 2/1/2007
Level H: AIDS	295.69	296.92	2/1/2007
Level U: Fragile Under 21	399.68	400.91	2/1/2007
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data Basis:	Changes:	Total Prospective Prospective Adjusted Total Prospective with	
Budget Unaudited costs X 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 FA & R Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange FA # NH07-081J FYI nester Change [2] as of 05/01/1989	
Distribution:	II.	Stephen Russell	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicaid	d Cost Reimbursement	Analysis



Habana Health Care Center		Provider Number:	0 252506-00
2916 Habana Way Date:		3/29/2012	
Tampa FL 33614		Fiscal Year End:	8/31/2005
		Audit Status:	Revised Field Audit [5]
Provider Type: Nursing Home Single Level	Current Rate 160.86	New Rate 162.22	Effective Date 3/1/2007
		***************************************	***************************************
Level H: AIDS	290.46	291.82	3/1/2007
Level U: Fragile Under 21	394.45	395.81	3/1/2007
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data		ve Total Prospective Prospective Adjusted Total Prospective with	
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an	e Rating Change d Customary Limitation ate limitation change hange FA # NH07-081J FY1 nester Change [2] as of 05/01/1989	
Distribution:	h	Stephen Russell	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicaid	d Cost Reimbursement	Analysis