

RICK SCOTT GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK SECRETARY

MEMORANDUM

Date: May 1, 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	<u>Provider</u>	Number of Rate
		Number	Change Notices
1.	Bernard L. Samson Nursing Center	0 208442-00	5
2.	Miami Gardens Care Centre, Inc.	0 210617-00	1
3.	Avante at Orlando, Inc.	0 223808-00	3
4.	Deltona Health Care	0 252158-00	4
5.	Plantation Bay Rehabilitation Center	0 252441-00	4
6.	Renaissance Health & Rehab	0 252549-00	1
		Total	18

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		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MCM number	Audit Number
020844200	20080101	198.06	332.06	198.06	198.06	439.58	70363-12	NH09-125C
020844200	20080701	199.51	335.79	199.51	199.51	445.14	70363-12	NH09-125C
020844200	20090101	198.42	336.77	198.42	198.42	447.78	70363-12	NH09-125C
020844200	20090301	181.79	320.14	181.79	181.79	431.15	70363-12	NH09-125C
020844200	20090401	223.54	361.89	223.54	223.54	472.90	70363-12	NH09-125C
021061700	20120122	238.22	385.83	238.22	238.22	504.29	70363-12	
022380800	20110513	225.54	370.40	225.54	225.54	486.65	70363-12	
022380800	20110701	217.82	364.02	217.82	217.82	481.35	70363-12	
022380800	20120101	220.79	368.40	220.79	220.79	486.86	70363-12	
025215800	20060701	147.89	275.02	147.89	147.89	377.02	70363-12	NH07-074J
025215800	20070101	156.55	286.15	156.55	156.55	390.14	70363-12	NH07-074J
025215800	20070201	161.46	291.06	161.46	161.46	395.05	70363-12	NH07-074J
025215800	20070301	156.55	286.15	156.55	156.55	390.14	70363-12	NH07-074J
025244100	20060701	151.59	278.72	151.59	151.59	380.72	70363-12	NH07-077J
025244100	20070101	161.49	291.09	161.49	161.49	395.08	70363-12	NH07-077J
025244100	20070201	167.72	297.32	167.72	167.72	401.31	70363-12	NH07-077J
025244100	20070301	161.49	291.09	161.49	161.49	395.08	70363-12	NH07-077J
025254900	20060701	159.22	286.35	159.22	159.22	388.35	70363-12	NH07-076J



BERNARD L. SAMSON NURSING CENTER	_		Provider Number:	0 208442-00
255 - 59 STREET NORTH	-		Date:	4/11/2012
St. Petersburg FL 33710	-		Fiscal Year End:	6/30/2007
			Audit Status:	Field Audited [2]
Provider Type:				
	•	Current	New	Effective
Name to a Transaction of the sale I area	<u></u>	Rate	Rate	Date
Nursing Home Single Level		197.98	<u> 198.06</u> _	1/1/2008
Level H: AIDS	_	331.98	332.06	1/1/2008
Level U: Fragile Under 21		439.50	439.58	1/1/2008
Rate Type:				,
Interim	X	Prospectiv	/e	
Total Interim		X	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			e Rating Change	
Unaudited costs			d Customary Limitatio	n
X Field audited costs		-	ate limitation change	
Field audit - interim portion		FRVS C	•	- < 40.0 m
Desk audited costs Desk audit - Interim Portion	X		dit # NH09-125C FY	E 6/30/07
Desk Audit - Prospective portion		Rate Sen	nester Change	
Distribution:	L		Stephen Russell	
Contract Management / Fiscal Agent	Mac	Jicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	WIEC	ncaid Cos	t Kennouisement Flam	ing and rinance
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				
Home Office.				
			}	



BERNARD L. SAM	SON NURSING CENTER	_		Provider Number:	0 208442-00
255 - 59 STREET NORTH				Date:	4/11/2012
St. Petersburg FL 33'	710			Fiscal Year End:	6/30/2007
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	100.000	199.43	<u> 199.51</u> _	7/1/2008
	Level H: AIDS	<u> </u>	335.71	335.79	7/1/2008
	Level U: Fragile Under 21		445.06	445.14	7/1/2008
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	1	e Fotal Prospective Prospective Adjusted Fotal Prospective with	
Basis:	Thor i royador i rospective data	Changes:			
Desk audite Desk audite Desk Audit	ed costs - interim portion		Usual and Target Ra FRVS Ch Field Aud	Rating Change Customary Limitation te limitation change ange Ait # NH09-125C FY ester Change	
Distribution:			H	Stephen Russell	
Permanent File	ement / Fiscal Agent nation Only se in Rate 1 - No Home Office	Med	licaid Cost	Reimbursement Plans	ning and Finance



BERNARD L. SAMSO	ON NURSING CENTER			Provider Number:	0 208442-00	
255 - 59 STREET NOI		•		Date:	4/11/2012	
St. Petersburg FL 3371	0	•		Fiscal Year End:	6/30/2007	
				Audit Status:	Field Audited [2]	-
Provider Type: Nursing Home	Single Level		Current Rate 198.34	New Rate 198.42	Effective Date 1/1/2009	
C	Ü	******				
	Level H: AIDS	_	336.69	336.77	1/1/2009	
·	Level U: Fragile Under 21	_	447.70	447.78	1/1/2009	
Rate Type :						_
Interim		X	Prospectiv	re		
	otal Interim			Total Prospective		
	terim Component		***************************************	Prospective Adjusted		
	ttlement based on costs			Total Prospective with	interim Component	
Pr	ior Provider Prospective data					
Basis:		Changes				
Desk audited Desk audit -	l costs interim portion	X	Usual and Target Ra FRVS CI Field Au	e Rating Change d Customary Limitatio ate limitation change nange dit # NH09-125C FY tester Change		
Distribution:			H	Stephen Russell		_
Permanent File For informa No Change	•	Me	edicaid Cost	Reimbursement Plans	ning and Finance	
Home Office:	1 - 140 House Office					



BERNARD L. SAMS	SON NURSING CENTER			Provider Number:	0 20844	2-00
255 - 59 STREET NO		_		Date:	4/11/2012	
St. Petersburg FL 33710		•		Fiscal Year End:	6/30/2007	
				Audit Status:	Field Audi	ited [2]
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		181.72	<u> 181.79</u> _	3/1/2009	_
	Level H: AIDS		320.07	320.14	3/1/2009	•
	Level U: Fragile Under 21	_	431.08	431.15	3/1/2009	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	_ X		re Total Prospective Prospective Adjusted Total Prospective with		onent
Desk audite Desk audit	ed costs - interim portion	Changes:	Usual and Target Ra FRVS Ch	dit # NH09-125C FY tester Change		
Contract Manage	ement / Fiscal Agent nation Only se in Rate 1 - No Home Office	Med	dicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance	e



BERNARD L. SAMSON NURSING CENTER			Provider Number:	0 208442-00
255 - 59 STREET NORTH			Date:	4/11/2012
St. Petersburg FL 33710			Fiscal Year End:	6/30/2007
			Audit Status:	Field Audited [2]
Provider Type: Nursing Home Single Level	<u>-</u>	Current Rate 223.45	New Rate 223.54	Effective Date 4/1/2009
Level H: AIDS		361.80	361.89	4/1/2009
Level U: Fragile Under 21		472.81	472.90	4/1/2009
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 - Interim Portion Desk Audit - Prospective portion	Changes	Licensur Usual and Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Management / Fiscal Agent	M	edicaid Cos	Stephen Russell t Reimbursement Plans	ning and Finance
Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office				



Miami Gardens Care Centre, Inc.		Provider Number:	0 210617-00
190 NE 191 Street		Date:	4/11/2012
North Miami FL 33170		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
Nursing Home Single Level	Rate 232.50	Rate	Date
Truising Home Single Level			1/22/2012
Level H: AIDS	380.11	385.83	1/22/2012
Level U: Fragile Under 21	498.57	504.29	1/22/2012
Rate Type:			
Interim	X Prospective	e	
Total Interim		Total Prospective	
Interim Component	I	Prospective Adjusted	for New Costs
Settlement based on costs	X	Total Prospective with	n Interim Component
Prior Provider Prospective data		•	
Basis:	Changes:		
Budget	Licensure	Rating Change	
X Unaudited costs	 Usual and	Customary Limitatio	n
Field audited costs	Target Ra	te limitation change	
Field audit - interim portion	FRVS Ch	ange	
Desk audited costs		Component Effective	1/22/12
Desk audit - Interim Portion		ester Change	
Desk Audit - Prospective portion		2] as of 03/11/1992	
Distribution:	J.	Stephen Russell	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plant	ning and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office			
nome office.		•	
		1	



Avante at Orlando, in	c.			Provider Number:	0 223808-00
2000 North Semoran	Boulevard	- -		Date:	4/19/2012
Orlando FL 32807		_		Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Onaudited [3]
Trovider Type.		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	226.30	225.54	5/13/2011
	Level H: AIDS	_	371.16	370.40	5/13/2011
	Level U: Fragile Under 21	_ _	487.41	486.65	5/13/2011
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk Audit Desk Audit	ed costs - interim portion	Changes X	Licensur Usual and Target R FRVS CI IRR Sett Rate Sem On FRV	Total Prospective Prospective Adjusted Total Prospective wit e Rating Change d Customary Limitation change	on /31/11
	nation Only e in Rate				
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suit Hollywood FL 33021-6744				



Avante at Orlando, inc.				Provider Number:	0 223808-00
2000 North Semoran B	oulevard	_		Date:	4/19/2012
Orlando FL 32807		-		Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Titali Danasi	
			Current	New	Effective
Nursing Home	Single Level		Rate	Rate	Date
Nursing Home	Single Level	-	218.53		7/1/2011
	Level H: AIDS		364.73	364.02	7/1/2011
	Level U: Fragile Under 21		482.06	481.35	7/1/2011
Rate Type:					
Interim		X	_ Prospective	e	
	tal Interim		****	Total Prospective	
	terim Component			Prospective Adjusted	
	ttlement based on costs		<u>X</u>	l'otal Prospective with	h Interim Component
Pri	or Provider Prospective data				
Basis:		Change	s:		
Dudget			Licensure	Rating Change	
Budget X Unaudited co	ests			l Customary Limitation	าก
Field audited				ite limitation change	···
Field audit -	interim portion		FRVS Ch	ange	
Desk audited	costs	X		lement using FYE 5/	31/11
	Interim Portion			ester Change	
Desk Audit - Distribution:	Prospective portion		On FRV	[2] as of 11/01/1990	
	nant / Eiganl Agant		IR	Stephen Russell	
Permanent File	nent / Fiscal Agent	N	fedicaid Cost	Reimbursement Plan	ning and Finance
For informa	tion Only				
No Change	·				
140 Change					
Home Office:	Avante Group, Inc.	1			
	Janan Mitchell 4000 Hollywood Blvd, Suit Hollywood FL 33021-6744				•



Avante at Orlando, inc				Provider Number:	0 223808-00
2000 North Semoran E	•		Date:	4/19/2012	
Orlando FL 32807		•		Fiscal Year End:	5/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
••	•	•	Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		225.34		1/1/2012
	Level H: AIDS	_	372.95	368.40	1/1/2012
	Level U: Fragile Under 21	_	491.41	486.86	1/1/2012
In	otal Interim aterim Component ettlement based on costs	X		e Total Prospective Prospective Adjusted Total Prospective with	
Basis:	rior Provider Prospective data	Changes:			
Desk audited Desk audit -	d costs interim portion	X	Usual and Target Ra FRVS Ch IRR Sett Rate Sem	e Rating Change I Customary Limitation ate limitation change nange lement using FYE 5/2 ester Change [2] as of 11/01/1990	
Distribution:			SK	Stephen Russell	
Permanent File For informa No Change	in Rate	Me	dicaid Cost	Reimbursement Plan	ning and Finance
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	e 540-N			



Residence Provider Type: Provider	Deltona Health Care				Provider Number:	0 252158-00
Provider Type: Current Rate Rate Rate Date	1851 Elkcam Boulev	vard	_		Date:	4/11/2012
Provider Type: Current Rate Rate Date	Deltona FL 32725		_			
Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 Rate Type: Interim Total Interim Component Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Changes: Changes: Changes						Revised Field Audit [5]
Nursing Home Level H: AIDS 275.07 275.02 7/1/2006	Provider Type:			Current	New	Effective
Level H: AIDS Level U: Fragile Under 21 Stephen Russell Stephen Russell				Rate	Rate	Date
Rate Type: Interim	Nursing Home	Single Level		147.94	147.89	7/1/2006
Rate Type: Interim Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Licensure Rating Change Unaudited costs Visual and Customary Limitation Target Rate limitation 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		Level H: AIDS		275.07	275.02	7/1/2006
Interim X Prospective Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Budget Unaudited costs Usual and Customary Limitation 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 Total Prospective A Total Prospective Vauland Customary Limitation Target Rate limitation change FRVS Change FRVS Change A FA & RFA # NH07-074J FYE 8/31/05 Rate Semester Change On FRV [2] as of 05/01/1998 Medicaid Cost Reimbursement Planning and Finance		Level U: Fragile Under 21		377.07	377.02	7/1/2006
Interim X Prospective Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Budget Unaudited costs Usual and Customary Limitation 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 Total Prospective A Total Prospective Vauland Customary Limitation Target Rate limitation change FRVS Change FRVS Change A FA & RFA # NH07-074J FYE 8/31/05 Rate Semester Change On FRV [2] as of 05/01/1998 Medicaid Cost Reimbursement Planning and Finance	Rate Type					
Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis:			X	Prospectiv	/e	
Settlement based on costs Prior Provider Prospective data Budget	The second second	Total Interim	Action before the control of the Control control of the Control control of the Co			
Budget Unaudited costs Vield audited costs Usual and Customary Limitation Target Rate limitation change Field audit - interim portion Desk audited costs Vield audited cost Audited cos		Interim Component			Prospective Adjusted	for New Costs
Budget Unaudited costs Wisual and Customary Limitation Wisual Angle of Wisual		Settlement based on costs			Total Prospective with	n Interim Component
Budget Unaudited costs Usual and Customary Limitation Target Rate limitation 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 Licensure Rating Change Usual and Customary Limitation FRVS Change Target Rate limitation change FRVS Change On FRV [2] as of 05/01/1998 Medicaid Cost Reimbursement Planning and Finance	<u> </u>	Prior Provider Prospective data				
Unaudited costs X 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 Usual and Customary Limitation Target Rate limitation change FRVS Change X FA & RFA # NH07-074J FYE 8/31/05 Rate Semester Change On FRV [2] as of 05/01/1998 Medicaid Cost Reimbursement Planning and Finance	Basis:		Change	s:		
Target Rate limitation 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 Target Rate limitation change FRVS Change TRVS Change X FA & RFA # NH07-074J FYE 8/31/05 Rate Semester Change On FRV [2] as of 05/01/1998 Medicaid Cost Reimbursement Planning and Finance						
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 FRVS Change X FA & RFA # NH07-074J FYE 8/31/05 Rate Semester Change On FRV [2] as of 05/01/1998 Medicaid Cost Reimbursement Planning and Finance						on
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 X FA & RFA # NH07-074J FYE 8/31/05 Rate Semester Change On FRV [2] as of 05/01/1998 Medicaid Cost Reimbursement Planning and Finance		!			_	
Desk Audit - Prospective portion On FRV [2] as of 05/01/1998 Distribution: Contract Management / Fiscal Agent Permanent File For information Only On FRV [2] as of 05/01/1998 Medicaid Cost Reimbursement Planning and Finance		-	<u>X</u>		o .	₾ 8/31/05
Distribution: Contract Management / Fiscal Agent Permanent File For information Only Stephen Russell Medicaid Cost Reimbursement Planning and Finance						
Contract Management / Fiscal Agent Permanent File For information Only Stepnen Russen Medicaid Cost Reimbursement Planning and Finance		t - Prospective portion		On FRV	[2] as of 05/01/1998	
Permanent File For information Only	<u>Distribution:</u>			151	Stephen Russell	
Permanent FileFor information Only	Contract Manag	ement / Fiscal Agent	N	1edicaid Cos	t Reimbursement Plan	ning and Finance
No Chango in Poto						
No Change III Kate	No Chang	ge in Rate				



Deltona Health Care 1851 Elkcam Boulevard Deltona FL 32725				Provider Number:	0 252158-00		
				Date:	4/11/2012		
		_		Fiscal Year End:	8/31/2005		
				Audit Status:	Revised Field Audit [5]		
Provider Type:					L- J		
• •			Current	New	Effective		
BY • TT			Rate	Rate	Date		
Nursing Home	Single Level		156.64		1/1/2007		
	Level H: AIDS	_	286.24	286.15	1/1/2007		
	Level U: Fragile Under 21		390.23	390.14	1/1/2007		
				· · · · · ·			
Rate Type :							
Interim		X	Prospectiv	ve —			
Total Interim Interim Component			X Total Prospective Prospective Adjusted for New Costs				
	Settlement based on costs			Total Prospective with	n Interim Component		
	Prior Provider Prospective data				1. WE THE THE THE THE THE THE THE THE THE TH		
Basis:	:	Changes:					
Budget			Licensur	e Rating Change			
Unaudited				d Customary Limitatio	n		
X Field audit			•	ate limitation change			
	- interim portion		FRVS Change FA & RFA # NH07-074J FYE 8/31/05				
Desk audite	- Interim Portion	<u> </u>	Rate Semester Change				
***************************************	: - Prospective portion			[2] as of 05/01/1998			
Distribution:		- NO VANNE	IA	Stephen Russell	A CONTRACTOR OF THE CONTRACTOR		
Contract Management / Fiscal Agent		Me	Medicaid Cost Reimbursement Planning and Finance				
Permanent File					C		
	nation Only						
No Chang	ge in Rate						
Home Office:	☐ - No Home Office						
Home Office.							



Deltona Health Care 1851 Elkcam Boulevard Deltona FL 32725			Provider Number:	0 252158-00		
			Date:	4/11/2012		
			Fiscal Year End:	8/31/2005		
			Audit Status:	Revised Field Audit [5]		
Provider Type:		Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	161.62	161.46	2/1/2007		
	Level H: AIDS	291.22	291.06	2/1/2007		
	Level U: Fragile Under 21	395.21	395.05	2/1/2007		
Rate Type:		X Prospectiv	 A			
	- Total Interim		Total Prospective			
	Interim Component	Prospective Adjusted for New Costs				
	Settlement based on costs Prior Provider Prospective data		Total Prospective with			
Basis:		Changes:				
Desk audite	ed costs - interim portion	Usual and Target Ra FRVS Ch X FA & RF	Rating Change I Customary Limitation the limitation change hange FA # NH07-074J FYI ester Change			
	- Prospective portion		[2] as of 05/01/1998			
Distribution:		.411	Stephen Russell			
Permanent FileFor inform	ement / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance		
No Chang	ge in Rate					
Home Office:	1 - No Home Office					



Deltona Health Care 1851 Elkcam Boulevard		_		Provider Number:	0 252158-00
		-		Date:	4/11/2012
Deltona FL 32725				Fiscal Year End:	8/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type:					
		1	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	156.64	156.55	3/1/2007
	Level H: AIDS		286.24	286.15	3/1/2007
	Level U: Fragile Under 21		390.23	390.14	3/1/2007
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u>X</u>		rc 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 FA & R Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange FA # NH07-074J FYI nester Change [2] as of 05/01/1998	
Distribution:			421	Stephen Russell	
Contract Management / Fiscal Agent Permanent File For information Only		Med	dicaid Cos	t Reimbursement Plani	ning and Finance
No Chang	ge in Rate				
Home Office:	1 - No Home Office				



Plantation Bay Rehabilitation Center 4641 Old Canoe Creek Road St. Cloud FL 34769		-		Provider Number:	0 252441-00 4/11/2012	
				Date:		
				Fiscal Year End:	8/3 1/2005	
				Audit Status:	Revised Field Au	udit [5]
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		149.86	151.59	7/1/2006	
	Level H: AIDS		276.99	278.72	7/1/2006	
	Level U: Fragile Under 21		378.99	380.72	7/1/2006	
Rate Type :						
Interim	ı	X	Prospectiv	re		
Total Interim		X Total Prospective				
Interim Component		Prospective Adjusted for New Costs				
An 1000000 11	Settlement based on costs			Total Prospective with	Interim Componer	nt
	Prior Provider Prospective data					
Basis:		Change	s:	ANALYSIS OF THE PROPERTY OF TH	The second secon	
Budget			••••••	e Rating Change		
Unaudited X Field audit				d Customary Limitatio ate limitation change	n	
AND	t - interim portion		FRVS Change			
Desk audit	•	·X	Field Audit & Revised FA NH07-077J FYE 8/31/20			
	- Interim Portion		Rate Semester Change			
Desk Audi	t - Prospective portion		On FRV	[2] as of 07/20/1995		
Distribution:			111	Stephen Russell		
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance				
Permanent File						
For inforr	nation Only					
No Chang	ge in Rate					
Home Office:	1 - No Home Office					



Plantation Bay Rehabilitation Center 4641 Old Canoe Creek Road St. Cloud FL 34769				Provider Number:	0 252441-00	
				Date:	4/11/2012	
				Fiscal Year End:	8/31/2005	
				Audit Status:	Revised Field Audit	[5]
Provider Type:						
¥ -			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		159.75	161.49	1/1/2007	
	Level H: AIDS	_	289.35	291.09	1/1/2007	
	Level U: Fragile Under 21	-	393.34	395.08	1/1/2007	
Rate Type :	www					
Interim		X	Prospective			
	Total Interim		***************************************	Total Prospective	0.37	
	Interim Component			Prospective Adjusted		
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	Interim Component	
	erioi riovidei riospective data		¬		44. 44. 44. 44. 44. 44. 44. 44. 44. 44.	
Basis:		Changes				
Budget			Licensure	Rating Change		
Unaudited				l Customary Limitatio	n	
X Field audit			-	ite limitation change		
	- interim portion		FRVS Ch	-	TOM OWNEY YOU'VE OURSE A	00=
Desk audit	ed costs - Interim Portion	X Field Audit & Revised FA NH07-077J FYE 8/31/2009 Rate Semester Change				
	t - Prospective portion			[2] as of 07/20/1995		
Distribution:		***************************************		Stephen Russell	in the second se	* ** **
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance				
Permanent File For inforn	nation Only				5	
No Chang						
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Home Office:	I - No Home Office					



Plantation Bay Rehabilitation Center 4641 Old Canoe Creek Road St. Cloud FL 34769				Provider Number:	0 252441-00		
			Date:		4/11/2012		
				Fiscal Year End:	8/31/2005		
				Audit Status:	Revised Field Audit [5]		
Provider Type:			Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	_	166.09	167.72	2/1/2007		
	Level H: AIDS	_	295.69	297.32	2/1/2007		
	Level U: Fragile Under 21	-	399.68	401.31	2/1/2007		
Rate Type :	. <u>.</u>		Durancatic	<u> </u>			
Interim	Total Interim	X	Prospectiv	Total Prospective			
	Interim Component			Prospective Adjusted	for New Costs		
	Settlement based on costs			Total Prospective with			
	Prior Provider Prospective data						
Basis:		Changes	:				
Budget Unaudited	costs			e Rating Change d Customary Limitatio	п		
X Field audit			Target Rate limitation change				
	t - interim portion		FRVS Change				
Desk audit		X	X Field Audit & Revised FA NH07-077J FYE 8/31/2005 Rate Semester Change				
	- Interim Portion t - Prospective portion			[2] as of 07/20/1995			
Distribution:			 11	Stephen Russell			
Contract Management / Fiscal Agent		M	Medicaid Cost Reimbursement Planning and Finance				
Permanent File For inforr	nation Only						
No Chan	ge in Rate						
Home Office:	- T - No Home Office						



Plantation Bay Rehabilitation Center		Provider Number:	0 252441-00		
4641 Old Canoe Creek Road		Date:	4/11/2012		
St. Cloud FL 34769		Fiscal Year End:	8/31/2005		
		Audit Status:	Revised Field Audit [5]		
Provider Type:					
	Current Rate	New Rate	Effective Date		
Nursing Home Single Level	159.75		3/1/2007		
Level H: AIDS	289.35	291.09	3/1/2007		
Level U: Fragile Under 21	393.34	395.08	3/1/2007		
Rate Type :	· · · · · · · · · · · · · · · · · ·		en e		
Interim	<u>X</u> Prospectiv	ę.			
Total Interim		Total Prospective			
Interim Component	Prospective Adjusted for New Costs Total Prospective with Interim Component				
Settlement based on costs					
Prior Provider Prospective data			The state of the s		
Basis:	Changes:				
Budget	Licensure	Rating Change			
Unaudited costs		Customary Limitatio	n		
X Field audited costs	***************************************	ate limitation change			
Field audit - interim portion Desk audited costs	FRVS Change Field Audit & Revised FA NH07-077J FYE 8/31/2				
Desk audit - Interim Portion	Rate Semester Change				
Desk Audit - Prospective portion		[2] as of 07/20/1995			
Distribution:	#/	Stephen Russell			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File					
For information Only					
No Change in Rate					



Renaissance Health and Rehabilitation 5065 Wallis Road West Palm Beach FL 33415				Provider Number:	0 252549-00		
				Date:	4/11/2012		
				Fiscal Year End:	8/31/2005		
Provider Type:				Audit Status:	Revised Field Audit [5]		
110vider Type.			Current	New	Effective		
			Rate	Rate	Date		
Nursing Home	Single Level	-	159.62	159.22	7/1/2006		
	Level H: AIDS		286.75	286.35	7/1/2006		
	Level U: Fragile Under 21		388.75	388.35	7/1/2006		
Rate Type :							
Interim		X	_ Prospectiv		•		
Total Interim			X Total Prospective				
	Interim Component Settlement based on costs		Prospective Adjusted for New Costs Total Prospective with Interim Component				
	Prior Provider Prospective data			Total Prospective win	i intermi Component		
	Tior Trovager Trospessive data						
Basis:		Changes	<u>:</u>		,		
D 1 .			Licensure	e Rating Change			
Budget Unaudited	costs			d Customary Limitatio	on (
X Field audite			Target Rate limitation change				
Field audit	- interim portion		FRVS Change				
Desk audite		X					
	- Interim Portion		Rate Semester Change On FRV [2] as of 07/09/1986				
	- Prospective portion		OllTRV	[2] as 01 07/09/1980	,		
Distribution:			M	Stephen Russell			
•	ement / Fiscal Agent	M	ledicaid Cost	Reimbursement Plan	ning and Finance		
Permanent File							
***************************************	nation Only						
No Chang	e in Rate						
Home Office:	1 - No Home Office						