

RICK SCOTT GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK SECRETARY

MEMORANDUM

Date:

May 15, 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
		<u>Number</u>	Change Notices
1.	Woods of Manatee Springs	0 008793-00	2
2.	Egret Cove Center	0 212890-00	5
3.	Lady Lake Specialty Care Center	0 227561-00	2
4.	Wilton Manors Health & Rehab Center	0 227579-00	22
5.	Greenbriar Rehab & Nursing Center	0 227625-00	2
6.	North Rehabilitation Center	0 227641-00	2
7.	Park Meadows Health & Rehab Center	0 227765-00	2
8.	Atlantic Shores Nursing & Rehab	0 263389-00	1
9.	Riviera Palms Nursing & Rehab	0 263451-00	2
10.	Boynton Beach Rehab Center	0 263460-00	2
11.	Pinellas Point Nursing & Rehab	0 263486-00	1
12.	Port Orange Nursing & Rehab	0 263508-00	1
13.	Macclenny Nursing & Rehab	0 263516-00	2
14.	Medicana Nursing & Rehab	0 263524-00	1
15.	Tiffany Hall Nursing & Rehab	0 263532-00	1
16.	Moultrie Creek Nursing & Rehab	0 263559-00	1
17.	Orange City Nursing & Rehab	0 263567-00	2
18.	Tuskawilla Nursing & Rehab	0 263591-00	2
19.	Boulevard Rehabilitation Center	0 263613-00	1
20.	Palm City Nursing & Rehab	0 263621-00	2
21.	Lake Wood Nursing Center	0 312142-00	2
		Total	38

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

SR/dm Attachments



	y of the min.	Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate (I (IN2)	Skilled (SKD)	Level U	MCM number	Audit Number
000879300	20110701	228.55	374.75	228,55	228.55	492.08	70589-12	
000879300	20120101	230.06	377.67	230.06	230.06	496.13	70589-12	
021289000	20060101	141.31	266.42	141.31	141.31	366.80	70589-12	NH06-178C
021289000	20060701	143.88	271.01	143.88	143.88	373.01	70589-12	NH06-178C
021289000	20070101	152.33	281.93	152.33	152.33	385.92	70589-12	NH06-178C
021289000	20070201	157.50	287.10	157.50	157.50	391.09	70589-12	NH06-178C
021289000	20070301	152.33	281.93	152.33	152.33	385.92	70589-12	NH06-178C
022756100	20110701	214.73	360.93	214.73	214.73	478.26	70589-12	11100 1100
022756100	20120101	216.58	364.19	216.58	216.58	482.65	70589-12	
022757900	20110701	220.31	366.51	220.31	220.31	483.84	70589-12	
022757900	20120101	221.62	369.23	221.62	221.62	487.69	70589-12	
022762500	20110701	220.99	367.19	220.99	220.99	484.52	70589-12	
022762500	20120101	223.11	370.72	223.11	223.11	489.18	70589-12	
022764100	20110701	208.31	354.51	208.31	208.31	471.84	70589-12	
022764100	20120101	210.41	358.02	210.41	210.41	476.48	70589-12	
022776500	20110701	212.39	358.59	212.39	212.39	475.92	70589-12	
022776500	20120101	214.51	362.12	214.51	214.51	480.58	70589-12	
026338900	20120101	200.00	347.61	200.00	200.00	466.07	70589-12	
026345100	20110701	202.81	349.01	202.81	202.81	466.34	70589-12	
026345100	20120101	204.13	351.74	204.13	204.13	470.20	70589-12	
026346000	20110701	208.33	354.53	208.33	208.33	471.86	70589-12	
026346000	20120101	209.69	357.30	209.69	209.69	475.76	70589-12	
026348600	20120101	212.54	360.15	212.54	212.54	478.61	70589-12	
026350800	20120101	207.46	355.07	207.46	207.46	473.53	70589-12	
026351600	20110701	189.22	335.42	189.22	189.22	452.75	70589-12	
026351600	20120101	190.40	338.01	190.40	190.40	456.47	70589-12	
026352400	20120101	199.01	346.62	199.01	199.01	465.08	70589-12	
026353200	20120101	201.01	348.62	201.01	201.01	467.08	70589-12	
026355900	20120101	190.45	338.06	190.45	190.45	456.52	70589-12	
026356700	20110701	196.54	342.74	196.54	196.54	460.07	70589-12	
026356700	20120101	198.31	345.92	198.31	198.31	464.38	70589-12	
026359100	20110701	198.47	344.67	198.47	198.47	462.00	70589-12	
026359100	20120101	199.76	347.37	199.76	199.76	465.83	70589-12	
026361300	20120101	191.03	338.64	191.03	191.03	457.10	70589-12	
026362100	20110701	201.66	347.86	201.66	201.66	465.19	70589-12	
026362100	20120101	202.97	350.58	202.97	202.97	469.04	70589-12	
031214200	20110701	185.54	331.74	185.54	185.54	449.07	70589-12	
031214200	20120101	186.68	334.29	186.68	186.68	452.75	70589-12	



Woods of Manatee Spring	S			Provider Number:	0 008793-00
5627 9th Street East			Date:	5/2/2012	
Bradenton FL 34203				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
~-		•	Current	New	Effective
N			Rate	Rate	Date
Nursing Home S	ingle Level		222.10		7/1/2011
Le	evel H: AIDS		368.30	374.75	7/1/2011
Le	evel U: Fragile Under 21		485.63	492.08	7/1/2011
Rate Type :					
Interim	- ·	X	Prospectiv		
	Interim m Component			Fotal Prospective Prospective Adjusted:	for New Costs
	ment based on costs			Fotal Prospective with	
	Provider Prospective data			roun rrospective with	i internii Component
Basis:		Changes:			
Dasis.		Changes.	j		
Budget			Licensure	Rating Change	
X Unaudited costs			Usual and	l Customary Limitatio	n
Field audited co	sts		Target Ra	te limitation change	
Field audit - into	-		FRVS Ch	_	
Desk audited co Desk audit - Inte		<u>X</u>		Cost Report FYE 1	2/31/2010
	ospective portion			ester Change [2] as of 07/01/1987	
Distribution:			LK	Stephen Russell	
Contract Managemen	t / Fiscal Agent	Med	dicaid Cost	Reimbursement Plans	ning and Finance
Permanent File		14104	noara Cost	Remoursement Flank	ming and I mance
For information	n Only				
No Change in	Rate				
Home Office:	Putnam Council, Inc.				
	16 Norcross Street Roswell GA 30075				



Woods of Manatee Spr	ings			Provider Number:	0 008793-00
5627 9th Street East		- -	Date:		5/2/2012
Bradenton FL 34203		-		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Tradit Status.	
31			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		223.04		1/1/2012
	Level H: AIDS		370.65	377.67	1/1/2012
	Level U: Fragile Under 21		489.11	496.13	1/1/2012
Rate Type :		X	Prospectiv	e	
	otal Interim		_	Total Prospective	
	terim Component		-	Prospective Adjusted	for New Costs
Se	ttlement based on costs			Total Prospective with	Interim Component
Pri	ior Provider Prospective data				
Basis:		Changes:			
Budget X Unaudited co Field audited			Usual and	e Rating Change I Customary Limitation I change I change	on
Desk audited Desk audit - 1	-	X	Rate Sem	l Cost Report FYE 1 ester Change [2] as of 07/01/1987	2/31/2010
Distribution:			BR	Stephen Russell	
~	nent / Fiscal Agent	Med	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File	Care Only				
For informat	<u>-</u>				
No Change	in Kate				
Home Office:	Putnam Council, Inc.				
	16 Norcross Street Roswell GA 30075				



Egret Cove Center				Provider Number:	0 212890-00
550 62nd Street South St. Petersburg FL 33707				Date:	4/26/2012
				Fiscal Year End:	7/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 141.31	Effective Date 1/1/2006
	Ū	•			
	Level H: AIDS	_	266.91	_266.42	1/1/2006
	Level U: Fragile Under 21	-	367.29	366.80	1/1/2006
Desk audi Desk Audi Desk Aud Distribution Contract Mana Permanent File For infor	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data I costs it - interim portion ited costs it - Interim Portion itit - Prospective portion gement / Fiscal Agent	Changes	Licensur Usual an Target R FRVS C FA & RI Rate Sen On FRV	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component n E 07/31/05
Home Office:	1 - No Home Office				



Egret Cove Center				Provider Number:	0 212890-00	
550 62nd Street Sout	•		Date:	4/26/2012		
St. Petersburg FL 33	707			Fiscal Year End:	7/31/2005	
				Audit Status:	Revised Field Audit [5]	
Provider Type:				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
			Current	New	Effective	
N	Cin als I amal		Rate	Rate	Date	
Nursing Home	Single Level	_	144.37		7/1/2006	
	Level H: AIDS		271.50	271.01	7/1/2006	
	Level U: Fragile Under 21	_	373.50	373.01	7/1/2006	
Rate Type :			***************************************			
Interim	*	X	Prospectiv			
	Total Interim Interim Component		***	Total Prospective Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with		
	Prior Provider Prospective data			Total Trospositio will	i moran component	
Basis:		Changes:	1			
Days.		Changes.	J			
Budget		•	Licensur	e Rating Change		
Unaudited	costs			d Customary Limitatio	on	
X Field audit	ed costs		• •	ate limitation change		
	- interim portion		FRVS C	•		
Desk audit	ed costs - Interim Portion	<u> </u>	_	FA #NH06-178C FYI tester Change	E 07/31/05	
***************************************	t - Prospective portion	-	_	[2] as of 10/01/1985		
Distribution:		t	Joh	Stephen Russell		
_	ement / Fiscal Agent	Me	dicaid Cos	Reimbursement Plan	ning and Finance	
Permanent File	nation Only					
No Chang						
No Chang						
Home Office:	1 - No Home Office					



Egret Cove Center 550 62nd Street South				Provider Number:	0 212890-00
		-		Date:	4/26/2012
St. Petersburg FL 337	707	- -		Fiscal Year End:	7/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type:					
			Current	New	Effective
No.	C' - 1 - T 1		Rate	Rate	Date
Nursing Home	Single Level		153.96		1/1/2007
	Level H: AIDS		283.56	281.93	1/1/2007
	Level U: Fragile Under 21	-	387.55	385.92	1/1/2007
Rate Type:					
Interim		X	Prospectiv		
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs		*****	Total Prospective with	n Interum Component
	Prior Provider Prospective data				
Basis:		Changes	<u>:</u>]		
Budget			Licensure	Rating Change	
Unaudited	costs		Usual and	l Customary Limitatio	on
X Field audit	ed costs			ate limitation change	
	- interim portion		FRVS Ch	-	
Desk audite	· · ·	<u>X</u>		FA #NH06-178C FYI	E 07/31/05
	- Interim Portion - Prospective portion			ester Change [2] as of 10/01/1985	
 Distribution:			IN.	RStephen Russell	
Contract Manag	ement / Fiscal Agent		edicaid Cost	Reimbursement Plan	ning and Finance
Permanent File		142	outouta cost		mig and i mana-
For inform	nation Only				
No Chang	ge in Rate				
Home Office:	1 - No Home Office				
Tionic Office.					
		www.danata			



Egret Cove Center 550 62nd Street South				Provider Number:	0 212890-00	
		•		Date:	4/26/2012	
St. Petersburg FL 337	07	•		Fiscal Year End:	7/31/2005	
				Audit Status:	Revised Field Audit [5]	
Provider Type:				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
•		,	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		160.54	157.50	2/1/2007	
	Level H: AIDS		290.14	287.10	2/1/2007	
	Level U: Fragile Under 21		394.13	391.09	2/1/2007	
Rate Type :		X	Prospectiv			
	otal Interim			Total Prospective	C M. C. A	
	nterim Component ettlement based on costs			Prospective Adjusted: Total Prospective with		
	rior Provider Prospective data			Total Trospective with	i interim Component	
Basis:		Channe				
Dasis:		Changes:]			
	ed costs - interim portion		Usual and Target Ra FRVS Ch	•		
	d costs Interim Portion - Prospective portion	<u>X</u>	Rate Sem	A #NH06-178C FYI ester Change [2] as of 10/01/1985	E 07/31/05	
Distribution:			H	Stephen Russell		
Contract Manage Permanent File For inform No Change		Med	dicaid Cost	Reimbursement Plans	ning and Finance	
Home Office:	1 - No Home Office					



Egret Cove Center				Provider Number:	0 212890-00
550 62nd Street South			*	Date:	4/26/2012
St. Petersburg FL 337	707			Fiscal Year End:	7/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type: Nursing Home	Single Level	_	Current Rate 153.96	New Rate 152.33	Effective Date 3/1/2007
	S.mg. 0 2011.		10000	102:00	0.1.2007
	Level H: AIDS		283.56	281.93	3/1/2007
	Level U: Fragile Under 21		387.55	385.92	3/1/2007
Basis: Budget Unaudited of Field audite Field audite Desk audite Desk Audite Desk Audite Contract Manage Permanent File	ed costs - interim portion ed costs - Interim Portion - Prospective portion ement / Fiscal Agent	Changes:	Licensur Usual and Target R FRVS C FA & RI Rate Sen On FRV	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component on E 07/31/05
Home Office:	1 - No Home Office				



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

Medicaid Reimbursement Per Diem Rates

Lady Lake Specialty	Care Center			Provider Number:	0 227561-00		
630 Griffen Avenue			Date:	5/1/2012			
Lady Lake FL 32159				Fiscal Year End:	12/31/2010		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
Nursing Home	Single Level		Rate	Rate	Date		
Nursing frome	Single Level	_	211.54	214.73	//1/2011		
	Level H: AIDS		357.74	360.93	7/1/2011		
	Level U: Fragile Under 21	_	475.07	478.26	7/1/2011		
					·		
Rate Type :							
Interim		X	Prospectiv	е			
	Total Interim			Total Prospective			
	nterim Component		Prospective Adjusted for New Costs				
	Settlement based on costs			Total Prospective with	1 Interim Component		
	Prior Provider Prospective data						
Basis:		Changes		•			
Budget			Licensure	e Rating Change			
X Unaudited	costs		-	d Customary Limitation	on		
Field audite	ed costs			ate limitation change			
Field audit	- interim portion		FRVS C	nange			
Desk audite	ı	X		l Cost Report FYE 1	2/31/2010		
	- Interim Portion		_	ester Change			
	- Prospective portion		Oll FKV	[2] as of 03/30/1999			
Distribution:			IA	Stephen Russell			
-	ement / Fiscal Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance		
Permanent File	ation Only						
	nation Only						
No Chang	e in Kate						
Home Office:	Greystone Healthcare Mana	gement, LLC					
	4042 Park Oaks Blvd, Suite Tampa FL 33610	300					
	1 umpa 1 15 33010						

Report Calculated: 5/1/2012 Report Printed: 5/1/2012 Book:0 1D:594682275612011070120120501134707



Lady Lake Specialty Care Center 630 Griffen Avenue Lady Lake FL 32159				Provider Number:	0 227561-00
		_		Date:	5/1/2012
		- -		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
-			Current	New	Effective
N TT.	C'	_	Rate	Rate	Date
Nursing Home	Single Level	-	213.36		1/1/2012
	Level H: AIDS		360.97	364.19	1/1/2012
	Level U: Fragile Under 21		479.43	482.65	1/1/2012
Rate Type:					
Interim		X	Prospectiv	e	
	Total Interim		X	Total Prospective	
I	nterim Component			Prospective Adjusted	for New Costs
s	Settlement based on costs			Total Prospective with	Interim Component
F	Prior Provider Prospective data				
Basis:		Changes	s:		
Budget			Licensure	e Rating Change	
X Unaudited	costs		Usual and	d Customary Limitatio	n
Field audite	ed costs		Target Ra	ate limitation change	
Field audit	- interim portion		FRVS Ch	nange	
Desk audite		X	_	l Cost Report FYE 1	2/31/2010
	- Interim Portion		_	ester Change	
	- Prospective portion		Olifica	[2] as of 03/30/1999	
Distribution:	oment / E' and A mont		M	Stephen Russell	
	ement / Fiscal Agent	M	edicaid Cost	Reimbursement Plans	ning and Finance
Permanent File	action Only				
	nation Only				
No Chang	e in Rate				
Home Office:	Greystone Healthcare Man	agement, LLC			
	4042 Park Oaks Blvd, Suite Tampa FL 33610	300			
	•				



Wilton Manors Health	h & Rehab Center			Provider Number:	0 227579-00
2675 North Andrews	-		Date:	4/30/2012	
Wilton Manors FL 33311		-		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
	C. 1 T. 1		Rate	Rate	Date
Nursing Home	Single Level		217.75		7/1/2011
	Level H: AIDS		363.95	366.51	7/1/2011
	Level U: Fragile Under 21		481.28	483.84	7/1/2011
Rate Type:					
Interim		<u> </u>	_ Prospectiv		
	Total Interim			Total Prospective	A 37 A
	nterim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
I	Prior Provider Prospective data				
Basis:		Change	s:		
Doubers			Licensur	e Rating Change	
Budget X Unaudited	racte			d Customary Limitatio	un
Field audite				ate limitation change	M1
	- interim portion		FRVS C	_	
Desk audite	-	X		d Cost Report FYE 1	2/31/10
	- Interim Portion			nester Change	
Desk Audit	- Prospective portion				
<u>Distribution:</u>		Name and a second	SK	Stephen Russell	
-	ement / Fiscal Agent	N	Medicaid Cos	t Reimbursement Plani	ning and Finance
Permanent File					
	ation Only				
No Chang	e in Rate				
Home Office:	Greystone Healthcare Man	agement, LLC			
	4042 Park Oaks Blvd, Suite	300			
	Tampa FL 33610				



Wilton Manors Health & Rehab Center			Provider Number:	0 227579-00
2675 North Andrews Ave		 Date:		
Wilton Manors FL 33311			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	EffectiveDate
Nursing Home Single Level		219.04		1/1/2012
Level H: AIDS		366.65	369.23	1/1/2012
Level U: Fragile	Under 21	485.11	487.69	1/1/2012
D			-	
Rate Type :		X Prospectiv	- A	
Total Interim	w		Total Prospective	
Interim Component			Prospective Adjusted	for New Costs
Settlement based on		·	Total Prospective with	
Prior Provider Pros	pective data	***************************************	-	-
Basis:	Cha	nges:	-	

Budget		Licensure	Rating Change	
X Unaudited costs			d Customary Limitatio	n
Field audited costs			ate limitation change	
Field audit - interim portion		FRVS Ch	_	
Desk audited costs			d Cost Report FYE 1	2/31/10
Desk audit - Interim Portion Desk Audit - Prospective porti	on —	Rate Sem	ester Change	
Distribution:		61	Stephen Russell	
Contract Management / Fiscal Ager	nt —	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent File		Wiedleard Cost	Remioursement I land	ining and I manee
For information Only				
No Change in Rate				
Home Office: Greystone	Healthcare Management, L	LC		
4042 Park O Tampa FL 3	Daks Blvd, Suite 300 3610			



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State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Greenbriar Rehab & N	Jursing Center			Provider Number:	0 227625-00		
210 21st Avenue Wes	t			Date:	5/2/2012		
Bradenton FL 34205		_		Fiscal Year End:	12/31/2010		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current Rate	New	Effective Date		
Nursing Home	Single Level	_	218.48	Rate	7/1/2011		
Traising Home	Single Level	-	210.40	<u> </u>	7/1/2011		
	Level H: AIDS		364.68	367.19	7/1/2011		
	Level U: Fragile Under 21		482.01	484.52	7/1/2011		
Rate Type:							
Interim		<u> </u>	Prospectiv	ve			
	otal Interim		<u> </u>	Total Prospective			
Interim Component			Prospective Adjusted for New Costs				
-	ettlement based on costs			Total Prospective with	1 Interim Component		
P	rior Provider Prospective data	-					
Basis:		Changes):				
			* •	n P. d'an Clause			
Budget				e Rating Change			
X Unaudited of Field audited			Usual and Customary Limitation Target Rate limitation change				
	- interim portion			-			
Desk audite	•	<u> X</u>	FRVS Change Amended Cost Report FYE 12/31/2010				
	Interim Portion	Rate Semester Change					
Desk Audit	- Prospective portion		_	Ü			
Distribution:			BI	Stephen Russell			
Contract Manage	ment / Fiscal Agent	· · · · · · · · · · · · · · · · · · ·	Medicaio	d Cost Reimbursement	Analysis		
Permanent File		•	1,100,001		1 2100.) 220		
For inform	ation Only						
No Change	e in Rate						
Home Office:	Greystone Healthcare Man	nagement, LLC					
	4042 Park Oaks Blvd, Suite Tampa FL 33610	e 300					

Report Calculated: 5/2/2012 Report Printed: 5/2/2012 Book:0 ID:594702276252011070120120502092410

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Greenbriar Rehab & N	Tursing Center			Provider Number:	0 227625-00
210 21st Avenue West		•		Date:	5/2/2012
Bradenton FL 34205		•		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N	C:1- T1	-	Rate	Rate	Date
Nursing Home	Single Level	-	220.58		1/1/2012
	Level H: AIDS		368.19	370.72	1/1/2012
	Level U: Fragile Under 21		486.65	489.18	1/1/2012
Rate Type :					
Interim		x	Prospectiv	r e	
	otal Interim		_	Total Prospective	
. Ir	nterim Component			Prospective Adjusted	for New Costs
Se	ettlement based on costs			Total Prospective with	Interim Component
Pı	rior Provider Prospective data				
Basis:		Changes	:		
				D	
Budget				e Rating Change	
X Unaudited co				d Customary Limitatio ate limitation change	n
	interim portion		FRVS C		
Desk audited	-	<u> </u>		d Cost Report FYE 1	2/31/2010
	Interim Portion		_	nester Change	
Desk Audit -	Prospective portion				
Distribution:			H	RStephen Russell	
Contract Manager	ment / Fiscal Agent		Medicaio	l Cost Reimbursement	Analysis
Permanent File					•
For information	•				
No Change	in Rate				
Home Office:	Greystone Healthcare Mana	agement, LLC			
	4042 Park Oaks Blvd, Suite Tampa FL 33610	300			



Medicaid Reimbursement Per Diem Rates

North Rehabilitation C	enter			Provider Number:	0 227641-00		
1301 16th Street North			Date:	5/2/2012			
St. Petersburg FL 33705				Fiscal Year End:	12/31/2010		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
N	Circula I and	-	Rate	Rate	Date		
Nursing Home	Single Level	-	206.12		7/1/2011		
	Level H: AIDS		352.32	354.51	7/1/2011		
	Level U: Fragile Under 21		469.65	471.84	7/1/2011		
Rate Type:	,						
Interim		X	Prospectiv	/e			
Te	otal Interim	***************************************	- x	Total Prospective			
In	terim Component			Prospective Adjusted	for New Costs		
Se	ettlement based on costs		Total Prospective with Interim Component				
Pr	ior Provider Prospective data			•			
Basis:		Change	s:				
Budget			Licensur	e Rating Change			
X Unaudited co	osts		Usual an	d Customary Limitatio	n		
Field audited	d costs		Target R	ate limitation change			
Field audit -	interim portion		_ FRVS C	hange			
Desk audited		X Amended Cost Report FYE 12/31/2010					
	Interim Portion		Rate Sen	nester Change			
***************************************	Prospective portion						
Distribution:			タカ	Stephen Russell			
-	ment / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis		
Permanent File							
For informa	tion Only						
No Change	in Rate						
Home Office:	Greystone Healthcare Mana	igement, LLC					
	4042 Park Oaks Blvd, Suite	300					
	Tampa FL 33610	200					

V6.999.1.2:TLSIO

Report Calculated: 5/2/2012 Report Printed: 5/2/2012 Book:0 ID:594682276412011070120120502130344



North Rehabilitation Cent	ter			Provider Number:	0 227641-00		
1301 16th Street North				Date:	5/2/2012		
St. Petersburg FL 33705				Fiscal Year End:	12/31/2010		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
N I II .	'		Rate	Rate	Date		
Nursing Home S	Single Level		208.20		1/1/2012		
L	evel H: AIDS		355.81	358.02	1/1/2012		
	evel U: Fragile Under 21		474.27	476.48	1/1/2012		
Rate Type :							
Interim		X	Prospectiv	⁄e			
Tota	l Interim		X	Total Prospective			
	im Component		Prospective Adjusted for New Costs				
	ement based on costs	Total Prospective with Interim Component					
Prior	Provider Prospective data						
Basis:		Changes	:				
Budget			_	e Rating Change			
X Unaudited costs	1			d Customary Limitatio ate limitation change	n		
Field audited co		-	FRVS C	_			
Field audit - in Desk audited co	-	<u> </u>	***	•	2/21/2010		
Desk audit - Int	1			d Cost Report FYE 1 nester Change	2/31/2010		
	rospective portion	-					
Distribution:				Stephen Russell			
Contract Management	nt / Fiscal Agent		Medicaio	Cost Reimbursement	Analysis		
Permanent File			Modicale	. Cost Romoursomont	7 Hildry 515		
For information	on Only						
No Change in	Rate						
Home Office:	Greystone Healthcare Mana	agement, LLC					
	4042 Park Oaks Blvd, Suite Tampa FL 33610	300					



Medicaid Reimbursement Per Diem Rates

Park Meadows Health & I	Rehab Center			Provider Number:	0 227765-00
3250 SW 41st Place				Date:	5/2/2012
Gainesville FL 32608				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	lingle Level	*****	210.15		7/1/2011
L	evel H: AIDS		356.35	358.59	7/1/2011
L	evel U: Fragile Under 21		473.68	475.92	7/1/2011
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Inte	erim portion	Changes:	Licensure Usual and Target Ri FRVS Cl	Total Prospective Prospective Adjusted of Total Prospective with e Rating Change d Customary Limitation ate limitation change nange d Cost Report FYE 1 nester Change	Interim Component
Distribution:			M	Stephen Russell	
Contract Managemer Permanent File	nt / Fiscal Agent	Me	dicaid Cost	Reimbursement Plant	ning and Finance
For information	n Only				
No Change in	•				
Home Office:	Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite 3 Tampa FL 33610				

V6.999.1.2:PSZNE

Report Calculated: 5/2/2012 Report Printed: 5/2/2012 Book:0 ID:554332277652011070120120502150844



Park Meadows Health	& Rehab Center			Provider Number:	0 227765-00
3250 SW 41st Place		•		Date:	5/2/2012
Gainesville FL 32608				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	<u>-</u>	Current Rate	New Rate 214.51	Effective Date 1/1/2012
	Level H: AIDS		359.87	362.12	1/1/2012
	Level U: Fragile Under 21	-	478.33	480.58	1/1/2012
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion costs Interim Portion	Changes	Licensure Usual and Target Ra FRVS Ch Amended Rate Sem	Total Prospective Prospective Adjusted: Total Prospective with Re Rating Change I Customary Limitation ate limitation change hange I Cost Report FYE 1 lester Change	n Interim Component
Distribution:	Prospective portion		Not on Fl	Stephen Russell	
Permanent File For information No Change Home Office:	•		edicaid Cost	Reimbursement Plan	ning and Finance
	4042 Park Oaks Blvd, Suite Tampa FL 33610	300			



Atlantic Shores Nursi	ing and Rehab			Provider Number:	0 263389-00
4251 Stack Blvd.		-	Date:		
Melbourne FL 32901		_		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					**************************************
			Current	New	Effective
Numaina Uama	Cingle Level		Rate	Rate	Date 1/1/2012
Nursing Home	Single Level	_	202.79		1/1/2012
	Level H: AIDS		350.40	347.61	1/1/2012
	Level U: Fragile Under 21		468.86	466.07	1/1/2012
Rate Type:					
Interim		X	Prospectiv	re	
	Total Interim		<u> X</u>	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
1	Prior Provider Prospective data				
Basis:		Changes:			
				n c c	
Budget		-		Rating Change	
X Unaudited Field audit				d Customary Limitation thange	on .
	- interim portion		FRVS CI		
Desk audite	- 1	X		d Cost Report FYE 1	2/31/10
	- Interim Portion			ester Change	
Desk Audit	- Prospective portion	***************************************	On FRV	[2] as of 12/08/1995	
<u>Distribution:</u>			M	K Stephen Russell	
_	ement / Fiscal Agent	Me	dicaid Cost	t Reimbursement Plan	ning and Finance
Permanent File					
-	nation Only				
No Chang	e in Rate				
Home Office:	Southern HealthCare Mana	agement, LLC			
	R. Mark Cronquist				
	5887 Glenridge Drive, Suite Atlanta GA 30328	e 150			
	Atlanta GA 30326				



Riviera Palms Nursi	ng and Rehab			Provider Number:	0 263451-00
926 Haben Blvd.	-		Date:	5/2/2012	
Palmetto FL 34221				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
	a		Rate	Rate	Date
Nursing Home	Single Level		205.86		7/1/2011
	Level H: AIDS		352.06	349.01	7/1/2011
	Level U: Fragile Under 21	-	469.39	466.34	7/1/2011
Rate Type :					
Interim		X	Prospectiv	ve ·	
	Total Interim		<u>X</u>	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		Changes	<u>:</u>		
Dudget			Licensur	e Rating Change	
Budget X Unaudited	costs			d Customary Limitatio	ın
Field audit				ate limitation change	•••
Field audi	t - interim portion		FRVS C	hange	
Desk audit		X	- Amende	d Cost Report FYE 1	2/31/2010
	- Interim Portion			nester Change	
Distribution:	t - Prospective portion		On FRV	[2] as of 03/07/1988	
	gement / Fiscal Agent			Stephen Russell	
Permanent File	,	М	edicaid Cos	t Reimbursement Plans	ning and Finance
	nation Only				
	ge in Rate				
Home Office:	Southern HealthCare Mana	agement, LLC			
Home Office.	R. Mark Cronquist	,			
	5887 Glenridge Drive, Suit	e 150		V T	
	Atlanta GA 30328				



Riviera Palms Nursin	g and Rehab			Provider Number:	0 263451-00
926 Haben Blvd.			Date:	5/2/2012	
Palmetto FL 34221				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					<u> </u>
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		207.21	<u>204.13</u> _	1/1/2012
	Level H: AIDS		354.82	351.74	1/1/2012
	Level U: Fragile Under 21		473.28	470.20	1/1/2012
		,			44.44
Rate Type :					
Interim		X	Prospective		
	Total Interim			Total Prospective	C 37 . O .
	nterim Component Settlement based on costs			Prospective Adjusted	
	Prior Provider Prospective data		-	Total Prospective with	i interim Component
	Tiol Florider Flospective data		_	440	
Basis:		Changes:	J		
Budget			Licensure	Rating Change	
X Unaudited of	costs		•	Customary Limitatio	n
Field audite	ed costs		Target Ra	te limitation change	
Field audit	- interim portion		FRVS Ch	ange	
Desk audite	1	X		Cost Report FYE 1	2/31/2010
	- Interim Portion - Prospective portion			ester Change 2] as of 03/07/1988	
Distribution:	- 1 Tospective portion		OHTRV	/	
	ement / Fiscal Agent		_//\	Stephen Russell	
Permanent File	ment / 1 iscar Agent	Me	dicaid Cost	Reimbursement Plani	ning and Finance
For inform	ation Only				
No Change	•				
Home Office:	Southern HealthCare Manag	gement, LLC			
	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	150			
			on the second of proper had the		



Boynton Beach Rehab			Provider Number:	0 263460-00	
9600 Lawrence Road			Date:	5/3/2012	
Boynton Beach FL 334	436			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		210.76	208.33	7/1/2011
	Level H: AIDS		356.96	354.53	7/1/2011
	Level U: Fragile Under 21		474.29	471.86	7/1/2011
Ir Se Pr	otal Interim terim Component ettlement based on costs rior Provider Prospective data	X		e Total Prospective Prospective Adjusted Total Prospective with	
Desk audited Desk audit -	d costs interim portion	Changes:	Licensure Usual and Target Ra FRVS Ch Amended	e Rating Change I Customary Limitation ate limitation change nange I Cost Report FYE 1 ester Change [2] as of 07/01/1998	
Distribution: Contract Manager	ment / Fiscal Agent		IR	Stephen Russell	
Permanent File For informa No Change	ation Only	Ме	dicaid Cost	Reimbursement Plan	ning and Finance
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Boynton Beach Rehabilitation Center				Provider Number:	0 263460-00
9600 Lawrence Road	Road		Date:	5/3/2012	
Boynton Beach FL 33	3436	436 Fiscal Year		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Name II	Cimala I anal	_	Rate	Rate	Date
Nursing Home	Single Level	_	212.61		1/1/2012
	Level H: AIDS		360.22	357.30	1/1/2012
	Level U: Fragile Under 21	_	478.68	475.76	1/1/2012
Rate Type:					
Interim		X	Prospectiv		
1	Total Interim			Total Prospective	
	Interim Component	·		Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interim Component
	Frior Provider Prospective data				
Basis:		Changes:	_		
Deadeas			Licensur	e Rating Change	
Budget X Unaudited	roets		•	d Customary Limitation	an .
Field audit		-		ate limitation change	ni .
Field audit	- interim portion		FRVS C	-	
Desk audite	-	X	Amende	d Cost Report FYE 1	2/31/10
	- Interim Portion			nester Change	
	- Prospective portion		On FRV	[2] as of 07/01/1998	
Distribution:	ement / Fiscal Agent		M	Stephen Russell	
Permanent File	ement / Fiscar Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only				
No Chang	·				
ino Chang					
Home Office:	Southern HealthCare Manag	gement, LLC			
	R. Mark Cronquist	150			
	5887 Glenridge Drive, Suite Atlanta GA 30328	150			



Pinellas Point Nursing	g and Rehab			Provider Number:	0 263486-00	
5601 31st Street Nortl		•		Date:	5/3/2012	
St. Petersburg FL 337	12			Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate	Effective Date 1/1/2012	
Nursing Home	Single Level	_	413.73	<u>212.54</u> _	1/1/2012	
	Level H: AIDS		363.34	360.15	1/1/2012	
	Level U: Fragile Under 21	_	481.80	478.61	1/1/2012	
Rate Type :	·					
Interim		X	Prospectiv			
	Cotal Interim			Total Prospective	for Novy Costs	
	nterim Component ettlement based on costs			Prospective Adjusted: Total Prospective with		
	rior Provider Prospective data			Total Trospective will	i internii Component	
	- Too Too Tao Too poot to aum		_			_
Basis:		Changes	<u>:</u>			
7 . 1.			Licensure	e Rating Change		
Budget X Unaudited of	rosts	-	_	d Customary Limitatio	ın.	
Field audite		-	_	ate limitation change	41	
Field audit	- interim portion		FRVS Ch	nange		
Desk audite	-	X	– Amended	d Cost Report FYE 1	2/31/10	
	- Interim Portion			ester Change		
	- Prospective portion		On FRV	[2] as of 03/08/1995		
Distribution:	. (77)		M	Stephen Russell		
_	ement / Fiscal Agent	M	edicaid Cost	Reimbursement Plan	ning and Finance	
Permanent File For inform	ation Only					
	•					
No Change	e in Kate					
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328					
	L					



Port Orange Nursing	and Rehab			Provider Number:	0 263508-00
5600 Victory Gardens	s Blvd.			Date:	5/3/2012
Port Orange FL 3212	7			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		210.27	207.46	1/1/2012
	Level H: AIDS		357.88	355.07	1/1/2012
	Level U: Fragile Under 21		476.34	473.53	1/1/2012
Rate Type :					
Interim		X	Prospective	;	
	Total Interim			Cotal Prospective	
	nterim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			Cotal Prospective with	i Interim Component
	Tiol Flowidel Flospective data	-	1		
Basis:		Changes			
Budget			Licensure	Rating Change	
X Unaudited of			_	Customary Limitatio	n
Field audite				te limitation change	
	- interim portion		FRVS Ch	_	A /A / A O / O
Desk audite	d costs - Interim Portion	<u> </u>	_	Cost Report FYE 1 ester Change	2/31/2010
	- Prospective portion			2] as of 10/09/1992	
Distribution:		L	fst	Stephen Russell	
	ement / Fiscal Agent		Medicaid	Cost Reimbursement	Analysis
Permanent File					-
For inform	-				
No Change	e in Kate				
Home Office:	Southern HealthCare Manag	ement, LLC			
	R. Mark Cronquist				
•	5887 Glenridge Drive, Suite Atlanta GA 30328	150			
	radial Ort 50520	,, , , , , , , , , , , , , , ,			



Macclenny Nursing and Rehab			Provider Number:	0 263516-00
755 South 5th Street			Date:	5/3/2012
MacClenny FL 32063			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		irrent Rate	New Rate	Effective Date
Nursing Home Single Level	1	22.27	189.22	7/1/2011
Level H: AIDS	3:	38.47	335.42	7/1/2011
Level U: Fragile Under 21	4	55.80	452.75	7/1/2011
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data Basis:			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		Jsual and Farget Ra FRVS Cl Amended Rate Sem	e Rating Change d Customary Limitation ate limitation change hange d Cost Report FYE 1 hester Change [2] as of 08/27/1990	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern HealthCare R. Mark Cronquist 5887 Glenridge Drive, Atlanta GA 30328	Management, LLC	<i>J</i>	Stephen Russell Cost Reimbursement	t Analysis



Macclenny Nursing a	nd Rehab			Provider Number:	0 263516-00
755 South 5th Street		_		Date:	5/3/2012
MacClenny FL 32063	3			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Addit Status.	Onaddica [5]
rounder ryper			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		193.48	190.40	1/1/2012
8	3	•			
	Level H: AIDS		341.09	_338.01	1/1/2012
	Level U: Fragile Under 21		459.55	456.47	1/1/2012
Rate Type :					
		***	w .		
Interim	Total Yutanim	X	_ Prospective		
	Total Interim Interim Component			Fotal Prospective Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			rotar riospective with	i morani Component
Basis:		Change	s:		
Budget			Licensure	Rating Change	
X Unaudited	costs		Usual and	Customary Limitatio	n
Field audit	ed costs		Target Ra	te limitation change	
Field audit	- interim portion		FRVS Ch	ange	
Desk audite		X		Cost Report FYE 1	2/31/2010
	- Interim Portion			ester Change	
	- Prospective portion		Unrkv	[2] as of 08/27/1990	
<u>Distribution:</u>	(7)		SK	Stephen Russell	
	ement / Fiscal Agent		Medicaid	Cost Reimbursement	Analysis
Permanent File					•
	nation Only				
No Chang	ge in Rate				
Home Office:	Southern HealthCare Man	agement, LLC			
	R. Mark Cronquist				
	5887 Glenridge Drive, Sui	te 150			
	Atlanta GA 30328				



Medicana Nursing and	Rehab			Provider Number:	0 263524-00
1710 Lake Worth Road				Date:	5/3/2012
Lake Worth FL 33460	· · · · · · · · · · · · · · · · · · ·			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		202.42	<u> 199.01</u> _	1/1/2012
	Level H: AIDS		350.03	346.62	1/1/2012
	Level U: Fragile Under 21	<u>-</u>	468.49	465.08	1/1/2012
Rate Type:					
Interim		X	Prospectiv	re	
	otal Interim		X	Total Prospective	
Int	terim Component	•		Prospective Adjusted	for New Costs
	ttlement based on costs			Total Prospective with	Interim Component
Pri	ior Provider Prospective data				
Basis:		Changes:			
			* *	n e ci	
Budget			•	e Rating Change	
X Unaudited co	1		-	d Customary Limitation at a limitation change	'n
	interim portion		FRVS CI	-	
Desk audited	-	X	-	d Cost Report FYE 1	2/31/10
	Interim Portion		Rate Sem	nester Change	
Desk Audit -	Prospective portion		On FRV	[2] as of 02/01/1997	
Distribution:			SI	Stephen Russell	
_	nent / Fiscal Agent	Me	dicaid Cost	t Reimbursement Plan	ning and Finance
Permanent File					_
For information	•				
No Change	in Rate				
Home Office:	Southern HealthCare Manag	ement, LLC			
TO THE PROPERTY OF THE PARTY OF	R. Mark Cronquist				
	5887 Glenridge Drive, Suite	150		<u> </u>	
	Atlanta GA 30328				



Tiffany Hall Nursing	and Rehab			Provider Number:	0 263532-00
1800 SE Hillmoor Dr	rive			Date:	5/4/2012
Port St. Lucie FL 349	952			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	203.96		1/1/2012
	Level H: AIDS		351.57	348.62	1/1/2012
	Level U: Fragile Under 21		470.03	467.08	1/1/2012
Rate Type :					
Interim		X	_ Prospectiv	ve	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	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 Limitatio	n
Field audite	ed costs			ate limitation change	
Field audit	- interim portion		_ FRVS CI	hange	
Desk audite		X		d Cost Report FYE 1	2/31/10
	- Interim Portion - Prospective portion			nester Change [2] as of 07/06/1993	
Distribution:		L	þ	Kstephen Russell	
Contract Manage	ement / Fiscal Agent	M	ledicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
	nation Only				
No Chang	ge in Rate				
Home Office:	Southern HealthCare Manag	gement, LLC			
	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	150			



Moultrie Creek Nursing and Rehab			Provider Number:	0 263559-00
200 Mariner Health Way			Date:	5/7/2012
St. Augustine FL 32086			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		193.32	<u>190.45</u>	1/1/2012
Level H: AIDS		340.93	338.06	1/1/2012
Level U: Fragile U	Jnder 21	459.39	456.52	1/1/2012
Data Tuna 4				
Rate Type :				
Interim	<u> </u>	Prospectiv		
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted	
Settlement based on o			Total Prospective with	Interim Component
Prior Provider Prospe	ective data			
Basis:	Chang	es:		
Budget			e Rating Change	
X Unaudited costs			d Customary Limitatio	n
Field audited costs			ate limitation change	
Field audit - interim portion		FRVS Cl	ū	
Desk audited costs	<u>X</u>		d Cost Report FYE 1	2/31/10
Desk audit - Interim Portion Desk Audit - Prospective portion	a		lester Change [2] as of 05/01/1996	
Distribution:		0 1	Stephen Russell	
Contract Management / Fiscal Agent			1 -	
Permanent File		Medicaid Cost	Reimbursement Plans	ning and Finance
For information Only	•			
No Change in Rate				
	althCare Management, LLC	***************************************		
R. Mark Cror				
	ge Drive, Suite 150			
Atlanta GA 3	•			



Orange City Nursing and Rehab	_	Provider Number:	0 263567-00
2810 Enterprise Road	_	Date:	5/4/2012
DeBary FL 32713	-	Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 199.30	New Rate	Effective Date 7/1/2011
Addising frome Single Level	199.30		//1/2011
Level H: AIDS	345.50	342.74	7/1/2011
Level U: Fragile Under 21	462.83	460.07	7/1/2011
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospecti X	ve 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 ar Target R FRVS C X Amende Rate Ser	re Rating Change and Customary Limitation Rate limitation change Change and Cost Report FYE 1 mester Change [2] as of 06/26/1991	
<u>Distribution:</u>	Ŋ	Stephen Russell	
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate Home Office: Southern HealthCare Man R. Mark Cronquist 5887 Glenridge Drive, Sui Atlanta GA 30328	agement, LLC	st Reimbursement Plan	ning and Finance



Orange City Nursing	and Rehab			Provider Number:	0 263567-00
2810 Enterprise Road				Date:	5/4/2012
DeBary FL 32713				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				riddit Status.	Ontaction [5]
_ io (iooi _jpo)			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		201.11	198.31	1/1/2012
	Level H: AIDS	_	348.72	345.92	1/1/2012
	Level U: Fragile Under 21	_	467.18	464.38	1/1/2012
Rate Type:					
Interim		X	Prospectiv	e	
1	Total Interim			Total Prospective	
	nterim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
X Unaudited	costs			d Customary Limitatio	n
Field audite	ed costs		-	ate limitation change	
	- interim portion		FRVS Cl	•	
Desk audite	d costs - Interim Portion	X	_	d Cost Report FYE 1 ester Change	2/31/10
	- Prospective portion			[2] as of 06/26/1991	
Distribution:	,	<u> </u>	SK	Stephen Russell	
ŭ	ement / Fiscal Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File					
For inform	•				
No Chang	e in Kate				
Home Office:	Southern HealthCare Manage	gement, LLC			
	R. Mark Cronquist	1.50			
	5887 Glenridge Drive, Suite Atlanta GA 30328	150		·	
	Indiana GIL 30320		,		



Medicaid Reimbursement Per Diem Rates

Tuskawilla Nursing a				Provider Number:	0 263591-00
1024 Willa Springs I				Date:	5/4/2012
Winter Springs FL 32	2708			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NT TT.	C' 1 1 1	-	Rate	Rate	Date
Nursing Home	Single Level	-	201.12	<u> 198.47</u> _	7/1/2011
	Level H: AIDS		347.32	344.67	7/1/2011
	Level U: Fragile Under 21		464.65	462.00	7/1/2011
Rate Type :					
Interim	1- <i>1</i>	X	Prospectiv		
	Total Interim			Total Prospective	for Move Coats
	Interim Component		-	Prospective Adjusted Total Prospective with	
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interim Component
	Thor i Tovider i Tospective data				
Basis:		Change	s:		
Budget			Licensure	e Rating Change	
X Unaudited	costs			d Customary Limitation	en
Field audit	1			ate limitation change	
Field audit	- interim portion		FRVS CI	nange	
Desk audite	_	X	— Amende	d Cost Report FYE 1	2/31/2010
	- Interim Portion			ester Change	
	t - Prospective portion		On FRV	[2] as of 11/07/1994	
Distribution:			M	Stephen Russell	
•	ement / Fiscal Agent	***************************************	Medicaid	Cost Reimbursement	Analysis
Permanent File					
	nation Only				
No Chang	ge in Rate				
Home Office:	Southern HealthCare Mana	gement, LLC			
	R. Mark Cronquist				
	5887 Glenridge Drive, Suite	150			
	Atlanta GA 30328				

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Report Calculated: 5/4/2012 Report Printed: 5/4/2012 Book:0 ID:594682635912011070120120504142548



Tuskawilla Nursing and Rehab		Provider Num	ber: 0 263591-00
1024 Willa Springs Drive		D	ate: 5/4/2012
Winter Springs FL 32708		Fiscal Year E	
		Audit Sta	
Provider Type:	Curr Rai	ent New	Effective Date
Nursing Home Single Level	202	.44 199.76	1/1/2012
Level H: AIDS	350	.05 347.37	1/1/2012
Level U: Fragile Under 21	468	.51 465.83	1/1/2012
Rate Type:			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Pros		e nsted for New Costs e with Interim Component
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion	Us Ta	censure Rating Change ual and Customary Lim rget Rate limitation cha VS Change	
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X An	nended Cost Report F te Semester Change FRV [2] as of 11/07/19	
<u>Distribution:</u>		I Stephen Russ	ell
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Me	edicaid Cost Reimburse	ment Analysis
Home Office: R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328	ent, LLC		



Boulevard Rehabilitation Center	_	Provider Number:	0 263613-00
2839 South Seacrest Boulevard		Date:	5/4/2012
Boynton Beach FL 33435	_	Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 193.88	New Rate 191.03	Effective Date 1/1/2012
Level H: AIDS	341.49	338.64	1/1/2012
Level U: Fragile Under 21	459.95	457.10	1/1/2012
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs		ive _ Total Prospective _ Prospective Adjusted: _ Total Prospective with ure Rating Change and Customary Limitatio	n Interim Component
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Target FRVS 0 X Amend Rate Se	Rate limitation change	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern HealthCare Man R. Mark Cronquist 5887 Glenridge Drive, Suit Atlanta GA 30328	agement, LLC	Stephen Russell st Reimbursement Plans	ning and Finance



Palm City Nursing and Rehab 2505 SW Martin Highway				Provider Number:	0 263621-00			
				Date:	5/4/2012			
Palm City FL 34990				Fiscal Year End:	12/31/2010			
				Audit Status:	Unaudited [3]			
Provider Type:								
			Current Rate	New Rate	Effective Date			
Nursing Home	Single Level		204.36	201.66	7/1/2011			
	Level H: AIDS		350.56	347.86	7/1/2011			
	Level U: Fragile Under 21		467.89	465.19	7/1/2011			
Rate Type :								
Interim		x	Prospectiv	re				
,		X Total Prospective						
]		Prospective Adjusted for New Costs						
***************************************	Settlement based on costs		Total Prospective with Interim Component					
	Prior Provider Prospective data							
Basis:		Changes:						
Budget			Licensur	e Rating Change				
X Unaudited	costs		Usual and Customary Limitation					
Field audited costs			Target Rate limitation change					
	- interim portion		FRVS Change					
Desk audited costs		X Amended Cost Report FYE 12/31/2010						
Desk audit - Interim Portion Desk Audit - Prospective portion		Rate Semester Change On FRV [2] as of 10/19/1993						
Distribution:		<u> </u>	9/1	Stephen Russell				
Contract Manage	Me	Medicaid Cost Reimbursement Planning and Finance						
Permanent File			divara cos		inig uita i maita			
For inform	nation Only							
No Chang	e in Rate							
Home Office:	Southern HealthCare Manage	gement, LLC						
	R. Mark Cronquist							
	5887 Glenridge Drive, Suite	150						
	Atlanta GA 30328							



Palm City Nursing and Rehab 2505 SW Martin Highway Palm City FL 34990			Provider Number: Date:		0 263621-00		
					5/4/2012		
				Fiscal Year End:	12/31/2010		
				Audit Status:	Unaudited [3]		
Provider Type:				ridge States.	Onautou [J]		
, P	•	_	Current Rate	New Rate	Effective Date		
Nursing Home Single	e Level	-	205.70		1/1/2012		
Level F	H: AIDS		353.31	350.58	1/1/2012		
Level U	J: Fragile Under 21		471.77	469.04	1/1/2012		
D.A. Thurs							
Rate Type:		X	Prospective				
Total Inter	X Prospective X Total Prospective						
Interim Component			Prospective Adjusted for New Costs				
Settlement based on costs			***		h Interim Component		
Prior Provi	ider Prospective data						
Basis:		Changes:					
Dudget			Licensure	Rating Change			
Budget X Unaudited costs		Licensure Rating Change Usual and Customary Limitation					
Field audited costs		Target Rate limitation change					
Field audit - interim portion		FRVS Change					
Desk audited costs		X Amended Cost Report FYE 12/31/2010					
Desk audit - Interim Portion Desk Audit - Prospective portion		Rate Semester Change On FRV [2] as of 10/19/1993					
Distribution:			SK	Stephen Russell			
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance					
Permanent File		14100	neara cost	remioursement i ian	ning and i manee		
For information Onl	у						
No Change in Rate	·						
Home Office:	outhern HealthCare Manager	ment, LLC					
R. 58	Mark Cronquist 87 Glenridge Drive, Suite 15 lanta GA 30328						



Medicaid Reimbursement Per Diem Rates

LakeWood Nursing Center 100 North Lake Street				Provider Number:	0 312142-00		
			Date:		5/7/2012		
Crescent City FL 32112				Fiscal Year End:	12/31/2010		
				Audit Status:	Unaudited [3]		
Provider Type: Nursing Home	Single Level	-	Current Rate 179.21	New Rate 185.54	Effective Date 7/1/2011		
Ü	6	-			*		
	Level H: AIDS		325.41	331.74	7/1/2011		
	Level U: Fragile Under 21		442.74	449.07	7/1/2011		
Rate Type:		X	Prospectiv	ve			
Total Interim			X Total Prospective				
	terim Component		Prospective Adjusted for New Costs				
***************************************	ettlement based on costs		***************************************	Total Prospective with	n Interim Component		
Pr	rior Provider Prospective data						
Basis:		Changes	s:				
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		X	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Amended Cost Report FYE 12/31/10 Rate Semester Change On FRV [2] as of 11/15/2001				
Distribution:			Stephen Russell				
Contract Management / Fiscal Agent		M	Medicaid Cost Reimbursement Planning and Finance				
Permanent File							
For informa	· · · · · · · · · · · · · · · · · · ·						
No Change	in Rate						
Home Office:	Putnam Council, Inc. 16 Norcross Street Roswell GA 30075						

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LakeWood Nursing Center 100 North Lake Street			Provider Number: Date:		0 312142-00		
		-			5/7/2012		
Crescent City FL 32112		<u>-</u>		Fiscal Year End:	12/31/2010		
				Audit Status:	Unaudited [3]		
Provider Type:				radit batas.			
7.1		_	Current Rate	New Rate	Effective Date		
Nursing Home S	Single Level	_	180.26	186.68	1/1/2012		
L	evel H: AIDS	_	327.87	334.29	1/1/2012		
L	evel U: Fragile Under 21	-	446.33	452.75	1/1/2012		
Rate Type:		x	Prospectiv	e			
Total Interim			·	Total Prospective			
Inter	im Component	Prospective Adjusted for New Costs					
Settl	ement based on costs		,	Total Prospective with	Interim Component		
Prior	Provider Prospective data						
Basis:		Changes	•				
Budget			Licensure	Rating Change			
X Unaudited costs	s		Usual and Customary Limitation				
Field audited co	osts	Target Rate limitation change					
Field audit - in	-	FRVS Change					
Desk audited co		X Amended Cost Report FYE 12/31/10					
Desk audit - Interim Portion Desk Audit - Prospective portion		Rate Semester Change On FRV [2] as of 11/15/2001					
Distribution:	ospetitive position		IN	Stephen Russell			
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance					
Permanent File					,		
For information	-						
No Change in	Rate						
Home Office:	Putnam Council, Inc.		a sonamental discountry of the sonamental dis				
	16 Norcross Street Roswell GA 30075						