

# FLORIDA MEDICAID

A Division of the Agency for Health Care Administration

*Better Health Care for all Floridians*

RICK SCOTT  
GOVERNOR

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.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
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	2
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



Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U		
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	
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	



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**

Woods of Manatee Springs  
 5627 9th Street East  
 Bradenton FL 34203

Provider Number: 0 008793-00  
 Date: 5/2/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<u>222.10</u>	<u>228.55</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>368.30</u>	<u>374.75</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>485.63</u>	<u>492.08</u>	<u>7/1/2011</u>


<b>Rate Type :</b>	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

<b>Basis:</b>
<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion

<b>Changes:</b>
<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Amended Cost Report FYE 12/31/2010
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 07/01/1987

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
 For information Only  
 No Change in Rate

  
 Stephen Russell  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Putnam Council, Inc.  
  
16 Norcross Street  
Roswell GA 30075



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance  
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 Tallahassee, Florida 32308

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 Bradenton FL 34203

Provider Number: 0 008793-00  
 Date: 5/2/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>223.04</u>	<u>230.06</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>370.65</u>	<u>377.67</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>489.11</u>	<u>496.13</u>	<u>1/1/2012</u>

**Rate Type :**

Interim  Prospective

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:**

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change


Amended Cost Report FYE 12/31/2010

Rate Semester Change

On FRV [2] as of 07/01/1987

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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

Egret Cove Center  
550 62nd Street South  
St. Petersburg FL 33707

Provider Number: 0 212890-00  
 Date: 4/26/2012  
 Fiscal Year End: 7/31/2005  
 Audit Status: Revised Field Audit [5]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home      Single Level</b>	<u>141.80</u>	<u>141.31</u>	<u>1/1/2006</u>
Level H: AIDS	<u>266.91</u>	<u>266.42</u>	<u>1/1/2006</u>
Level U: Fragile Under 21	<u>367.29</u>	<u>366.80</u>	<u>1/1/2006</u>

**Rate Type :**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion

**Changes:**


<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> FA & RFA #NH06-178C FYE 07/31/05
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/1985

**Distribution:**

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Home Office:

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 Stephen Russell  
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**Medicaid Reimbursement Per Diem Rates**

Egret Cove Center  
550 62nd Street South  
St. Petersburg FL 33707

Provider Number: 0 212890-00  
 Date: 4/26/2012  
 Fiscal Year End: 7/31/2005  
 Audit Status: Revised Field Audit [5]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>144.37</u>	<u>143.88</u>	<u>7/1/2006</u>
	Level H: AIDS	<u>271.50</u>	<u>271.01</u>	<u>7/1/2006</u>
	Level U: Fragile Under 21	<u>373.50</u>	<u>373.01</u>	<u>7/1/2006</u>

**Rate Type :**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**


<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
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**Changes:**

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> FA & RFA #NH06-178C FYE 07/31/05
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/1985

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**Medicaid Reimbursement Per Diem Rates**

Egret Cove Center  
550 62nd Street South  
St. Petersburg FL 33707

Provider Number: 0 212890-00  
 Date: 4/26/2012  
 Fiscal Year End: 7/31/2005  
 Audit Status: Revised Field Audit [5]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>153.96</b>	<b>152.33</b>	<b>1/1/2007</b>
	Level H: AIDS	283.56	281.93	1/1/2007
	Level U: Fragile Under 21	387.55	385.92	1/1/2007

**Rate Type :**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 FA & RFA #NH06-178C FYE 07/31/05  
 Rate Semester Change  
 On FRV [2] as of 10/01/1985

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**Medicaid Reimbursement Per Diem Rates**

Egret Cove Center  
550 62nd Street South  
St. Petersburg FL 33707

Provider Number: 0 212890-00  
 Date: 4/26/2012  
 Fiscal Year End: 7/31/2005  
 Audit Status: Revised Field Audit [5]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>160.54</u>	<u>157.50</u>	<u>2/1/2007</u>
	Level H: AIDS	<u>290.14</u>	<u>287.10</u>	<u>2/1/2007</u>
	Level U: Fragile Under 21	<u>394.13</u>	<u>391.09</u>	<u>2/1/2007</u>

**Rate Type :**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion

**Changes:**

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> FA & RFA #NH06-178C FYE 07/31/05
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/1985

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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

Egret Cove Center  
550 62nd Street South  
St. Petersburg FL 33707

Provider Number: 0 212890-00  
 Date: 4/26/2012  
 Fiscal Year End: 7/31/2005  
 Audit Status: Revised Field Audit [5]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>153.96</u>	<u>152.33</u>	<u>3/1/2007</u>
	Level H: AIDS	<u>283.56</u>	<u>281.93</u>	<u>3/1/2007</u>
	Level U: Fragile Under 21	<u>387.55</u>	<u>385.92</u>	<u>3/1/2007</u>

**Rate Type :**

Interim  Prospective  
 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:**

Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **FA & RFA #NH06-178C FYE 07/31/05**  
 Rate Semester Change  
 On FRV [2] as of 10/01/1985

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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

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 Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>211.54</u>	<u>214.73</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>357.74</u>	<u>360.93</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>475.07</u>	<u>478.26</u>	<u>7/1/2011</u>

**Rate Type :**

- |  |   |
|--|---|
| <input type="checkbox"/> Interim                         | <input checked="" type="checkbox"/> Prospective                   |
| <input type="checkbox"/> Total Interim                   | <input checked="" type="checkbox"/> Total Prospective             |
| <input type="checkbox"/> Interim Component               | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input type="checkbox"/> Settlement based on costs       | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data |   |

**Basis:**

- Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Amended Cost Report FYE 12/31/2010  
 Rate Semester Change  
 On FRV [2] as of 03/30/1999

**Distribution:**

- Contract Management / Fiscal Agent  
 Permanent File  
 For information Only  
 No Change in Rate

Home Office:

Greystone Healthcare Management, LLC

4042 Park Oaks Blvd, Suite 300  
 Tampa FL 33610

Stephen Russell

Medicaid Cost Reimbursement Planning and Finance



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  
 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 Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>213.36</b>	<b>216.58</b>	<b>1/1/2012</b>
	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  Prospective  
 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:**

Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Amended Cost Report FYE 12/31/2010  
 Rate Semester Change  
 On FRV [2] as of 03/30/1999

**Distribution:**

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*SR* Stephen Russell

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**Medicaid Reimbursement Per Diem Rates**

Wilton Manors Health & Rehab Center  
2675 North Andrews Ave  
Wilton Manors FL 33311

Provider Number: 0 227579-00  
 Date: 4/30/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>217.75</u>	<u>220.31</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>363.95</u>	<u>366.51</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>481.28</u>	<u>483.84</u>	<u>7/1/2011</u>

**Rate Type :**

Interim  Prospective  
 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:**

Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Amended Cost Report FYE 12/31/10**  
 Rate Semester Change

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
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 No Change in Rate

**Stephen Russell**

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Home Office:

Greystone Healthcare Management, LLC

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 Tampa FL 33610



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**

Wilton Manors Health & Rehab Center  
 2675 North Andrews Ave  
 Wilton Manors FL 33311

Provider Number: 0 227579-00  
 Date: 4/30/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home      Single Level</b>	<u>219.04</u>	<u>221.62</u>	<u>1/1/2012</u>
Level H: AIDS	<u>366.65</u>	<u>369.23</u>	<u>1/1/2012</u>
Level U: Fragile Under 21	<u>485.11</u>	<u>487.69</u>	<u>1/1/2012</u>

**Rate Type :**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Amended Cost Report FYE 12/31/10  
 Rate Semester Change

**Distribution:**

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 Tampa FL 33610

Stephen Russell

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**Medicaid Reimbursement Per Diem Rates**

Greenbriar Rehab & Nursing Center  
210 21st Avenue West  
Bradenton FL 34205

Provider Number: 0 227625-00  
Date: 5/2/2012  
Fiscal Year End: 12/31/2010  
Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home      Single Level</b>	<u>218.48</u>	<u>220.99</u>	<u>7/1/2011</u>
Level H: AIDS	<u>364.68</u>	<u>367.19</u>	<u>7/1/2011</u>
Level U: Fragile Under 21	<u>482.01</u>	<u>484.52</u>	<u>7/1/2011</u>

**Rate Type :**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion

**Changes:**

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Amended Cost Report FYE 12/31/2010
<input type="checkbox"/> Rate Semester Change

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

Greenbriar Rehab & Nursing Center  
210 21st Avenue West  
Bradenton FL 34205

Provider Number: 0 227625-00  
 Date: 5/2/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>220.58</u>	<u>223.11</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>368.19</u>	<u>370.72</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>486.65</u>	<u>489.18</u>	<u>1/1/2012</u>

**Rate Type :**

Interim  Prospective  
 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:**

Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Amended Cost Report FYE 12/31/2010  
 Rate Semester Change

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

North Rehabilitation Center  
 1301 16th Street North  
 St. Petersburg FL 33705

Provider Number: 0 227641-00  
 Date: 5/2/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home <b>Single Level</b>	<u>206.12</u>	<u>208.31</u>	<u>7/1/2011</u>
Level H: AIDS	<u>352.32</u>	<u>354.51</u>	<u>7/1/2011</u>
Level U: Fragile Under 21	<u>469.65</u>	<u>471.84</u>	<u>7/1/2011</u>

**Rate Type :**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Amended Cost Report FYE 12/31/2010  
 Rate Semester Change

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

North Rehabilitation Center  
 1301 16th Street North  
 St. Petersburg FL 33705

Provider Number: 0 227641-00  
 Date: 5/2/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>208.20</b>	<b>210.41</b>	<b>1/1/2012</b>
	Level H: AIDS	355.81	358.02	1/1/2012
	Level U: Fragile Under 21	474.27	476.48	1/1/2012

**Rate Type :**

Interim  Prospective  
 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:**


Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Amended Cost Report FYE 12/31/2010  
 Rate Semester Change

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

Park Meadows Health & Rehab Center  
3250 SW 41st Place  
Gainesville FL 32608

Provider Number: 0 227765-00  
 Date: 5/2/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home      Single Level</b>	<b><u>210.15</u></b>	<b><u>212.39</u></b>	<b><u>7/1/2011</u></b>
Level H: AIDS	<u>356.35</u>	<u>358.59</u>	<u>7/1/2011</u>
Level U: Fragile Under 21	<u>473.68</u>	<u>475.92</u>	<u>7/1/2011</u>

<b>Rate Type :</b>	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

<b>Basis:</b>
<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion

<b>Changes:</b>
<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> <b>Amended Cost Report FYE 12/31/10</b>
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Not on FRV [1]

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**Medicaid Reimbursement Per Diem Rates**

Park Meadows Health & Rehab Center  
 3250 SW 41st Place  
 Gainesville FL 32608

Provider Number: 0 227765-00  
 Date: 5/2/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home      Single Level</b>	<b>212.26</b>	<b>214.51</b>	<b>1/1/2012</b>
Level H: AIDS	359.87	362.12	1/1/2012
Level U: Fragile Under 21	478.33	480.58	1/1/2012

**Rate Type :**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion

**Changes:**

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> <b>Amended Cost Report FYE 12/31/10</b>
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Not on FRV [1]

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**Medicaid Reimbursement Per Diem Rates**

Atlantic Shores Nursing and Rehab  
4251 Stack Blvd.  
Melbourne FL 32901

Provider Number: 0 263389-00  
 Date: 5/2/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<u>202.79</u>	<u>200.00</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>350.40</u>	<u>347.61</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>468.86</u>	<u>466.07</u>	<u>1/1/2012</u>

**Rate Type :**

Interim  Prospective  
 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:**

Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Amended Cost Report FYE 12/31/10  
 Rate Semester Change  
 On FRV [2] as of 12/08/1995

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**Medicaid Reimbursement Per Diem Rates**

Riviera Palms Nursing and Rehab  
 926 Haben Blvd.  
 Palmetto FL 34221

Provider Number: 0 263451-00  
 Date: 5/2/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home      Single Level</b>	<b>205.86</b>	<b>202.81</b>	<b>7/1/2011</b>
Level H: AIDS	352.06	349.01	7/1/2011
Level U: Fragile Under 21	469.39	466.34	7/1/2011

**Rate Type :**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion

**Changes:**

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> <b>Amended Cost Report FYE 12/31/2010</b>
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 03/07/1988

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**Medicaid Reimbursement Per Diem Rates**

Riviera Palms Nursing and Rehab  
 926 Haben Blvd.  
 Palmetto FL 34221

Provider Number: 0 263451-00  
 Date: 5/2/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>207.21</b>	<b>204.13</b>	<b>1/1/2012</b>
	Level H: AIDS	354.82	351.74	1/1/2012
	Level U: Fragile Under 21	473.28	470.20	1/1/2012

**Rate Type :**

Interim  Prospective

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:**

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

**Amended Cost Report FYE 12/31/2010**

Rate Semester Change


On FRV [2] as of 03/07/1988

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**Medicaid Reimbursement Per Diem Rates**

Boynton Beach Rehabilitation Center  
 9600 Lawrence Road  
 Boynton Beach FL 33436

Provider Number: 0 263460-00  
 Date: 5/3/2012  
 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

**Rate Type :**

Interim  Prospective

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:**

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change


Amended Cost Report FYE 12/31/10

Rate Semester Change

On FRV [2] as of 07/01/1998

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**Medicaid Reimbursement Per Diem Rates**

Boynton Beach Rehabilitation Center  
 9600 Lawrence Road  
 Boynton Beach FL 33436

Provider Number: 0 263460-00  
 Date: 5/3/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<b>212.61</b>	<b>209.69</b>	<b>1/1/2012</b>
	Level H: AIDS	360.22	357.30	1/1/2012
	Level U: Fragile Under 21	478.68	475.76	1/1/2012

<b>Rate Type :</b>	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

<b>Basis:</b>
<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion

<b>Changes:</b>
<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Amended Cost Report FYE 12/31/10
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 07/01/1998

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

Pinellas Point Nursing and Rehab  
5601 31st Street North  
St. Petersburg FL 33712

Provider Number: 0 263486-00  
 Date: 5/3/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>215.73</u>	<u>212.54</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>363.34</u>	<u>360.15</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>481.80</u>	<u>478.61</u>	<u>1/1/2012</u>

**Rate Type :**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Amended Cost Report FYE 12/31/10**  
 Rate Semester Change  
 On FRV [2] as of 03/08/1995

**Distribution:**

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 No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

Port Orange Nursing and Rehab  
5600 Victory Gardens Blvd.  
Port Orange FL 32127

Provider Number: 0 263508-00  
 Date: 5/3/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>210.27</u>	<u>207.46</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>357.88</u>	<u>355.07</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>476.34</u>	<u>473.53</u>	<u>1/1/2012</u>

<b>Rate Type :</b>	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

<b>Basis:</b>
<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion


<b>Changes:</b>
<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Amended Cost Report FYE 12/31/2010
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/09/1992

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**Medicaid Reimbursement Per Diem Rates**

Macclenny Nursing and Rehab  
 755 South 5th Street  
 MacClenny FL 32063

Provider Number: 0 263516-00  
 Date: 5/3/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.27	189.22	7/1/2011
	Level H: AIDS	338.47	335.42	7/1/2011
	Level U: Fragile Under 21	455.80	452.75	7/1/2011

**Rate Type :**

- Interim
- Prospective
- 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:**


- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Amended Cost Report FYE 12/31/2010
- Rate Semester Change
- On FRV [2] as of 08/27/1990

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**Medicaid Reimbursement Per Diem Rates**

MacClenny Nursing and Rehab  
755 South 5th Street  
MacClenny FL 32063

Provider Number: 0 263516-00  
 Date: 5/3/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<u>193.48</u>	<u>190.40</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>341.09</u>	<u>338.01</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>459.55</u>	<u>456.47</u>	<u>1/1/2012</u>

<b>Rate Type :</b>	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component

<b>Basis:</b>
<input type="checkbox"/> Budget <input checked="" type="checkbox"/> Unaudited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Field audit - interim portion <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Desk audit - Interim Portion <input type="checkbox"/> Desk Audit - Prospective portion

<b>Changes:</b>
<input type="checkbox"/> Licensure Rating Change <input type="checkbox"/> Usual and Customary Limitation <input type="checkbox"/> Target Rate limitation change <input type="checkbox"/> FRVS Change <input checked="" type="checkbox"/> Amended Cost Report FYE 12/31/2010 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 08/27/1990

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**Medicaid Reimbursement Per Diem Rates**

Medicana Nursing and Rehab  
 1710 Lake Worth Road  
 Lake Worth FL 33460

Provider Number: 0 263524-00  
 Date: 5/3/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.42	199.01	1/1/2012
	Level H: AIDS	350.03	346.62	1/1/2012
	Level U: Fragile Under 21	468.49	465.08	1/1/2012

**Rate Type :**

Interim  Prospective  
 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:**

Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Amended Cost Report FYE 12/31/10  
 Rate Semester Change  
 On FRV [2] as of 02/01/1997

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**Medicaid Reimbursement Per Diem Rates**

Tiffany Hall Nursing and Rehab  
 1800 SE Hillmoor Drive  
 Port St. Lucie FL 34952

Provider Number: 0 263532-00  
 Date: 5/4/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home      Single Level</b>	<b>203.96</b>	<b>201.01</b>	<b>1/1/2012</b>
Level H: AIDS	351.57	348.62	1/1/2012
Level U: Fragile Under 21	470.03	467.08	1/1/2012

**Rate Type :**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion

**Changes:**


<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> <b>Amended Cost Report FYE 12/31/10</b>
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 07/06/1993

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**Medicaid Reimbursement Per Diem Rates**

Moultrie Creek Nursing and Rehab  
 200 Mariner Health Way  
 St. Augustine FL 32086

Provider Number: 0 263559-00  
 Date: 5/7/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home      Single Level</b>	<b>193.32</b>	<b>190.45</b>	<b>1/1/2012</b>
Level H: AIDS	340.93	338.06	1/1/2012
Level U: Fragile Under 21	459.39	456.52	1/1/2012

**Rate Type :**

- |  |   |
|--|---|
| <input type="checkbox"/> Interim                         | <input checked="" type="checkbox"/> Prospective                   |
| <input type="checkbox"/> Total Interim                   | <input checked="" type="checkbox"/> Total Prospective             |
| <input type="checkbox"/> Interim Component               | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input type="checkbox"/> Settlement based on costs       | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data |   |

**Basis:**

- Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Amended Cost Report FYE 12/31/10  
 Rate Semester Change  
 On FRV [2] as of 05/01/1996

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**Medicaid Reimbursement Per Diem Rates**

Orange City Nursing and Rehab  
 2810 Enterprise Road  
 DeBary FL 32713

Provider Number: 0 263567-00  
 Date: 5/4/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>199.30</b>	<b>196.54</b>	<b>7/1/2011</b>
	Level H: AIDS	345.50	342.74	7/1/2011
	Level U: Fragile Under 21	462.83	460.07	7/1/2011

**Rate Type :**

Interim  Prospective

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:**

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

**Amended Cost Report FYE 12/31/10**

Rate Semester Change

On FRV [2] as of 06/26/1991


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Medicaid Reimbursement Per Diem Rates

Orange City Nursing and Rehab
2810 Enterprise Road
DeBary FL 32713

Provider Number: 0 263567-00
Date: 5/4/2012
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

Table with columns: Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level, Level H: AIDS, and Level U: Fragile Under 21.

Rate Type section with checkboxes for Interim and Prospective options, including sub-options like Total Interim and Total Prospective.

Basis section with checkboxes for Budget, Unaudited costs, Field audited costs, Field audit - interim portion, Desk audited costs, Desk audit - Interim Portion, and Desk Audit - Prospective portion.

Changes section with checkboxes for Licensure Rating Change, Usual and Customary Limitation, Target Rate limitation change, FRVS Change, Amended Cost Report FYE 12/31/10, Rate Semester Change, and On FRV [2] as of 06/26/1991.

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Handwritten signature of Stephen Russell

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**Medicaid Reimbursement Per Diem Rates**

Tuskawilla Nursing and Rehab  
 1024 Willa Springs Drive  
 Winter Springs FL 32708

Provider Number: 0 263591-00  
 Date: 5/4/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.12	198.47	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  Prospective

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:**

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Amended Cost Report FYE 12/31/2010

Rate Semester Change


On FRV [2] as of 11/07/1994

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**Medicaid Reimbursement Per Diem Rates**

Tuskawilla Nursing and Rehab  
 1024 Willa Springs Drive  
 Winter Springs FL 32708

Provider Number: 0 263591-00  
 Date: 5/4/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home    Single Level</b>	<b>202.44</b>	<b>199.76</b>	<b>1/1/2012</b>
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  
 Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Total Prospective with Interim Component

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Amended Cost Report FYE 12/31/2010  
 Rate Semester Change  
 On FRV [2] as of 11/07/1994

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**Medicaid Reimbursement Per Diem Rates**

Boulevard Rehabilitation Center  
2839 South Seacrest Boulevard  
Boynton Beach FL 33435

Provider Number: 0 263613-00  
 Date: 5/4/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>193.88</u>	<u>191.03</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>341.49</u>	<u>338.64</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>459.95</u>	<u>457.10</u>	<u>1/1/2012</u>

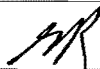
<b>Rate Type :</b>	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

<b>Basis:</b>
<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion

<b>Changes:</b>
<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Amended Cost Report FYE 12/31/2010
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 09/29/1988

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**Medicaid Reimbursement Per Diem Rates**

Palm City Nursing and Rehab  
 2505 SW Martin Highway  
 Palm City FL 34990

Provider Number: 0 263621-00  
 Date: 5/4/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>204.36</b>	<b>201.66</b>	<b>7/1/2011</b>
	Level H: AIDS	350.56	347.86	7/1/2011
	Level U: Fragile Under 21	467.89	465.19	7/1/2011

<b>Rate Type :</b> <input type="checkbox"/> Interim <input checked="" type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data <input checked="" type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component	
<b>Basis:</b> <input type="checkbox"/> Budget <input checked="" type="checkbox"/> Unaudited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Field audit - interim portion <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Desk audit - Interim Portion <input type="checkbox"/> Desk Audit - Prospective portion	<b>Changes:</b> <input type="checkbox"/> Licensure Rating Change <input type="checkbox"/> Usual and Customary Limitation <input type="checkbox"/> Target Rate limitation change <input type="checkbox"/> FRVS Change <input checked="" type="checkbox"/> Amended Cost Report FYE 12/31/2010 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 10/19/1993

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**Medicaid Reimbursement Per Diem Rates**

Palm City Nursing and Rehab  
2505 SW Martin Highway  
Palm City FL 34990

Provider Number: 0 263621-00  
 Date: 5/4/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>205.70</u>	<u>202.97</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>353.31</u>	<u>350.58</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>471.77</u>	<u>469.04</u>	<u>1/1/2012</u>

<b>Rate Type :</b>	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

<b>Basis:</b>
<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion

<b>Changes:</b>
<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Amended Cost Report FYE 12/31/2010
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/19/1993

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**Medicaid Reimbursement Per Diem Rates**

LakeWood Nursing Center  
100 North Lake Street  
Crescent City FL 32112

Provider Number: 0 312142-00  
 Date: 5/7/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home      Single Level</b>	<u>179.21</u>	<u>185.54</u>	<u>7/1/2011</u>
Level H: AIDS	<u>325.41</u>	<u>331.74</u>	<u>7/1/2011</u>
Level U: Fragile Under 21	<u>442.74</u>	<u>449.07</u>	<u>7/1/2011</u>

**Rate Type :**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion

**Changes:**


<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> <b>Amended Cost Report FYE 12/31/10</b>
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 11/15/2001

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 16 Norcross Street  
 Roswell GA 30075

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**Medicaid Reimbursement Per Diem Rates**

LakeWood Nursing Center  
100 North Lake Street  
Crescent City FL 32112

Provider Number: 0 312142-00  
 Date: 5/7/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b>180.26</b>	<b>186.68</b>	<b>1/1/2012</b>
	Level H: AIDS	327.87	334.29	1/1/2012
	Level U: Fragile Under 21	446.33	452.75	1/1/2012

**Rate Type :**

Interim  Prospective

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:**

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change


Amended Cost Report FYE 12/31/10

Rate Semester Change

On FRV [2] as of 11/15/2001

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
 For information Only  
 No Change in Rate

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