

RICK SCOTT GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK SECRETARY

MEMORANDUM

Date:

May 30, 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.	The Crossings	0 001291-00	12
2.	University Center West	0 212831-00	5
3.	Tarpon Bayou Center	0 212849-00	4
4.	Lakeland Hills Center	0 212865-00	4
5.	University Center East	0 212873-00	5
7.	The Groves Center	0 212881-00	4
8.	Emerald Coast Center	0 212903-00	4
6.	Clearwater Center	0 212911-00	16
9.	Bay Center	0 212989-00	2
10.	Bartow Center	0 212997-00	4
11.	Boca Ciega Center	0 213004-00	4
12.	Oaktree Healthcare	0 252476-00	4
13.	Central Park Healthcare & Rehab Center	0 259900-00	4
14.	Coral Bay Healthcare & Rehab	0 259918-00	4
15.	Wood Lake Nursing & Rehab Center	0 261599-00	4
16.	Peace River Nursing & Rehab Center	0 309028-00	2
17.	Health & Rehab Centre at Dolphins View	0 320528-00	13
		Total	95

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

SR/dm Attachments



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021288100 20070301 157.80 287.40 157.80 157.80 391.39 70726 021290300 20060701 144.72 271.85 144.72 144.72 373.85 70726 021290300 20070101 153.18 282.78 153.18 153.18 386.77 70726 021290300 20070201 157.74 287.34 157.74 157.74 391.33 70726 021290300 20070301 153.18 282.78 153.18 153.18 386.77 70726 021291100 20060701 151.08 278.21 151.08 151.08 380.21 70726 021291100 20070101 159.95 289.55 159.95 159.95 393.54 70726 021291100 20070201 164.76 294.36 164.76 164.76 398.35 70726	
021290300 20070101 153.18 282.78 153.18 153.18 386.77 70726 021290300 20070201 157.74 287.34 157.74 157.74 391.33 70726 021290300 20070301 153.18 282.78 153.18 153.18 386.77 70726 021291100 20060701 151.08 278.21 151.08 151.08 380.21 70726 021291100 20070101 159.95 289.55 159.95 159.95 393.54 70726 021291100 20070201 164.76 294.36 164.76 164.76 398.35 70726	
021290300 20070201 157.74 287.34 157.74 157.74 391.33 70726 021290300 20070301 153.18 282.78 153.18 153.18 386.77 70726 021291100 20060701 151.08 278.21 151.08 151.08 380.21 70726 021291100 20070101 159.95 289.55 159.95 159.95 393.54 70726 021291100 20070201 164.76 294.36 164.76 164.76 398.35 70726	12 NH06-183C
021290300 20070301 153.18 282.78 153.18 153.18 386.77 70726 021291100 20060701 151.08 278.21 151.08 151.08 380.21 70726 021291100 20070101 159.95 289.55 159.95 159.95 393.54 70726 021291100 20070201 164.76 294.36 164.76 164.76 398.35 70726	
021291100 20060701 151.08 278.21 151.08 151.08 380.21 70726 021291100 20070101 159.95 289.55 159.95 159.95 393.54 70726 021291100 20070201 164.76 294.36 164.76 164.76 398.35 70726	12 NH06-183C
021291100 20070101 159.95 289.55 159.95 159.95 393.54 70726 021291100 20070201 164.76 294.36 164.76 164.76 398.35 70726	12 NH06-183C
021291100 20070201 164.76 294.36 164.76 164.76 398.35 70726	12 NH06-187C
	12 NH06-187C
024204400 20070204 450.05 200.55 460.05 460.05 202.54 70700	
021291100 20070301 159.95 289.55 159.95 159.95 393.54 70726	
021291100 20070701 162.05 293.99 162.05 162.05 399.85 70726	
021291100 20080101 160.10 294.10 160.10 160.10 401.62 70726	
021291100 20080701 162.11 298.39 162.11 162.11 407.74 70726	_
021291100 20090101 163.63 301.98 163.63 163.63 412.99 70726	
021291100 20090301 149.92 288.27 149.92 149.92 399.28 70726	
021291100 20090401 186.68 325.03 186.68 186.68 436.04 70726	
021291100 20090701 190.58 330.93 190.58 190.58 443.55 70726	
021291100 20100101 202.22 344.14 202.22 202.22 458.02 70726 021291100 20100701 205.77 349.11 205.77 205.77 464.14 70726	
021291100 20100701 205.77 345.11 205.77 205.77 464.14 70726 021291100 20110101 209.14 354.00 209.14 209.14 470.25 70726	
021291100 20110701 202.65 348.85 202.65 202.65 466.18 70726	
021291100 20120101 204.90 352.51 204.90 204.90 470.97 70726	
021298900 20060101 147.02 272.13 147.02 147.02 372.51 70726	
021298900 20060701 149.32 276.45 149.32 149.32 378.45 70726	
021299700 20060701 151.71 278.84 151.71 151.71 380.84 70726	
021299700 20070101 159.60 289.20 159.60 159.60 393.19 70726	
021299700 20070201 164.35 293.95 164.35 164.35 397.94 70726	
021299700 20070301 159.60 289.20 159.60 159.60 393.19 70726	

	Effective Date						1 .	T
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II			мсм	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	Level U	number	Number
021300400	20060701	149.92	277.05	149.92	149.92	379.05	70726-12	NH06-186C
021300400	20070101	159.37	288.97	159.37	159.37	392.96	70726-12	NH06-186C
021300400	20070201	164.97	294.57	164.97	164.97	398.56	70726-12	NH06-186C
021300400	20070301	159.37	288.97	159.37	159.37	392.96	70726-12	NH06-186C
025247600	20080701	158.33	294.61	158.33	158.33	403.96	70726-12	NH11-024C
025247600	20090101	158.78	297.13	158.78	158.78	408.14	70726-12	NH11-024C
025247600	20090301	145.47	283.82	145.47	145.47	394.83	70726-12	NH11-024C
025247600	20090401	182.13	320.48	182.13	182.13	431.49	70726-12	NH11-024C
025990000	20090101	159.90	298.25	159.90	159.90	409.26	70726-12	NH11-027C
025990000	20090301	146.49	284.84	146.49	146.49	395.85	70726-12	NH11-027C
025990000	20090401	181.67	320.02	181.67	181.67	431.03	70726-12	NH11-027C
025990000	20090701	188.46	328.81	188.46	188.46	441.43	70726-12	NH11-027C
025991800	20090101	174.44	312.79	174.44	174.44	423.80	70726-12	NH11-025C
025991800	20090301	159.82	298.17	159.82	159.82	409.18	70726-12	NH11-025C
025991800	20090401	195.29	333.64	195.29	195.29	444.65	70726-12	NH11-025C
025991800	20090701	202.79	343.14	202.79	202.79	455.76	70726-12	NH11-025C
026159900	20090101	187.82	326.17	187.82	187.82	437.18	70726-12	NH11-026C
026159900	20090301	172.08	310.43	172.08	172.08	421.44	70726-12	NH11-026C
026159900	20090401	212.38	350.73	212.38	212.38	461.74	70726-12	NH11-026C
026159900	20090701	219.43	359.78	219.43	219.43	472.40	70726-12	NH11-026C
030902800	20050701	140.78	264.06	140.78	140.78	362.97	70726-12	NH09-011W
030902800	20060101	139.31	264.42	139.31	139.31	364.80	70726-12	NH09-011W
032052800	20070501	166.22	295.82	166.22	166.22	399.81	70726-12	NH11-022C
032052800	20070701	193.17	325.11	193.17	193.17	430.97	70726-12	NH11-022C
032052800	20080101	191.05	325.05	191.05	191.05	432.57	70726-12	NH11-022C
032052800	20080701	193.29	329.57	193.29	193.29	438.92	70726-12	NH11-022C
032052800	20090101	192.02	330.37	192.02	192.02	441.38	70726-12	NH11-022C
032052800	20090301	175.92	314.27	175.92	175.92	425.28	70726-12	NH11-022C
032052800	20090401	214.25	352.60	214.25	214.25	463.61	70726-12	NH11-022C
032052800	20090701	219.64	359.99	219.64	219.64	472.61	70726-12	NH11-022C
032052800	20100101	224.91	366.83	224.91	224.91	480.71	70726-12	NH11-022C
032052800	20100701	227.01	370.35	227.01	227.01	485.38	70726-12	NH11-022C
032052800	20110101	229.91	374.77	229.91	229.91	491.02	70726-12	NH11-022C
032052800	20110701	219.56	365,76	219.56	219.56	483.09	70726-12	NH11-022C
032052800	20120101	222.21	369.82	222.21	222.21	488.28	70726-12	NH11-022C



The Crossings				Provider Number:	0 001291-00
4445 Pine Forest Dr.			Date:	5/15/2012	
Lake Worth FL 3346	_		Fiscal Year End:	6/30/2008	
				Audit Status:	Unaudited [3]
Provider Type:				rudit Suitus.	Ollatorica [5]
• •			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	215.08	219.05	12/28/2007
	Level H: AIDS		347.02	350.99	12/28/2007
	Level U: Fragile Under 21		452.88	456.85	12/28/2007
Rate Type :					
X Interim			Prospectiv	e	
	Total Interim			Total Prospective	
	interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective wit	h Interim Component
<u></u>	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
X Unaudited				l Customary Limitation	on
Field audite	ed costs		-	ite limitation change	
	- interim portion		FRVS Ch	•	
Desk audite	ed costs - Interim Portion	X		lement FYE 6/30/08 ester Change	
	- Prospective portion			[2] as of 11/01/1988	
Distribution:		J	SA	Stephen Russell	
Contract Manage	ement / Fiscal Agent	Med	licaid Cost	Reimbursement Plan	nning and Finance
Permanent File					
For inform	nation Only				
No Chang	e in Rate				
Home Office:	1 - No Home Office				



The Crossings				Provider Number:	0 001291-00
4445 Pine Forest Dr.			Date:	5/15/2012	
Lake Worth FL 3346	3			Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Name - II	Cimala I amal	_	Rate	Rate	Date
Nursing Home	Single Level	-	214.49	<u>218.36</u> _	1/1/2008
	Level H: AIDS		348.49	352.36	1/1/2008
	Level U: Fragile Under 21	-	456.01	459.88	1/1/2008
Rate Type :					
X Interim			Prospectiv		
	Total Interim			Total Prospective	
	Interim Component		***************************************	Prospective Adjusted	
***************************************	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i internii Component
	Thor i rovider i rospective data				
Basis:		Changes	<u>:</u>		
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitatio	n
Field audit	ed costs			ate limitation change	
******	- interim portion		FRVS C	•	
Desk audite	ed costs - Interim Portion	X		tlement FYE 6/30/08	
	- Prospective portion			lester Change [2] as of 11/01/1988	
Distribution:		J	M	Stephen Russell	
-	ement / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
	nation Only				
No Chang	e in Rate				
Home Office:	1 - No Home Office	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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The Crossings				Provider Number:	0 001291-00
4445 Pine Forest Dr.	-		Date:	5/15/2012	
Lake Worth FL 3346	3	- -		Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Onaudicu [5]
riovider rype.			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	-	216.52		7/1/2008
	Level H: AIDS		352.80	357.35	7/1/2008
	Level U: Fragile Under 21		462.15	466.70	7/1/2008
Rate Type :					
Interim	T 4-1 (-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-	X	Prospective		
	Total Interim Interim Component			Fotal Prospective Prospective Adjusted	for New Costs
	Settlement based on costs				h Interim Component
	Prior Provider Prospective data			i otal i i oop ware nia	. morning of the control of the cont
Basis:		Change	s:]		
Budget			Licensure	Rating Change	
X Unaudited	costs		Usual and	Customary Limitation	on
Field audit	ed costs			te limitation change	
	- interim portion		FRVS Ch	•	
Desk audite		X		lement FYE 6/30/08	
	- Interim Portion - Prospective portion			ester Change 2] as of 11/01/1988	
<u>Distribution:</u>		<u></u>		Stephen Russell	
-	ement / Fiscal Agent	N	1edicaid Cost	Reimbursement Plan	ning and Finance
Permanent File					
	nation Only				
No Chang	ge in Rate				
Home Office:	1 - No Home Office				



The Crossings			Provider Number:	0 001291-00	
4445 Pine Forest Dr.		_		Date:	5/15/2012
Lake Worth FL 3346			Fiscal Year End:	6/30/2008	
				Audit Status:	Unaudited [3]
Provider Type:				A Audit Dialasi	
V 1			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		214.28		1/1/2009
	Level H: AIDS		352.63	359.51	1/1/2009
	Level U: Fragile Under 21	-	463.64	470.52	1/1/2009
Rate Type :					
Interim		X	Prospectiv		
	Total Interim			Total Prospective	C . N C
	Interim Component Settlement based on costs		***************************************	Prospective Adjusted Total Prospective with	
	Prior Provider Prospective data			rotai r rospective with	i internii Component
	Tior Tovidor Trospective data		1		
Basis:		Changes:			
Budget			Licensure	Rating Change	
X Unaudited	costs			l Customary Limitatio	n
Field audite				ate limitation change	••
Field audit	- interim portion		FRVS Cl	nange	
Desk audite		X		lement FYE 6/30/08	
	- Interim Portion - Prospective portion			ester Change [2] as of 11/01/1988	
Distribution:	- 1 Tospective portion		- FN	Stephen Russell	
Contract Manage	ement / Fiscal Agent		1::1 0		-i 4 Pi
Permanent File		Med	iicaid Cosi	Reimbursement Plan	ning and rinance
For inform	nation Only				
No Chang	e in Rate				
Home Office:	1 - No Home Office				
		17 - W. A. W. W. W. W. S.			



The Crossings				Provider Number:	0 001291-00	
4445 Pine Forest Dr.				Date:	5/15/2012	
Lake Worth FL 33463			Fiscal Year End: 6/30		6/30/2008	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 196.32	New Rate 202.62	Effective Date 3/1/2009	
	Level H: AIDS Level U: Fragile Under 21		334.67 445.68	340.97 451.98	3/1/2009 3/1/2009	
Int X Set	tal Interim erim Component tlement based on costs or Provider Prospective data	X		e Total Prospective Prospective Adjusted Total Prospective with		
Desk audited Desk audit - I	costs interim portion	Changes:	Usual and Target Ra FRVS Ch Cost Sett Rate Sem	e Rating Change d Customary Limitation ate limitation change mange tlement FYE 6/30/08 mester Change [2] as of 11/01/1988	n	
Distribution: Contract Managem Permanent File For informat No Change	Мес	Js/(dicaid Cost	Stephen Russell t Reimbursement Plan	ning and Finance		
Home Office:	1 - No Home Office					



The Crossings			Provider Number:	0 001291-00	
4445 Pine Forest Dr.					5/15/2012
Lake Worth FL 3346	3	Fiscal Year End:			6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Onadarod [5]
Tionad Type			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		239.22		4/1/2009
	Level H: AIDS		377 . 57	385.16	4/1/2009
	Level U: Fragile Under 21	_	488.58	496.17	4/1/2009
Rate Type :					
Interim		X	Prospectiv	re	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
Dodos			Licensur	e Rating Change	
Budget X Unaudited	costs	****	,	d Customary Limitatio	nn
Field audit				ate limitation change	71
Field audit	- interim portion		FRVS C	nange	
Desk audite		X	Cost Set	tlement FYE 6/30/08	
	- Interim Portion			ester Change	
Distribution:	t - Prospective portion		On FRV	[2] as of 11/01/1988	
	amount / Eigen 1 A comt		JI	Stephen Russell	
Permanent File	ement / Fiscal Agent	Med	dicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only				
No Chang	<u>-</u>				
No Chang	ge in Kale				
Home Office:	1 - No Home Office				



The Crossings		-	Provider Number:	0 001291-00
4445 Pine Forest Dr.			Date:	5/15/2012
Lake Worth FL 33463		Fiscal Year End:		6/30/2008
			Audit Status:	
Provider Type:			Audit Status.	Unaudited [3]
Trovider Type.		rrent Late	New Rate	Effective Date
Nursing Home Single Level		17.57	256.18	7/1/2009
Level H: AIDS	38	37.92	396.53	7/1/2009
Level U: Fragile Under 21	50	00.54	509.15	7/1/2009
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data	XPr	Pre	otal Prospective ospective Adjusted otal Prospective with	for New Costs h Interim Component
Basis:	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	I	Jsual and Carget Rate FRVS Char Cost Settle Rate Semes	Cating Change Customary Limitation Ilimitation change age ment FYE 6/30/08 ter Change as of 11/01/1988	
Distribution:	-	12K	Stephen Russell	
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate	Medic		eimbursement Plan	ning and Finance
Home Office: 1 - No Home Office				



The Crossings		Provider Number:	0 001291-00
4445 Pine Forest Dr.		Date:	5/15/2012
Lake Worth FL 33463	Fiscal Year End:		6/30/2008
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	245.98		1/1/2010
Level H: AIDS	387.90	396.69	1/1/2010
Level U: Fragile Under 21	501.78	510.57	1/1/2010
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes: Licensure Usual and Target Ra FRVS Ch X Cost Sette Rate Sem	Total Prospective Prospective Adjusted Total Prospective with Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	SH	Stephen Russell	ning and Finance



The Crossings				Provider Number:	0 001291-00
4445 Pine Forest Dr.				Date:	5/15/2012
Lake Worth FL 33463				Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 250.14	New Rate 258.77	Effective Date 7/1/2010
-					
	Level H: AIDS		393.48	402.11	7/1/2010
	Level U: Fragile Under 21	-	508.51	517.14	7/1/2010
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes X	Licensure Usual and Target R: FRVS CI Cost Set	Total Prospective Prospective Adjusted Total Prospective with Rating Change d Customary Limitation ate limitation change hange tlement FYE 6/30/08 hester Change [2] as of 11/01/1988	n Interim Component
	•	M	edicaid Cos	Stephen Russell t Reimbursement Plant	ning and Finance



The Crossings				Provider Number:	0 001291-00		
4445 Pine Forest Dr.		_		Date:	5/15/2012		
Lake Worth FL 3346	3	_ _		Fiscal Year End:	6/30/2008		
	•			Audit Status:	Unaudited [3]		
Provider Type:				Audit Status.	Chaudica [5]		
			Current	New	Effective		
			Rate	Rate	Date		
Nursing Home	Single Level		253.51		1/1/2011		
	Level H: AIDS		398.37	407.61	1/1/2011		
	Level U: Fragile Under 21		514.62	523.86	1/1/2011		
Rate Type :					,		
Interim		X	Prospective	e			
	Total Interim			Total Prospective			
	Interim Component	Prospective Adjusted for New Costs					
	Settlement based on costs			Total Prospective with	1 Interim Component		
	Prior Provider Prospective data						
Basis:		Changes	:				
Budget			Licensure	Rating Change			
X Unaudited	-			l Customary Limitatio	n		
Field audit			Target Rate limitation change FRVS Change				
	- interim portion			•			
Desk audite	ed costs - Interim Portion	X	_	lement FYE 6/30/08 ester Change			
	- Prospective portion		_	[2] as of 11/01/1988			
Distribution:			319	Stephen Russell			
_	ement / Fiscal Agent	M	edicaid Cost	Reimbursement Plan	ning and Finance		
Permanent File							
	nation Only						
No Chang	e in Rate				,		
Home Office:	1 - No Home Office						
•							



Add Provider Forest Dr. Date: 5/15/2012	
Provider Type: Current Rate Rate Date	
Provider Type: Current New Effective Rate Rate Date	
Current New Effective Date	***************************************
Nursing Home Single Level 242.71 251.78 7/1/2011 Level H: AIDS 388.91 397.98 7/1/2011 Level U: Fragile Under 21 506.24 515.31 7/1/2011 Rate Type: Interim X Prospective Total Interim Component Interim Component Total Prospective With Interim Component X Settlement based on costs Total Prospective with Interim Component	
Level H: AIDS Level U: Fragile Under 21 Soc. 24 Soc. 25 Soc. 24 Soc. 25 Soc. 24 Soc. 25 Soc. 26 Soc. 26 Soc. 24 Soc. 25 Soc. 26 Soc. 26	
Level U: Fragile Under 21 Sobjective Total Interim Total Prospective Interim Component Prospective Adjusted for New Costs X Settlement based on costs Total Prospective with Interim Component	
Rate Type: Interim X Prospective Total Interim Total Prospective Interim Component Prospective Adjusted for New Costs X Settlement based on costs Total Prospective with Interim Component	
Interim X Prospective Total Interim Total Prospective Interim Component Prospective Adjusted for New Costs X Settlement based on costs Total Prospective with Interim Component	
Total Interim Total Prospective Interim Component Prospective Adjusted for New Costs X Settlement based on costs Total Prospective with Interim Component	
Interim Component Prospective Adjusted for New Costs X Settlement based on costs Total Prospective with Interim Component	
X Settlement based on costs Total Prospective with Interim Component	
Prior Provider Prospective data	
Basis: Changes:	
Budget Licensure Rating Change	
X Unaudited costs Usual and Customary Limitation	
Field audited costs Target Rate limitation change	
Field audit - interim portion FRVS Change	
Desk audited costs Desk audit - Interim Portion X Cost Settlement FYE 6/30/08 Rate Semester Change	
Desk Audit - Prospective portion Desk Audit - Prospective portion On FRV [2] as of 11/01/1988	
Distribution: Stephen Russell	
Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance	•
Permanent File	
For information Only	
No Change in Rate	
Home Office: I - No Home Office	
·	



The Crossings				Provider Number:	0 001291-00	
4445 Pine Forest Dr.	·	_		Date:	5/15/2012	
Lake Worth FL 33463	3	-		Fiscal Year End:	6/30/2008	
				Audit Status:	Unaudited [3]	
Provider Type:			•			
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		243.73	252.83	1/1/2012	
114101116 1201110					1/1/2012	
	Level H: AIDS	_	391.34	400.44	1/1/2012	
	Level U: Fragile Under 21	_	509.80	518.90	1/1/2012	
Rate Type :						
Interim		X	Prospectiv	re		
		Total Prospective				
		Prospective Adjusted for New Costs				
<u>X</u> S	Total Prospective with Interim Component					
I	Prior Provider Prospective data					
Basis:		Changes				
Budget			Licensure	e Rating Change		
X Unaudited	costs		-	d Customary Limitatio	'n	
Field audite	ed costs			ate limitation change		
Field audit	- interim portion		FRVS C	nange		
Desk audite		X	_	tlement FYE 6/30/08		
	- Interim Portion - Prospective portion		-	lester Change [2] as of 11/01/1988		
	- Frospective portion		OHTKV	2) as 01 11/01/1988	**************************************	
Distribution:			I	Stephen Russell		
	ement / Fiscal Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance	
Permanent File	nation Only					
	-					
No Chang	e in Kate					
Home Office:	1 - No Home Office					
			77.11.11			



University Center We			Provider Number:	0 212831-00		
545 West Euclid Ave	;	•		Date:	4/26/2012	
Deland FL 32720		•		Fiscal Year End:	8/31/2005	
	•					[£]
Provider Type:				Audit Status:	Revised Field Audit	[2]
riovider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	160.57	<u>159.94</u> _	1/1/2006	
	Level H: AIDS	_	285.68	285.05	1/1/2006	
	Level U: Fragile Under 21	_	386.06	385.43	1/1/2006	
Rate Type :						
Interim		<u> </u>	Prospectiv	<i>r</i> e		
	Total Interim			Total Prospective		
	Interim 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		
Unaudited				d Customary Limitatio	on	
X Field audit			•	ate limitation change		
	- interim portion		FRVS CI	J	,	
Desk audit	ed costs - Interim Portion	X	-	NH06-179C FYE 8/3 nester Change	31/05	
	t - Prospective portion		_	[2] as of 10/01/1985		
Distribution:			H	Stephen Russell		
_	ement / Fiscal Agent	Me	dicaid Cost	t Reimbursement Plan	ning and Finance	
Permanent File					_	
	nation Only				-	
No Chang	ge in Rate					
Home Office:	1 - No Home Office					



University Center West		Provider Number:	0 212831-00
545 West Euclid Ave		Date:	4/26/2012
Deland FL 32720	Fiscal Year End:		8/31/2005
		Audit Status:	Revised Field Audit [5]
Provider Type:			L 3
••	Current Rate	New Rate	Effective Date
Nursing Home Single Level	163.64	162.79	7/1/2006
Level H: AIDS	290.77	289.92	7/1/2006
Level U: Fragile Under 21	392.77	391.92	7/1/2006
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Changes:	Total Prospective Prospective Adjusted Total Prospective with	
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X FA RFA Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange . NH06-179C FYE 8/3 nester Change [2] as of 10/01/1985	
Distribution: Contract Management / Fiscal Agent		Stephen Russell	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office	Medicaid Cos	t Reimbursement Plan	ning and Finance



University Center West			Provider Number:	0 212831-00	
545 West Euclid Ave			Date:	4/26/2012	
Deland FL 32720			Fiscal Year End:	8/31/2005	
			Audit Status:	Revised Field Audit [5]	
Provider Type:					
		Current	New	Effective	
Nursing Home Single Level	***************************************	Rate 171.47	Rate	Date 1/1/2007	
Nuising Home Single Level		1/1.4/		1/1/2007	
Level H: AIDS		301.07	302.02	1/1/2007	
Level U: Fragile Under 21		405.06	406.01	1/1/2007	
Rate Type:					
Interim	X	Prospectiv	ve .		
Total Interim	X Total Prospective				
Interim Component	Prospective Adjusted for New Costs Total Prospective with Interim Component				
Settlement based on costs			Total Prospective with	Interim Component	
Prior Provider Prospective data					
Basis:	Changes:				
		Licensur	e Rating Change		
Budget Unaudited costs		1		ın	
X Field audited costs	Usual and Customary Limitation Target Rate limitation change				
Field audit - interim portion	FRVS Change				
Desk audited costs	X FA RFA NH06-179C FYE 8/31/05				
Desk audit - Interim Portion	Rate Semester Change				
Desk Audit - Prospective portion		On FRV	[2] as of 10/01/1985	WWW.	
<u>Distribution:</u>		M	Stephen Russell		
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File				_	
For information Only					
No Change in Rate					
Home Office: 1 - No Home Office					



University Center West				Provider Number:	0 212831-0	00
545 West Euclid Ave				Date:	4/26/2012	·
Deland FL 32720		-		Fiscal Year End:	8/31/2005	
				Audit Status:	Revised Field A	 udit [5]
Provider Type:	oolo I oo I		Current Rate	New Rate	Effective Date	
Nursing Home Sin	igle Level		175.72	<u> 178.33</u> _	2/1/2007	
Lev	el H: AĬDS		305.32	307.93	2/1/2007	
Lev	el U: Fragile Under 21		409.31	411.92	2/1/2007	
Settlem	Component ent based on costs rovider Prospective data s im portion s m Portion pective portion / Fiscal Agent Only	Changes:	Licensure Usual and Target R: FRVS CI FA RFA Rate Sem On FRV	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Compone	nt
Home Office:	1 - No Home Office					



University Center West		Provider Number:	0 212831-00
545 West Euclid Ave		Date:	4/26/2012
Deland FL 32720		Fiscal Year End:	8/31/2005
		Audit Status:	Revised Field Audit [5]
Provider Type: Nursing Home Single Level	Current Rate	New Rate	Effective Date 3/1/2007
Nursing Home Single Level	<u> 171.47</u>	<u> 172.42</u> _	3/1/200/
Level H: AIDS	301.07	302.02	3/1/2007
Level U: Fragile Under 21	405.06	406.01	3/1/2007
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Changes: Licensure Usual and Target Ra FRVS CI X FA RFA Rate Sem On FRV	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component



Tarpon Bayou Center				Provider Number:	0 212849-00	
515 Chesapeake Driv	re	-		Date:	5/7/2012	
Tarpon Springs FL 34	4689	<u>-</u>		Fiscal Year End:	8/31/2005	
				Audit Status:	Revised Field Audit [5]	
Provider Type:				rudit Status,	Tevised Freid Fladit [5]	
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		157.41	155.84	7/1/2006	
	Level H: AIDS		284.54	282.97	7/1/2006	
	Level U: Fragile Under 21	_	386.54	384.97	7/1/2006	
Rate Type:			***************************************			
Interim		X	Prospectiv			
	Total Interim		***************************************	Total Prospective	Con Norm Conta	
	Interim Component Settlement based on costs	•		Prospective Adjusted: Total Prospective with		
	Prior Provider Prospective data			Total Trospective with	i maini component	
	· ·	CI				
Basis:		Changes:	J			
Budget			Licensure	e Rating Change		
Unaudited	costs		•	d Customary Limitatio	n	
X Field audite	ed costs		Target R	ate limitation change		
	- interim portion		FRVS C	•		
Desk audite	ed costs - Interim Portion	X	_	NH06-182C FYE 08	/31/05	
	- Prospective portion	-		lester Change [2] as of 10/01/1985		
Distribution:		L	JA	Stephen Russell		
_	ement / Fiscal Agent	Me	dicaid Cost	Reimbursement Plans	ning and Finance	
Permanent File						
	nation Only					
No Chang	e in Rate					
Home Office:	1 - No Home Office					



Tarpon Bayou Center				Provider Number:	0 212849-00	
515 Chesapeake Drive	9	_		Date:	5/7/2012	
Tarpon Springs FL 34	689	- -		Fiscal Year End:	8/31/2005	
				Audit Status:	Revised Field Audit [5]	
Provider Type:						
			Current	New	Effective	
NT . TT	G: 1 T 1		Rate	Rate	Date	
Nursing Home	Single Level	-	165.54	165.03	1/1/2007	
	Level H: AIDS	_	295.14	294.63	1/1/2007	
	Level U: Fragile Under 21	_	399.13	398.62	1/1/2007	
Rate Type :						
Interim		X	Prospectiv	re		
1	Cotal Interim		X	Total Prospective		
Interim Component				Prospective Adjusted	for New Costs	
	ettlement based on costs			Total Prospective with	Interim Component	
P	rior Provider Prospective data				·	
Basis:		Changes				
Doub.			Licensur	e Rating Change		
Budget Unaudited of	ensts		-	d Customary Limitatio	n	
X Field audite	l l			ate limitation change	**	
Field audit	- interim portion		FRVS CI	hange		
Desk audite	d costs	X	FA RFA	NH06-182C FYE 08	/31/05	
	Interim Portion			ester Change		
	- Prospective portion		On FRV	[2] as of 10/01/1985		
Distribution:			M	Stephen Russell		
_	ement / Fiscal Agent	Me	edicaid Cost	Reimbursement Plani	ning and Finance	
Permanent File	ation Out					
For inform	•					
No Change	e in Rate					
Home Office:	1 - No Home Office					
•						



Tarpon Bayou Center		Provider Number:	0 212849-00			
515 Chesapeake Drive		Date:	5/7/2012			
Tarpon Springs FL 34689		Fiscal Year End:	8/31/2005			
		Audit Status:	Revised Field Audit [5]			
Provider Type:	Current Rate	New Rate	Effective Date			
Nursing Home Single Level	<u>170.04</u>	<u> 170.73</u> _	2/1/2007			
Level H: AIDS	299.64	300.33	2/1/2007			
Level U: Fragile Under 21	403.63	404.32	2/1/2007			
Rate Type:		1000	, , , , , , , , , , , , , , , , , , ,			
Interim	X Prospecti	ve				
Total Interim	X	Total Prospective				
Interim Component		Prospective Adjusted for New Costs				
Settlement based on costs	*****	Total Prospective with	Interim Component			
Prior Provider Prospective data						
Basis:	Changes:					
Budget	Licensu	re Rating Change				
Unaudited costs		nd Customary Limitatio	n			
X Field audited costs		Rate limitation change				
Field audit - interim portion	FRVS	Change				
Desk audited costs		A NH06-182C FYE 08	/31/05			
Desk audit - Interim Portion		mester Change [2] as of 10/01/1985				
Desk Audit - Prospective portion	Office	2 2 25 01 10/01/1983	20.4			
<u>Distribution:</u>	fi	Stephen Russell				
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Plan	ning and Finance			
Permanent File For information Only						
No Change in Rate						
Home Office: 1 - No Home Office						
		1 9 9 1				
	····					



Tarpon Bayou Center			Provider Number:	0 212849-00	
515 Chesapeake Drive			Date:	5/7/2012	
Tarpon Springs FL 34689			Fiscal Year End:	8/31/2005	
			Audit Status:	Revised Field Audit [5]	
Provider Type:					
	(Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Single Level		165.54		3/1/2007	
Level H: AIDS		295.14	294.63	3/1/2007	
Level U: Fragile Under 21		399.13	398.62	3/1/2007	
Rate Type :					
Interim	X	Prospectiv	re		
Total Interim	X Total Prospective				
Interim Component	Prospective Adjusted for New Costs				
Settlement based on costs		-	Total Prospective with	n Interim Component	
Prior Provider Prospective data					
Basis:	Changes:				
Dudous		Licensure	e Rating Change		
Budget Unaudited costs			d Customary Limitatio	an .	
X Field audited costs			ate limitation change	41	
Field audit - interim portion		FRVS C			
Desk audited costs	<u> </u>		NH06-182C FYE 08	/31/05	
Desk audit - Interim Portion			ester Change		
Desk Audit - Prospective portion		On FRV	[2] as of 10/01/1985		
Distribution:		IN	Stephen Russell		
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Plan	ning and Finance	
Permanent File			•		
For information Only					
No Change in Rate					
Home Office: 1 - No Home Office		. Lange			



Lakeland Hills Center		Provider Number:	0 212865-00
610 East Bella Vista Drive		Date:	5/11/2012
Lakeland FL 33805		Fiscal Year End:	8/31/2005
		Audit Status:	Revised Field Audit [5]
Provider Type: Nursing Home Single Level	Curre Rate 155.	Rate	Effective
Level H: AIDS	_ 282.5	280.57	7/1/2006
Level U: Fragile Under	384.5	382.57	7/1/2006
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective Basis: Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes: Lice Usu Targ FRV X Fiel Rate	Prospective Adjusted	th Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		Stephen Russell Cost Reimbursement Pla	nning and Finance



Lakeland Hills Center	r			Provider Number:	0 21286	5-00
610 East Bella Vista	Drive	•		Date:	5/11/20)12
Lakeland FL 33805		•		Fiscal Year End:	8/31/20	005
				Audit Status:	Revised Field	
Provider Type:						
			Current	New	Effective	
Nursing Home	Cinale Level		Rate	Rate	Date	-
Nursing nome	Single Level		163.80	<u>162.33</u> _	1/1/2007	-
	Level H: AIDS		293.40	291.93	1/1/2007	
	Level U: Fragile Under 21	_	397.39	395.92	1/1/2007	
						4
Rate Type :					•	
Interim		X	Prospectiv	⁄e		
	Total Interim			Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	1 Interim Compo	nent
	Prior Provider Prospective data					
Basis:		Changes:				
			Licenour	e Rating Change		
Budget Unaudited	caste		•	e Rating Change d Customary Limitatio	ın	
X Field audite				ate limitation change	711	
Field audit	- interim portion		FRVS C	_		
Desk audite	-	X	Field Au	dit & Revised FA NF	H06-185C FYE	8/31/05
	- Interim Portion			nester Change		
	- Prospective portion		On FRV	[2] as of 10/01/1985		
Distribution:			Sil	Stephen Russell		
•	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File	w. 0.1					
	nation Only					
No Chang	ge in Rate					
Home Office:	1 - No Home Office					
				,	ı	



Lakeland Hills Center			Provider Number:	0 212865-00	
610 East Bella Vista Drive			Date:	5/11/2012	
Lakeland FL 33805			Fiscal Year End:	8/31/2005	
			Audit Status:	Revised Field Audit [5]	
Provider Type: Nursing Home Single Level	····	Current Rate 168.05	New Rate	Effective	
Level H: AIDS	•	297.65	296.89	2/1/2007	
Level U: Fragile Under 21	_	401.64	400.88	2/1/2007	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Changes:	Licensure Usual and Target Rat FRVS Cha	Total Prospective rospective Adjusted Total Prospective with Total Prospective with Total Prospective with Total Prospective with Total Prospective Williams Change ange Total Revised FA NE Ster Change	n Interim Component	
Desk Audit - Prospective portion Distribution:		JA	2] as of 10/01/1985 Stephen Russell		
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Med	dicaid Cost	Reimbursement Plan	ning and Finance	



Lakeland Hills Center		Provider Number:	0 212865-00	
610 East Bella Vista Drive		Date:	5/11/2012	
Lakeland FL 33805		Fiscal Year End:	8/31/2005	
		Audit Status:	Revised Field Audit [5]	
Provider Type: Nursing Home Single Level	Current Rate 163.80	New Rate	Effective Date 3/1/2007	
Level H: AIDS Level U: Fragile Under 21	293.40 397.39	291.93 395.92	3/1/2007 3/1/2007	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospecti	ve Total Prospective Prospective Adjusted Total Prospective with		
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target R FRVS C X Field At Rate Ser	-	on H06-185C FYE 8/31/05	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance	



University Center East			Provider Number:	0 212873-00
991 East New York Ave			Date:	5/10/2012
Deland FL 32724			Fiscal Year End:	7/31/2005
•			Audit Status:	Revised Field Audit [5]
Provider Type:	R	rent	New Rate	Effective Date
Nursing Home Single Level		4.68		1/1/2006
Level H: AIDS		9.79	287.04	1/1/2006
Level U: Fragile Under 21	39	0.17	387.42	1/1/2006
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data Basis:BudgetUnaudited costsYield audited costsField audited costsField audited costsPrior Provider Prospective data	Changes:	icensure sual and arget Ra RVS Ch ield Auc ate Seme	Prospective Adjusted Prospective Adjusted Prospective with Rating Change Customary Limitation change ange	h Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medica	Maid Cost	Stephen Russell Reimbursement Plan	ning and Finance



University Center East			Provider Number:	0 212873-00	
991 East New York Ave			Date:	5/10/2012	
Deland FL 32724			Fiscal Year End:	7/31/2005	
			Audit Status:	Revised Field Audit [5]	
Provider Type: Nursing Home Single Level		Current Rate 167.34	New Rate 164.56	Effective Date 7/1/2006	
	_				
Level H: AIDS		294.47	291.69	7/1/2006	
Level U: Fragile Under 21		396.47	393.69	7/1/2006	
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X		ve Total Prospective Prospective Adjusted Total Prospective with		
Basis:	Changes:	•			
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual an Target R FRVS C Field Au Rate Sen	•	on H06-177C FYE 7/31/05	
Distribution:		M	Stephen Russell		
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Med	licaid Cos	t Reimbursement Plan	ning and Finance	



University Center Eas	t ·			Provider Number:	0 212873-00	
991 East New York A	ve			Date:	5/10/2012	
Deland FL 32724		•		Fiscal Year End:	7/31/2005	
				Audit Status:	Revised Field Audit [5]	
Provider Type:			Current	New	Effective	
Nursing Home	Single Level		Rate 175.51	Rate	Date 1/1/2007	
	Level H: AIDS		305.11	303.36	1/1/2007	
	Level U: Fragile Under 21		409.10	407.35	1/1/2007	
Rate Type :						
Interim	Cotal Interim	X	Prospectiv X	Total Prospective		
	nterim Component			Prospective Adjusted:	for New Costs	
-	ettlement based on costs			Total Prospective with		
	rior Provider Prospective data				·	
Basis:		Changes:				
Budget			Licensur	e Rating Change		
Unaudited c	osts		Usual an	d Customary Limitatio	n	
X Field audite	d costs		_	ate limitation change		
	- interim portion		FRVS C	· ·		
Desk audite	d costs Interim Portion	X			H06-177C FYE 7/31/05	
	- Prospective portion	-		nester Change [2] as of 10/01/1985		
Distribution:			3K	Stephen Russell	17 Palainin 11 11 11 11 11 11 11 11 11 11 11 11 11	
	ment / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File	0.1					
For inform	•					
No Change	e in Rate	ì				
Home Office:	1 - No Home Office					



University Center East 991 East New York Ave				Provider Number:	0 212873-00		
				Date:	5/10/2012		
Deland FL 32724				Fiscal Year End:	7/31/2005		
				Audit Status:	Revised Field Audit [5]		
Provider Type:				T E WALL DE COUNTY	100.000		
			Current	New	Effective		
			Rate	Rate	Date		
Nursing Home	Single Level	_	178.66	<u> 178.31</u> _	2/1/2007		
	Level H: AIDS		308.26	307.91	2/1/2007		
	Level U: Fragile Under 21	_	412.25	411.90	2/1/2007		
I	Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes	:]	re Total Prospective Prospective Adjusted Total Prospective with			
Unaudited of				d Customary Limitatio	on		
X Field audite			- FRVS C	ate limitation change			
Desk audite	- interim portion	<u> </u>		•	H06-177C FYE 7/31/05		
	· Interim Portion		Rate Semester Change				
Desk Audit	- Prospective portion		On FRV	[2] as of 10/01/1985			
Distribution:			M	Stephen Russell			
-	ement / Fiscal Agent	Mo	edicaid Cos	t Reimbursement Plan	ning and Finance		
Permanent File	ation Only						
For inform							
No Change							
Home Office:	1 - No Home Office						



University Center East				Provider Number:	0 212873-0)0
991 East New York Ave		•		Date:	5/10/2012	2
Deland FL 32724		-		Fiscal Year End:	7/31/2005	
				Audit Status:	Revised Field A	 udit [5]
Provider Type: Nursing Home	Single Level		Current Rate 175.51	New Rate 173.76	Effective Date 3/1/2007	
	~	•			0.1.2007	
1	Level H: AIDS		305.11	303.36	3/1/2007	
1	Level U: Fragile Under 21		409.10	407.35	3/1/2007	
Basis: Budget Unaudited cost X Field audited c	costs	Change	Licensur Usual an Target R	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Compone	nt
Field audit - ir Desk audited c Desk audit - In Desk Audit - P	osts	FRVS Change X Field Audit & Revised FA NH06-177C FYE 7/3 Rate Semester Change On FRV [2] as of 10/01/1985			31/05	
Distribution:		<u> </u>	M	Stephen Russell		
Contract Manageme Permanent File For information No Change in	on Only		Medicaid Cos	t Reimbursement Plan	ning and Finance	
Home Office:	1 - No Home Office					



The Groves Center				Provider Number:	0 212881-00	
512 South 11th Street	t	•		Date:	5/9/2012	
Lake Wales FL 3385	3	•		Fiscal Year End:	8/31/2005	
				Audit Status:	Revised Field Audit [5]	
Provider Type:				Ziuni Duna.	Trovidua i inita i inita [5]	
		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	151.36	149.97	7/1/2006	
	Level H: AIDS	_	278.49	277.10	7/1/2006	
	Level U: Fragile Under 21	-	380.49	379.10	7/1/2006	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u>X</u>		re Total Prospective Prospective Adjusted of Total Prospective with		
Desk audite Desk audit	ed costs - interim portion	Changes	Licensure Usual and Target R FRVS CI FA and I Rate Sem	e Rating Change d Customary Limitatio ate limitation change hange RFA # NH06-184C F nester Change [2] as of 10/01/1985		
Distribution:	omant / Figure 1 A cont		Id	Stephen Russell		
Permanent File	ement / Fiscal Agent nation Only se in Rate	M	edicaid Cos	t Reimbursement Planı	ning and Finance	
Home Office:	1 - No Home Office					



The Groves Center				Provider Number:	0 212881-00
512 South 11th Stree	t	-		Date:	5/9/2012
Lake Wales FL 3385	3	•		Fiscal Year End:	8/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type:					
• •			Current	New	Effective
	a	_	Rate	Rate	Date
Nursing Home	Single Level	_	158.02	<u> 157.80</u> _	1/1/2007
	Level H: AIDS		287.62	287.40	1/1/2007
	Level U: Fragile Under 21	_	391.61	391.39	1/1/2007
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			_	-
Basis:		Changes			
		Changes	<u>'</u>		
Budget			Licensur	e Rating Change	
Unaudited	costs		_	d Customary Limitatio	on
X Field audit	ed costs		_	ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite	ed costs	X	FA and	RFA # NH06-184C F	YE 8/31/05
	- Interim Portion		_	nester Change	
Desk Audit	- Prospective portion		On FRV	[2] as of 10/01/1985	MARIE
Distribution:			M	Stephen Russell	
•	ement / Fiscal Agent		edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
For inform	nation Only				
No Chang	ge in Rate				
Home Office:	1 - No Home Office				
nome Office:					



The Groves Center				Provider Number:	0 212881-00
512 South 11th Street				Date:	5/9/2012
Lake Wales FL 33853		•		Fiscal Year End:	8/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type:	Cimala I aval		Current Rate	New Rate	Effective Date
Nursing Home	Single Level		161.23	<u>162.52</u> _	2/1/2007
	Level H: AIDS	_	290.83	292.12	2/1/2007
	Level U: Fragile Under 21	_	394.82	396.11	2/1/2007
II	Total Interim Interim Component Ettlement based on costs Frior Provider Prospective data	X Changes:		re Total Prospective Prospective Adjusted Total Prospective with	
Unaudited c X Field audite	d costs - interim portion	X	Target R FRVS C	d Customary Limitation change hange RFA # NH06-184C F	
	Interim Portion - Prospective portion	***************************************		nester Change [2] as of 10/01/1985	
Distribution:	·		M	Stephen Russell	
Contract Manager Permanent File For informa No Change	•	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	1 - No Home Office				



The Groves Center				Provider Number:	0 212881-00
512 South 11th Street			Date:		5/9/2012
Lake Wales FL 33853	3			Fiscal Year End:	8/31/2005
			•	Audit Status:	
Provider Type:				Audit Status:	Revised Field Audit [5]
110videi 1ype.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	158.02	157.80	3/1/2007
	Level H: AIDS		287.62	287.40	3/1/2007
	Level U: Fragile Under 21		391.61	391.39	3/1/2007
Basis: Budget Unaudited of X Field audite	ed costs	Changes:	Licensure Usual and Target Ra	Total Prospective Prospective Adjusted Total Prospective with Rating Change Customary Limitation change	n Interim Component
Desk audite Desk audit	- interim portion ed costs - Interim Portion - Prospective portion	X	Rate Seme	ange FA # NH06-184C F ester Change 2] as of 10/01/1985	YE 8/31/05
Distribution:		1	AK	Stephen Russell	
Permanent File	ement / Fiscal Agent nation Only e in Rate	Me	dicaid Cost	Reimbursement Plan	ning and Finance
Home Office:	1 - No Home Office				



Emerald Coast Center 114 Third Street South				Provider Number:	0 212903-00
		_	Date:		5/22/2012
Ft. Walton Beach FL	32548	- -		Fiscal Year End:	7/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type:				Tuati Status.	TOTAL TOTAL LOS
~ 1			Current	New	Effective
		-	Rate	Rate	Date
Nursing Home	Single Level	•	147.57	144.72	7/1/2006
	Level H: AIDS		274.70	271.85	7/1/2006
	Level U: Fragile Under 21		376.70	373.85	7/1/2006
Rate Type :					
Interim		X	_ Prospectiv	e	
1	Total Interim		<u>X</u>	Total Prospective	
	nterim Component		***************************************	Prospective Adjusted	
	ettlement based on costs			Total Prospective with	1 Interim Component
P	rior Provider Prospective data				
Basis:	-	Change	s:		
Budget			Licensure	e Rating Change	
Unaudited of				d Customary Limitatio	n
X Field audite				ate limitation change	
	- interim portion		FRVS C	•	
Desk audite	d costs - Interim Portion	X		dit & Revised FA #N ester Change	H06-183C FYE 7/31/05
	- Prospective portion	-		[2] as of 10/01/1985	
Distribution:			3K	Stephen Russell	
_	ement / Fiscal Agent	N	1edicaid Cost	Reimbursement Plans	ning and Finance
Permanent File				-	
For inform	"				
No Change	e in Rate				
Home Office:	l - No Home Office				
				r.	



Emerald Coast Center		Provider Number:	0 212903-00	
114 Third Street South		Date:	5/22/2012	
Ft. Walton Beach FL 32548		Fiscal Year End:	7/31/2005	
		Audit Status:	Revised Field Audit [5]	
Provider Type: Nursing Home Single Level	Current Rate 155.04	New Rate	Effective Date 1/1/2007	
Level H: AIDS	284.64	282.78	1/1/2007	
Level U: Fragile Under 21	388.63	386.77	1/1/2007	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Field Au Rate Sen	•	n Interim Component	
Distribution:	9.1	Stephen Russell		
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicaid Cos	t Reimbursement Plans	ning and Finance	



Emerald Coast Center			Provider Number:	0 212903-00	
114 Third Street South		•		Date:	5/22/2012
Ft. Walton Beach FL	32548	•		Fiscal Year End:	7/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type:				radit Status.	Tevisor Field Hadit [5]
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	_	158.26	157.74	2/1/2007
	Level H: AIDS		287.86	287.34	2/1/2007
	Level U: Fragile Under 21	_	391.85	391.33	2/1/2007
Rate Type:					,
Interim	Patel Laterina	X	Prospectiv		
	Total Interim Interim Component		***************************************	Total Prospective Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			.	F
Basis:		Changes:			
1343134		Changes.			
Budget			Licensur	e Rating Change	
Unaudited	costs			d Customary Limitatio	n
X Field audite	ed costs			ate limitation change	
	- interim portion		FRVS C	•	
Desk audit	ed costs - Interim Portion	X		dit & Revised FA #N nester Change	H06-183C FYE 7/31/05
	- Prospective portion			[2] as of 10/01/1985	
Distribution:		l	3K	Stephen Russell	
_	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	ootion Only				,
	nation Only				
No Chang	e in Kate				
Home Office:	I - No Home Office				



Emerald Coast Center			Provider Number:	0 212903-00	
114 Third Street South		Date: Fiscal Year End:		5/22/2012	
Ft. Walton Beach FL 32548				7/31/2005	
•			Audit Status:	Revised Field Audit [5]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home Single Level		155.04		3/1/2007	
Level H: AIDS		284.64	282.78	3/1/2007	
Level U: Fragile Under 21		388.63	386.77	3/1/2007	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Changes:	Licensure Usual and Target Ra FRVS Ch Field Auc Rate Semo	Prospective Prospective Adjusted Prospective Adjusted Total Prospective with Rating Change Customary Limitation te limitation change ange	n Interim Component	
Home Office: 1 - No Home Office					



Clearwater Center 1270 Turner Street Clearwater FL 34616				Provider Number:	0 212911-00		
				Date:	5/29/2012		
				Fiscal Year End:	8/31/2005		
				Audit Status:	Revised Field Audit [5]		
Provider Type:							
			Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	_	152.57	151.08	7/1/2006		
	Level H: AIDS		279.70	278.21	7/1/2006		
	Level U: Fragile Under 21		381.70	380.21	7/1/2006		
Rate Type :							
Interim		X	Prospectiv	re .			
	l'otal Interim		X	Total Prospective			
	Interim Component		Prospective Adjusted for New Costs				
***************************************	Settlement based on costs			Total Prospective with	Interim Component		
	Prior Provider Prospective data						
Basis:		Changes	<u>:</u>				
Budget			Licensur	e Rating Change			
Unaudited	costs	M	Usual an	d Customary Limitatio	n		
X Field audito	ed costs		_	ate limitation change			
	- interim portion		FRVS C	•			
Desk audite		<u>X</u>		FA # NH06-187C FY	E 8/31/05		
	- Interim Portion - Prospective portion			nester Change [2] as of 10/01/1985			
Distribution:			In	Stephen Russell			
_	ement / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance		
Permanent File					_		
	nation Only						
No Chang	e in Rate						
Home Office:	1 - No Home Office						



Clearwater Center				Provider Number:	0 212911-00	
1270 Turner Street				Date:	5/29/2012	
Clearwater FL 34616				Fiscal Year End:	8/31/2005	
				Audit Status:	Revised Field Audit [5]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	160.77		1/1/2007	
	Level H: AIDS		290.37	289.55	1/1/2007	
	Level U: Fragile Under 21		394.36	393.54	1/1/2007	
Basis: Budget Unaudited X Field audit Field audit Desk audit Desk Audit Desk Audit	ed costs - interim portion	Changes:	Licensure Usual and Target Ra FRVS Cl FA & RI Rate Sem On FRV	Total Prospective Prospective Adjusted Total Prospective with Read Rating Change d Customary Limitation ate limitation change	in Interim Component on E 8/31/05	
	nation Only					
Home Office:	1 - No Home Office					



Clearwater Center 1270 Turner Street				Provider Number:	0 212911-00
				Date:	5/29/2012
Clearwater FL 34616		_		Fiscal Year End:	8/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		164.69	164.76	2/1/2007
	Level H: AIDS	<u>.</u>	294.29	294.36	2/1/2007
	Level U: Fragile Under 21	_	398.28	398.35	2/1/2007
Rate Type:		v	Dracmostiv		
Interim	Total Interim	<u> </u>	Prospectiv X	e Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			-	•
Basis:		Changes:			
Budget			•	e Rating Change	
Unaudited X Field audite		****		d Customary Limitation thange	on
	- interim portion	*****	FRVS CI		
Desk audite	_	<u> </u>		FA # NH06-187C FY	E 8/31/05
	- Interim Portion			ester Change	
	- Prospective portion		On FRV	[2] as of 10/01/1985	THE STATE OF THE S
Distribution:			B	≺Stephen Russell	•
-	ement / Fiscal Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File					-
	nation Only				
No Chang	ge in Rate				
Home Office:	1 - No Home Office				



Clearwater Center 1270 Turner Street Clearwater FL 34616				Provider Number:	0 212911-00	
				Date:	5/29/2012	
				Fiscal Year End:	8/31/2005	
				Audit Status:	Revised Field Audit [5]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	160.77	159.95	3/1/2007	
	Level H: AIDS		290.37	289.55	3/1/2007	
	Level U: Fragile Under 21	_	394.36	393.54	3/1/2007	
Rate Type:		x	Prospectiv	e		
	Total Interim		•	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with	n Interim Component	
]	Prior Provider Prospective data					
Basis:		Changes:			-	
Desk audite Desk audit	ed costs - interim portion	x	Usual and Target Ra FRVS Ch FA & RF Rate Sem	Rating Change I Customary Limitation the limitation change thange FA # NH06-187C FY ester Change [2] as of 10/01/1985		
<u>Distribution:</u>			JsK	Stephen Russell		
Permanent File	ement / Fiscal Agent nation Only ge in Rate	Med	dicaid Cost	Reimbursement Plans	ning and Finance	
Home Office:	1 - No Home Office					



Clearwater Center				Provider Number:	0 212911-00
1270 Turner Street				Date:	5/29/2012
Clearwater FL 34616		-		Fiscal Year End:	8/31/2006
				Audit Status:	Unaudited [3]
Provider Type:				Addit Status.	Chadated [5]
Trovidur Typer			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		162.12	162.05	7/1/2007
	Level H: AIDS		294.06	293.99	7/1/2007
	Level U: Fragile Under 21		399.92	399.85	7/1/2007
Rate Type:		x	Prospective	0	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
]	Prior Provider Prospective data				
Basis:		Change	s:		
Budget				Rating Change	•
X Unaudited Field audit				l Customary Limitation te limitation change	on
	- interim portion		FRVS Ch	_	
Desk audite	-	<u> </u>		i FA & RFA # NH06	L187C FVE 8/31/05
	- Interim Portion			ester Change	10,01112 0,01100
Desk Audit	- Prospective portion		On FRV [2] as of 10/01/1985	
Distribution:	ones (Final Anna		SK	Stephen Russell	
•	ement / Fiscal Agent	N	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File	nation Only				
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No Chang					
Home Office:	1 - No Home Office	MAN TO THE TOTAL TOTAL TO THE THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTA	- Commission		



Clearwater Center			Provider Number:	0 212911-00	
1270 Turner Street		-	Date:		5/29/2012
Clearwater FL 34616		_ _		Fiscal Year End:	8/31/2007
				Audit Status:	Unaudited [3]
Provider Type:				Tituli Diatuy.	Official (5)
			Current	New	Effective
Numing Uomo	Single Level		Rate	Rate	Date 1/1/2009
Nursing Home	Single Level	-	160.17	<u>160.10</u> _	1/1/2008
	Level H: AIDS		294.17	294.10	1/1/2008
	Level U: Fragile Under 21		401.69	401.62	1/1/2008
Rate Type:					
Interim		X	_ Prospective	e	
	Total Interim			Total Prospective	
	Interim Component		***************************************	Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
	Prior Provider Prospective data				
Basis:	,	Change	s:		
Budget			Licensure	Rating Change	
X Unaudited	costs		Usual and	Customary Limitatio	n
Field audite	ed costs		Target Ra	te limitation change	
	- interim portion		FRVS Ch	ange	
Desk audite		X		FA & RFA # NH06	-187C FYE 8/31/05
	- Interim Portion - Prospective portion			ester Change [2] as of 10/01/1985	
<u>Distribution:</u>	Troopeon position		IK	Stephen Russell	
Contract Manage	ement / Fiscal Agent		ledicaid Cost	Reimbursement Plans	ning and Finance
Permanent File		14.	iourouru cour	10miourbenient i min	ing and I mare
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No Chang	e in Rate				
Home Office:	1 - No Home Office				
HOME OTHER.					



Clearwater Center 1270 Turner Street				Provider Number:	0 212911-00
				Date:	5/29/2012
Clearwater FL 34616	5			Fiscal Year End:	8/31/2007
				Audit Status:	Unaudited [3]
Provider Type:				ruan outus.	Official [5]
Trovidus Lyper			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		162.17	<u>162.11</u> _	7/1/2008
	Level H: AIDS		298.45	298.39	7/1/2008
	Level U: Fragile Under 21		407.80	407.74	7/1/2008
Rate Type:					
Interim	(X	Prospective	e	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	4.4
	Settlement based on costs		· .	Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited	costs			Customary Limitation	on
Field audit	ted costs		Target Ra	te limitation change	
Field audit	t - interim portion		FRVS Ch	ange	
Desk audit		X		FA & RFA # NH06	5-187C FYE 8/31/05
	t - Interim Portion it - Prospective portion			ester Change 2] as of 10/01/1985	
Distribution:			IN.	Stephen Russell	
Contract Manag	gement / Fiscal Agent		///\\ (-1)1104	-	
Permanent File	<u>-</u>	N	hedicald Cost	Reimbursement Plan	ning and Finance
For inform	nation Only				
No Chang	ge in Rate				
Home Offi	1 - No Home Office				
Home Office:	1 110 Home Onice				



Clearwater Center				Provider Number:	0 212911-00
1270 Turner Street		•		Date:	5/29/2012
Clearwater FL 34616		•		Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 163.69	New Rate 163.63	Effective Date 1/1/2009
3	•				
	Level H: AIDS		302.04	301.98	1/1/2009
	Level U: Fragile Under 21	_	413.05	412.99	1/1/2009
Rate Type:	Total Interim	X	Prospectiv	e Total Prospective	
	nterim Component			Prospective Adjusted:	for New Costs
	Settlement based on costs			Total Prospective with	· ·
P	Prior Provider Prospective data				
Basis:		Changes:			
Budget X Unaudited of Field audited			Usual and	Rating Change I Customary Limitation te limitation change tange	n
	d costs - Interim Portion - Prospective portion	X	Rate Sem	FFA & RFA # NH06 ester Change [2] as of 10/01/1985	-187C FYE 8/31/05
Distribution:			JK	Stephen Russell	
Contract Manage Permanent File For inform No Chang	*	Me	dicaid Cost	Reimbursement Plans	ning and Finance
Home Office:	1 - No Home Office				



Clearwater Center				Provider Number:	0 212911-00	
1270 Turner Street				Date:	5/29/2012	
Clearwater FL 34616	-			Fiscal Year End:	8/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
No.	Cim ala Tamal		Rate	Rate	Date	
Nursing Home	Single Level		149.97		3/1/2009	
	Level H: AIDS		288.32	288.27	3/1/2009	
	Level U: Fragile Under 21		399.33	399.28	3/1/2009	
Rate Type :						
Interim	•	X	_ Prospectiv	/e		
	Total Interim			Total Prospective		
	Interim Component	Prospective Adjusted for New Costs				
	Settlement based on costs			Total Prospective with	h Interim Component	
	Prior Provider Prospective data					
Basis:		Changes	s:			
Dudget			Licensur	e Rating Change	•	
Budget X Unaudited	costs			d Customary Limitatio	on .	
Field audit				ate limitation change		
Field audit	- interim portion		FRVS C	hange		
Desk audit	ed costs	X	Effects o	of FA & RFA # NH06	6-187C FYE 8/31/05	
	- Interim Portion			nester Change		
	t - Prospective portion		On FRV	[2] as of 10/01/1985		
Distribution:			M	Stephen Russell		
-	ement / Fiscal Agent	M	ledicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File	action Only					
	nation Only					
No Chang	ge in Rate					
Home Office:	1 - No Home Office					



Clearwater Center		Provider Number: 0 21291			0 212911-00
1270 Turner Street		<u>-</u>	Date:		5/29/2012
Clearwater FL 34616				Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N	Cinala I amal		Rate	Rate	Date
Nursing Home	Single Level		186.74		4/1/2009
	Level H: AIDS		325.09	325.03	4/1/2009
	Level U: Fragile Under 21		436.10	436.04	4/1/2009
Rate Type :					
Interim		X	Prospectiv	e	
,	Total Interim		<u>X</u>	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
X Unaudited	costs	-	•	d Customary Limitation	on .
Field audit	ed costs			ate limitation change	
Field audit	- interim portion		FRVS Ch	nange	
Desk audite		<u> </u>		f FA & RFA # NH06	-187C FYE 8/31/05
	- Interim Portion - Prospective portion			ester Change [2] as of 10/01/1985	
Distribution:	,-110spective polition		OHTKV		14400
	ement / Fiscal Agent		SH	Stephen Russell	
Permanent File	ement / riscat Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance
	nation Only				
No Chang	•				
Home Office:	1 - No Home Office				
				-	



Clearwater Center				Provider Number:	0 212911-00	
1270 Turner Street		•		Date:	5/29/2012	
Clearwater FL 34616	5	• ,		Fiscal Year End:	8/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		190.65	<u>190.58</u>	7/1/2009	
	Level H: AIDS	_	331.00	330.93	7/1/2009	
	Level U: Fragile Under 21	_	443.62	443.55	7/1/2009	
Rate Type:		***************************************				
Interim		X	Prospectiv	ve		
	Total Interim		-	Total Prospective		
	Interim Component	Prospective Adjusted for New Costs				
	Settlement based on costs			Total Prospective with	n Interim Component	
	Prior Provider Prospective data					
Basis:		Changes				
Budget			Licensur	e Rating Change		
X Unaudited	costs		-	d Customary Limitation	n	
Field audit				ate limitation change		
Field audit	t - interim portion	-	FRVS C	hange		
Desk audite		X Effects of FA & RFA # NH06-187C FYE 8/31/05				
	- Interim Portion	Rate Semester Change On FRV [2] as of 10/01/1985				
Distribution:	t - Prospective portion		On FRV	0		
	ement / Fiscal Agent		991	Stephen Russell		
Permanent File	onion / 1 isoui / igoni	Me	dicaid Cos	t Reimbursement Plan	ning and Finance	
	nation Only					
No Chang	•					
Home Office:	1 - No Home Office					
		4				



Clearwater Center	Provider Number:		0 212911-00
1270 Turner Street		Date:	5/29/2012
Clearwater FL 34616		Fiscal Year End:	8/31/2009
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.28	New Rate	Effective Date 1/1/2010
Nursing frome Single Level			1/1/2010
Level H: AIDS	344.20	344.14	1/1/2010
Level U: Fragile Under 21	458.08	458.02	1/1/2010
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target F FRVS C X Effects Rate Ser	Total Prospective Prospective Adjusted Total Prospective with Te Rating Change and Customary Limitatio Rate limitation change	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Js	Stephen Russell st Reimbursement Plan	ning and Finance



Date: 5/29/2012	Clearwater Center		Provider Number: 0 212911-			0 212911-00
Provider Type: Current New Effective Date	1270 Turner Street				Date:	5/29/2012
Provider Type: Current New Effective Date	Clearwater FL 34616		•		•	8/31/2009
Provider Type: Current Rate Rate Date						
Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 Level U: Fragile Under 21 A464.20 A464.14 A464.1	Provider Type:				Tamait Smith	
Level H: AIDS Level U: Fragile Under 21 A64.20			_			
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Budget X Unaudited costs Field audite - interim portion Desk audite - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Y Prospective X Prospective X Total Prospective Y Total Prospective with Interim Component Total Prospective with Interim Component Y Usual and Customary Limitation Target Rate limitation change FRVS Change V Effects of FA & RFA # NH06-187C FYE 8/31/05 Rate Semester Change On FRV [2] as of 10/01/1985 Stephen Russell Medicaid Cost Reimbursement Planning and Finance	Nursing Home	Single Level	-	205.83		7/1/2010
Interim		Level H: AIDS	_	349.17	349.11	7/1/2010
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change Field audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Level U: Fragile Under 21	-	464.20	464.14	7/1/2010
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Rate Type :					
Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Interim		x	Prospective	e	
Budget X Unaudited costs Field audite - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Stetlement based on costs Total Prospective with Interim Component Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Effects of FA & RFA # NH06-187C FYE 8/31/05 Rate Semester Change On FRV [2] as of 10/01/1985 Stephen Russell Medicaid Cost Reimbursement Planning and Finance		Total Interim		X	Total Prospective	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Effects of FA & RFA # NH06-187C FYE 8/31/05 Rate Semester Change On FRV [2] as of 10/01/1985 Stephen Russell Medicaid Cost Reimbursement Planning and Finance				-	-	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Effects of FA & RFA # NH06-187C FYE 8/31/05 Rate Semester Change On FRV [2] as of 10/01/1985 Stephen Russell Medicaid Cost Reimbursement Planning and Finance					Total Prospective with	n Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Effects of FA & RFA # NH06-187C FYE 8/31/05 Rate Semester Change On FRV [2] as of 10/01/1985 Stephen Russell Medicaid Cost Reimbursement Planning and Finance		Prior Provider Prospective data				
X Unaudited costs	Basis:		Changes	<u>:</u>]		
With the contract Management / Fiscal Agent	Budget			Licensure	Rating Change	
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate FRVS Change X Effects of FA & RFA # NH06-187C FYE 8/31/05 Rate Semester Change On FRV [2] as of 10/01/1985 Stephen Russell Medicaid Cost Reimbursement Planning and Finance	_	costs		Usual and	l Customary Limitatio	on
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate X Effects of FA & RFA # NH06-187C FYE 8/31/05 Rate Semester Change On FRV [2] as of 10/01/1985 Stephen Russell Medicaid Cost Reimbursement Planning and Finance	Field audit	ed costs		Target Ra	ite limitation change	
Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Rate Semester Change On FRV [2] as of 10/01/1985 Stephen Russell Medicaid Cost Reimbursement Planning and Finance	Field audit	- interim portion		FRVS Ch	ange	
Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate On FRV [2] as of 10/01/1985 Stephen Russell Medicaid Cost Reimbursement Planning and Finance			X			-187C FYE 8/31/05
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Stephen Russell Medicaid Cost Reimbursement Planning and Finance	***************************************	1				
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Medicaid Cost Reimbursement Planning and Finance	***************************************	Troopeenive position		M	/	
Permanent File For information Only No Change in Rate	Contract Manage	ement / Fiscal Agent		edicaid Cost		ning and Finance
No Change in Rate	Permanent File		141	oditula cost	Tomical deficient 1 man	inig min i nimiov
	For inform	nation Only				
Home Office	No Chang	e in Rate				
mome Office:	Home Office:	1 - No Home Office				
	1101110 0111100.					



Clearwater Center			Provider Number:	0 212911-00
1270 Turner Street			Date:	5/29/2012
Clearwater FL 34616			Fiscal Year End:	8/31/2010
			Audit Status:	Unaudited [3]
Provider Type:	·	Current Rate	New Rate	Effective Date
Nursing Home Single Level		209.20	209.14	1/1/2011
Level H: AIDS		354.06	354.00	1/1/2011
Level U: Fragile Uno	r 21 <u> </u>	470.31	470.25	1/1/2011
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costPrior Provider Prospecti Basis: BudgetBudget		Licensure Usual and Target Ra FRVS Cl	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Desk Audit - Prospective portion		On FRV	[2] as of 10/01/1985	
Distribution:		M	Stephen Russell	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home O		icaid Cost	t Reimbursement Plan	ning and Finance



Clearwater Center				Provider Number:	0 212911-00
1270 Turner Street		_		Date:	5/29/2012
Clearwater FL 34616		- -		Fiscal Year End:	8/31/2010
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	202.71	202.65	7/1/2011
	Level H: AIDS	-	348.91	348.85	7/1/2011
	Level U: Fragile Under 21	-	466.24	466.18	7/1/2011
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes X	Licensur Usual and Target R FRVS C Effects of Rate Ser	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Total Prospective with Total Prospective with The Rating Change Ind Customary Limitation Late limitation change Thange T	n Interim Component
	ement / Fiscal Agent		M	Stephen Russell	
Permanent File	nation Only		edicaid Cos	st Reimbursement Plan	ning and Finance



Clearwater Center		Provider Number: 0 212911-			0 212911-00
1270 Turner Street		- -		Date:	5/29/2012
Clearwater FL 34616		-	Fiscal Year End:		8/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Ollaudited [3]
riovider Type.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	Minimum Minimu	204.96	204.90	1/1/2012
	Level H: AIDS		352.57	352.51	1/1/2012
	Level U: Fragile Under 21		471.03	470.97	1/1/2012
Rate Type :	Total Interim	x	Prospectiv X	e Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data		***************************************		
Basis:		Changes:			
Desk audite Desk audit	ed costs - interim portion	x	Usual and Target Ra FRVS Ch Effects of Rate Sem	Rating Change I Customary Limitation ate limitation change nange FFA & RFA # NH06 ester Change [2] as of 10/01/1985	
<u>Distribution:</u>				Stephen Russell	
Contract Management / Fiscal Agent Medicaid Cost		Reimbursement Plans	ning and Finance		
Permanent File					<i>G</i>
***************************************	nation Only				
No Chang	ge in Rate				
Home Office:	1 - No Home Office				



Bay Center 1336 St. Andrew Blvd				Provider Number:	0 212989-00
		•		Date:	5/22/2012
Panama City FL 3240	05			Fiscal Year End:	8/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type: Nursing Home	Single Level		Current Rate 147.86	New Rate 147.02	Effective Date 1/1/2006
	g				
	Level H: AIDS		272.97	272.13	1/1/2006
	Level U: Fragile Under 21		373.35	372.51	1/1/2006
Rate Type:					
Basis: Budget Unaudited X Field audit Field audit Desk audit Desk Audit	ed costs - interim portion	Changes:	Licensure Usual and Target Ra FRVS CI FA and I Rate Sem	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Permanent File	ement / Fiscal Agent nation Only ge in Rate	Me	Jsk dicaid Cost	Stephen Russell t Reimbursement Plan	ning and Finance



Bay Center				Provider Number:	0 212989-00	
1336 St. Andrew Blvd		-	Date:		5/22/2012	
Panama City FL 3240	05	-		Fiscal Year End:	8/31/2005	
•				Audit Status:	Revised Field Audit [5]	
Provider Type:						
			Current	New	Effective	
Name - Home	Cimals Tanal		Rate	Rate	Date	
Nursing Home	Single Level		150.18		7/1/2006	
	Level H: AIDS		277.31	276.45	7/1/2006	
	Level U: Fragile Under 21		379.31	378.45	7/1/2006	
Rate Type:						
Interim	,	X	Prospectiv			
	Total Interim			Total Prospective	for Nov. Costs	
·	Interim Component Settlement based on costs			Prospective Adjusted Total Prospective with		
	Prior Provider Prospective data			Total Prospective with	i internit Component	
	The free free free free free free free fr		1			
Basis:		Changes				
Dudget			Licensur	e Rating Change		
Budget Unaudited	costs		- .	d Customary Limitatio	ın	
X Field audit				ate limitation change		
Field audit	- interim portion		FRVS C	hange		
Desk audite	1	X		RFA #NH06-180C F	YE 8/31/05	
	- Interim Portion		-	ester Change		
Distribution:	- Prospective portion		011 FKV	[2] as of 10/01/1985 Stephen Russell		
Contract Manag	ement / Fiscal Agent		911	1		
Permanent File	· ·	Me	dicaid Cost	t Reimbursement Plan	ning and Finance	
	nation Only					
No Chang	ge in Rate					
Home Office:	1 - No Home Office					
•						
		•				



Bartow Center		Provider Number:	0 212997-00
2055 East Georgia Street	•	Date:	5/2/2012
Bartow FL 33830	•	Fiscal Year End:	8/31/2005
		Audit Status:	Revised Field Audit [5]
Provider Type: Nursing Home Single Level	Current Rate 152.35	New Rate 151.71	Effective Date 7/1/2006
Truibing Home Single Level	102.00		77172000
Level H: AIDS	279.48	278.84	7/1/2006
Level U: Fragile Under 21	381.48	380.84	7/1/2006
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	Usual an	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Cate limitation change Change FA NH06-181C FYE The Rester Change [2] as of 10/01/1985	n Interim Component
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cos	Stephen Russell st Reimbursement Plans	ning and Finance
Home Office: 1 - No Home Office			



Bartow Center 2055 East Georgia Street				Provider Number:	0 212997-00	
				Date:	5/2/2012	
Bartow FL 33830				Fiscal Year End:	8/31/2005	
				Audit Status:	Revised Field Audit [5]	
Provider Type:				Audit Status.	Revised Field Addit [5]	
110videi 15pe.			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		159.66	159.60	1/1/2007	
	Level H: AIDS		289.26	289.20	1/1/2007	
	Level U: Fragile Under 21	_	393.25	393.19	1/1/2007	
Rate Type:		x	Prospectiv	e		
***************************************	Total Interim			Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with	n Interim Component	
	Prior Provider Prospective data					
Basis:	-	Changes:				
Budget Unaudited			Usual and	Rating Change	on	
X Field audit				ate limitation change		
Desk audit	- interim portion	x	FRVS Ch	range FA NH06-181C FYE	9/31/05	
***************************************	- Interim Portion		_	ester Change	0/31/03	
Desk Audit	t - Prospective portion			[2] as of 10/01/1985		
Distribution:			H	Stephen Russell		
_	ement / Fiscal Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance	
Permanent File	nation Only					
	·					
No Chang						
Home Office:	1 - No Home Office					



Bartow Center 2055 East Georgia Street				Provider Number:	0 212997-00
				Date:	5/2/2012
Bartow FL 33830			Fiscal Year End:		8/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		163.66	<u>164.35</u>	2/1/2007
	Level H: AIDS		293.26	293.95	2/1/2007
	Level U: Fragile Under 21	. —	397.25	397.94	2/1/2007
Rate Type :					
Interim	TO CATA A Sec	<u>X</u>	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 Wila	i internii Component
Basis:	· ·	Changes:			
Desk audite Desk audit	ed costs - interim portion	X	Usual and Target R FRVS Cl FA & RI Rate Sen	e Rating Change d Customary Limitation ate limitation change hange FA NH06-181C FYE hester Change [2] as of 10/01/1985	
Distribution:	(30)		M	Stephen Russell	
Permanent FileFor inform	ement / Fiscal Agent	Me	dicaid Cos	Reimbursement Plan	ning and Finance
No Chang	ge in Rate				
Home Office:	1 - No Home Office				



Bartow Center 2055 East Georgia Street				Provider Number:	0 212997-00	
				Date:	5/2/2012	
Bartow FL 33830				Fiscal Year End:	8/31/2005	
				Audit Status:	Revised Field Audit [5]	
Provider Type:			Current	New	Effective	
	a		Rate	Rate	Date	
Nursing Home	Single Level	-	159.66	<u> 159.60</u> _	3/1/2007	
	Level H: AIDS		289.26	289.20	3/1/2007	
	Level U: Fragile Under 21		393.25	393.19	3/1/2007	
Rate Type:						
Interim		X	Prospectiv	re		
	Total Interim			Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	Interim Component	
	Prior Provider Prospective data					
Basis:		Changes	:			
Budget			Licensure	e Rating Change		
Unaudited	costs			d Customary Limitatio	n	
X Field audit	ed costs		Target Ra	ate limitation change		
Field audit	- interim portion		_ FRVS Cl	hange		
Desk audite		X	_	FA NH06-181C FYE	8/31/05	
	- Interim Portion - Prospective portion	-		nester Change [2] as of 10/01/1985		
Distribution:	- Trospective portion		JA	Stephen Russell		
Contract Manag	ement / Fiscal Agent		edicaid Cost	t Reimbursement Plan	ning and Finance	
Permanent File		147	culculu Cos	i Konnoui Somoni i idil	amg and I maree	
For inform	nation Only					
No Chang	ge in Rate					
Home Office:	1 - No Home Office					
		•				



Medicaid Reimbursement Per Diem Rates

Boca Ciega Center			Provider Number:	0 213004-00
1414 59th Street Sou	th		Date:	5/22/2012
Gulfport FL 33707			Fiscal Year End:	8/31/2005
			Audit Status:	Revised Field Audit [5]
Provider Type:			Tuur omus.	- TOVENSON I TOTAL TRANSPORT
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	152.05	149.92	7/1/2006
	Level H: AIDS	279.18	277.05	7/1/2006
	Level U: Fragile Under 21	381.18	379.05	7/1/2006
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospec	tive Total Prospective Prospective Adjusted Total Prospective with	
Desk audite Desk audit	ed costs - interim portion	Usual Target FRVS X FA an Rate S	ure Rating Change and Customary Limitation Rate limitation change Change d RFA #NH06 - 186C I emester Change V [2] as of 10/01/1985	
Distribution:	ement / Fiscal Agent		Stephen Russell	
Permanent File	nation Only	Medicaid C	ost Reimbursement Plan	ning and Finance

Report Calculated: 5/22/2012 Report Printed: 5/22/2012 Book:0 ID:594682130042006070120120522105139



V7.001.1.2:WXTX5

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

Boca Ciega Center				Provider Number:	0 213004-00	
1414 59th Street Sou	ıth		– Date:		5/22/2012	
Gulfport FL 33707				Fiscal Year End:	8/31/2005	
				Audit Status:	Revised Field Audit [5]	
Provider Type:				That Salas.	Transfer Transfer [5]	
			Current	New	Effective	
		_	Rate	Rate	Date	
Nursing Home	Single Level	_	160.88	<u> 159.37</u> _	1/1/2007	
	Level H: AIDS		290.48	288.97	1/1/2007	
	Level U: Fragile Under 21	_	394.47	392.96	1/1/2007	
Rate Type :						
Interim		X	Prospectiv	ve		
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	1 Interim Component	
	Prior Provider Prospective data					
Basis:		Changes	1			
Dodoo			Licensur	e Rating Change		
Budget Unaudited	costs		_	d Customary Limitation	un.	
X Field audit				ate limitation change	71	
	t - interim portion		FRVS C	_	•	
Desk audit	-	<u> </u>	FA and I	RFA #NH06 - 186C I	FYE 8/31/05	
Desk audit	- Interim Portion			nester Change		
Desk Audi	t - Prospective portion		On FRV	[2] as of 10/01/1985		
Distribution:			H	Stephen Russell		
_	gement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File					_	
	mation Only					
No Chang	ge in Rate		-			
Home Office:	1 - No Home Office					



Boca Ciega Center		Provider Number: 0		0 213004-00	
1414 59th Street South				Date:	5/22/2012
Gulfport FL 33707		_		Fiscal Year End:	8/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type:		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		165.60	164.97	2/1/2007
	Level H: AIDS	:	295.20	294.57	2/1/2007
	Level U: Fragile Under 21		399.19	398.56	2/1/2007
Basis: Budget Unaudited X Field audit Field audit Desk audite	ed costs - interim portion ed costs	Changes:	Licensur Usual and Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange RFA #NH06 - 186C I	h Interim Component
	- Interim Portion - Prospective portion			nester Change [2] as of 10/01/1985	
Distribution:	ement / Fiscal Agent		JK	Stephen Russell	
Permanent File	nation Only	Мес	licaid Cos	t Reimbursement Plan	ning and Finance



Boca Ciega Center	114 Sold Stand Could		Provider Number:	: 0 213004-00	
1414 59th Street Sou				Date:	5/22/2012
Gulfport FL 33707		- -		Fiscal Year End:	8/31/2005
				Audit Status:	Revised Field Audit [5]
Provider Type:				TARGET DELEGE	110111111111111111111111111111111111111
••			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		160.88	159.37	3/1/2007
	Level H: AIDS		290.48	288.97	3/1/2007
	Level U: Fragile Under 21		394.47	392.96	3/1/2007
Rate Type :					
Interim		X	Prospectiv	e	
	Total Interim	-		Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	e Rating Change	
Unaudited	costs		•	d Customary Limitation	on
X Field audit	ed costs			ate limitation change	
Field audit	- interim portion		FRVS C	nange	
Desk audite		X		RFA #NH06 - 186C I	FYE 8/31/05
	- Interim Portion - Prospective portion			ester Change [2] as of 10/01/1985	
Distribution:	- Prospective portion		IN	Stephen Russell	
Contract Manag	ement / Fiscal Agent	————	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File		1410	uicuiu cosi	. Remidus sement i idii	inis and I manee
For inform	nation Only				
No Chang	e in Rate				
Home Office:	1 - No Home Office			a a	
Home Office.					
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Medicaid Reimbursement Per Diem Rates

OAKTREE HEALTI	HCARE	Provider Number: 0		0 252476-00	
650 Reed Canal Road	d			Date:	5/14/2012
South Daytona FL 32	2019			Fiscal Year End:	8/31/2007
				Audit Status:	
Provider Type:				Audit Status:	Field Audited [2]
riovidei type.			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	_	158.56	158.33	7/1/2008
	Level H: AIDS		294.84	294.61	7/1/2008
	Level U: Fragile Under 21		404.19	403.96	7/1/2008
				•	
Rate Type:			-		
Interim		X	Prospectiv	re	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	1 Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
Des 44			Licensur	e Rating Change	
Budget Unaudited	costs		_	d Customary Limitatio	ın
X Field audit				ate limitation change	·II
	t - interim portion		FRVS C	-	
Desk audit	-	<u> </u>	•	dit #NH11-024C FY	E 8/31/07
	- Interim Portion		Rate Sem	nester Change	
Desk Audi	t - Prospective portion		On FRV	[2] as of 05/21/1993	
Distribution:			M	Stephen Russell	
_	ement / Fiscal Agent	-	Medicaid	Cost Reimbursement	Analysis
Permanent File	4 0 1				1
	nation Only				
No Chang	ge in Rate			*	
Home Office:	1 - No Home Office				
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OAKTREE HEALTH	ICARE			Provider Number:	0 252476-00
650 Reed Canal Road				Date:	5/14/2012
South Daytona FL 32	019			Fiscal Year End:	8/31/2007
				Audit Status:	Field Audited [2]
Provider Type:					
		•	Current	New	Effective
Nursing Home	Single Level		Rate 159.01	Rate	Date 1/1/2000
Marsing Home	Single Level	_	139.01	<u> 158.78</u> _	1/1/2009
	Level H: AIDS		297.36	297.13	1/1/2009
	Level U: Fragile Under 21		408.37	408.14	1/1/2009
Rate Type :					
Interim		X	Prospectiv	ve	
	Γotal Interim		-	Total Prospective	
]	nterim Component			Prospective Adjusted	for New Costs
	Settlement based on costs	V		Total Prospective with	Interim Component
F	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensur	e Rating Change	
Unaudited	costs			d Customary Limitatio	n
X Field audite				ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite	1	X		dit #NH11-024C FYI	E 8/31/07
	- Interim Portion - Prospective portion			nester Change [2] as of 05/21/1993	
Distribution:	- Prospective portion			A	
	ement / Fiscal Agent		<i>]</i> [9 Stephen Russell	
Permanent File	ment / Fiscai Agent		Medicaid	l Cost Reimbursement	Analysis
	nation Only				
No Chang	•				
No Chang					
Home Office:	1 - No Home Office				•



OAKTREE HEALTHCARE		Provider Numb	er: 0 252476-00
650 Reed Canal Road	Date:		te: 5/14/2012
South Daytona FL 32019		Fiscal Year En	
		Audit State	us: Field Audited [2]
Provider Type:	Curr Rat	e Rate	Effective Date
Nursing Home Single Level	145	.69 145.47	3/1/2009
Level H: AIDS			3/1/2009
Level U: Fragile Under 21	395	.05 394.83	3/1/2009
Rate Type:			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Prospective portion	Changes: Lic Usi Tai FR X Fie	<u> </u>	FYE 8/31/07
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Me	Stephen Russen	



OAKTREE HEALTHCARE			Provider Number:	0 252476-00
650 Reed Canal Road			Date:	5/14/2012
South Daytona FL 32019			Fiscal Year End:	8/31/2007
			Audit Status:	Field Audited [2]
Provider Type: Nursing Home Single Level		Current Rate 182.38	New Rate 182.13	Effective Date 4/1/2009
Level H: AIDS	_	320.73	320.48	4/1/2009
Level U: Fragile Under 21	_	431.74	431.49	4/1/2009
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	Changes:	Licensure Usual and Target Ra FRVS Ch Field Aud Rate Sem	Total Prospective Prospective Adjusted Total Prospective with Read Rating Change If Customary Limitation change	n Interim Component
Contract Management / Fiscal Agent Permanent File		Medicaid	Cost Reimbursement	Analysis
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				



Central Park Healthca	re and Rehabilitation Center	Provider Number: 0 25990			0 259900-00
702 S. Kings Avenue		Date: 5/			5/23/2012
Brandon FL 33511				Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	***	159.71	159.90	1/1/2009
	Level H: AIDS	_	298.06	298.25	1/1/2009
	Level U: Fragile Under 21	-	409.07	409.26	1/1/2009
I	Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	I	Total Prospective Prospective Adjusted	for New Costs n Interim Component
Desk audite Desk audit	ed costs - interim portion	Changes	Licensure Usual and Target Ra FRVS Ch Field Aud Rate Seme	Rating Change Customary Limitation te limitation change ange lit # NH11-027C FY ester Change 2] as of 02/25/1991	
Permanent File	ement / Fiscal Agent nation Only e in Rate 1 - No Home Office	M	edicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance



Central Park Healthcare and Rehabilitation Center Provi		Provider Number:	0 259900-00		
702 S. Kings Avenue				5/23/2012	
Brandon FL 33511		•		Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:				Audit Status.	Tield Addited [2]
21001 0 01 23 pot		•	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	146.32	146.49	3/1/2009
	Level H: AIDS		284.67	284.84	3/1/2009
	Level U: Fragile Under 21		395.68	395.85	3/1/2009
I s	Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:		Total Prospective Prospective Adjusted Total Prospective with	
Desk audite Desk audit	ed costs - interim portion	X	Usual and Target Ra FRVS Ch Field Au Rate Sem	e Rating Change If Customary Limitation ate limitation change hange dit # NH11-027C FY hester Change [2] as of 02/25/1991	
Distribution:			JSK	Stephen Russell	
Permanent File Por inform No Change Home Office:	•	Med	dicaid Cost	Reimbursement Plan	ning and Finance



Central Park Healthcare and Rehabilitation Center				Provider Number:	0 259900-00
702 S. Kings Avenue		Date:		5/23/2012	
Brandon FL 33511		_		Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		181.47	181.67	4/1/2009
	Level H: AIDS		319.82	320.02	4/1/2009
	Level U: Fragile Under 21	_	430.83	431.03	4/1/2009
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data			e Total Prospective Prospective Adjusted Total Prospective with	
Desk audit Desk audit	ted costs	Changes:	Usual and Target Ra FRVS Cl Field Au Rate Sem	e Rating Change I Customary Limitation ate limitation change nange dit # NH11-027C FY nester Change [2] as of 02/25/1991	
Distribution:		L	I.S	Stephen Russell	
Permanent File	nation Only ge in Rate 1 - No Home Office	Med	licaid Cost	Reimbursement Plan	ning and Finance



Central Park Healthc	are and Rehabilitation Center			Provider Number:	0 259900-00
702 S. Kings Avenue				Date:	5/23/2012
Brandon FL 33511				Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		188.73		7/1/2009
	Level H: AIDS		329.08	328.81	7/1/2009
	Level U: Fragile Under 21		441.70	441.43	7/1/2009
Rate Type :					
Interim		<u>x</u>	Prospectiv		
1	Total Interim			Total Prospective	C. Maria Charles
	Interim Component Settlement based on costs			Prospective Adjusted Total Prospective with	
	Prior Provider Prospective data			Total Flospective win	i interni Component
	Their frevious frespective data	<u> </u>	7		
Basis:		Changes:			
Budget			Licensure	e Rating Change	
Unaudited				d Customary Limitatio	n
X Field audit			•	ate limitation change	
Desk audit	- interim portion	\	FRVS CI	nange dit # NH11-027C FY	E 12/21/07
	- Interim Portion			nester Change	E 12/31/0/
Desk Audit	- Prospective portion			[2] as of 02/25/1991	
Distribution:			SH	Stephen Russell	
-	ement / Fiscal Agent	Me	dicaid Cost	t Reimbursement Plan	ning and Finance
Permanent File	antine Oulv				
	nation Only				
No Chang	e in kate				
Home Office:	I - No Home Office				
		-			



Coral Bay Healthcare	and Rehabilitation			Provider Number:	0 259918-00
2939 S. Haverhill Roa	ad	-		Date:	5/18/2012
West Palm Beach FL	33415	•		Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	174.62	174.44	1/1/2009
	Level H: AIDS		312.97	312.79	1/1/2009
	Level U: Fragile Under 21	_	423.98	423.80	1/1/2009
Rate Type :					
Interim		X	Prospectiv	re	
	Total Interim			Total Prospective	
I	nterim Component			Prospective Adjusted	for New Costs
s	Settlement based on costs			Total Prospective with	Interim Component
P	Prior Provider Prospective data				
Basis:		Changes			
Budget			Licensur	e Rating Change	
Unaudited of	costs		-	d Customary Limitatio	n
X Field audite				ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite		X	_	dit NH11-025C FYE	12/31/2007
	- Interim Portion - Prospective portion			nester Change [2] as of 05/04/1993	
<u>Distribution:</u>			F.R	Stephen Russell	
Contract Manage	ement / Fiscal Agent		edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
For inform					
No Change	e in Rate				
Home Office:	1 - No Home Office	80.7 KJ8.		B B D	
		-			



Coral Bay Healthcare and Rehabilitation				Provider Number:	0 259918-00	
2939 S. Haverhill Ro	ad	_ _		Date:	5/18/2012	
West Palm Beach FL	, 33415			Fiscal Year End:	12/31/2007	
				Audit Status:	Field Audited [2	1
Provider Type:				Huan Status.	Tiola Tiantea [2]	<u>, </u>
Trovinos Lypos	•		Current	New	Effective	
Nursing Home	Single Level	*******	Rate 159.99	Rate	Date 3/1/2009	
rursing frome	Single Level	-	137.77		3/1/2009	
•	Level H: AIDS		298.34	298.17	3/1/2009	
	Level U: Fragile Under 21	_	409.35	409.18	3/1/2009	
Rate Type:						
Interim		X	Prospectiv	re e		
	Total Interim			Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs		***************************************	Total Prospective with	n Interim Component	
	Prior Provider Prospective data					
Basis:		Changes:				
			Liconour	e Rating Change		
Budget Unaudited	acete		-	d Customary Limitation		
X Field audit			_	ate limitation change	911	
-	t - interim portion		FRVS C	_		
Desk audit	-	x	•	dit NH11-025C FYE	12/31/2007	
	- Interim Portion		_	nester Change	12/31/2007	
	t - Prospective portion			[2] as of 05/04/1993		
Distribution:			91	Stephen Russell		
Contract Manag	ement / Fiscal Agent		dicaid Cos	t Reimbursement Plan	ning and Finance	•
Permanent File		1410	aicuia Cos	i Konnouisomoni i iui	ining and I manov	
For inform	nation Only					
No Chang	ge in Rate					
Home Office:	1 - No Home Office	***				
nome Office.						
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Coral Bay Healthcare and Rehabilitation	_	Provider Number:	0 259918-00
2939 S. Haverhill Road		Date:	5/18/2012
West Palm Beach FL 33415	_	Fiscal Year End:	12/31/2007
		Audit Status:	Field Audited [2]
Provider Type: Nursing Home Single Level	Current Rate 195.48	New Rate 195.29	Effective
Level H: AIDS	333.83	333.64	4/1/2009
Level U: Fragile Under 21	444.84	444.65	4/1/2009
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs	Usual a	Total Prospective Prospective Adjusted Total Prospective with re Rating Change and Customary Limitatio Rate limitation change	n Interim Component
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Se	Change udit NH11-025C FYE mester Change [2] as of 05/04/1993	12/31/2007
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicaid Co	Stephen Russell st Reimbursement Plan	ning and Finance



Coral Bay Healthcare and Rehabilitation			Provider Number:	0 259918-00
2939 S. Haverhill Road			Date:	5/18/2012
West Palm Beach FL 33415			Fiscal Year End:	12/31/2007
			Audit Status:	Field Audited [2]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		203.43		7/1/2009
Level H: AIDS	_	343.78	343.14	7/1/2009
Level U: Fragile Under 2		456.40	455.76	7/1/2009
Rate Type :				
Interim	X	Prospective		
Total Interim		***************************************	otal Prospective	
Interim Component			rospective Adjusted	
Settlement based on costs		1	otal Prospective with	1 Interim Component
Prior Provider Prospective da	a			
Basis:	Changes:			
Budget Unaudited costs X Field audited costs Field audit - interim portion		Usual and	Rating Change Customary Limitation te limitation change ange	n
Desk audited costs	X		it NH11-025C FYE	12/31/2007
Desk audit - Interim Portion Desk Audit - Prospective portion			ster Change 2] as of 05/04/1993	
Distribution:		ONTRY [Stephen Russell	
Contract Management / Fiscal Agent			1 -	
Permanent File	Med	dicaid Cost	Reimbursement Plan	ning and Finance
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				



Medicaid Reimbursement Per Diem Rates

Wood Lake Nursing &	Rehabilitation Center			0 261599-00	
6414 13th Road South				5/18/2012	
West Palm Beach FL	33415	•		Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:				Audit Status.	1 icia Addica [2]
riovider Type.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	188.77	187.82	1/1/2009
	Level H: AIDS		327.12	326.17	1/1/2009
	Level U: Fragile Under 21	-	438.13	437.18	1/1/2009
Rate Type :					
Interim		X	Prospective	e	
T	otal Interim		X	Total Prospective	
Iı	nterim Component]	Prospective Adjusted	for New Costs
S	ettlement based on costs			Total Prospective with	1 Interim Component
P	rior Provider Prospective data				
Basis:		Changes			
Budget			Licensure	Rating Change	
Unaudited c	osts			Customary Limitatio	on
X Field audite	d costs		-	te limitation change	
Field audit	- interim portion		FRVS Ch	ange	
Desk audited		X	_	dit #NH11-026C FY	E 12/31/2007
	Interim Portion		_	ester Change	
Distribution:	- Prospective portion		OHFKV	2] as of 07/11/1988	
	ment / Fiscal Agent		<u> </u>	Stephen Russell	
Permanent File	***************************************	Me	edicaid Cost	Reimbursement Plan	ning and Finance
For information	ation Only				
No Change	•				
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Home Office:	1 - No Home Office				

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Report Calculated: 5/18/2012 Report Printed: 5/18/2012 Book:0 ID:594702615992009010120120518135948



Wood Lake Nursing	& Rehabilitation Center			Provider Number:	0 261599-00
6414 13th Road Sout	th			5/18/2012	
West Palm Beach FL	. 33415	_		Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		172.95	<u>172.08</u> _	3/1/2009
	Level H: AIDS	_	311.30	310.43	3/1/2009
	Level U: Fragile Under 21	_	422.31	421.44	3/1/2009
Rate Type :			JUMUULII		
Interim		X	Prospectiv		
	Total Interim		***************************************	Total Prospective	
	Interim Component Settlement based on costs			Prospective Adjusted Total Prospective witl	
` ************************************	Prior Provider Prospective data			Total Flospective with	i internii Component
		La	1		
Basis:		Changes			
Budget			Licensure	Rating Change	
Unaudited	costs		-	d Customary Limitation	on
X Field audit	ed costs		Target Ra	ate limitation change	
	t - interim portion		FRVS Ch	•	
Desk audit	ed costs - Interim Portion	X	_	dit #NH11-026C FY	E 12/31/2007
	- Interim Portion t - Prospective portion			ester Change [2] as of 07/11/1988	
<u>Distribution:</u>			SK	Stephen Russell	
_	ement / Fiscal Agent		edicaid Cost	Reimbursement Plan	ning and Finance
Permanent File					-
	nation Only				
No Chang	ge in Kate				
Home Office:	1 - No Home Office				



Wood Lake Nursing	& Rehabilitation Center			Provider Number:	0 261599-00
6414 13th Road Sout	h	Date:		5/18/2012	
West Palm Beach FL	33415			Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type: Nursing Home	Single Level		Current Rate 213.38	New Rate 212.38	Effective Date 4/1/2009
-	Level H: AIDS		351.73	350.73	4/1/2009
	Level U: Fragile Under 21	_	462.74	461.74	4/1/2009
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u>x</u>		ve Total Prospective Prospective Adjusted Total Prospective with	
Desk audite Desk audit	ed costs - interim portion	Changes:	Licensurd Usual and Target R FRVS Cl Field Au Rate Sem	e Rating Change d Customary Limitation ate limitation change hange dit #NH11-026C FY nester Change [2] as of 07/11/1988	
Distribution: Contract Manag Permanent File	ement / Fiscal Agent	Me	JK	Stephen Russell t Reimbursement Plan	ning and Finance



Wood Lake Nursing	& Rehabilitation Center			Provider Number:	0 261599-00
6414 13th Road Sout	h			Date:	5/18/2012
West Palm Beach FL	33415			Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:				Audit Status.	Field Addited [2]
Trovidor Lyper		c	urrent	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	2	19.54	219.43	7/1/2009
	Level H: AIDS	3	59.89	359.78	7/1/2009
	Level U: Fragile Under 21	4	72.51	472.40	7/1/2009
Rate Type :					
Interim		Y P	rospectiv		
	Total Interim			Total Prospective	
	Interim Component	,		Prospective Adjusted	
	Settlement based on costs			I otal Prospective wil	th Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
Unaudited	costs			l Customary Limitati	on
X Field audite	ed costs	***************************************	-	ite limitation change	
	- interim portion		FRVS Ch	•	
Desk audite				dit #NH11-026C FY	E 12/31/2007
	- Interim Portion - Prospective portion			ester Change [2] as of 07/11/1988	
Distribution:	- 1 Tospective portion			0	
	ement / Fiscal Agent		T	Stephen Russell	
Permanent File	- I would be seen	Medi	caid Cost	Reimbursement Plan	nning and Finance
	nation Only				
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	·				
Home Office:	1 - No Home Office				



Peace River Nursing	& Rehabilitation Center			Provider Number:	0 309028-00
2370 Harbor Bouleva	rd			Date:	5/11/2012
Port Charlotte FL 339	952			Fiscal Year End:	2/13/2006
				Audit Status:	Field Audited [2]
Provider Type:	•				
	•		Current	New	Effective
Nuusing Hama	Cimala Tanal	_	Rate	Rate	Date
Nursing Home	Single Level		170.39	140.78	7/1/2005
	Level H: AIDS		293.67	264.06	7/1/2005
	Level U: Fragile Under 21		392.58	362.97	7/1/2005
Rate Type :		and the second s			
X Interim			Prospectiv	/e	
-	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
<u> X</u> S	Settlement based on costs			Total Prospective with	h Interim Component
I	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensur	e Rating Change	
Unaudited	costs		•	d Customary Limitation	on
X Field audit				ate limitation change	
Field audit	- interim portion	4	FRVS C	hange	
Desk audite		X		dit #NH09-011W FY	E 02/13/06
	- Interim Portion			nester Change	
Distribution:	- Prospective portion		OHTKV	[2] as of 09/22/1987	
			M	Stephen Russell	
_	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	nation Only				
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No Chang					
Home Office:	1 - No Home Office				
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Peace River Nursing	& Rehabilitation Center			Provider Number:	0 309028-00
2370 Harbor Bouleva	ard			Date:	5/11/2012
Port Charlotte FL 339	952			Fiscal Year End:	2/13/2006
				Audit Status:	Field Audited [2]
Provider Type:				rium Status.	Tiold Hadica [2]
-31	•	•	Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		169.65		1/1/2006
	Level H: AIDS	_	294.76	264.42	1/1/2006
	Level U: Fragile Under 21		395.14	364.80	1/1/2006
					,
Rate Type :					
X Interim			Prospectiv	e	•
	Total Interim		***************************************	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
F	Prior Provider Prospective data				
Basis:		Changes:			
Dudant		•	Licensure	Rating Change	
Budget Unaudited	costs			d Customary Limitation	an
X Field audite				ate limitation change	***
Field audit	- interim portion		FRVS Cl	_	
Desk audite	-	X	Field Au	dit #NH09-011W FY	E 02/13/06
Desk audit	- Interim Portion			ester Change	
Desk Audit	- Prospective portion		On FRV	[2] as of 09/22/1987	
<u>Distribution:</u>	·		M	Stephen Russell	
_	ement / Fiscal Agent	Med	licaid Cost	Reimbursement Plan	ning and Finance
Permanent File					
-	nation Only				
No Chang	e in Rate				
Home Office:	1 - No Home Office				



Medicaid Reimbursement Per Diem Rates

Health & Rehab. Cen	tre at Dolphins View			Provider Number:	0 320528-00
1820 Shore Drive, So	uth			Date:	5/9/2012
St. Petersburg FL 337	707			Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:				110010 2000000	
		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	166.06	166.22	5/1/2007
	Level H: AIDS	:	295.66	295.82	5/1/2007
	Level U: Fragile Under 21		399.65	399.81	5/1/2007
<u> </u>	Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes:		re Total Prospective Prospective Adjusted Total Prospective with	
Desk audite	ed costs - interim portion	X	Usual and Target Ra FRVS Cl Field Au Rate Sem	e Rating Change d Customary Limitatio ate limitation change hange dit #NH11-022C FYI lester Change [2] as of 04/01/1991	
Distribution:			M	Stephen Russell	
Permanent File	ement / Fiscal Agent nation Only e in Rate 1 - No Home Office		Medicaid	I Cost Reimbursement	Analysis

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Health & Rehab. Cen	tre at Dolphins View			Provider Number:	0 320528-00
1820 Shore Drive, So	uth	•		Date:	5/9/2012
St. Petersburg FL 337	707	•		Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:	•			Audit Status.	Tiela Addica [2]
riovidor rypo.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		193.38	193.17	7/1/2007
	Level H: AIDS		325.32	325.11	7/1/2007
	Level U: Fragile Under 21		431.18	430.97	7/1/2007
Rate Type :					
X Interim			Prospective	;	
	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	
Unaudited	costs			Customary Limitatio	n
X Field audite	ed costs		_	te limitation change	
	- interim portion		FRVS Ch	J	
Desk audite	ed costs - Interim Portion	X		lit #NH11-022C FYI ester Change	E 12/31/2007
	- Prospective portion			2] as of 04/01/1991	
Distribution:		<u> </u>	BF	Stephen Russell	
Contract Manage	ement / Fiscal Agent		Medicaid	Cost Reimbursement	Analysis
Permanent File					·
	action Only				
No Chang	e in Rate				
Home Office:	1 - No Home Office			4.000	
			- andrew - and re- and re-		



Health & Rehab. Cen	tre at Dolphins View				Provider Number:	0 320528-00	
1820 Shore Drive, So		_			Date:	5/9/2012	
St. Petersburg FL 337	707				Fiscal Year End:	12/31/2007	_
					Audit Status:	Field Audited [2]	_
Provider Type:				Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		_	191.26	<u>191.05</u> _	1/1/2008	
	Level H: AIDS		******	325.26	325.05	1/1/2008	
	Level U: Fragile Under 21			432.78	432.57	1/1/2008	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X hanges:		e Fotal Prospective Prospective Adjusted Fotal Prospective with		
Desk audite Desk audit Desk Audit	ed costs - interim portion		X	Usual and Target Ra FRVS Ch Field Aud Rate Sem	Rating Change I Customary Limitation the limitation change hange dit #NH11-022C FY1 ester Change [2] as of 04/01/1991		
Distribution:				M	Stephen Russell		
Permanent File	ement / Fiscal Agent nation Only e in Rate 1 - No Home Office			Medicaid	Cost Reimbursement	Analysis	



Medicaid Reimbursement Per Diem Rates

Health & Rehab. Centre at Dolphins View				Provider Number:	0 320528-00
1820 Shore Drive, So	uth	Date: 5/9/2			5/9/2012
St. Petersburg FL 337	707			Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		193.50	193.29	7/1/2008
	Level H: AIDS		329.78	329.57	7/1/2008
	Level U: Fragile Under 21		439.13	438.92	7/1/2008
I	Fotal Interim Interim Component Settlement based on costs	X		re Total Prospective Prospective Adjusted Total Prospective with	
Basis:	Prior Provider Prospective data	Changes:			
Desk audite Desk audit	ed costs - interim portion	X	Usual and Target Ra FRVS Cl Field Au Rate Sem	dit #NH11-022C FY nester Change [2] as of 04/01/1991	
Distribution:			41	K Stephen Russell	
Permanent File	ement / Fiscal Agent nation Only e in Rate 1 - No Home Office	`.	Medicaid	Cost Reimbursement	Analysis

Report Calculated: 5/9/2012 Report Printed: 5/9/2012 Book:0 ID:594703205282008070120120509163208



Health & Rehab. Cent	tre at Dolphins View			Provider Number:	0 320528-00
1820 Shore Drive, So				5/9/2012	
St. Petersburg FL 337	07			Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		192.23	192.02	1/1/2009
	Level H: AIDS		330.58	330.37	1/1/2009
	Level U: Fragile Under 21	_	441.59	441.38	1/1/2009
Rate Type:					
Interim		X	Prospectiv	re	
	Total Interim			Total Prospective	
	nterim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
P	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	e Rating Change	
Unaudited of	costs		Usual and	d Customary Limitatio	n
X Field audite	ed costs		-	ate limitation change	
	- interim portion		FRVS C	,	
Desk audite	d costs - Interim Portion	X		dit #NH11-022C FYI lester Change	E 12/31/2007
	- Prospective portion			[2] as of 04/01/1991	
Distribution:		<u> </u>	M	Stephen Russell	
-	ement / Fiscal Agent		Medicaid	Cost Reimbursement	Analysis
Permanent File					•
For inform	•				
No Change	e in Rate				
Home Office:	1 - No Home Office		-		



Health & Rehab. Centre at Dolphins View			Provider Number:	0 320528-00
1820 Shore Drive, South		Date: 5/9/2		5/9/2012
St. Petersburg FL 33707			Fiscal Year End:	12/31/2007
			Audit Status:	Field Audited [2]
Provider Type:			Tuuti Status.	1101011101100 [2]
		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level	_	176.12	<u> 175.92</u> _	3/1/2009
Level H: AIDS		314.47	314.27	3/1/2009
Level U: Fragile Under 21	_	425.48	425.28	3/1/2009
Rate Type:				
Interim	X	Prospectiv		
Total Interim			Total Prospective	6 N. G.
Interim Component			Prospective Adjusted	
X Settlement based on costs			Total Prospective with	n Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Budget		Licensur	e Rating Change	
Unaudited costs		Usual and	d Customary Limitatio	on
X Field audited costs			ate limitation change	
Field audit - interim portion		FRVS C	_	
Desk audited costs	X		dit #NH11-022C FY	E 12/31/2007
Desk audit - Interim Portion Desk Audit - Prospective portion			nester Change [2] as of 04/01/1991	
Distribution:		M	Stephen Russell	
Contract Management / Fiscal Agent		Medicaio	d Cost Reimbursement	t Analysis
Permanent File)
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				
				•



Health & Rehab. Cent	tre at Dolphins View			Provider Number:	0 320528-00
1820 Shore Drive, So		 Date:		5/9/2012	
St. Petersburg FL 337	07			Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		214.47	214.25	4/1/2009
	Level H: AIDS		352.82	352.60	4/1/2009
	Level U: Fragile Under 21	****	463.83	463.61	4/1/2009
			-	4	
Rate Type :					
Interim		X	Prospectiv	ye	
	Cotal Interim			Total Prospective	
	nterim Component			Prospective Adjusted	
	ettlement based on costs			Total Prospective with	h Interim Component
P	rior Provider Prospective data				
Basis:		Changes:			
Desk audite Desk audit	ed costs - interim portion	X	Usual an Target R FRVS C Field Au Rate Sen	e Rating Change d Customary Limitation ate limitation change hange dit #NH11-022C FY nester Change [2] as of 04/01/1991	
Distribution:			M	Stephen Russell	
Permanent FileFor inform	•	•	Medicaio	l Cost Reimbursement	: Analysis
No Change	e in Kate				
Home Office:	1 - No Home Office				



Health & Rehab. Centre at Dolphins View			Provider Number:	0 320528-00
1820 Shore Drive, South			5/9/2012	
St. Petersburg FL 33707			Fiscal Year End:	12/31/2007
			Audit Status:	Field Audited [2]
Provider Type: Nursing Home Single Level	_	Current Rate 219.86	New Rate 219.64	Effective Date 7/1/2009
Level H: AIDS		360.21	359.99	7/1/2009
Level U: Fragile Under 21	_	472.83	472.61	7/1/2009
Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costsPrior Provider Prospective data Basis:	X Changes:		re Total Prospective Prospective Adjusted Total Prospective with	
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	X	Licensure Usual and Target R FRVS Cl Field Au Rate Sem	dit #NH11-022C FY) nester Change [2] as of 04/01/1991	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		Medicaid	Stephen Russell I Cost Reimbursement	Analysis



Health & Rehab. Cen	ntre at Dolphins View			Provider Number:	0 320528-00
1820 Shore Drive, So	outh			Date:	5/9/2012
St. Petersburg FL 33'	707			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:				Titali Status.	[5]
		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		224.79	224.91	1/1/2010
	Level H: AIDS		366.71	366.83	1/1/2010
	Level U: Fragile Under 21		480.59	480.71	1/1/2010
[B.4.78]					
Rate Type:		v	D	_	
Interim	Total Interim	X	Prospectiv X	e Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
***************************************	Prior Provider Prospective data			1	1
Basis:	•	Changes	<u> </u>		
Dasis.		Changes:	J		
Budget			Licensure	e Rating Change	
X Unaudited	costs			d Customary Limitation	n
Field audit				ate limitation change	
Field audit	t - interim portion		FRVS Cl	nange	
Desk audite		<u> </u>			-022C FYE 12/31/07
	- Interim Portion			ester Change	
Distribution:	t - Prospective portion		On FRV	[2] as of 04/01/1991 Stephen Russell	
Contract Manag	ement / Fiscal Agent		///		
Permanent File			Medicaid	Cost Reimbursement	Analysis
	nation Only				
No Chang	-				
	1 - No Home Office				
Home Office:	1 - NO HOME OTHER				
				# ************************************	



Health & Rehab. Cen	tre at Dolphins View		-	Provider Number:	0 320528-00
1820 Shore Drive, So		Date:		5/9/2012	
St. Petersburg FL 337	07			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
• •		•	Current	New	Effective
	~		Rate	Rate	Date
Nursing Home	Single Level		226.88		7/1/2010
	Level H: AIDS		370.22	370.35	7/1/2010
	Level U: Fragile Under 21		485.25	485.38	7/1/2010
Rate Type :					
Interim		X	Prospectiv	<i>r</i> e	
	Fotal Interim		-	Total Prospective	
I	nterim Component	•		Prospective Adjusted	for New Costs
S	Settlement based on costs	•		Total Prospective with	1 Interim Component
F	Prior Provider Prospective data				
Basis:		Changes:		198119811441111111111111111111111111111	
			Linamana	n Dating Change	
Budget X Unaudited of	costs			e Rating Change d Customary Limitatio	un.
Field audite				ate limitation change	711
	- interim portion		FRVS C	-	
Desk audite	-	X	Effects o	f Field Audit #NH11	-022C FYE 12/31/07
	- Interim Portion			nester Change	
	- Prospective portion		On FRV	[2] as of 04/01/1991	
Distribution:	4 T 1 A 4		H	Stephen Russell	
_	ement / Fiscal Agent	***************************************	Medicaio	l Cost Reimbursement	Analysis
Permanent File	ation Only				
***************************************	-				
No Chang	e in Kate			-	
Home Office:	1 - No Home Office				



Health & Rehab. Centre at Dolphins View	_		Provider Number:	0 320528-00
1820 Shore Drive, South			Date:	5/9/2012
St. Petersburg FL 33707			Fiscal Year End:	6/30/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	_ _	Current Rate 229.78	New Rate 229.91	Effective Date 1/1/2011
Level H: AIDS		374.64	374.77	1/1/2011
Level U: Fragile Under 21		490.89	491.02	1/1/2011
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget	Changes:]	re Total Prospective Prospective Adjusted Total Prospective with	
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual and Target Ra FRVS Cl Effects o Rate Sem	d Customary Limitation that it is a change	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		Medicaid	Stephen Russell Cost Reimbursement	Analysis
Home Office: 1 - No Home Office				



Health & Rehab. Centre at Dolphins View 1820 Shore Drive, South			Provider Number: Date:		0 320528-00 5/9/2012			
		_						
St. Petersburg FL 33707				Fiscal Year End:	6/30/2010			
				Audit Status:	Unaudited [3]			
Provider Type:				Tradit Salas.				
		_	Current Rate	New Rate	Effective Date			
Nursing Home	Single Level	-	219.94		7/1/2011			
	Level H: AIDS		366.14	365.76	7/1/2011			
	Level U: Fragile Under 21		483.47	483.09	7/1/2011			
Data Tuna								
Rate Type:		x	Prospectiv	e				
Total Interim				Total Prospective				
Interim Component			Prospective Adjusted for New Costs					
Settlement based on costs				Total Prospective with	Interim Component			
F	Prior Provider Prospective data							
Basis:		Changes	S:					
Budget			Licensure	Rating Change				
X Unaudited costs			Usual and Customary Limitation					
Field audited costs			Target Rate limitation change					
Field audit - interim portion			FRVS Change					
Desk audited costs		X	X Effects of Field Audit #NH11-022C FYE 12/31/07					
Desk audit - Interim Portion Desk Audit - Prospective portion			Rate Semester Change On FRV [2] as of 04/01/1991					
Distribution:		\	g/	Stephen Russell				
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Analysis					
Permanent File					•			
	ation Only							
No Chang	e in Rate							
Home Office:	1 - No Home Office							
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				5				



Health & Rehab. Centre at Dolphins View 1820 Shore Drive, South			Provider Number: Date:		0 320528-00 5/11/2012		
St. Petersburg FL 33707				Fiscal Year End:	6/30/2010		
				Audit Status:	Unaudited [3]		
Provider Type:							
	·	•	Current Rate	New Rate	Effective Date		
Nursing Home	Single Level		222.60	222.21	1/1/2012		
	Level H: AIDS		370.21	369.82	1/1/2012		
	Level U: Fragile Under 21	-	488.67	488.28	1/1/2012		
					-		
Rate Type :							
Interim	X	X Prospective					
Total Interim			X Total Prospective				
	nterim Component		Prospective Adjusted for New Costs				
Settlement based on costs				Total Prospective with	Interim Component		
£	Prior Provider Prospective data						
Basis:		Changes:]				
				n., a			
Budget			Licensure Rating Change				
X Unaudited costs			Usual and Customary Limitation Target Rate limitation change				
Field audited costs			FRVS Change				
Field audit - interim portion Desk audited costs			X Effects of Field Audit #NH11-022C FYE 12/31/07				
Desk audited costs Desk audit - Interim Portion			Rate Semester Change				
Desk Audit		On FRV [2] as of 04/01/1991					
Distribution:		M Stephen Russell					
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Analysis				
Permanent File							
For inform	·						
No Chang	e in Rate						
Home Office:	1 - No Home Office						