

RICK SCOTT GOVERNOR

#### ELIZABETH DUDEK SECRETARY

#### **MEMORANDUM**

Date: August 1, 2012

To: Alan Strowd, Chief, Medicaid Contract Management

From: Thomas Parker, Medicaid Cost Reimbursement Planning

Subject: Retroactive Nursing Facility Per Diem Rates

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

	<u>Provider Name</u>	Provider Number	Number of Rate Change Notices
			Change Notices
1.	Blountstown Health & Rehab Center	0 022987-00	5
2.	Key West Health & Rehab	0 024167-00	5
3.	West Broward Rehab & Healthcare	0 026536-00	6
4.	Cross Pointe Care Center	0 028133-00	7
5.	Clyde E. Lassen State Veterans Nursing Home	0 032049-00	6
6.	Bernard L. Samson Nursing Center	0 208442-00	2
7.	Oakhurst Care & Rehab Center	0 251721-00	1
8.	Coral Gables Nursing & Rehab	0 323772-00	1
		Total	33

If you have any questions regarding the above contact Thomas Parker at 412-4110.

TP/dm Attachments



J. 34 J. 184.	<u> Artûn</u> e de	Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		그 첫 시설
	Effective Date						PWY L	\$, \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		Whiteh A	MCM	Audit
Number	YYYYMMDD	(iN1)	(SKA)	(IN2)	Skilled (SKD)	Level U	number	Number
002298700	20110401	207.12	351.98	207.12	207.12	468.23	71174-12	
002298700	20110701	199.37	345.57	199.37	199.37	462.90	71174-12	
002298700	20111001	203.38	349.58	203.38	203.38	466.91	71174-12	
002298700	20120101	204.96	352.57	204.96	204.96	471.03	71174-12	
002298700	20120701	211.07	360.28	211.07	211.07	480.03	71174-12	
002416700	20100812	262.41	405.75	262.41	262.41	520.78	71174-12	
002416700	20110101	266.23	411.09	266.23	266.23	527.34	71174-12	
002416700	20110701	256.45	402.65	256.45	256.45	519.98	71174-12	
002416700	20120101	258.35	405.96	258.35	258,35	524.42	71174-12	
002416700	20120701	268.73	417.94	268.73	268.73	537.69	71174-12	
002653600	20100601	226.75	368,67	226.75	226.75	482.55	71174-12	
002653600	20100701	229.87	373.21	229.87	229.87	488.24	71174-12	
002653600	20110101	237.12	381.98	237.12	237.12	498.23	71174-12	
002653600	20110701	229.01	375.21	229.01	229.01	492.54	71174-12	***************************************
002653600	20120101	231.55	379.16	231.55	231.55	497.62	71174-12	
002653600	20120701	239.41	388.62	239.41	239.41	508.37	71174-12	
002813300	20100630	239.06	380.98	239.06	239.06	494.86	71174-12	
002813300	20100701	241.92	385,26	241.92	241.92	500.29	71174-12	
002813300	20110101	243.75	388.61	243.75	243.75	504.86	71174-12	
002813300	20110201	249.75	394.61	249.75	249.75	510.86	71174-12	
002813300	20110701	240.50	386.70	240.50	240.50	504.03	71174-12	
002813300	20120101	242.22	389.83	242.22	242.22	508.29	71174-12	
002813300	20120701	251.17	400.38	251.17	251.17	520.13	71174-12	
003204900	20101116	214.49	357,83	214.49	214.49	472.86	71174-12	
003204900	20110101	217.82	362.68	217.82	217.82	478.93	71174-12	
003204900	20110701	210.83	357.03	210.83	210.83	474.36	71174-12	
003204900	20110913	209.98	356.18	209.98	209.98	473.51	71174-12	
003204900	20120101	212.00	359.61	212.00	212.00	478.07	71174-12	
003204900	20120701	220.12	369,33	220.12	220.12	489.08	71174-12	
020844200	20090701	230.39	370.74	230.39	230.39	483.36	71174-12	NH09-1260
020844200	20100101	232.10	374.02	232.10	232.10	487.90	71174-12	NH09-1260
025172100	20120701	200.22	349.43	200.22	200.22	469.18	71174-12	
032377200	20120101	206.01	353,62	206.01	206.01	472.08	71174-12	



Blountstown Health and Rehabilitation Ce	nter		Provider Number:	0 022987-00
16690 S. W. Chipola Road			Date:	7/24/2012
Blountstown FL 32424			Fiscal Year End:	9/30/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level		Current Rate 213.15	New Rate 207.12	Effective Date 4/1/2011
				·
Level H: AIDS		358.01	351.98	4/1/2011
Level U: Fragile U	Jnder 21	474.26	468.23	4/1/2011
Total Interim  Total Interim  Interim Component  X Settlement based on component Prior Provider Prospection  Basis:		ges:	Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion		Usual and	e Rating Change  d Customary Limitatio  ate limitation change  hange	n
Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	X	Rate Sem	tlement FYE 9/30/11 nester Change [2] as of 08/01/1996	
<b>Distribution:</b>	75	for	Stephen Russell	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	<u></u>	Medicaid Cost	Reimbursement Plan	ning and Finance
Home Office: WW Healtho Melvin Wood 1978 8th Ave Hickory NC 2	nue NW	, , , , , , , , , , , , , , , , , , ,		



Blountstown Health and	d Rehabilitation Center			Provider Number:	0 022987	7-00
16690 S. W. Chipola Road				Date:	7/24/2012	
Blountstown FL 32424				Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited	d [3]
Provider Type:						
			Current	New	Effective	
Nursing Home	Single Level		Rate 204.71	Rate	Date 7/1/2011	-
Tursing Home	Single Level		204./1	<u>199.37</u> _	//1/2011	-
	Level H: AIDS		350.91	345.57	7/1/2011	- · ·
	Level U: Fragile Under 21	_	468.24	462.90	7/1/2011	
Rate Type :		,	<u>.</u>			
X Interim			Prospective			
***************************************	otal Interim		-	otal Prospective		
	terim Component			rospective Adjusted	for New Costs	
	ttlement based on costs		Т	otal Prospective with	n Interim Compoi	nent
Pr	or Provider Prospective data					
Basis:		Changes:				**************************************
Post of			Licensure	Rating Change		
Budget X Unaudited co	ete		i	Customary Limitation	n	
Field audited				e limitation change	41	
Field audit -	interim portion		FRVS Cha	ange		
Desk audited	-	X	Cost Settl	ement FYE 9/30/11		
	nterim Portion			ster Change		
	Prospective portion		On FRV [2	2] as of 08/01/1996		
Distribution:  Contract Managem	agent / Fiscal Agent	20	for	Stephen Russell		
Permanent File	icht/ Fiscai Agent	Me	dicaid Cost	Reimbursement Plans	ning and Finance	
For information	tion Only					
No Change	•					
No Change	in Rate					
Home Office:	WW Healthcare Consultants	s, LLC		· · · · · · · · · · · · · · · · · · ·		
	Melvin Woodward, Jr.			:		
	1978 8th Avenue NW					
	Hickory NC 28603					



Blountstown Health and Rehabilitation Center		Provider Number:	0 022987-00
16690 S. W. Chipola Road		Date:	7/24/2012
Blountstown FL 32424		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 204.71	New Rate	Effective Date 10/1/2011
Level H: AIDS	350.91	349.58	10/1/2011
Level U: Fragile Under 21	468.24	466.91	10/1/2011
Interim  Total Interim  Interim Component  X Settlement based on costs  Prior Provider Prospective data  Basis:	-	e Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS CI  X Cost Setter Rate Semi	e Rating Change d Customary Limitation ate limitation change mange tlement FYE 9/30/11 mester Change [2] as of 08/01/1996	on.
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  WW Healthcare Consultant  Melvin Woodward, Jr.  1978 8th Avenue NW  Hickory NC 28603		Stephen Russell Reimbursement Plan	ning and Finance



Blountstown Health and Rehabilitation	Center			Provider Number:	0 022987-00
16690 S. W. Chipola Road				Date:	7/24/2012
Blountstown FL 32424				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Leve	el		Current Rate 204.45	New Rate 204.96	Effective Date 1/1/2012
Level H: AID: Level U: Frag		*******	352.06 470.52	352.57 471.03	1/1/2012
Rate Type :  Interim Total Interim		X1	Prospective	otal Prospective	
Interim Compone  X Settlement based of Prior Provider Pro  Basis:	on costs	Changes:	F	rospective Adjusted otal Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	tion	X	Usual and Target Ra FRVS Cha Cost Settl Rate Seme	Rating Change Customary Limitation te limitation change tange ement FYE 9/30/11 ester Change 2] as of 08/01/1996	n
Melvin W	lthcare Consultants, LI oodward, Jr. Avenue NW		icaid Cost	Stephen Russell Reimbursement Plan	ning and Finance



Blountstown Health and Rehabilit	ation Center			Provider Number:	0 022987-00
16690 S. W. Chipola Road				Date:	7/24/2012
Blountstown FL 32424				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single	Level		Current Rate 210.73	New Rate 211.07	Effective Date 7/1/2012
Level H:	AIDS		359.94	360.28	7/1/2012
Level U:	Fragile Under 21		479.69	480.03	7/1/2012
Interim  Total Interim  Interim Com  X Settlement ba Prior Provide	ponent	X	P	otal Prospective rospective Adjusted of tal Prospective with	for New Costs Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective	rtion	Changes:	Usual and Target Rat FRVS Cha Cost Settle Rate Seme	Rating Change Customary Limitatio e limitation change nge ement FYE 9/30/11 ster Change as of 08/01/1996	n
Distribution:  Contract Management / Fisca Permanent File For information Only No Change in Rate  Hama Officer	il Agent  Healthcare Consultants,		licaid Cost I	Stephen Russell Reimbursement Plann	ning and Finance
Melv 1978	in Woodward, Jr. 8th Avenue NW ory NC 28603				



Key West Health & Rehal	bilitation			Provider Number:	0 024167-00
5860 W. Junior College R	load			Date:	7/16/2012
Key West FL 33040				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N 1 II 6		*specialists	Rate	Rate	Date
Nursing Home S	Single Level		190.07	<u> 262.41</u> _	8/12/2010
L	evel H: AIDS		333.41	405.75	8/12/2010
L	evel U: Fragile Under 21		448.44	520.78	8/12/2010
Basis:  Budget X Unaudited costs Field audited co Field audited co Desk audited co Desk Audit - Int Desk Audit - Pro	erim portion	Changes:	Licensur Usual an Target R FRVS C Cost Set Rate Sen	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	h Interim Component
Distribution:  Contract Management	nt / Fiscal Agent	<u>75'</u>		Stephen Russell	······
Permanent File	R / 1 local Agent	Med	licaid Cos	t Reimbursement Plan	ning and Finance
For information	n Only				
No Change in	•				
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619			,	



Key West Health & Rehabilitation				Provider Number:	0 024167-00
5860 W. Junior College Ro			Date:	7/16/2012	
Key West FL 33040				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Si	ingle Level	<u> </u>	Current Rate	New Rate 266.23	Effective Date 1/1/2011
	evel H: AIDS	***************************************	336.16	411.09	1/1/2011
Le	vel U: Fragile Under 21		452.41	527.34	1/1/2011
Basis:  Budget X Unaudited costs Field audit - intering	erim portion	Changes:	Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with Rating Change Customary Limitation ate limitation change	Interim Component
Desk audited cos Desk audit - Inte Desk Audit - Pro	rim Portion	X	Rate Sem	tlement FYE 6/30/11 lester Change [2] as of 08/12/2010	
Distribution:		756	è r	Stephen Russell	
Contract Management Permanent File For information No Change in F	Only	Med	icaid Cost	Reimbursement Plan	ning and Finance
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619				



Key West Health & Rehabilitation				Provider Number:	0 024167-00
5860 W. Junior College			Date:	7/16/2012	
Key West FL 33040				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate	New Rate 256.45	Effective Date 7/1/2011
	Level H: AIDS		330.60	402.65	7/1/2011
	Level U: Fragile Under 21	_	447.93	519.98	7/1/2011
Basis:  Budget X Unaudited cos Field audited Field audit - is Desk audited Desk audit - Is	costs Interim portion costs Interim Portion	Changes:	Licensur Usual and Target R FRVS CI Cost Set Rate Sem	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change mange tlement FYE 6/30/11 mester Change	n Interim Component
Distribution:	Prospective portion	70		[2] as of 08/12/2010	
Contract Managem	ent / Fiscal Agent		for	Stephen Russell	
Permanent File For informat No Change i	ion Only	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619				



Key West Health & Rehabilitation				Provider Number:	0 024167-00
5860 W. Junior Colleg			Date:	7/16/2012	
Key West FL 33040				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 185.14	New Rate 258.35	Effective
	Level H: AIDS		332.75	405.96	1/1/2012
	Level U: Fragile Under 21		451.21	524.42	1/1/2012
In X Se	otal Interim Iterim Component Ettlement based on costs Fior Provider Prospective data	X Changes:	Licensure	Total Prospective Prospective Adjusted Total Prospective with Rating Change d Customary Limitation	Interim Component
Field audited				ate limitation change	n e
	interim portion		FRVS CI	•	
	Interim Portion	<u> </u>	Rate Sem	tlement FYE 6/30/11 tester Change	
Desk Audit -  Distribution:	Prospective portion		On FRV	[2] as of 08/12/2010	
Contract Manager	ment / Fiscal Agent	<u>/'''</u>	+0/	Stephen Russell	
Permanent File		Med	icaid Cosi	Reimbursement Plan	ning and Finance
For information	ation Only				
No Change	in Rate				
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619				



Key West Health & Reha	bilitation			Provider Number:	0 024167-00
5860 W. Junior College F			Date:	7/16/2012	
Key West FL 33040				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 260.26	New Rate 268.73	Effective Date 7/1/2012
			200.20		// 1/2012
L	evel H: AIDS		409.47	417.94	7/1/2012
L	evel U: Fragile Under 21	_	529.22	537.69	7/1/2012
Basis:  Budget X Unaudited costs Field audited co Field audited co Desk audited co	osts terim portion osts	Changes:	Licensure Usual and Target Ra FRVS Ch Cost Sett Rate Sem	Fotal Prospective Prospective Adjusted: Fotal Prospective with Rating Change I Customary Limitation te limitation change	Interim Component
Distribution:  Contract Management Permanent File  For informatio  No Change in	on Only Rate	7.8 Me	dicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619				e e e e e e e e e e e e e e e e e e e



West Broward Rehabilitation and Healthcare				Provider Number:	0 026536-00
7751 West Broward I	Blvd.	_		Date:	7/16/2012
Plantation FL 33324		•		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Tradit Suitas.	Ondativa [5]
<b></b>		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	234.88	226.75	6/1/2010
	Level H: AIDS	_	376.80	368.67	6/1/2010
	Level U: Fragile Under 21	-	490.68	482.55	6/1/2010
Rate Type :					
X Interim			Prospectiv		
	Total Interim			Total Prospective	
	Interim Component	Prospective Adjusted for New Costs  Total Prospective with Interim Component			
	Settlement based on costs Prior Provider Prospective data			Total Flospective with	i internii Component
	Thoi Flovidei Flospective data		<u> </u>		
Basis:		Changes			
Budget			Licensur	e Rating Change	
X Unaudited				d Customary Limitation	on
Field audit	1	-	_	ate limitation change	
Field audit  Desk audite	- interim portion		FRVS C	_	010
	- Interim Portion	X	_	tlement FYE 12/31/2 nester Change	VIV
	- Prospective portion	-	_	[2] as of 10/01/1985	
<u>Distribution:</u>				To fur Stephen Russell	
•	ement / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
	nation Only				
No Chang	ge in Kate				
Home Office:	1 - No Home Office				



West Broward Rehabilitation and Healthcare		Provider Number:	0 026536-00
7751 West Broward Blvd.	Date: 7/16/20		
Plantation FL 33324		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 236.82	New Rate 229.87	Effective Date 7/1/2010
wind Town			77 21 20 20
Level H: AIDS	380.16	373.21	7/1/2010
Level U: Fragile Under 21	495.19	488.24	7/1/2010
Rate Type:  X Interim  Total 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  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 Ch X Cost Settl Rate Seme On FRV [	Prospective Prospective Adjusted of Prospective with Prospective with Rating Change Customary Limitation te limitation change	Interim Component



West Broward Rehabi	litation and Healthcare			Provider Number:	0 026536-00
7751 West Broward Blvd.				Date:	7/16/2012
Plantation FL 33324				Fiscal Year End:	12/31/2010
·				Audit Status:	Unaudited [3]
Provider Type:					
		ı	Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	-	237.99		1/1/2011
	Level H: AIDS		382.85	381.98	1/1/2011
	Level U: Fragile Under 21	_	499.10	498.23	1/1/2011
Basis:  Budget X Unaudited c Field audite Field audite Desk audite Desk Audit  Distribution:	d costs - interim portion d costs Interim Portion - Prospective portion  ment / Fiscal Agent ation Only e in Rate	Changes:	Licensur Usual an Target R FRVS C Cost Set Rate Sen On FRV	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Home Office:	1 - No Home Office				



West Broward Rehab	ilitation and Healthcare			Provider Number:	0 026536-00		
7751 West Broward	Blvd.	•		Date:	7/16/2012		
Plantation FL 33324		•		Fiscal Year End:	12/31/2010		
				Audit Status:	Unaudited [3]		
Provider Type:							
¥ <b>-</b>			Current Rate	New Rate	Effective Date		
Nursing Home	Single Level		227.87	229.01	7/1/2011		
- · · · · · · · · · · · · · · · · · · ·	~				77.37.40.2.2		
	Level H: AIDS	_	374.07	375.21	7/1/2011		
	Level U: Fragile Under 21	_	491.40	492.54	7/1/2011		
Rate Type :							
Interim		x	Prospectiv	re ·			
		Total Prospective					
		Prospective Adjusted for New Costs					
	Settlement based on costs			Total Prospective with	Interim Component		
1	Prior Provider Prospective data						
Basis:		Changes					
Budget			Licensur	e Rating Change			
X Unaudited	costs		Usual and	d Customary Limitatio	n		
Field audit	ed costs		-	ate limitation change			
	- interim portion		FRVS C	•			
Desk audite		X	_	tlement FYE 12/31/20	)10		
	- Interim Portion - Prospective portion			nester Change [2] as of 10/01/1985			
Distribution:				A for Stephen Russell	1		
Contract Manage	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance		
Permanent File					g		
For inform	nation Only			•			
No Chang	e in Rate						
Home Office:	1 - No Home Office						
Home Office.							



West Broward Rehabilitation and Healthcare			Provider Number:	0 026536-00
7751 West Broward Blvd.	Date:			7/16/2012
Plantation FL 33324			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level		Current Rate 227.53	New Rate 231.55	Effective Date 1/1/2012
Level H: AIDS		375.14	379.16	1/1/2012
Level U: Fragile Under 21	_	493.60	497.62	1/1/2012
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	Changes:	Licensure Usual and Target Ra FRVS Ch Cost Sett Rate Seme	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation Reference of the company that is the company that	n Interim Component
Desk Audit - Prospective portion  Distribution:			R A- Stephen Russell	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Мес	dicaid Cost	Reimbursement Plan	ning and Finance



West Broward Rehab	ilitation and Healthcare			Provider Number:	0 026536-00
7751 West Broward I	Blvd.				7/16/2012
Plantation FL 33324				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
N	C' 1 T 3		Rate	Rate	Date
Nursing Home	Single Level		232.48	239.41	7/1/2012
	Level H: AIDS		381.69	388.62	7/1/2012
	Level U: Fragile Under 21		501.44	508.37	7/1/2012
Rate Type :			12000		
Interim		x	Prospectiv	re	
	Total Interim			Total Prospective	
	Interim Component	Prospective Adjusted for New Costs			
	Settlement based on costs			Total Prospective with	Interim Component
I	Prior Provider Prospective data				
Basis:		Changes:			
Pudgat			Licensure	e Rating Change	
Budget X Unaudited	costs	į		d Customary Limitation	nn
Field audite				ate limitation change	
Field audit	- interim portion		FRVS C	nange	
Desk audite	1	X		tlement FYE 12/31/20	010
	- Interim Portion			ester Change	
	- Prospective portion		Unrky	[2] as of 10/01/1985	
Distribution:				A Aw Stephen Russell	
-	ement / Fiscal Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File	and an Oaka				
	nation Only				
No Chang	e in Rate				
Home Office:	1 - No Home Office				



Current Rate 240.63	Date: Fiscal Year End: Audit Status: New Rate	7/24/2012 1/31/2011 Unaudited [3]
Rate	Audit Status:	Unaudited [3]
Rate	New	
Rate		Effective
	239.06	Date 6/30/2010
382.55	380.98	6/30/2010
496.43	494.86	6/30/2010
Licensure Usual and Target Ra FRVS Ch X Cost Sett	Total Prospective Prospective Adjusted Total Prospective with Rating Change I Customary Limitation the limitation change hange	h Interim Component
	Stephen Russell	
Medicaid Cost	Reimbursement Plan	ning and Finance
	Prospectiv  Licensure Usual and Target Ra FRVS Ch X Cost Sett Rate Sem On FRV	Prospective Total Prospective Prospective Adjusted Total Prospective wit  anges:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change



Cross Pointe Care Center				Provider Number:	0 028133-00	
440 Phippen-Waiters Roa	Phippen-Waiters Road Date:			Date:	7/24/2012	
Dania Beach FL 33004				Fiscal Year End:	1/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:				Tudit Suus.		
		(	Current	New	Effective	
			Rate	Rate	Date	
Nursing Home S	ingle Level		243.55	<del>241.92</del> –	7/1/2010	
L	evel H: AIDS		386.89	385.26	7/1/2010	
L	evel U: Fragile Under 21		501.92	500.29	7/1/2010	
Basis:  Budget X Unaudited costs Field audit - inte Desk audited co Desk audit - Inte	erim portion	Changes:	Licensure Usual and Target Ra FRVS Ch Cost Sett Rate Sem	Prospective Adjusted Prospective Adjusted Total Prospective with Rating Change Customary Limitation the limitation change lange Rement FYE 1/31/201 ester Change 2] as of 05/01/2000	n Interim Component	
Contract Managemen	t / Fiscal Agent			Stephen Russell		
Permanent FileFor information	n Only	Med	licaid Cost	Reimbursement Plans	ning and Finance	
No Change in	Rate					
Home Office:	1 - No Home Office					



Cross Pointe Care Center		Provide	r Number:	0 028133-0	00
440 Phippen-Waiters Road	Date: 7/24/20			7/24/2012	2
Dania Beach FL 33004		Fiscal Y	Year End:	1/31/2011	
		Au	dit Status:	Unaudited [	[3]
Provider Type:  Nursing Home Single Level	Curr Ra <b>246</b>	te R	ew ate	Effective Date 1/1/2011	
Level H: AIDS	391	.51 388	3.61	1/1/2011	
Level U: Fragile Under 21		.76	4.86	1/1/2011	
Rate Type:  X 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:  Lic Us Ta FR X Cc Ra		hange ry Limitatio on change  YE 1/31/201		nt
<u>Distribution:</u> Contract Management / Fiscal Agent		Stepher	ı Russell		
Permanent FileFor information OnlyNo Change in Rate  Home Office: 1 - No Home Office	Medica	d Cost Reimburs	ement Plan	ning and Finance	



Cross Pointe Care Center			Provider Number:	0 028133-00
440 Phippen-Waiters Road			Date:	7/24/2012
Dania Beach FL 33004			Fiscal Year End:	1/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level		Current Rate 246.65	New Rate 249.75	Effective Date 2/1/2011
Level H: AIDS Level U: Fragile Under 21	*******	391.51 507.76	394.61 510.86	2/1/2011 2/1/2011
Interim  Total Interim  Interim Component  X Settlement based on costs  Prior Provider Prospective data  Basis:	X Changes:	]	e  Total Prospective  Prospective Adjusted to the control of the c	
Budget  X Unaudited costs  Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	X	Usual and Target Ra FRVS Ch Cost Sett Rate Sem	lement FYE 1/31/201 ester Change [2] as of 05/01/2000	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Med	licaid Cost	Stephen Russell Reimbursement Plant	ning and Finance
Home Office.				



Cross Pointe Care Center			Provider Number:	0 028133-00	
440 Phippen-Waiters Road				7/24/2012	
Dania Beach FL 33004			Fiscal Year End:	1/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	-	Current Rate	New Rate 240.50	Effective Date 7/1/2011	
Level H: AIDS		384.29	386.70	7/1/2011	
Level U: Fragile Under 21		501.62	504.03	7/1/2011	
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  Distribution:  Contract Management / Final Acade	Changes:	Licensure Usual and Target Ra FRVS Ch Cost Sett Rate Sem	Total Prospective Prospective Adjusted Total Prospective with Rating Change I Customary Limitation ate limitation change	n Interim Component	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Med	dicaid Cost	Reimbursement Plan	ning and Finance	
Home Office: 1 - No Home Office					



Cross Pointe Care Ce	nter				0 028133-00
440 Phippen-Waiters	Road				7/24/2012
Dania Beach FL 3300	)4			Fiscal Year End:	1/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		239.52	242.22	1/1/2012
	Level H: AIDS	3	387.13	389.83	1/1/2012
	Level U: Fragile Under 21		505.59	508.29	1/1/2012
I	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X I	I	e Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	X	Usual and Target Ra FRVS Ch Cost Settl Rate Seme	Rating Change Customary Limitation te limitation change ange lement FYE 1/31/201 ester Change 2] as of 05/01/2000	
<u>Distribution:</u>	want / Piant Annua			Stephen Russell	
Permanent File For inform No Chang Home Office:		Med	icaid Cost	Reimbursement Planr	ning and Finance



Cross Pointe Care Center				Provider Number:	0 028133-00
440 Phippen-Waiters Roa	ad	•		Date:	7/24/2012
Dania Beach FL 33004	***************************************			Fiscal Year End:	1/31/2011
				Audit Status:	Unaudited [3]
Provider Type:		***************************************	Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	,	250.61	<u>251.17</u>	7/1/2012
I	evel H: AIDS		399.82	400.38	7/1/2012
L	evel U: Fragile Under 21	<del></del>	519.57	520.13	7/1/2012
Basis:  Budget X Unaudited costs Field audited costs	osts	Changes:	Licensure Usual and Target Ra	Total Prospective Prospective Adjusted: Total Prospective with Rating Change Customary Limitation ate limitation change	Interim Component
Field audit - int  Desk audited co  Desk audit - Int  Desk Audit - Pr	osts	<u> </u>	Rate Sem	nange tlement FYE 1/31/201 tester Change [2] as of 05/01/2000	11
Distribution:		<u> </u>		F 4- Stephen Russell	
Contract Management Permanent File For informatio No Change in	n Only Rate	Мес	licaid Cost	Reimbursement Plann	ning and Finance
Home Office:	1 - No Home Office				



Clyde E. Lassen State V			Provider Number:	0 032049-00		
4650 State Road 16		<del>-</del>		Date:	7/13/2012	
St. Augustine FL 32092		- -		Fiscal Year End:	6/30/2011	
				Audit Status:		
Provider Type:				Audit Status:	Unaudited [3]	
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		212.93	214.49	11/16/2010	
:	Level H: AIDS		356.27	357.83	11/16/2010	
]	Level U: Fragile Under 21		471.30	472.86	11/16/2010	
			*	-		
Rate Type:			Prospectiv	re		
	al Interim		-	Total Prospective		
Inte		Prospective Adjusted for New Costs				
X Sett	lement based on costs			Total Prospective wit	h Interim Component	
Prio	or Provider Prospective data					
Basis:		Changes:				
Budget			Licensur	e Rating Change		
X Unaudited cos	ts			d Customary Limitati	on	
Field audited			_	ate limitation change		
***************************************	nterim portion		FRVS C	•		
Desk audited of Desk audit - Ir		X		tlement FYE 6/30/20 tester Change	)11	
	Prospective portion			[2] as of 11/16/2010		
Distribution:				Stephen Russell		
Contract Manageme	ent / Fiscal Agent	Me	dicaid Cost	Reimbursement Plan	nning and Finance	
Permanent File	O-1					
For informati	•					
No Change in	n Kate					
Home Office:	Florida Dept. of Veterans A Walter Gilchrist 11351 Ulmerton Road, Root Largo Fl 33778-1630					



Clyde E. Lassen State Vo	eterans Nursing Home			Provider Number:	0 032049-00
4650 State Road 16				Date:	7/13/2012
St. Augustine FL 32092				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Offidualited [3]
riovider Type.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		216.26		1/1/2011
]	Level H: AIDS		361.12	362.68	1/1/2011
1	Level U: Fragile Under 21		477.37	478.93	1/1/2011
Inte X Sett	al Interim  rim Component  lement based on costs  or Provider Prospective data	Changes:		e Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited cos Field audited of Field audit - in Desk audited of Desk audit - In	costs  nterim portion  costs	X	Usual and Target Ra FRVS Ch Cost Sett Rate Sem	tlement FYE 6/30/201 tester Change [2] as of 11/16/2010	
<b>Distribution:</b>				A for Stephen Russell	
Contract Manageme Permanent FileFor informatiNo Change in Home Office:	on Only	ffairs	licaid Cost	Reimbursement Plan	ning and Finance



Clyde E. Lassen State	Veterans Nursing Home			Provider Number:	0 032049-00	
4650 State Road 16				Date:	7/13/2012	
St. Augustine FL 320	92			Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:				Transfer Control	<u> </u>	
• •		· ·	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	<del></del>	209.44	210.83	7/1/2011	
	Level H: AIDS		355.64	357.03	7/1/2011	
	Level U: Fragile Under 21	_	472.97	474.36	7/1/2011	
Rate Type:						
Interim		X	Prospectiv			
	Total Interim			Total Prospective	for Nov. Costs	
	nterim Component Settlement based on costs			Prospective Adjusted: Total Prospective with		
	Prior Provider Prospective data			rotar riospoditio wia	micran Component	
		Changes				
Basis:		Changes:	ı			
Budget			Licensure	Rating Change		
X Unaudited	costs			l Customary Limitatio	on	
Field audite	ed costs			ite limitation change		
Field audit	- interim portion		FRVS Ch	ange		
Desk audite		<u> </u>		lement FYE 6/30/201	11 -	
	- Interim Portion - Prospective portion			ester Change [2] as of 11/16/2010		
Distribution:	1100poolito politici		<u> </u>	Re for		
	ement / Fiscal Agent		·	Stephen Russell		
Permanent File	ment / Fiscal Agent	Med	licaid Cost	Reimbursement Plans	ning and Finance	
	ation Only					
No Chang	•					
110 Chang		a .				
Home Office:	Florida Dept. of Veterans Af	fairs				
	Walter Gilchrist 11351 Ulmerton Road, Room	332_I				
	Largo Fl 33778-1630	334-1				



Clyde E. Lassen State V	Veterans Nursing Home			Provider Number:	0 032049-00
4650 State Road 16				Date:	7/13/2012
St. Augustine FL 32092	2			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Onaudica [5]
rionaer rypor			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		208.60	209.98	9/13/2011
	Level H: AIDS	_	354.80	356.18	9/13/2011
	Level U: Fragile Under 21	-	472.13	473.51	9/13/2011
Int X Se	otal Interim terim Component ttlement based on costs ior Provider Prospective data	<b>X</b>		re Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes:			
Desk audited Desk audit - 1	costs interim portion	X	Usual and Target Ra FRVS Ch Cost Sett Rate Sem	e Rating Change d Customary Limitation ate limitation change nange tlement FYE 6/30/20 tester Change [2] as of 11/16/2010	
Distribution:				Pr & C Stephen Russell	
Contract Managen Permanent File For information No Change	tion Only	Me	dicaid Cost	Reimbursement Plan	ning and Finance
Home Office:	Florida Dept. of Veterans A Walter Gilchrist 11351 Ulmerton Road, Roon Largo Fl 33778-1630				



Clyde E. Lassen State Ve	terans Nursing Home			Provider Number:	0 032049-00
4650 State Road 16				Date:	7/13/2012
St. Augustine FL 32092		_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 210.63	New Rate 212.00	Effective Date 1/1/2012
L	evel H: AIDS		358.24	359.61	1/1/2012
L	evel U: Fragile Under 21		476.70	478.07	1/1/2012
Inter X Settle	al Interim rim Component ement based on costs r Provider Prospective data	X Change	P	otal Prospective rospective Adjusted	for New Costs n Interim Component
Budget X Unaudited cost: Field audited cost: Field audit - in Desk audited cost: Desk audit - Int Desk Audit - Pr	osts terim portion osts	X	Licensure Usual and Target Rat FRVS Cha Cost Settl Rate Seme	ement FYE 6/30/203 ester Change 2] as of 11/16/2010	
Distribution:  Contract Manageme  Permanent File  For information	-	N	fedicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance
No Change in Home Office:	Rate  Florida Dept. of Veterans Walter Gilchrist 11351 Ulmerton Road, Roc Largo Fl 33778-1630		,		



Clyde E. Lassen State			Provider Number:	0 032049-00	
4650 State Road 16			Date:		7/13/2012
St. Augustine FL 320	92			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Onaudited [3]
Trovider Type.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		220.13		7/1/2012
	Level H: AIDS		369.34	369.33	7/1/2012
	Level U: Fragile Under 21	_	489.09	489.08	7/1/2012
I	Total Interim nterim Component Settlement based on costs	X	]	e  Total Prospective  Prospective Adjusted  Total Prospective with	
	Prior Provider Prospective data			total Prospective will	merun Component
Basis:		Changes:			
	ed costs - interim portion		Usual and Target Ra FRVS Ch	ū	
	d costs - Interim Portion - Prospective portion	<u>X</u>	Rate Sem	lement FYE 6/30/201 ester Change [2] as of 11/16/2010	11
<b>Distribution:</b>				Stephen Russell	
Contract Manage Permanent File For inform No Chang	•	Med	licaid Cost	Reimbursement Plan	ning and Finance
Home Office:	Florida Dept. of Veterans Aft Walter Gilchrist 11351 Ulmerton Road, Room Largo Fl 33778-1630				



Date:   7725/2012	BERNARD L. SAMSON NURSING CENTER				Provider Number:	0 208442-00
St. Petersburg FL 33710   Fiscal Year End:   6/30/2008   Audit Status:   Field Audited [2]	255 - 59 STREET NO	ORTH				
Provider Type:    Current Rate   Rate   Date	St. Petersburg FL 33	710				
Provider Type:    Current Rate   Rate   Rate   Date						
Nursing Home  Single Level  Level H: AIDS Level U: Fragile Under 21  A 231.40  Level U: Fragile Under 21  A 231.40  A 230.39  A 7/1/2009  Level U: Fragile Under 21  A 231.75  A 270.74  A 271/2009   Rate Type:  Interim Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Changes:  Changes:  Changes:  Changes:  Change  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change Field audited costs Field audited costs Field audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Provider Type:					
Level H: AIDS   371.75   370.74   7/1/2009     Level U: Fragile Under 21   484.37   483.36   7/1/2009     Rate Type :	V -					
Level H: AIDS Level U: Fragile Under 21    Ask						·
Rate Type: Interim	Nursing Home	Single Level		1.40		7/1/2009
Interim		Level H: AIDS	37	1.75	370.74	7/1/2009
Interim  Total Interim  Interim Component  Settlement based on costs Prior Provider Prospective data    Basis:		Level U: Fragile Under 21	48	4.37	483.36	7/1/2009
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 Pr	ospectiv	⁄e	
Settlement based on costs   Prior Provider Prospective data	:	Total Interim		X	Total Prospective	
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 Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Field Audit # NH09-126C FYE 6/30/08 Rate Semester Change  Distribution:  Medicaid Cost Reimbursement Planning and Finance		Interim Component	_		Prospective Adjusted	for New Costs
Budget Unaudited costs Visual and Customary Limitation Target Rate limitation change Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Licensure Rating Change Usual and Customary Limitation FRVS Change  Visual and Customary Limitation Target Rate limitation change FRVS Change X Field Audit # NH09-126C FYE 6/30/08 Rate Semester Change  Medicaid Cost Reimbursement Planning and Finance		Settlement based on costs	_		Total Prospective with	1 Interim Component
Budget Unaudited costs Visual and Customary Limitation Target Rate limitation change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Licensure Rating Change  Usual and Customary Limitation Target Rate limitation change  FRVS Change  X Field Audit # NH09-126C FYE 6/30/08 Rate Semester Change  Stephen Russell  Medicaid Cost Reimbursement Planning and Finance		Prior Provider Prospective data				
Unaudited costs  X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Usual and Customary Limitation Target Rate limitation change  X Field Audit # NH09-126C FYE 6/30/08 Rate Semester Change  Stephen Russell Medicaid Cost Reimbursement Planning and Finance	Basis:		Changes:			
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  Usual and Customary Limitation Target Rate limitation change  X Field Audit # NH09-126C FYE 6/30/08 Rate Semester Change  Stephen Russell Medicaid Cost Reimbursement Planning and Finance						
Target Rate limitation change   FRVS Change   FRVS Change	Budget		L	icensur	e 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 Field Audit # NH09-126C FYE 6/30/08  Rate Semester Change  Stephen Russell  Medicaid Cost Reimbursement Planning and Finance						n
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  The provided HTML Audit # NH09-126C FYE 6/30/08 Rate Semester Change  Stephen Russell Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance						
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  Rate Semester Change  Rate Semester Change  Medicaid Cost Reimbursement Planning and Finance		_			0	TT (120 100
Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  The Audit - Prospective portion  Stephen Russell  Medicaid Cost Reimbursement Planning and Finance	1	i i				E 6/30/08
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Stephen Russell  Medicaid Cost Reimbursement Planning and Finance				ate Ben	lester Change	
Permanent File For information Only No Change in Rate		· · · · · · · · · · · · · · · · · · ·		or -	Stephen Russell	
For information Only No Change in Rate		ement / Fiscal Agent	Medic	aid Cos	t Reimbursement Plans	ning and Finance
No Change in Rate						-
	·····	•				
Home Office: 1 - No Home Office	No Chang	ge in Rate				
	Home Office:	1 - No Home Office				
	22222					
	*					



BERNARD L. SAMSON NURSING CENTER 255 - 59 STREET NORTH				Provider Number:	<u>0 208442-00</u> 7/25/2012	
		-		Date:		
St. Petersburg FL 337	10	-		Fiscal Year End:	6/30/2008	
				Audit Status:	Field Audited [2]	
Provider Type:			Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	_	232.14		1/1/2010	
	Level H: AIDS	_	374.06	374.02	1/1/2010	
	Level U: Fragile Under 21		487.94	487.90	1/1/2010	
Basis:  Budget Unaudited co X Field audited Field audited Desk audited	d costs interim portion	Changes:	Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with Rating Change I Customary Limitation ate limitation change	n Interim Component	
Distribution:  Contract Manager	Prospective portion	<u> </u>	for dicaid Cost	Stephen Russell Reimbursement Plant	ning and Finance	
Permanent FileFor informaNo Change Home Office:	·				ming une i minière	



Oakhurst Care & Rehabil	itation Center			Provider Number:	0 251721-00
1501 SE 24th Road				Date:	7/20/2012
Ocala FL 34471				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	Single Level		197.27	200.22	7/1/2012
L	evel H: AIDS		346.48	349.43	7/1/2012
L	evel U: Fragile Under 21	_	466.23	469.18	7/1/2012
Inter Settle	l Interim rim Component ement based on costs Provider Prospective data	X		e Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited co	osts		Usual and	e Rating Change I Customary Limitation ate limitation change nange	on
Desk audited co	osts	Retro for 7/12 using FYE 7/31/2011 cost re Rate Semester Change		1/2011 cost report	
Distribution:				A fur Stephen Russell	
Permanent File For informatic No Change in	on Only	Med	licaid Cost	Reimbursement Plan	ning and Finance
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Coral Gables Nursing and Rehabilitation			Provider Number:	0 323772-00
7060 SW 8th Street			Date:	7/23/2012
Miami FL 33144		Fiscal Year End:		12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	_	Current Rate 208.32	New Rate 206.01	Effective Date 1/1/2012
Level H: AIDS	_	355.93	353.62	1/1/2012
Level U: Fragile Under 21	_	474.39	472.08	1/1/2012
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data	<u> </u>		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Changes:			A 164 164 164 164 164 164 164 164 164 164
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual and Target R FRVS Cl Late Tes Rate Sen	e Rating Change d Customary Limitation at limitation change nange t FYE 12/31/2010 nester Change [2] as of 11/01/1988	n
Distribution:	75	for	Stephen Russell	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Me	dicaid Cos	Reimbursement Plann	ning and Finance