

RICK SCOTT GOVERNOR ELIZABETH DUDEK SECRETARY

MEMORANDUM

Date: August 24, 2012

To: Alan Strowd, Chief, Medicaid Contract Management

From: Thomas Parker, Medicaid Cost Reimbursement Planning Coordinator

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	Provider	Number of Rate
		Number	Change Notices
1.	Village Place Health & Rehab Center	0 002400-00	10
2.	HHCC – Sarasota	0 010453-00	8
3.	Haven of Our Lady of Peace	0 258831-00	1
4.	The Nursing Center at University Village	0 259462-00	1
5.	Sinai Plaza Nursing & Rehab	0 260771-00	16
6.	Savannah Cove of the Palm Beaches	0 312312-00	17
7.	Peace River Nursing & Rehab Center	0 317179-00	5
8.			
		Total	58

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

TP/dm Attachments



		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MCM number	Audit Number
000240000	20080930	204.70	340.98	204.70	204.70	450.33	71304-12	NH10-050W
000240000	20090101	200.51	338.86	200.51	200.51	449.87	71304-12	NH10-050W
000240000	20090301	183.70	322.05	183,70	183.70	433.06	71304-12	NH10-050W
000240000	20090401	223.19	361.54	223.19	223.19	472.55	71304-12	NH10-050W
000240000	20090701	229.82	370.17	229.82	229.82	482.79	71304-12	NH10-050W
000240000	20100101	233.29	375.21	233.29	233.29	489.09	71304-12	NH10-050W
000240000	20100701	236.11	379.45	236.11	236.11	494.48	71304-12	NH10-050W
000240000	20110101	238.86	383.72	238.86	238.86	499.97	71304-12	NH10-050W
000240000	20110701	229.68	375.88	229,68	229.68	493.21	71304-12	NH10-050W
000240000	20120101	230.50	378. <u>11</u>	230.50	230.50	496.57	71304-12	NH10-050W
001045300	20090710	212.17	352.52	212.17	212.17	465.14	71304-12	
001045300	20100101	213.72	355.64	213.72	213.72	469.52	71304-12	
001045300	20100701	215.80	359,14	215.80	215.80	474.17	71304-12	
001045300	20100710	215.80	359.14	215.80	215.80	474.17	71304-12	
001045300	20110101	219.80	364,66	219.80	219.80	480.91	71304-12	
001045300	20110701	211.41	357.61	211.41	211.41	474.94	71304-12	
001045300	20120101	213.93	361.54	213.93	213.93	480.00	71304-12	
001045300	20120701	220.84	370.05	220.84	220.84	489.80	71304-12	
025883100	20120701	211.71	360.92	211.71	211.71	480.67	71304-12	
025946200	20120701	211.34	360,55	211.34	211.34	480.30	71304-12	
026077100	20060101	175,47	300.58	175.47	175.47	400.96	71304-12	NH09-111C
026077100	20060701	182.08	309.21	182.08	182.08	411.21	71304-12	NH09-111C
026077100	20070101	190.85	320.45	190.85	190.85	424.44	71304-12	NH09-111C
026077100	20070701	199.48	331.42	199.48	199.48	437.28	71304-12	NH09-111C
026077100	20080101	200.18	334.18	200.18	200.18	441.70	71304-12	NH09-111C
026077100	20080701	201.56	337.84	201.56	201.56	447.19	71304-12	NH09-111C
026077100	20090101	201.90	340.25	201.90	201.90	451.26	71304-12	NH09-111C
026077100	20090301	184.98	323.33	184.98	184.98	434.34	71304-12	NH09-111C
026077100	20090401	225.66	364.01	225.66	225.66	475.02	71304-12	NH09-111C
026077100	20090701	234.11	374.46	234.11	234.11	487.08	71304-12	NH09-111C
026077100	20100101	236.73	378.65	236.73	236.73	492.53	71304-12	NH09-111C
026077100	20100701	238.46	381.80	238.46	238.46	496.83	71304-12	NH09-111C
026077100	20110101	241.97	386.83	241.97	241.97	503.08	71304-12	NH09-111C
026077100	20110701	233.24	379.44	233.24	233.24	496.77	71304-12	NH09-111C
026077100	20120101	234.35	381.96	234.35	234.35	500.42	71304-12	NH09-111C
026077100	20120701	242.40	391.61	242.40	242.40	51 1.36	71304-12	NH09-111C
031231200	20060101	149.63	274.74	149.63	149.63	375.12	71304-12	NH06-161J
031231200	20060701	170.93	298.06	170.93	170.93	400.06	71304-12	NH06-161J
031231200	20070101	175.46	305.06	175.46	175.46	409.05	71304-12	NH06-161J
031231200	20070425	175.46	305.06	175.46	175.46	409.05	71304-12	NH06-161J
031231200	20070701	215.73	347.67	215.73	215.73	453.53	71304-12	NH06-161J
031231200	20080101	213.67	347.67	213.67	213.67	455.19	71304-12	NH06-161J
031231200	20080701	215.73	352.01	215.73	215.73	461.36	71304-12	NH06-161J
031231200	20090101	214.09	352.44	214.09	214.09	463.45	71304-12	NH06-161J
031231200	20090301	196.14	334.49	196.14	196.14	445.50	71304-12	NH06-161J
031231200	20090401	230.73	369.08	230.73	230.73	480.09	71304-12	NH06-161J
031231200	20090701	235.37	375.72	235.37	235,37	488.34	71304-12	NH06-161J
031231200	20100101	204.27	346.19	204.27	204.27	460.07	71304-12	NH06-161J
031231200	20100701	221.01	364.35	221.01	221.01	479.38	71304-12	NH06-161J
031231200	20110101	224.95	369.81	224.95	224.95	486.06	71304-12	NH06-161J
031231200	20110701	216.80	363.00	216.80	216.80	480.33	71304-12	NH06-161J
031231200	20120101	218.23	365.84	218.23	218.23	484.30	71304-12	NH06-161J
031231200	20120701	230.74	379,95	230.74	230,74	499.70	71304-12	NH06-161J
031717900	20060816	173.40	300.53	173.40	173.40	402.53	71304-12	NH10-050W
031717900	20070101	179.82	309.42	179.82	179.82	413.41	71304-12	NH10-050W
031717900	20070701	196.26	328.20	196.26	196.26	434.06	71304-12	NH10-050W
031717900	20080101	193.62	327.62	193.62	193.62	435.14	71304-12	NH10-050W
031717900	20080701	194.79	331.07	194.79	194.79	440.42	71304-12	NH10-050W



illage Place Health	and Rehab Center	_		Provider Number:	0 002400-00		
370 Harbor Blvd.		_		Date:	8/23/2012		
ort Charlotte FL 339			Fiscal Year End:	12/31/2009			
				Audit Status:	Unaudited [3]		
rovider Type:							
			Current Rate	New Rate	Effective Date		
ursing Home	Single Level		204.69	204.70	9/30/2008		
ursing frome	Single Level	<u></u>	204.07		3/30/2008		
	Level H: AIDS		340.97	340.98	9/30/2008		
	Level U: Fragile Under 21		450.32	450.33	9/30/2008		
		. –		****			
Rate Type :							
X Interim			Prospectiv	/e			
	Fotal Interim		• •	Total Prospective			
	nterim Component			Prospective Adjusted	for New Costs		
	Settlement based on costs				h Interim Component		
H	Prior Provider Prospective data						
Basis:		Changes:					
Budget			Licensur	e Rating Change			
X Unaudited	costs		- Usual an	d Customary Limitati	on		
Field audito	ed costs		Target Rate limitation change				
Field audit	- interim portion		FRVS Change				
Desk audite		X		of FA NH10-050W of	n prior prov 317179		
	- Interim Portion			nester Change			
	- Prospective portion		On FRV	[2] as of 09/22/1987			
Distribution:		7	50	Thomas Parker			
•	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plar	nning and Finance		
Permanent File							
For inform	nation Only						
No Chang	e in Rate						
Home Office:	Greystone Healthcare Mar	nagement, LLC					
	4040 Deals Only Dired Origin	- 200					
	4042 Park Oaks Blvd, Suite Tampa FL 33610	e 300					



illage Place Health and	Rehab Center			Provider Number:	0 002400-00
2370 Harbor Blvd. Port Charlotte FL 33952				Date:	8/23/2012
				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
uming Uomo	Single Level		Rate	Rate	Date
ursing Home	Single Level	•	200.50	200.51	1/1/2009
I	Level H: AIDS		338.85	338.86	1/1/2009
Ι	Level U: Fragile Under 21		449.86	449.87	1/1/2009
Inter X Settl	al Interim rim Component lement based on costs r Provider Prospective data	Change		e Total Prospective Prospective Adjusted Total Prospective wit	
Budget X Unaudited cost Field audited c Field audited c Desk audited c Desk audit - In	osts aterim portion osts terim Portion	X	Usual and Target Ra FRVS Ch Effects o Rate Sem	f FA NH10-050W on tester Change	
	rospective portion		On FRV	[2] as of 09/22/1987	
Distribution:	nt / Figure A gant		15	Thomas Parker	
Contract Manageme Permanent File	an / riseal Agent	N	1edicaid Cost	t Reimbursement Plan	ning and Finance
For information	n Only				
No Change in	•				
no Change in					
Home Office:	Greystone Healthcare Mana 4042 Park Oaks Blvd, Suite Tampa FL 33610				



Medicaid Reimbursement Per Diem Rates

/illage Place Health	and Rehab Center			Provider Number:	0 002400-00
370 Harbor Blvd.			Date:	8/23/2012	
Port Charlotte FL 339			Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]
Provider Type:					<u> </u>
			Current	New	Effective
×1			Rate	Rate	Date
Nursing Home	Single Level		183.69	183.70	3/1/2009
	Level H: AIDS		322.04	322.05	3/1/2009
	Level U: Fragile Under 21		433.05	433.06	3/1/2009
Rate Type :				<u>, , , , , , , , , , , , , , , , , , , </u>	
X Interim			Prospectiv	ve	
	Total Interim		-	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
X	Settlement based on costs			Total Prospective with	h Interim Component
]	Prior Provider Prospective data	H			
Basis:		Changes:			
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitatio	on
Field audit	ed costs			ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audit		X		f FA NH10-050W on	prior prov 317179
	- Interim Portion			nester Change	
	t - Prospective portion		On FRV	[2] as of 09/22/1987	
Distribution:		\sim	\leq	Thomas Parker	
Contract Manag	ement / Fiscal Agent		dicaid Cor	t Reimbursement Plan	ning and Finance
Permanent File		1010		i Konnoui sement Flan	unity and r manye
For inform	nation Only				

For information Only

No Change in Rate

Home Office:

Greystone Healthcare Management, LLC

4042 Park Oaks Blvd, Suite 300 Tampa FL 33610



Medicaid Reimbursement Per Diem Rates

Village Place Health	and Rehab Center			Provider Number:	0 002400-00
2370 Harbor Blvd.				Date:	8/23/2012
Port Charlotte FL 33952				Fiscal Year End:	12/31/2009
			*	Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 223.17	New Rate 223.19	Effective Date 4/1/2009
	Level H: AIDS		361.52	361.54	4/1/2009
	Level U: Fragile Under 21	-	472.53	472.55	4/1/2009
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data			ve Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes	:		

Licensure Rating Change Budget X Unaudited costs Usual and Customary Limitation Target Rate limitation change Field audited costs FRVS Change Field audit - interim portion Desk audited costs Effects of FA NH10-050W on prior prov 317179 Х Desk audit - Interim Portion **Rate Semester Change** On FRV [2] as of 09/22/1987 Desk Audit - Prospective portion **Distribution: Thomas Parker** Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance Permanent File For information Only No Change in Rate

Home Office:	Greystone Healthcare Management, LLC
	4042 Park Oaks Blvd, Suite 300 Tampa FL 33610



illage Place Health	and Rehab Center			Provider Number:	0 002400-00
370 Harbor Blvd.	•		Date:	8/23/2012	
ort Charlotte FL 339			Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]
rovider Type: ursing Home	Single Level	_	Current Rate 229.81	New <u>Rate</u> 229.82	Effective Date 7/1/2009
U	C	—			
	Level H: AIDS	_	370.16	370.17	7/1/2009
	Level U: Fragile Under 21	_	482.78	482.79	7/1/2009
Rate Type :					
X Interim			Prospectiv	e	
	Total Interim		•	Total Prospective	
ı	Interim Component			Prospective Adjusted	for New Costs
X S	Settlement based on costs			Total Prospective with	h Interim Component
H	Prior Provider Prospective data				
Basis:		Changes	:		
Budget			-	e Rating Change	
X Unaudited				d Customary Limitation	on
Field audit				ate limitation change	
Desk audit	- interim portion	X	FRVS CI	•	
	- Interim Portion	X	_	f FA NH10-050W on lester Change	1 prior prov 51/1/9
	- Prospective portion			[2] as of 09/22/1987	
Distribution:			R	Thomas Parker	
Contract Manage	ement / Fiscal Agent		V dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File		1410			ning and Philanee
For inform	nation Only				
No Chang	•				
Home Office:	Greystone Healthcare Mana	agement, LLC			
	4042 Park Oaks Blvd, Suite Tampa FL 33610	300			



lage Place Health and	d Rehab Center			Provider Number:	0 002400-00	
0 Harbor Blvd.				Date:	8/23/2012	
t Charlotte FL 33952	2			Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
ovider Type:	Single Level	_	Current Rate	New Rate	Effective Date	
rsing Home	Single Level	-	233.28		1/1/2010	
	Level H: AIDS	_	375.20	375.21	1/1/2010	
	Level U: Fragile Under 21	-	489.08	489.09	1/1/2010	
Rate Type :						
Interim		X	Prospectiv	e		
То	tal Interim			Total Prospective		
	erim Component			Prospective Adjusted		
	tlement based on costs			Total Prospective with	n Interim Component	
Pri	or Provider Prospective data					
Basis:		Changes	:			
Budget			Licensure	e Rating Change		
X Unaudited cos	sts		Usual and	d Customary Limitatio	on	
Field audited	costs	Target Rate limitation change				
	interim portion		FRVS Cl	0		
Desk audited	1	<u> </u>		f FA NH10-050W on	prior prov 317179	
	nterim Portion Prospective portion			ester Change [2] as of 09/22/1987		
Distribution:		5	7	Thomas Parker		
Contract Managem	ent / Fiscal Agent	/ M	edicaid Cost	Reimbursement Plan	ning and Finance	
Permanent File					~	
For informat	ion Only					
No Change i	in Rate					
Home Office:	Greystone Healthcare Mana	igement, LLC				
	4042 Park Oaks Blvd, Suite Tampa FL 33610	300				



illage Place Health	and Rehab Center			Provider Number:	0 002400-00
370 Harbor Blvd.				Date:	8/23/2012
ort Charlotte FL 339	952			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
rovider Type:					
		(Current	New	Effective
The second second			Rate	Rate	Date
ursing Home	Single Level		236.10		7/1/2010
	Level H: AIDS	ź	379.44	379.45	7/1/2010
	Level U: Fragile Under 21		494.47	494.48	7/1/2010
	Ū.			·····	
Rate Type :					
Interim		<u> </u>	Prospectiv		
	l'otal Interim			Total Prospective	for Now Costs
	Interim Component Settlement based on costs			Prospective Adjusted Total Prospective with	
	Prior Provider Prospective data			Total Prospective with	I internit Component
Basis:		Changes:			
			Liconour	o Doting Change	
Budget X Unaudited	aasta			e Rating Change d Customary Limitatio	
Field audite				ate limitation change	JII
	- interim portion		FRVS C	-	
Desk audite	-	<u> </u>		of FA NH10-050W on	prior prov 317179
	- Interim Portion			nester Change	
Desk Audit	- Prospective portion		On FRV	[2] as of 09/22/1987	
Distribution:		-20	2	Thomas Parker	
Contract Manage	ement / Fiscal Agent	Med	licaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					U
For inform	nation Only				
No Chang	e in Rate				
Home Office:	Greystone Healthcare Mana	gement, LLC			
	4042 Park Oaks Blvd, Suite Tampa FL 33610	00			



lage Place Health an	d Rehab Center		Provider Number:	0 002400-00
0 Harbor Blvd.			Date:	8/23/2012
t Charlotte FL 3395	2		Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
ovider Type:				
		Current Rate	New Rate	Effective Date
rsing Home	Single Level	238.85	238.86	1/1/2011
i sing mome	Single Level			1/1/2011
	Level H: AIDS	383.71	383.72	1/1/2011
	Level U: Fragile Under 21	499.96	499.97	1/1/2011
Rate Type :				
Interim		X Prospectiv	/e	
To	otal Interim		Total Prospective	
Int	terim Component		Prospective Adjusted	for New Costs
X Se	ttlement based on costs		Total Prospective with	n Interim Component
Pri	ior Provider Prospective data			
Basis:		Changes:		
Budget		Licensur	e Rating Change	
X Unaudited co	ests	Usual an	d Customary Limitatio	on
Field audited	costs	Target R	ate limitation change	
Field audit -	interim portion	FRVS C	hange	
Desk audited			of FA NH10-050W on	prior prov 317179
	Interim Portion Prospective portion		nester Change [2] as of 09/22/1987	
Distribution:			Thomas Parker	
Contract Managen	nent / Fiscal Agent		t Reimbursement Plan	ning and Einange
Permanent File		Medicald Cos	t Kennoursement rian	ning and Finance
For information	tion Only			
No Change	in Rate			
Home Office:	Greystone Healthcare Manage	nent, LLC		
	4042 Park Oaks Blvd, Suite 30)		



lage Place Health a	nd Rehab Center			Provider Number:	0 002400-00		
70 Harbor Blvd.		•		Date:	8/23/2012		
rt Charlotte FL 339:	52			Fiscal Year End:	12/31/2010		
				Audit Status:	Unaudited [3]		
ovider Type:							
			Current	New	Effective		
irsing Home	Single Level	-	Rate 229.67	Rate	Date 7/1/2011		
It sing frome	Single Level	-	229.07	229.68	//1/2011		
	Level H: AIDS		375.87	375.88	7/1/2011		
	Level U: Fragile Under 21	-	493.20	493.21	7/1/2011		
Rate Type :							
Interim		х	Prospectiv	/e			
T	otal Interim		X	Total Prospective			
Ir	nterim Component			Prospective Adjusted	for New Costs		
S	ettlement based on costs			Total Prospective with	h Interim Component		
Pi	rior Provider Prospective data						
Basis:		Changes	:				
Budget			_ Licensur	e Rating Change			
X Unaudited c		Usual and Customary Limitation					
Field audite	d costs	Target Rate limitation change					
	- interim portion		_ FRVS C	-			
Desk audited	1	<u> </u>		of FA NH10-050W on	prior prov 317179		
	Interim Portion - Prospective portion			nester Change [2] as of 09/22/1987			
Distribution:	- Hospective polition						
Contract Manage	ment / Fiscal Agent			Thomas Parker	1		
Permanent File	-	M	edicald Cos	t Reimbursement Plan	ning and Finance		
For inform	ation Only						
No Change	•						
Home Office:	Greystone Healthcare Mana	agement, LLC					
		200					
	4042 Park Oaks Blvd, Suite	300					
	Tampa FL 33610						



	Provider Number:	0 002400-00
	Date:	8/23/2012
	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited [3]
Current	New	Effective
		1/1/2012
378.10	378.11	1/1/2012
496.56	496.57	1/1/2012
Prospective		
X To	otal Prospective	
Pr	ospective Adjusted	for New Costs
To	otal Prospective with	h Interim Component
iges:		
		on
	-	prior prov 317179
-72	Thomas Parker	
Medicaid Cost F	eimbursement Plan	ning and Finance
		U
.c		
	Rate 230.49 378.10 496.56 Prospective X To Prespective X To Idease Prespective Licensure H Usual and O Target Rate FRVS Chai Effects of J Rate Semes On FRV [2 Medicaid Cost F	Fiscal Year End: Audit Status: Current Rate New Rate 230.49 230.50 378.10 378.11 496.56 496.57 Prospective Year End: Rate Year 378.10 378.10 378.11 496.56 496.57 Year Total Prospective Prospective Year Year Total Prospective Adjusted Total Prospective with Total Prospective with Inges: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Effects of FA NH10-050W on Rate Semester Change On FRV [2] as of 09/22/1987 Year Thomas Parker Medicaid Cost Reimbursement Plan



HCC - Sarasota				Provider Number:	0 010453-00	
01 Sawyer Road				Date:	8/15/2012	
arasota FL 34233				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
rovider Type:						
			Current	New	Effective	
	~		Rate	Rate -	Date	
ursing Home	Single Level	_	216.37		7/10/2009	
	Level H: AIDS		356.72	352.52	7/10/2009	
	Level U: Fragile Under 21	-	469.34	465.14	7/10/2009	
Rate Type :						
X Interim			Prospectiv	/e		
	otal Interim			Total Prospective		
Interim Component X Settlement based on costs				Prospective Adjusted		
				Total Prospective wit	h Interim Component	
Pr	ior Provider Prospective data					
Basis:		Changes	:			
Budget			Licensur	e Rating Change		
X Unaudited co	osts	Usual and Customary Limitation				
Field audited	l costs	Target Rate limitation change				
Field audit -	interim portion	FRVS Change				
Desk audited		X Correction to initial Per Bed Standard			Standard	
	Interim Portion	Rate Semester Change				
<u>Distribution:</u>	Prospective portion	7-	$\frac{OHFRV}{2}$	[2] as of 07/10/2009 Thomas Parker		
Contract Manager	nent / Fiscal Agent		1		• • • • • •	
Permanent File	C	Me	edicaid Cos	t Reimbursement Plar	ining and Finance	
For informa	tion Only					
No Change	•					
Home Office:	HCR Manor Care					
nome office.	Julie Yoxtheimer					
	333 North Summit Street					
	Toledo OH 43604					



HCC - Sarasota		_		Provider Number:	0 010453-00
01 Sawyer Road		_		Date:	8/15/2012
rasota FL 34233		-		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
ovider Type:			Current	Now	Effective
			Rate	New Rate	Effective Date
ursing Home	Single Level	· ·	217.92	213.72	1/1/2010
	Level H: AIDS		359.84	355.64	1/1/2010
	Level U: Fragile Under 21	-	473.72	469.52	1/1/2010
Rate Type :					
X Interim			Prospectiv	e	
	otal Interim		-	Total Prospective	
	iterim Component		· · · · · · · · · · · · · · · · · · ·	Prospective Adjusted	for New Costs
	ettlement based on costs			Total Prospective with	
Pr	ior Provider Prospective data				
Basis:		Changes:			
			-		
Budget	4 -		•	e Rating Change	
X Unaudited control Field audited		Usual and Customary Limitation Target Rate limitation change		n	
	interim portion		FRVS Ch	-	
Desk audited	-	<u> </u>	•	on to initial Per Bed	Standard
	Interim Portion			ester Change	·····
Desk Audit -	Prospective portion			[2] as of 07/10/2009	
Distribution:	nent / Fiscal Agent	72		Thomas Parker	
Permanent File	nont / 1 iour Agont	Me	dicaid Cost	Reimbursement Plan	ning and Finance
For informa	tion Only			•	
	•				
No Change					
Home Office:	HCR Manor Care	· ·			
	Julie Yoxtheimer				
	333 North Summit Street Toledo OH 43604				



HHCC - Sarasota			Provider Number:	0 010453-00
5401 Sawyer Road			Date:	8/15/2012
Sarasota FL 34233			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				·
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	220.00	215.80	7/1/2010
	Level H: AIDS	363.34	359.14	7/1/2010
	Level U: Fragile Under 21	478.37	474.17	7/1/2010

X Interim			Prospective		
To	tal Interim		Total Prospective		
Int	erim Component		Prospective Adjusted for New Costs		
X Set	ttlement based on costs		Total Prospective with Interim Component		
Pri	or Provider Prospective data				
Basis:		Changes:			
Budget			Licensure Rating Change		
X Unaudited co			Usual and Customary Limitation		
Field audited			Target Rate limitation change		
	interim portion	FRVS Change			
Desk audited		X Correction to initial Per Bed Standard			
	nterim Portion Prospective portion		Rate Semester Change On FRV [2] as of 07/10/2009		
Distribution:		2	Thomas Parker		
Contract Managem	nent / Fiscal Agent	<u></u>			
Permanent File		Mee	licaid Cost Reimbursement Planning and Finance		
For information	tion Only				
No Change	in Rate				
Home Office:	HCR Manor Care	s			
	Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Medicaid Reimbursement Per Diem Rates

HHCC - Sarasota			Provider Number:	0 010453-00
5401 Sawyer Road			Date:	8/15/2012
Sarasota FL 34233			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.25	215.80	7/10/2010
	Level H: AIDS	361.59	359.14	7/10/2010
	Level U: Fragile Under 21	476.62	474.17	7/10/2010

X Interim			Prospective		
Total Interim			Total Prospective		
Int	erim Component		Prospective Adjusted for New Costs		
X Set	tlement based on costs		Total Prospective with Interim Component		
Prie	or Provider Prospective data				
Basis:		Changes:			
Budget			Licensure Rating Change		
X Unaudited costs			Usual and Customary Limitation		
Field audited costs		Target Rate limitation change			
	nterim portion	FRVS Change			
Desk audited		X Correction to initial Per Bed Standard			
	nterim Portion	Rate Semester Change			
	Prospective portion		On FRV [2] as of 07/10/2009		
<u>Distribution:</u>			Thomas Parker		
Contract Managem	ent / Fiscal Agent	Med	licaid Cost Reimbursement Planning and Finance		
Permanent File			5		
For informat	ion Only				
No Change i	n Rate				
Home Office:	HCR Manor Care				
	Julie Yoxtheimer				
	333 North Summit Street				

.



ICC - Sarasota				Provider Number:	0 010453-00
01 Sawyer Road				Date:	8/15/2012
asota FL 34233				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
ovider Type:			Current	New	Effective
			Rate	Rate	Date
irsing Home	Single Level	_	222.25	219.80	1/1/2011
	Level H: AIDS		367.11	364.66	1/1/2011
	Level U: Fragile Under 21		483.36	480.91	1/1/2011
Rate Type :					
Interim		х	Prospectiv	'e	
T	otal Interim		-	Total Prospective	
Interim Component				Prospective Adjusted	for New Costs
X Se	ettlement based on costs			Total Prospective with	n Interim Component
Pr	ior Provider Prospective data				
Basis:		Changes:			
Budget			Licensur	e Rating Change	
X Unaudited co	osts		Usual and	d Customary Limitatio	n
Field audited	d costs	Target Rate limitation change			
	interim portion		FRVS C	-	
Desk audited		X	X Correction to initial Per Bed Standard		
	Interim Portion • Prospective portion			ester Change [2] as of 07/10/2009	
Distribution:		2	2	Thomas Parker	
Contract Manager	ment / Fiscal Agent	Me	dicaid Cos	Reimbursement Plan	ning and Finance
Permanent File					5
For informa	ation Only				
No Change	in Rate				
Home Office:	HCR Manor Care				
	Julie Yoxtheimer			E .	
	333 North Summit Street				
	Toledo OH 43604				



HHCC - Sarasota			Provider Number:	0 010453-00
5401 Sawyer Road			Date:	8/15/2012
Sarasota FL 34233			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level		211.41	7/1/2011
, ,	Level H: AIDS	359.90	357.61	7/1/2011
	Level U: Fragile Under 21	477.23	474.94	7/1/2011
			Weiter	

Rate Type :					
Interim		X Prospe	ective		
То	tal Interim		Total Prospective		
Int	erim Component		Prospective Adjusted for New Costs		
X Set	tlement based on costs		Total Prospective with Interim Component		
Pri	or Provider Prospective data				
Basis:		Changes:			
Budget		Licen	usure Rating Change		
X Unaudited co	sts	Usua	l and Customary Limitation		
Field audited	costs	Target Rate limitation change			
Field audit -	interim portion	FRVS Change			
Desk audited		X Correction to initial Per Bed Standard			
	nterim Portion		Semester Change		
	Prospective portion	On F	RV [2] as of 07/10/2009		
<u>Distribution:</u>		- 22	Thomas Parker		
Contract Manager	ent / Fiscal Agent	Medicaid	Cost Reimbursement Planning and Finance		
Permanent File					
For informat	ion Only				
No Change	in Rate				
Home Office:	HCR Manor Care				
	Julie Yoxtheimer				
	333 North Summit Street				
	Toledo OH 43604				



ICC - Sarasota				Provider Number:	0 010453-00
01 Sawyer Road				Date:	8/15/2012
rasota FL 34233				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
ovider Type:					
			Current Rate	New Rate	Effective Date
irsing Home	Single Level	_	216.23		1/1/2012
		_			
	Level H: AIDS	_	363.84		1/1/2012
	Level U: Fragile Under 21	-	482.30	480.00	1/1/2012
Rate Type :					
Interim		X	Prospectiv	/e	
,	Total Interim	x		Total Prospective	
Interim Component				Prospective Adjusted	
X	Settlement based on costs			Total Prospective with	Interim Component
]	Prior Provider Prospective data				
Basis:		Changes	;		
			- 		
Budget				e Rating Change	
X Unaudited Field audit		Usual and Customary Limitation Target Rate limitation change			
	- interim portion	FRVS Change			
Desk audit	-	<u> </u>	-	on to initial Per Bed	Standard
	- Interim Portion		-	iester Change	çınınan u
Desk Audit	t - Prospective portion			[2] as of 07/10/2009	
Distribution:		7.	R	Thomas Parker	
Contract Manag	ement / Fiscal Agent	 Me	dicaid Cost	t Reimbursement Plan	ning and Finance
Permanent File					ning und i munov
For inform	nation Only				
No Chang	ge in Rate				
Home Office:	HCR Manor Care				
	Julie Yoxtheimer				
	333 North Summit Street Toledo OH 43604				



HHCC - Sarasota		_	Provider Number:	0 010453-00
5401 Sawyer Road			Date:	8/15/2012
Sarasota FL 34233		-	Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	223.17	220.84	7/1/2012
	Level H: AIDS	372.38	370.05	7/1/2012
	Level U: Fragile Under 21	492.13	489.80	7/1/2012

Interim		X	Prospective
Тс	tal Interim		Total Prospective
Int	terim Component		Prospective Adjusted for New Costs
X Se	ttlement based on costs		Total Prospective with Interim Component
Pri	or Provider Prospective data		
Basis:		Changes:	
Budget			Licensure Rating Change
X Unaudited co			Usual and Customary Limitation
Field audited		******	Target Rate limitation change
	interim portion		FRVS Change
Desk audited		<u> </u>	Correction to initial Per Bed Standard
	Interim Portion Prospective portion		Rate Semester Change On FRV [2] as of 07/10/2009
	Prospective portion		
<u>Distribution:</u>		2-	Thomas Parker
Contract Managen	ent / Fiscal Agent		dicaid Cost Reimbursement Planning and Finance
Permanent File			
For information	tion Only		
No Change	in Rate		
Home Office:	HCR Manor Care		
	Julie Yoxtheimer		
	333 North Summit Street		



ven of Our Lady of P				Provider Number:	0 258831-00
00 Summit Boulevard				Date:	7/31/2012
sacola F1 32503				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
ovider Type:					
			Current	New	Effective
		_	Rate	Rate	Date
rsing Home	Single Level		212.70		7/1/2012
	Level H: AIDS		361.91	360.92	7/1/2012
	Level U: Fragile Under 21	-	481.66	480.67	7/1/2012
Rate Type : Interim		X	Prospectiv		
	al Interim			Fotal Prospective	
	rim Component			Prospective Adjusted	,
	element based on costs			Fotal Prospective with	a Interim Component
Pric	or Provider Prospective data				
Basis:		Changes	:		
Budget			Licensure	Rating Change	<i>2</i>
X Unaudited cos	ts		- Usual and	Customary Limitatio	n
Field audited	costs		Target Ra	te limitation change	
Field audit - in	nterim portion		FRVS Ch	ange	
Desk audited of		X	_	7/2012 Rate Semest	er
Desk audit - Ir	Prospective portion		-	ester Change 2] as of 11/08/2001	
Distribution:		22	for	Stephen Russell	
Contract Manageme	ent / Fiscal Agent			Reimbursement Plan	ning and Finance
Permanent File		1410		Kennouisement r län	and thance
For informati	on Only				
No Change in	n Rate				
Home Office:	Sacred Heart Hospital				
nome onnee.	Mike Myers 5151 North 9th Avenue Pensacola FL 32513-2700				



The Nursing Center a	t University Village			Provider Number:	0 259462-00
2250 North 22nd Str	reet			Date:	8/7/2012
Tampa FL 33612				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
• *			Current	New	Effective
	~		Rate	Rate	Date
Nursing Home	Single Level	-	229.81		7/1/2012
	Level H: AIDS		379.02	360.55	7/1/2012
	Level U: Fragile Under 21		498.77	480.30	7/1/2012
	Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data	X		ve Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited o Field audite Field audite Desk audite Desk audite	ed costs - interim portion	X	Licensur Usual an Target R FRVS C NFQA C Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange Correction nester Change [2] as of 11/09/1989	on
Distribution:		- 7~	for	Stephen Russell	
Contract Manage	ement / Fiscal Agent	<u> </u>	-	t Reimbursement Plan	ning and Finance
Permanent File		1•1	calcula CO3		ming and I manoe
For inform	nation Only				
No Chang	e in Rate				
Home Office:	John A. Mccoy, Inc.]	
	Samuel Sanders 3391 Cypress Gardens Road Winter Haven FL 33884				



inai Plaza Nursing a	nd Rehab	_		Provider Number:	0 260771-00
01 NE 112th Street		_		Date:	8/8/2012
liami FL 33161		-		Fiscal Year End:	11/30/2004
				Audit Status:	Revised Field Audit [5]
rovider Type:					
			Current	New	Effective
unsing Uomo	Single Level	-	Rate	Rate	Date
ursing Home	Single Level		171.39		1/1/2006
	Level H: AIDS		296.50	300.58	1/1/2006
	Level U: Fragile Under 21		396.88	400.96	1/1/2006
	Lever C. Thighe Childe 21				1/1/2000
Rate Type :					
Interim		X	Prospective	9	
,	Fotal Interim			Fotal Prospective	
]	Interim Component		, F	Prospective Adjusted	for New Costs
x s	Settlement based on costs			Fotal Prospective with	Interim Component
ı	Prior Provider Prospective data				
Basis:		Changes	•		
		Change	<u> </u>		
Budget			Licensure	Rating Change	
Unaudited	costs			Customary Limitatio	n
X Field audit	ed costs		Target Ra	te limitation change	
Field audit	- interim portion		_ FRVS Ch	ange	
Desk audite		X		Field Audit #NH09-1	11C FYE 11/30/04
	- Interim Portion			ester Change	
	- Prospective portion		On FRV [2] as of 11/02/1990	
<u>Distribution:</u>		15	for	Stephen Russell	
-	ement / Fiscal Agent	M	edicaid Cost	Reimbursement Plan	ning and Finance
Permanent File					
For inform	nation Only				
No Chang	e in Rate				
Home Office:	Hebrew Home Managemen	nt Services			
	Steve Beaujon				
	1800 NE 168th Street, Suite	e 200			



Sinai Plaza Nursing and R	ehab			Provider Number:	0 260771-00
201 NE 112th Street				Date:	8/8/2012
Miami FL 33161				Fiscal Year End:	11/30/2005
				Audit Status:	Unaudited [3]
Provider Type:			_		
			Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level		177.94	182.08	7/1/2006
Le	evel H: AIDS		305.07	309.21	7/1/2006
Le	evel U: Fragile Under 21		407.07	411.21	7/1/2006
Rate Type :	Interim	X	Prospectiv	re Total Prospective	
	m Component			Prospective Adjusted	for New Costs
	ment based on costs			Total Prospective with	
Prior	Provider Prospective data				
Basis:		Change	:s:		
Budget X Unaudited costs Field audited co Field audited co Field audit - inte Desk audited co Desk audit - Inte Desk Audit - Inte Desk Audit - Pre	sts erim portion sts		Usual and Target Ra FRVS Cl Effects o Rate Sem	e Rating Change d Customary Limitatio ate limitation change hange f RFA # NH09-111C hester Change [2] as of 11/02/1990	
Distribution:		20	2 5000	Stephen Russell	
Contract Managemen	t / Fiscal Agent	<u>/0</u>	Vedicaid Cost	t Reimbursement Plan	ning and Finance
Permanent File For information	1 Only	1	fieldenie cos	i remoursement i nan	
No Change in T					
Home Office:	Hebrew Home Management	Services			
	Steve Beaujon 1800 NE 168th Street, Suite 2 Miami Beach FL 33162				



Sinai Plaza Nursing a	nd Rehab			Provider Number:	0 260771-00
201 NE 112th Street				Date:	8/8/2012
Miami FL 33161				Fiscal Year End:	7/31/2006
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 186.67	New Rate 190.85	Effective Date 1/1/2007
0	0				
	Level H: AIDS		316.27	320.45	1/1/2007
	Level U: Fragile Under 21		420.26	424.44	1/1/2007
	Fotal Interim nterim Component Settlement based on costs Prior Provider Prospective data	X Chang		e Total Prospective Prospective Adjusted Total Prospective with	
Desk audite Desk audit	ed costs - interim portion		Usual and Target Ra FRVS Cl Effects o Rate Sem	e Rating Change d Customary Limitatio ate limitation change hange f RFA # NH09-111C hester Change [2] as of 11/02/1990	
Distribution:	luu	76	2 for	Stephen Russell	
Contract Manage	ement / Fiscal Agent			t Reimbursement Plan	ning and Finance
Permanent File For inform	ation Only				
No Chang	e in Rate				
Home Office:	Hebrew Home Managemer Steve Beaujon 1800 NE 168th Street, Suite Miami Beach FL 33162				



ai Plaza Nursing a	nd Rehab			Provider Number:	0 260771-00
NE 112th Street				Date:	8/8/2012
ami FL 33161				Fiscal Year End:	7/31/2006
				Audit Status:	Unaudited [3]
ovider Type:					
			Current Rate	New Rate	Effective Date
rsing Home	Single Level	-	195.26		7/1/2007
		-			
	Level H: AIDS		327.20	331.42	7/1/2007
	Level U: Fragile Under 21		433.06	437.28	7/1/2007
Rate Type :					
Interim		X	Prospectiv	e	
	Total Interim		10000000000000000000000000000000000000	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	h Interim Component
I	Prior Provider Prospective data				
Basis:		Change	s:	······································	1.0.1
Budget			Licensur	e Rating Change	
X Unaudited	costs		Usual and	d Customary Limitatio	on
Field audite	ed costs		Target R	ate limitation change	
Field audit	- interim portion		FRVS Cl	nange	
Desk audite		<u> </u>		fRFA # NH09-111C	FYE 11/30/04
	- Interim Portion			ester Change	
	- Prospective portion			[2] as of 11/02/1990	
Distribution:		20	for	Stephen Russell	
	ement / Fiscal Agent	N	ledicaid Cos	t Reimbursement Plar	ning and Finance
Permanent File					
For inform	nation Only				
No Chang	e in Rate				
Home Office:	Hebrew Home Managemen	t Services			
	Steve Beaujon				
	1800 NE 168th Street, Suite	200			



Sinai Plaza Nursing and R	ehab			Provider Number:	0 260771-00
201 NE 112th Street				Date:	8/8/2012
Miami FL 33161		_		Fiscal Year End:	7/31/2007
		,		Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level		196.04	200.18	1/1/2008
Tursing Home 5	ingle Level		170.04		1/1/2008
L	evel H: AIDS		330.04	334.18	1/1/2008
L	evel U: Fragile Under 21		437.56	441.70	1/1/2008
Interi Settle Prior Basis: Budget X Field audited costs Field audited cost Field audit - int Desk audited co Desk audit - Interior	osts erim portion sts	X	Licensure Usual and Target Ra FRVS Ch Effects of Rate Sem	Total Prospective Prospective Adjusted Total Prospective with Rating Change Customary Limitation ate limitation change	n Interim Component
Distribution:		Th	for	Stephen Russell	
Contract Managemer	tt / Fiscal Agent	N	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File For information	n Only				
No Change in	-				
	Hebrew Home Manageme	ent Services			
Home Office:	Steve Beaujon 1800 NE 168th Street, Suit Miami Beach FL 33162				



nai Plaza Nursing a	nd Rehab			Provider Number:	0 260771-00
1 NE 112th Street	······			Date:	8/8/2012
ami FL 33161		a	Fiscal Year End:		7/31/2007
				Audit Status:	Unaudited [3]
ovider Type:					
			Current Rate	New Rate	Effective Date
ursing Home	Single Level		<u>197.40</u>	<u>201.56</u>	7/1/2008
ar sing mome	Single Level				//1/2000
	Level H: AIDS		333.68	337.84	7/1/2008
	Level U: Fragile Under 21		443.03	447.19	7/1/2008
Rate Type :					
Interim		X	Prospectiv		
	Total Interim nterim Component			Total Prospective Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	rior Provider Prospective data				
Basis:	A	Change		<u></u>	
Dasis.		Change			
Budget			Licensure	e Rating Change	
X Unaudited of	costs			d Customary Limitatio	on
Field audite				ate limitation change	
Field audit	- interim portion		FRVS Ch	ange	
Desk audite	d costs	X	Effects of	f RFA # NH09-111C	FYE 11/30/04
	- Interim Portion			ester Change	
	- Prospective portion		On FRV	[2] as of 11/02/1990	
<u>Distribution:</u>		20	Pfor	Stephen Russell	
Contract Manage	ement / Fiscal Agent	N	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File		-			
For inform	ation Only				
No Chang	e in Rate				
Home Office:	Hebrew Home Management	t Services			
nome Office.	Steve Beaujon				
	1800 NE 168th Street, Suite	200			
	Miami Beach FL 33162				



inai Plaza Nursing and	Rehab			Provider Number:	0 260771-00
D1 NE 112th Street				Date:	8/8/2012
ami FL 33161				Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
rovider Type: ursing Home	Single Level		Current Rate	New Rate 201.90	Effective Date 1/1/2009
	~~~~~~~~~				
]	Level H: AIDS		336.14	340.25	1/1/2009
J	Level U: Fragile Under 21		447.15	451.26	1/1/2009
Inte	ts costs	X Changes:	Licensure	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	h Interim Component
Desk audited c Desk audit - In	costs	<u>X</u>	Effects o Rate Sem	f RFA # NH09-111C lester Change [2] as of 11/02/1990	FYE 11/30/04
Distribution:	······································	78	for	Stephen Russell	
Contract Manageme Permanent File For informati No Change in	on Only	Med	licaid Cost	Reimbursement Plan	ning and Finance
Home Office:	Hebrew Home Management Serv Steve Beaujon 1800 NE 168th Street, Suite 200 Miami Beach FL 33162	vices			



### **Medicaid Reimbursement Per Diem Rates**

Sinai Plaza Nursing a	nd Rehab			Provider Number:	0 260771-00
201 NE 112th Street				Date:	8/8/2012
Miami FL 33161				Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
Numing Home	Single Level		Rate	Rate	Date
Nursing Home	Single Level	-	181.21		3/1/2009
	Level H: AIDS	-	319.56	323.33	3/1/2009
	Level U: Fragile Under 21		430.57	434.34	3/1/2009
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>		re Total Prospective Prospective Adjusted Total Prospective wit	
Basis:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited	costs		Usual and	d Customary Limitatio	on

Usual and Customary Limitation Target Rate limitation change FRVS Change

for

X Effects of RFA # NH09-111C FYE 11/30/04 Rate Semester Change On FRV [2] as of 11/02/1990

Stephen Russell

Medicaid Cost Reimbursement Planning and Finance

# **Distribution:**

#### Contract Management / Fiscal Agent

Field audit - interim portion

Desk audit - Interim Portion Desk Audit - Prospective portion

Permanent File

For information Only

Field audited costs

Desk audited costs

No Change in Rate

Home Office:

Hebrew Home Management Services Steve Beaujon 1800 NE 168th Street, Suite 200 Miami Beach FL 33162



#### **Medicaid Reimbursement Per Diem Rates**

Sinai Plaza Nursing a	ind Rehab			Provider Number:	0 260771-00	
201 NE 112th Street				Date:	8/8/2012	
Miami FL 33161				Fiscal Year End:	7/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:						
		(	Current	New	Effective	
Nursing Home	Single Level	<u></u>	Rate	Rate	Date 4/1/2009	
Aur sing nome	Single Level		221.31		4/1/2009	
	Level H: AIDS		359.66	364.01	4/1/2009	
	Level U: Fragile Under 21		470.67	475.02	4/1/2009	
Rate Type :						
Interim		х	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:		ne		
Budget			Licensur	e Rating Change		
X Unaudited	costs			d Customary Limitatio	on	
Field audit	ed costs			ate limitation change		
Field audit	- interim portion		FRVS C	hange		
Desk audite	1	<u> </u>		of RFA # NH09-111C	FYE 11/30/04	
	- Interim Portion			rester Change		
	t - Prospective portion		ONFRV	[2] as of 11/02/1990		
Distribution:		22	for	Stephen Russell		
+	ement / Fiscal Agent	Med	licaid Cos	t Reimbursement Plan	ning and Finance	
Contract Manag Permanent File	ement / Fiscal Agent	Med	· <u>··</u> ·	-	ning and F	

For information Only

No Change in Rate

Home Office:

Hebrew Home Management Services Steve Beaujon 1800 NE 168th Street, Suite 200 Miami Beach FL 33162



nai Plaza Nursing and I	Rehab			Provider Number:	0 260771-00
01 NE 112th Street				Date:	8/8/2012
iami FL 33161				Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
rovider Type: ursing Home	Single Level		Current Rate 229.74	New Rate 234.11	Effective Date 7/1/2009
L	level H: AIDS	_	370.09	374.46	7/1/2009
L	evel U: Fragile Under 21		482.71	487.08	7/1/2009
Inter Settl	I Interim rim Component ement based on costs r Provider Prospective data	X Changes:		Total Prospective Prospective Adjusted	for New Costs h Interim Component
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 Cl Effects o Rate Sem	e Rating Change d Customary Limitatio ate limitation change nange f RFA # NH09-111C nester Change [2] as of 11/02/1990	
Distribution:		-7-5	for	Stephen Russell	• • • • • • • • • • • • • • • • • • •
Contract Manageme Permanent File For information	on Only	<u> </u>	-	t Reimbursement Plan	ning and Finance
No Change in	Rate				
Home Office:	Hebrew Home Management Ser Steve Beaujon 1800 NE 168th Street, Suite 200 Miami Beach FL 33162				



### Medicaid Reimbursement Per Diem Rates

Sinai Plaza Nursing and Rehab 201 NE 112th Street Miami FL 33161				Provider Number:	0 260771-00		
				Date:	8/8/2012		
				Fiscal Year End:	7/31/2009		
				Audit Status:	Unaudited [3]		
rovider Type:							
		-	Current Rate	New Rate	Effective Date		
ursing Home	Single Level	-	232.31		1/1/2010		
	Level H: AIDS		374.23	378.65	1/1/2010		
	Level U: Fragile Under 21		488.11	492.53	1/1/2010		
Rate Type :							
Interim		X	_ Prospecti	ive			
, 	Total Interim		X	Total Prospective			
	Interim Component			Prospective Adjusted			
	Settlement based on costs		Total Prospective with Interim Compone				
]	Prior Provider Prospective data						
Basis:		Change	5:				
Budget			Licensu	re Rating Change			
X Unaudited	costs		Usual and Customary Limitation				
Field audit	ed costs		Target Rate limitation change				
Field audit	- interim portion		FRVS Change				
Desk audite		X Effects of RFA # NH09-111C FYE 11/30/04					
	- Interim Portion	Rate Semester Change     On FRV [2] as of 11/02/1990					
	t - Prospective portion			[2] as of 11/02/1990			
Distribution:		$-\mathcal{I}t$	for	- Stephen Russell			
Contract Management / Fiscal Agent		N	ledicaid Co	st Reimbursement Plan	ning and Finance		
Permanent File				х	~		
	nation Only						
No Chang	ge in Rate						
Home Office:	Hebrew Home Managemer	t Services					
HUILLY OTHES,	Steve Requion						

Steve Beaujon 1800 NE 168th Street, Suite 200 Miami Beach FL 33162



inai Plaza Nursing a	and Rehab			Provider Number:	0 260771-00	
201 NE 112th Street				Date:	8/8/2012	
liami FL 33161				Fiscal Year End:	7/31/2009	
				Audit Status:	Unaudited [3]	
rovider Type:			-			
			Current Rate	New Rate	Effective Date	
ursing Home	Single Level		234.00	238.46	7/1/2010	
	Level H: AIDS		377.34	381.80	7/1/2010	
	Level U: Fragile Under 21	-	492.37	496.83	7/1/2010	
Rate Type :						
Interim		х	Prospectiv	/e		
	Total Interim	X Total Prospective				
	Interim Component	Prospective Adjusted for New Costs Total Prospective with Interim Component				
	Settlement based on costs					
]	Prior Provider Prospective data		- <u></u>			
Basis:		Changes	:			
Budget			_	e Rating Change		
X Unaudited		Usual and Customary Limitation				
Field audit		Target Rate limitation change FRVS Change				
Field audit Desk audit	- interim portion	X Effects of RFA # NH09-111C FYE 11/30/04				
	- Interim Portion	Rate Semester Change				
Desk Audit - Prospective portion				[2] as of 11/02/1990		
Distribution:		7.2	for	Stephen Russell		
	ement / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File					-	
	nation Only					
No Chang	ge in Rate					
Home Office:	Hebrew Home Management	Services				
	Steve Beaujon 1800 NE 168th Street, Suite Minmi Baach EL 22162	200				
	Miami Beach FL 33162					
	L					



nai Plaza Nursing a	and Rehab			Provider Number:	0 260771-00		
201 NE 112th Street Miami FL 33161				Date:	8/8/2012		
				Fiscal Year End:	7/31/2010		
		×		Audit Status:	Unaudited [3]		
rovider Type:				-			
			Current Rate	New Rate	Effective Date		
ursing Home	Single Level	_	237.48	241.97	1/1/2011		
	Level H: AIDS	-	382.34		1/1/2011		
	Level U: Fragile Under 21		498.59	503.08	1/1/2011		
				•			
Rate Type :							
Interim		X	Prospective	:			
	Total Interim		X Total Prospective Prospective Adjusted for New Costs Total Prospective Adjusted for New Costs				
	Interim Component						
	Settlement based on costs		T	otal Prospective with	n Interim Component		
	Prior Provider Prospective data						
Basis:		Changes	:				
Budget			Licensure Rating Change				
X Unaudited Field audit			Usual and Customary Limitation Target Rate limitation change				
	- interim portion	FRVS Change					
Desk audit	_		X Effects of RFA # NH09-111C FYE 11/30/04				
Desk audited costs Desk audit - Interim Portion			Rate Semester Change				
Desk Audit - Prospective portion				2] as of 11/02/1990			
<b>Distribution:</b>		75-	2for	Stephen Russell			
Contract Manag	ement / Fiscal Agent	 		Reimbursement Plan	ning and Finance		
Permanent File					and a summer		
For inform	nation Only						
No Chang	ge in Rate						
	Hebrew Home Management	t Services					
Home Office:							
Home Office:	Steve Beaujon						
Home Office:	Steve Beaujon 1800 NE 168th Street, Suite Miami Beach FL 33162	200					



Sinai Plaza Nursing and Rehab				Provider Number:	0 260771-00	
201 NE 112th Street				Date:	8/8/2012	
Miami FL 33161				Fiscal Year End:	7/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Sing	le Level	_	Current Rate 229.00	New Rate 233.24	Effective Date 7/1/2011	
Level	H: AIDS		375.20	379.44	7/1/2011	
Level	U: Fragile Under 21	_	492.53	496.77	7/1/2011	
Settlemen         Prior Pro         Basis:	Component nt based on costs vider Prospective data	X Changes:	Licensur Usual an Target R FRVS Cl Effects o	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change hange f <b>RFA # NH09-111C</b>	n Interim Component	
Desk audit - Interim Portion Desk Audit - Prospective portion		Rate Semester Change         On FRV [2] as of 11/02/1990				
Distribution:		TP	for	Stephen Russell		
Contract Management / H Permanent File For information On No Change in Rate	nly	Me	dicaid Cos	t Reimbursement Plan	ning and Finance	
s s	Hebrew Home Management S teve Beaujon 800 NE 168th Street, Suite 20 fiami Beach FL 33162					



nai Plaza Nursing a	and Rehab			Provider Number:	0 260771-00
1 NE 112th Street				Date:	8/8/2012
ami FL 33161				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
ovider Type:			<b>a</b>		
			Current Rate	New Rate	Effective Date
ursing Home	Single Level	-	230.09	234.35	1/1/2012
	Level H: AIDS		377.70	381.96	1/1/2012
	Level U: Fragile Under 21		496.16	500.42	1/1/2012
Rate Type :					
Interim		х	Prospectiv	'e	
,	Total Interim		-	Total Prospective	
1	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	h Interim Component
I	Prior Provider Prospective data				
Basis:		Changes	s:		
			Licensur	a Pating Change	
Budget X Unaudited	costs			e Rating Change d Customary Limitatio	n an
Field audit				ate limitation change	<u>)1</u>
	- interim portion		FRVS C	-	
Desk audite	-	X	Effects o	f RFA # NH09-111C	FYE 11/30/04
	- Interim Portion			ester Change	
	t - Prospective portion		On FRV	[2] as of 11/02/1990	
Distribution:	/ <b>-</b> /	AS	for	Stephen Russell	
	ement / Fiscal Agent	<u> </u>	ledicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
	nation Only				
No Chang	ge in Rate				
Home Office:	Hebrew Home Managemen	t Services			
	Steve Beaujon				
	1800 NE 168th Street, Suite	200			
	Miami Beach FL 33162				



inai Plaza Nursing a	nd Rehab			Provider Number:	0 260771-00
01 NE 112th Street				Date:	8/8/2012
liami FL 33161				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
rovider Type:		R	arrent Late	New Rate	Effective Date
ursing Home	Single Level	23	88.04		7/1/2012
	Level H: AIDS	38	7.25	391.61	7/1/2012
	Level U: Fragile Under 21	50	07.00	511.36	7/1/2012
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		·	Total Prospective Prospective Adjusted	for New Costs n Interim Component
Desk audite Desk audit	ed costs - interim portion		Jsual and Farget Ra FRVS Ch Effects o Rate Sem	e Rating Change I Customary Limitation ate limitation change hange f <b>RFA # NH09-111C</b> ester Change [2] as of 11/02/1990	
<b>Distribution:</b>		724		Stephen Russell	
Permanent File	ement / Fiscal Agent nation Only ge in Rate	Medic	aid Cost	Reimbursement Plan	ning and Finance
Home Office:	Hebrew Home Management Steve Beaujon 1800 NE 168th Street, Suite Miami Beach FL 33162				



	Rehabilitation Center			Provider Number:	0 317179-00
70 Harbor Boulevard rt Charlotte FL 33952				Date:	8/21/2012
				Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
ovider Type:					
		Cur. Ra		New Rate	Effective Date
ursing Home	Single Level	170	5.87	173.40	8/16/2006
L	evel H: AIDS	304	1.00	300.53	8/16/2006
L	evel U: Fragile Under 21	406	5.00	402.53	8/16/2006
Inter X Settl	l Interim im Component ement based on costs Provider Prospective data	Pro 	Pi	otal Prospective rospective Adjusted otal Prospective wit	for New Costs h Interim Component
Basis:		Changes:			
Budget Unaudited cost X Field audited c Field audit - in Desk audited co Desk audit - Int Desk Audit - Pr	osts terim portion osts	Us Ta FI Fi Ra	sual and arget Rate RVS Cha eld Audi ate Seme	Rating Change Customary Limitati e limitation change nge it NH10-050W FY ster Change ] as of 09/22/1987	
Distribution:		2	2	Thomas Parker	
Contract Manageme Permanent File For informatic No Change in	on Only	Medica	id Cost I	Reimbursement Plar	nning and Finance
Home Office:	1 - No Home Office	1000 ATTA			



	and Rehabilitation Center			Provider Number:	0 317179-00	
370 Harbor Boulevard				Date:	8/21/2012	
rt Charlotte FL 33	952			Fiscal Year End:	12/31/2007	
				Audit Status:	Field Audited [2]	
ovider Type:						
			Current	New	Effective	
• •	<u></u>		Rate	Rate	Date	
ursing Home	Single Level		183.28	179.82	1/1/2007	
	Level H: AIDS		312.88	309.42	1/1/2007	
	Level U: Fragile Under 21		416.87	413.41	1/1/ <b>2007</b>	
Rate Type :						
X Interim			Prospectiv			
	Total Interim			Total Prospective	-	
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	n Interim Component	
	Prior Provider Prospective data					
Basis:		Change	es:			
Budget			Licensure	e Rating Change		
Unaudited	costs			d Customary Limitatio	on	
X Field audit	ed costs		Target Ra	ate limitation change		
Field audit	- interim portion		FRVS Cl	nange		
Desk audit	ed costs	X	Field Au	dit NH10-050W FYI	E 12/31/2007	
	- Interim Portion			ester Change		
Desk Audi Distribution:	t - Prospective portion		On FRV	[2] as of 09/22/1987		
		۶ ۰۰	5-	Thomas Parker		
-	ement / Fiscal Agent	]	Medicaid Cost	t Reimbursement Plan	ning and Finance	
Permanent File						
	nation Only					
No Chang	ge in Rate					
Home Office:	1 - No Home Office					



	and Rehabilitation Center			Provider Number:	0 317179-00
70 Harbor Boulevard				Date:	8/21/2012
ort Charlotte FL 33	952			Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
rovider Type:					
			Current	New	Effective
ursing Home	Single Level		Rate	Rate	Date 7/1/2007
ursing frome	Single Level		177./1		//1/2007
	Level H: AIDS		331.65	328.20	7/1/2007
	Level U: Fragile Under 21		437.51	434.06	7/1/2007
Rate Type :					
X Interim			Prospective	e	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
X	Settlement based on costs		]	Fotal Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Change	s:		
Budget				Rating Change	
Unaudited X Field audit				l Customary Limitation the limitation change	on
			FRVS Ch	-	
Field audit Desk audit	- interim portion	<u> </u>		dit NH10-050W FY	F 12/21/2007
	- Interim Portion	<b>A</b>		ester Change	L 12/31/2007
	- Prospective portion			[2] as of 09/22/1987	
Distribution:			25	Thomas Parker	
Contract Manag	ement / Fiscal Agent				
Permanent File		r	viedicald Cost	Reimbursement Plan	ming and Finance
For inform	nation Only				
No Chang	-				
	I - No Home Office				
Home Office:					



ce River Nursing and Rehabili	tation Center		Provider Number:	0 317179-00
0 Harbor Boulevard			Date:	8/21/2012
t Charlotte FL 33952			Fiscal Year End:	12/31/2007
			Audit Status:	Field Audited [2]
ovider Type:				
		Current Rate	New Rate	Effective Date
rsing Home Single ]	Level	196.98	193.62	1/1/2008
I avai II.			007 (0	1/1/0000
Level H:	AIDS	330.98	327.62	1/1/2008
Level U:	Fragile Under 21	438.50	435.14	1/1/2008
		•	an un des posses des regeren	
Rate Type :				
Interim		X Prospect		
Total Interim	· · · · · · · · · · · · · · · · · · ·	<del></del>	Total Prospective	for Now Costs
Interim Com X Settlement ba			Prospective Adjusted Total Prospective with	
A COLORADO AND A	r Prospective data			
Basis:		Changes:		
Budget		Licensu	re Rating Change	
Unaudited costs			nd Customary Limitatio	on
X Field audited costs			Rate limitation change	
Field audit - interim po	tion	FRVS (	Change	
Desk audited costs			udit NH10-050W FYI	E 12/31/2007
Desk audit - Interim Po			mester Change	
Desk Audit - Prospectiv	e portion		/ [2] as of 09/22/1987	
Contract Management / Fisca	1 A gent		Thomas Parker	
Permanent File	n Agent	Medicaid Co	st Reimbursement Plan	ning and Finance
For information Only				
No Change in Rate				
Home Office:	lo Home Office			



	and Rehabilitation Center	-		Provider Number:	0 317179-00
70 Harbor Boulev		-		Date:	8/21/2012
rt Charlotte FL 33	952			Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
ovider Type:					
			Current	New	Effective
	Circula I and	_	Rate	Rate	Date
irsing Home	Single Level		198.15		7/1/2008
	Level H: AIDS		334.43	331.07	7/1/2008
	Level U: Fragile Under 21	-	443.78	440.42	7/1/2008
		-			
Rate Type :					
		*7	<b>.</b>		
Interim	Total Interim	<u> </u>	Prospective	otal Prospective	
	Interim Component			rospective Adjusted	for New Costs
	Settlement based on costs			• •	n Interim Component
	Prior Provider Prospective data		1	otal i lospective wil	r morin component
······			-1		
Basis:		Changes			
Budget			Licensure	Rating Change	
Unaudited	costs		-	Customary Limitatio	on
X Field audit				te limitation change	
Field audit	t - interim portion		FRVS Ch	ange	
Desk audit	-	X	- Field Aud	it NH10-050W FYI	E 12/31/2007
	- Interim Portion			ster Change	
	t - Prospective portion		On FRV [2	2] as of 09/22/1987	
Distribution:		-7-	50	Thomas Parker	
-	ement / Fiscal Agent	Me	edicaid Cost	Reimbursement Plan	ning and Finance
Permanent File					
	nation Only				
No Chang	ge in Rate				
Home Office:	1 - No Home Office				
tionic Office.					



## **Medicaid Reimbursement Per Diem Rates**

Savannah Cove of the	Palm Beaches			Provider Number:	0 312312-00
2090 North Congress				Date:	7/27/2012
West Palm Beach FL	est Palm Beach FL 33401			Fiscal Year End:	12/31/2006
				Audit Status:	Field Audited [2]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		149.65	149.63	1/1/2006
	Level H: AIDS		274.76	274.74	1/1/2006
	Level U: Fragile Under 21	-	375.14	375.12	1/1/2006
Rate Type :			_		
X Interim	Fotal Interim		Prospective	atal Brospective	
	Interim Component			otal Prospective rospective Adjusted	for New Costs
	Settlement based on costs		***		n Interim Component
	Prior Provider Prospective data			· · · · · ·	1.1.1
Basis:		Changes			
Budget			Licensure I	Rating Change	
Unaudited		-		Customary Limitatio	n
X Field audite				e limitation change	
	- interim portion		FRVS Cha	-	(4) T
Desk audite	ed costs - Interim Portion	X		FA & RFA NH06-1 ster Change	oil on prior prov
	- Prospective portion			] as of 01/26/1995	
Distribution:		-27	for	Stephen Russell	
Contract Manage	ement / Fiscal Agent		edicaid Cost F	Reimbursement Plan	ning and Finance
Permanent File For inform	ation Only				
No Chang	e in Rate				
Home Office:	Senior Living Management (	Corporation			
	John Panskoy 4661 Johnson Road, Suite 7				

Coconut FL 33073



annah Cove of the	e Palm Beaches			Provider Number:	0 312312-00
0 North Congress				Date:	7/27/2012
st Palm Beach FL	33401			Fiscal Year End:	12/31/2006
				Audit Status:	Field Audited [2]
ovider Type:					
	•	(	Current Rate	New Rate	Effective Date
rsing Home	Single Level		170.95	<u>170.93</u>	7/1/2006
i sing nome	Shigit Level		170.25		
	Level H: AIDS		298.08	298.06	7/1/2006
	Level U: Fragile Under 21		400.08	400.06	7/1/2006
Rate Type :					
X Interim			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:			
			т.	D. Cl	
Budget Unaudited				e Rating Change	
X Field audit				d Customary Limitation the limitation change	
	- interim portion		FRVS Cl	-	
Desk audite	-	X	Effects o	f FA & RFA NH06-1	61J on prior prov
	- Interim Portion			ester Change	•••
	- Prospective portion		On FRV	[2] as of 01/26/1995	
Distribution:		-22	for	Stephen Russell	
-	ement / Fiscal Agent	Mec	licaid Cost	Reimbursement Plan	ning and Finance
Permanent File					, -
	nation Only				
No Chang	e in Rate				
Home Office:	Senior Living Management C	Corporation			
	John Panskoy				
	4661 Johnson Road, Suite 7				
	Coconut FL 33073				



vannah Cove of the	e Palm Beaches			Provider Number:	0 312312-00
90 North Congress				Date:	7/27/2012
est Palm Beach FL	. 33401			Fiscal Year End:	12/31/2006
				Audit Status:	Field Audited [2]
ovider Type:					
			Current	New	Effective
		-	Rate	Rate	Date
ursing Home	Single Level		175.48	175.46	1/1/2007
	Level H: AIDS		305.08	305.06	1/1/2007
	Level U: Fragile Under 21	-	409.07	409.05	1/1/2007
Rate Type :					
Interim		Х	Prospective	e	
	Total Interim		<b>-</b> 1	Total Prospective	
	Interim Component		I	Prospective Adjusted	for New Costs
X	Settlement based on costs		1	Fotal Prospective with	h Interim Component
]	Prior Provider Prospective data				
Basis:		Changes	:		
Budget		·		Rating Change	
Unaudited X Field audit	1			l Customary Limitation te limitation change	n
	- interim portion		- FRVS Ch	-	
Desk audite	-	X	-	FA & RFA NH06-1	61.J on prior prov
	- Interim Portion			ester Change	···· F···· F···
Desk Audit	- Prospective portion		On FRV [	2] as of 01/26/1995	
<b>Distribution:</b>		-2	2 for	Stephen Russell	
Contract Manage	ement / Fiscal Agent	<u> </u>	edicaid Cost	Reimbursement Plan	ning and Finance
Permanent File			concura cost		ining and T manoe
For inform	nation Only				
No Chang	e in Rate				
Home Office:	Senior Living Management C	orporation			
	John Panskoy				
	4661 Johnson Road, Suite 7				
	Coconut FL 33073				



avannah Cove of the	e Palm Beaches			Provider Number:	0 312312-00
990 North Congress Avenue Vest Palm Beach FL 33401				Date:	7/27/2012
			Fiscal Year End:		12/31/2006
				Audit Status:	Field Audited [2]
rovider Type:					
			Current Rate	New Rate	Effective Date
ursing Home	Single Level		175.48	175.46	4/25/2007
	Level H: AIDS		305.08	305.06	4/25/2007
	Level U: Fragile Under 21		409.07	409.05	4/25/2007
Rate Type :					
Interim	Trada 1 Tada alian	X	Prospective		
	Total Interim Interim Component			otal Prospective ospective Adjusted	for New Costs
	Settlement based on costs				h Interim Component
	Prior Provider Prospective data				
Basis:		Change			
Budget				Rating Change	
Unaudited X Field audit	1			Customary Limitation change	on
	- interim portion		FRVS Char	-	
Ticki audit Desk audite	-	X		-	161J on prior prov
	- Interim Portion		Rate Semes		F F
Desk Audit	- Prospective portion		On FRV [2]	as of 01/26/1995	
<b>Distribution:</b>		-73-	for	Stephen Russell	
-	ement / Fiscal Agent	, <u> </u>	Aedicaid Cost R	eimbursement Plan	ning and Finance
Permanent File					-
	nation Only				
No Chang	e in Rate				
Home Office:	Senior Living Management	Corporation			
	John Panskoy 4661 Johnson Road, Suite 7 Coconut FL 33073			1	



annah Cove of the	Palm Beaches			Provider Number:	0 312312-00	
0 North Congress			Date:		7/27/2012	
st Palm Beach FL	33401			Fiscal Year End:	12/31/2006	
				Audit Status:	Field Audited [2]	
ovider Type:						
			Current Rate	New Rate	Effective Date	
rsing Home	Single Level	- -	215.74	<u>215.73</u>	7/1/2007	
	Level H: AIDS		347.68	347.67	7/1/2007	
		-				
	Level U: Fragile Under 21		453.54	453.53	7/1/2007	
4					۰	
Rate Type :						
Interim		X	Prospectiv	e		
	Total Interim			Total Prospective		
	nterim Component			Prospective Adjusted		
	ettlement based on costs			Total Prospective with	n Interim Component	
۲۲	rior Provider Prospective data					
Basis:		Changes	:			
Budget			Licensure	Rating Change		
Unaudited c	costs		-	1 Customary Limitatio	n	
X Field audite				te limitation change	**	
Field audit	- interim portion		FRVS Ch	ange		
Desk audite	_	X	Effects of	f FA & RFA NH06-1	.61J on prior prov	
	Interim Portion		_	ester Change		
	- Prospective portion	L	On FRV [	[2] as of 01/26/1995		
Distribution:	ement / Fiscal Agent	2	for	Stephen Russell		
-	ment / Fiscal Agent	M	edicaid Cost	Reimbursement Plan	ning and Finance	
Permanent File For inform	ation Only					
	-					
No Change						
Home Office:	Senior Living Management C	orporation		1		
	John Panskoy			1		
	4661 Johnson Road, Suite 7 Coconut FL 33073			1		
	Coconut FL 55075					



vannah Cove of the P			Provider Number:	0 312312-00
90 North Congress A			Date:	7/27/2012
est Palm Beach FL 33	3401		Fiscal Year End:	12/31/2006
			Audit Status:	Field Audited [2]
ovider Type:				
		Current	New	Effective
weine Home	Single Level	Rate	Rate	
ursing Home	Single Level	213.68		1/1/2008
	Level H: AIDS	347.68	347.67	1/1/2008
-	Level U: Fragile Under 21	455.20	455.19	1/1/2008
Rate Type :				
Interim		X Prospective		
То	tal Interim	T	otal Prospective	
Inte	erim Component		rospective Adjusted	
	tlement based on costs	T	otal Prospective with	n Interim Component
Pri	or Provider Prospective data			
Basis:	C	hanges:		
Budget		Licensure	Rating Change	
Unaudited cos	sts		Customary Limitatio	n
X Field audited	costs		e limitation change	
	nterim portion	FRVS Cha	•	
Desk audited	costs		FA & RFA NH06-1	61J on prior prov
	Prospective portion		ester Change 2] as of 01/26/1995	
Distribution:		2260	Stephen Russell	
Contract Managem	ent / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File				
For informat	ion Only	•		
No Change i	n Rate			
Home Office:	Senior Living Management Corpora	ation		
	John Panskoy			
	4661 Johnson Road, Suite 7			
	Coconut FL 33073			



	Im Beaches		Provider Number:	0 312312-00
00 North Congress Av			Date:	7/27/2012
est Palm Beach FL 334	401		Fiscal Year End:	12/31/2006
			Audit Status:	Field Audited [2]
ovider Type:				
		Current Rate	New Rate	Effective Date
ursing Home	Single Level	215.75	215.73	7/1/2008
				11 2000
·	Level H: AIDS	352.03	352.01	7/1/2008
I	Level U: Fragile Under 21	461.38	461.36	7/1/2008
Rate Type :				
Interim		X Prospective		
Tota	al Interim	T	otal Prospective	
Inter	rim Component	P:	rospective Adjusted	for New Costs
X Settl	lement based on costs	T	otal Prospective with	n Interim Component
Prior	r Provider Prospective data			
Basis:	Chi	anges:		
Budget		Licensure	Rating Change	
Budget Unaudited cost	i I	Usual and	Customary Limitatio	n
Budget Unaudited cost X Field audited c	osts	Usual and Target Rate	Customary Limitation e limitation change	'n
Budget Unaudited cost X Field audited c Field audit - in	osts	Usual and Target Rat FRVS Cha	Customary Limitation e limitation change Inge	·
Budget Unaudited cost X Field audited c Field audit - in Desk audited c	osts	Usual and Target Rate FRVS Cha X Effects of	Customary Limitation e limitation change inge FA & RFA NH06-1	·
Budget Unaudited cost X Field audited c Field audit - in Desk audited c Desk audit - Int	osts terim portion osts terim Portion	Usual and Target Rate FRVS Cha X Effects of Rate Semen	Customary Limitation e limitation change inge FA & RFA NH06-1 ster Change	·
Budget Unaudited cost X Field audited c Field audit - in Desk audited c Desk audit - In Desk Audit - Pr	osts	Usual and Target Rate FRVS Cha X Effects of Rate Semen	Customary Limitation e limitation change inge FA & RFA NH06-1 ster Change Plas of 01/26/1995	·
Budget Unaudited cost X Field audited c Field audit - in Desk audited c Desk audited c Desk Audit - In Desk Audit - Pr Distribution:	vosts	Usual and Target Rate FRVS Cha X Effects of Rate Seme On FRV [2	Customary Limitation e limitation change inge FA & RFA NH06-1 ster Change 2] as of 01/26/1995 Stephen Russell	61J on prior prov
Budget Unaudited cost X Field audited c Field audit - in Desk audited c Desk audit - In Desk Audit - Pr Distribution: Contract Manageme	vosts	Usual and Target Rate FRVS Cha X Effects of Rate Seme On FRV [2	Customary Limitation e limitation change inge FA & RFA NH06-1 ster Change Plas of 01/26/1995	61J on prior prov
Budget Unaudited cost X Field audited c Field audit - in Desk audited c Desk audited c Desk Audit - In Desk Audit - Pr Distribution:	interim portion       osts       terim Portion       rospective portion	Usual and Target Rate FRVS Cha X Effects of Rate Seme On FRV [2	Customary Limitation e limitation change inge FA & RFA NH06-1 ster Change 2] as of 01/26/1995 Stephen Russell	61J on prior prov
Budget Unaudited cost X Field audited c Field audit - in Desk audited c Desk audited c Desk Audit - In Desk Audit - P Desk Audit - P Distribution: Contract Manageme Permanent File	interim portion	Usual and Target Rate FRVS Cha X Effects of Rate Seme On FRV [2	Customary Limitation e limitation change inge FA & RFA NH06-1 ster Change 2] as of 01/26/1995 Stephen Russell	61J on prior prov
Budget Unaudited cost X Field audited c Field audit - in Desk audited c Desk audit - Int Desk Audit - Pr Distribution: Contract Managemet Permanent File For informatic	interim portion	Usual and Target Rate FRVS Cha X Effects of Rate Seme On FRV [2 3 4-07 Medicaid Cost H	Customary Limitation e limitation change inge FA & RFA NH06-1 ster Change 2] as of 01/26/1995 Stephen Russell	61J on prior prov
Budget Unaudited cost X Field audited c Field audited c Desk audited c Desk audited c Desk audit - In Desk Audit - P Distribution: Contract Managemen Permanent File For informatic No Change in	interim portion       osts       terim Portion       rospective portion       int / Fiscal Agent       on Only       Rate	Usual and Target Rate FRVS Cha X Effects of Rate Seme On FRV [2 3 4-07 Medicaid Cost H	Customary Limitation e limitation change inge FA & RFA NH06-1 ster Change 2] as of 01/26/1995 Stephen Russell	61J on prior prov
Budget Unaudited cost X Field audited c Field audited c Desk audited c Desk audited c Desk audit - In Desk Audit - P Distribution: Contract Managemen Permanent File For informatic No Change in	interim portion	Usual and Target Rate FRVS Cha X Effects of Rate Seme On FRV [2 3 4-07 Medicaid Cost H	Customary Limitation e limitation change inge FA & RFA NH06-1 ster Change 2] as of 01/26/1995 Stephen Russell	61J on prior prov



wannah Cove of the	Palm Beaches		Provider Number:	0 312312-00
90 North Congress	Avenue		Date:	7/27/2012
est Palm Beach FL	33401		Fiscal Year End:	12/31/2007
			Audit Status:	Unaudited [3]
rovider Type:				·····
		Current	New	Effective
uning Homo	Single Level	Rate	Rate	Date
ursing Home	Single Level	214.10		1/1/2009
	Level H: AIDS	352.45	352.44	1/1/2009
	Level U: Fragile Under 21	463.46	463.45	1/1/2009
Rate Type :				
Interim		X Prospect	ive	
T	otal Interim	x	Total Prospective	
Ir	iterim Component		Prospective Adjusted	for New Costs
Se	ettlement based on costs		Total Prospective with	h Interim Component
P1	rior Provider Prospective data			
Basis:		Changes:		
Budget		Licensu	re Rating Change	
X Unaudited co	osts		nd Customary Limitatic	n
Field audited	d costs		Rate limitation change	
	interim portion	FRVS (	Change	
Desk audited			of FA & RFA NH06-1	61J on prior prov
	Interim Portion		mester Change [2] as of 01/26/1995	
Distribution:	Prospective portion			
	nent / Fiscal Agent	15 For	Stephen Russell	
Permanent File	nont / Thour Tigont	Medicaid Co	st Reimbursement Plan	ning and Finance
For informa	ation Only			
	•			
No Change	III Kait			
Home Office:	Senior Living Management Cor	poration		
	John Panskoy			
	4661 Johnson Road, Suite 7			
	Coconut FL 33073			



annah Cove of the Pa				Provider Number:	0 312312-00
00 North Congress Av				Date:	7/27/2012
st Palm Beach FL 33	401			Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
ovider Type:					
			Current	New	Effective
ursing Uomo	Single Level	-	Rate	Rate	Date
rsing Home	Single Level	-	196.15		3/1/2009
	Level H: AIDS		334.50	334.49	3/1/2009
	Level U: Fragile Under 21		445.51	445.50	3/1/2009
Integration         Sett         Prior         Budget         X         Unaudited coss         Field audited of         Field audit - in         Desk audited of         Desk audited of	ts costs nterim portion costs	X Changes	Licensure D Usual and Target Rate FRVS Cha Effects of Rate Semen	Rating Change Customary Limitatic e limitation change	n Interim Component
Distribution:		-73	for	Stephen Russell	
Contract Manageme	ent / Fiscal Agent	N	ledicaid Cost I	Reimbursement Plan	ning and Finance
Permanent File	an Onla				
For informati	•				
No Change in	n Kate				
Home Office:	Senior Living Management Corpo John Panskoy 4661 Johnson Road, Suite 7 Coconut FL 33073	oration			



annah Cove of the	Palm Beaches		Provider Number:	0 312312-00	)
0 North Congress			Date:	7/27/2012	
st Palm Beach FL	33401		Fiscal Year End:		
			Audit Status:	Unaudited [3	 }]
ovider Type:					
		Current	New	Effective	
		Rate	Rate	Date	
rsing Home	Single Level	230.75		4/1/2009	
	Level H: AIDS	369.10	369.08	4/1/2009	
	Level U: Fragile Under 21	480.11	480.09	4/1/2009	
	Level 0. Hagne Onder 21	400.11	480.09	4/1/2009	
Rate Type :					
Interim		X Prospective			
ŋ	Total Interim		otal Prospective		
	nterim Component		ospective Adjusted		
	Settlement based on costs	Te	otal Prospective with	h Interim Componen	t
ł	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Rating Change		
X Unaudited of			Customary Limitatic e limitation change	n	
Field audito	-	FRVS Cha			
Field audit Desk audite	- interim portion		•	61J on prior prov	
	- Interim Portion	Rate Semes		tors on bilor bios	
	- Prospective portion		] as of 01/26/1995		
Distribution:		72 for	Stephen Russell	· ,	*****
Contract Manage	ement / Fiscal Agent	Medicaid Cost R	Reimbursement Plan	ning and Finance	—
Permanent File				0	
For inform	ation Only				
No Chang	e in Rate				
Home Office:	Senior Living Management Corpo	ration			
	John Panskoy				
	4661 Johnson Road, Suite 7		1		
	Coconut FL 33073		1		



#### Medicaid Reimbursement Per Diem Rates

0 North Congress Avenue st Palm Beach FL 33401		Date: Fiscal Year End:	7/27/2012
		Fical Var End	
vider Type:		riscal i cal Ellu.	12/31/2007
ovider Type:		Audit Status:	Unaudited [3]
	Current Rate	New Rate	Effective Date
rsing Home Single Level	235.38	235.37	7/1/2009
Level H: AIDS	375.73	375.72	7/1/2009
Level U: Fragile Under 21	488.35	488.34	7/1/2009
Rate Type :			-
	<b>1</b> 7 D		
Interim Total Interim	X Prospec X	Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs			h Interim Component
Prior Provider Prospective data	-		
Basis:	Changes:		
Budget		sure Rating Change	
X Unaudited costs Field audited costs		and Customary Limitation transferred to the second	)n
Field audited costs		Change	
Desk audited costs		s of FA & RFA NH06-	161.J on prior prov
Desk audit - Interim Portion		Semester Change	roro on hitor high
Desk Audit - Prospective portion		RV [2] as of 01/26/1995	
Distribution:	-22401	- Stephen Russell	
Contract Management / Fiscal Agent	Madianid	Cost Reimbursement Plan	ming and Einange
Permanent File	iviedicaid C	Jost Reinfoursement Plan	ming and rinance
For information Only			
No Change in Rate			

John Panskoy 4661 Johnson Road, Suite 7 Coconut FL 33073



annah Cove of the			Provider Number:	0 312312-00
0 North Congress	· · · · · · · · · · · · · · · · · · ·		Date:	7/27/2012
st Palm Beach FL	33401		Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
ovider Type:				
		Current Rate	New Rate	Effective Date
rsing Home	Single Level	204.28	204.27	1/1/2010
C	0			
	Level H: AIDS	346.20	346.19	1/1/2010
·	Level U: Fragile Under 21	460.08	460.07	1/1/2010
Data Tuna d				<u>.</u>
Rate Type :		X Prospective		
	otal Interim		otal Prospective	
Ir	aterim Component		rospective Adjusted	for New Costs
Se	ettlement based on costs	T	otal Prospective with	Interim Component
P1	rior Provider Prospective data			
Basis:	Ch	anges:		
Budget			Rating Change	
X Unaudited co Field audited			Customary Limitatio e limitation change	n
	interim portion	FRVS Cha	-	
Pield audit - Desk audited	-		FA & RFA NH06-1	61J on prior prov
	Interim Portion	Rate Seme	ster Change	From kro.
	Prospective portion	On FRV [2	2] as of 01/26/1995	
Distribution:	went / Firenal A count	2. for	Stephen Russell	
-	nent / Fiscal Agent	Medicaid Cost I	Reimbursement Plan	ning and Finance
Permanent File For informa	tion Only			
No Change				
Home Office:	Senior Living Management Corporat	ion		
	John Panskoy			
	4661 Johnson Road, Suite 7 Coconut FL 33073		1	
	Cocollul 1 E 55975			



annah Cove of the			Provider Number:	0 312312-00
00 North Congress			Date:	7/27/2012
st Palm Beach FL	33401		Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
ovider Type:				
		Current	New	Effective
reing Homo	Single Level	Rate	Rate	Date 7/1/2010
irsing Home	Single Level	221.02		//1/2010
	Level H: AIDS	364.36	364.35	7/1/2010
	Level U: Fragile Under 21	479.39	479.38	7/1/2010
Rate Type :	-			
Interim		X Prospective	a	
	otal Interim	<b>^</b>	Cotal Prospective	
	nterim Component	Allowed and a second	Prospective Adjusted	for New Costs
s	ettlement based on costs		Total Prospective with	h Interim Component
P	rior Provider Prospective data			
Basis:		Changes:		
	Let a let			
Budget		Licensure	Rating Change	
X Unaudited c	osts	Usual and	Customary Limitatio	'n
Field audite	d costs	Target Ra	te limitation change	
Field audit	- interim portion	FRVS Ch	ange	
Desk audite	1 1		FA & RFA NH06-1	l61J on prior prov
	Interim Portion		ester Change	
	- Prospective portion		2] as of 01/26/1995	
Distribution:	ment / Fiscal Agent	15 for	Stephen Russell	
-	ment / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File	ation Only			
For inform	•			
No Change	e in Rate			
Home Office:	Senior Living Management Corp	oration		
	John Panskoy			
	4661 Johnson Road, Suite 7			
	Coconut FL 33073			



Savannah Cove of the	e Palm Beaches		Provider Number:	0 312312-00
2090 North Congress	Avenue		Date:	7/27/2012
West Palm Beach FL	33401		Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
<b>Provider Type:</b>				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.97	224.95	1/1/2011
	Level H: AIDS	369.83	369.81	1/1/2011
	Level U: Fragile Under 21	486.08	486.06	1/1/2011

Interim	X Prospective
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	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 Effects of FA & RFA NH06-161J on prior prov
Desk audit - Interim Portion	Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 01/26/1995
Distribution:	Stephen Russell
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	Modeland Cost Remioursement Framming and Finance
For information Only	
No Change in Rate	
Iome Office: Senior Living Management	it Corporation
John Panskoy	
4661 Johnson Road, Suite	7



#### Medicaid Reimbursement Per Diem Rates

Savannah Cove of the	Palm Beaches			Provider Number:	0 312312-00
2090 North Congress				Date:	7/27/2012
West Palm Beach FL	33401			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		216.81	216.80	7/1/2011
	Level H: AIDS		363.01	363.00	7/1/2011
	Level U: Fragile Under 21		480.34	480.33	7/1/2011
1	Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	]	e Total Prospective Prospective Adjusted Total Prospective with	
Basis:	1	Change	es:		
Budget				e Rating Change	
X Unaudited				l Customary Limitatio	on
Field audit				ate limitation change	
Field audit	- interim portion	1	FRVS Ch	lange	

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Effects of FA & RFA NH06-161J on prior prov

Rate Semester Change

 $\mathcal{O}^{\dagger}$ 

On FRV [2] as of 01/26/1995

**Stephen Russell** 

Medicaid Cost Reimbursement Planning and Finance

 No Change in Rate

 Home Office:
 Senior Living Management Corporation

 John Panskoy

 4661 Johnson Road, Suite 7

 Coconut FL 33073

Desk audited costs

**Distribution:** 

Permanent File

Desk audit - Interim Portion

Contract Management / Fiscal Agent

For information Only

Desk Audit - Prospective portion



vannah Cove of the	Palm Beaches		Provider Number:	0 312312-0	)0
90 North Congress	······································		Date:	7/27/2012	2
est Palm Beach FL	33401		Fiscal Year End:	12/31/201	0
			Audit Status:	Unaudited [	3]
ovider Type:					
		Current	New	Effective	
mine Home	Single Level	Rate	Rate	Date	
irsing Home	Single Level	218.24		1/1/2012	
	Level H: AIDS	365.85	365.84	1/1/2012	
	Level U: Fragile Under 21	484.31	484.30	1/1/2012	
	C C				
Basis: Budget X Unaudited c Field audite	osts d costs	T Changes: Licensure Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitatic e limitation change	h Interim Componen	nt
Field audit - Desk audited	- interim portion		inge FA & RFA NH06-1	61.I on prior prov	
Desk audit -	Interim Portion	Rate Seme	ster Change	and an hear broa	
	- Prospective portion	On FRV [2	2] as of 01/26/1995		
Distribution:		22 for	Stephen Russell		
-	ment / Fiscal Agent	Medicaid Cost 1	Reimbursement Plan	ning and Finance	
Permanent File For information	ation Only				
For morma No Change	•				
Home Office:	Senior Living Management Corpo John Panskoy 4661 Johnson Road, Suite 7 Coconut FL 33073	pration			



avannah Cove of the Palm Beaches 090 North Congress Avenue Vest Palm Beach FL 33401				Provider Number:	0 312312-00
				Date:	7/27/2012
				Fiscal Year End:	
				Audit Status:	Unaudited [3]
rovider Type:		-	Current Rate	New Rate	Effective Date
ursing Home	Single Level	-	230.75	230.74	7/1/2012
	Level H: AIDS		379.96	379.95	7/1/2012
	Level U: Fragile Under 21		499.71	499.70	7/1/2012
Rate Type :					
Interim		х	Prospectiv	ve	
Total Interim			X	Total Prospective	
Interim Component		Prospective Adjusted for New Costs			
	Settlement based on costs			Total Prospective with	h Interim Component
I	Prior Provider Prospective data				
Basis:		Changes	s:		
Budget			Licensure	e 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 FA & RFA NH06-161J on prior prov		
Desk audit - Interim Portion			Rate Semester Change		
Desk Audit - Prospective portion		On FRV [2] as of 01/26/1995			
Distribution:		75	for	Stephen Russell	
Contract Manage	ement / Fiscal Agent	M	ledicaid Cost	t Reimbursement Plan	ning and Finance
Permanent File					C
For inform	nation Only				
No Chang	ge in Rate				
Home Office:	Senior Living Management C	orporation			
	John Panskoy 4661 Johnson Road, Suite 7				
	Coconut FL 33073				