

RICK SCOTT GOVERNOR ELIZABETH DUDEK SECRETARY

MEMORANDUM

Date:

December 11, 2013

To:

Gay Munyon, Bureau Chief, Medicaid Contract Management

From: Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement

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	Number of Rate Change Notices
1.	North Campus Rehabilitation and Health Center	0 031880-00	7
2.	Heron Pointe Health and Rehabilitation	0 043832-00	5
3.	Heritage Healthcare Center	0 043833-00	5
4.	Heritage Health Care Center	0 043835-00	5
5.	Rio Pinar Health Care	0 043846-00	5
6.	The Palms Rehabilitation and Healthcare Center	0 043847-00	5
7.	Coral Trace Health Care	0 043848-00	5
8.	Coral Bay Healthcare and Rehabilitation	0 043851-00	5
9.	Plantation Bay Rehabilitation Center	0 043853-00	5
10.	Colonial Lakes Health Care	0 043854-00	5
11.	Central Park Healthcare and Rehabilitation Center	0 043856-00	5
12.	Beneva Lakes Healthcare and Rehab Center	0 043857-00	5
13.	Bradenton Health Care	0 043859-00	5
14.	Fort Pierce Health Care	0 043861-00	5
15.	Habana Health Care Center	0 043862-00	5
16.	The Health and Rehab Centre at Dolphins View	0 043863-00	5
17.	Grand Oaks Health and Rehabilitation Center	0 043864-00	5
18.	Wedgewood Health Care Center	0 043867-00	5
19.	Deltona Health Care	0 043868-00	5
20.	Lake Mary Health and Rehabilitation Center	0 043871-00	5
21.	Countryside Rehab and Health Center	0 043872-00	5
22.	Health Center at Brentwood	0 043874-00	5
23.	Magnolia Health and Rehabilitation Center	0 043877-00	5
24.	Marshall Health and Rehabilitation Center	0 043878-00	5
25.	The Crossroads	0 045471-00	9



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	Provider Name	Provider	Number of Rate
		<u>Number</u>	Change Notices
26.	Renaissance Health and Rehabilitation	0 047787-00	5
27.	Wood Lake Nursing and Rehabilitation Center	0 047788-00	5
28.	Rosewood Health and Rehabilitation Center	0 059869-00	5
29.	San Jose Health and Rehabilitation Center	0 061102-00	5
30.	Hobe Sound Geriatric Village, Inc.	0 201545-00	4
31.	Taylor Care Center, Inc	0 207446-00	18
32.	The Fountains Nursing Home	0 212393-00	9
33.	Lakeshore Villas Health Care Center	0 218057-00	2
34.	Charlotte Harbor Health Care	0 226327-00	3
35.	Forum at Deer Creek	0 253481-00	6
36.	Sarasota Memorial Nursing & Rehab Facility	0 260355-00	2
37.	Carrollwood Care Center	0 263877-00	3
38.	St. Mark Village, Inc.	0 310841-00	18
39.	Manatee Springs Care & Rehabilitation	0 316610-00	3
40.	Laurellwood Nursing Center, Inc.	0 316628-00	11
41.	HarbourWood Nursing Center, Inc.	0 316636-00	8
42.	BayWood Nursing Center, Inc.	0 316652-00	5
43.	The Court at Palm-Aire	0 318795-00	18
44.	Royal Care of Avon Park	0 324213-00	8
		Total	269

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

TP/ab Attachments

		Single Level	Level H: AIDS	Single Level	Single Level		
Provider	Effective Date Format	Intermediate I	Skilled AIDS	Intermediate II	chilled (ckp)	MCM	Audit
Number 003188000	20110401	(IN1) 225.19	(SKA) 370.05	(IN2) 225.19	Skilled (SKD) 225.19	74502-13	Number
003188000	20110401	216.26	362.46	216.26	216.26	74502-13	
003188000	20120101	217.79	365.40	217.79	217.79	74502-13	
003188000	20120301	219.33	366.94	219.33	219.33	74502-13	
003188000	20120701	226.81	376.02	226.81	226.81	74502-13	
003188000	20130101	228.99	379.80	228.99	228.99	74502-13	
003188000	20130701	235.00	0.00	235.00	235.00	74502-13	
004383200	20120201	180.84	328.45	180.84	180.84	74502-13	
004383200	20120701	186.17	335.38	186,17	186.17	74502-13	
004383200	20120801	189.55	338.76	189.55	189.55	74502-13	
004383200	20130101	192.00	342.81	192.00	192.00	74502-13	
004383200	20130701	197.05	0.00	197.05	197.05	74502-13	
004383300	20120201	187.14	334.75	187.14	187.14	74502-13	
004383300	20120701	192.09	341.30	192.09	192.09	74502-13	
004383300	20120801	195.39	344.60	195.39	195.39	74502-13	
004383300	20130101	197.61	348.42	197.61	197.61	74502-13	
004383300	20130701	202.29	0.00	202.29	202.29	74502-13	
004383500	20120201	202.69	350.30	202.69	202.69	74502-13	
004383500	20120701	208.21	357.42	208.21	208.21	74502-13	
004383500	20120801	212.98	362.19	212.98	212.98	74502-13	
004383500	20130101	215.19	366.00	215.19	215.19	74502-13	
004383500	20130701	220.28	0.00	220.28	220.28	74502-13	
004384600	20120201	198.09	345.70	198.09	198.09	74502-13	
004384600	20120701	203.37	352.58	203.37	203.37	74502-13	
004384600	20120801	207.68	356.89	207.68	207.68	74502-13	
004384600	20130101	209.68	360.49	209.68	209.68	74502-13	
004384600	20130701	214.51	0.00	214.51	214.51	74502-13	
004384700	20120201	199.80	347.41	199.80	199.80	74502-13	-
004384700	20120701	205.13	354.34	205.13	205.13	74502-13	
004384700	20120801	208.04	357.25	208.04	208.04	74502-13	
004384700	20130101	210.15	360.96	210.15	210.15	74502-13	
004384700	20130701	215.13	0.00	215.13	215.13	74502-13	
004384800	20120201	195.49	343.10	195.49	195.49	74502-13	
004384800	20120701	200.24	349.45 351.29	200.24	200.24	74502-13	
004384800 004384800	20120801	202.08	351.29	202.08 204.08	202.08	74502-13 74502-13	
004384800	20130701	204.08	0.00	204.08	204.08	74502-13	
004385100	20120201	201.01	348.62	201.01	201.01	74502-13	
004385100	20120701	206.58	355.79	206.58	206.58	74502-13	
004385100	20120801	207.90	357.11	207.90	207.90	74502-13	
004385100	20120001	210.70	361.51	210.70	210.70	74502-13	
004385100	20130701	216.21	0.00	216.21	216.21	74502-13	
004385300	20120201	200.05	347.66	200.05	200.05	74502-13	-
004385300	20120701	205.73	354.94	205.73	205.73	74502-13	
004385300	20120801	209.05	358.26	209.05	209.05	74502-13	
004385300	20130101	211.53	362.34	211.53	211.53	74502-13	-
004385300	20130701	216.54	0.00	216.54	216.54	74502-13	
004385400	20120201	195.10	342.71	195.10	195.10	74502-13	
004385400	20120701	200.74	349.95	200.74	200.74	74502-13	
004385400	20120801	205.72	354.93	205.72	205.72	74502-13	
004385400	20130101	208.32	359.13	208.32	208.32	74502-13	
004385400	20130701	213.74	0.00	213.74	213.74	74502-13	
004385600	20120201	189.79	337.40	189.79	189.79	74502-13	
004385600	20120701	196.31	345.52	196.31	196.31	74502-13	
004385600	20120801	197.78	346.99	197.78	197.78	74502-13	
004385600	20130101	200.89	351.70	200.89	200.89	74502-13	
004385600	20130701	206.16	0.00	206.16	206.16	74502-13	
004385700	20120201	194.98	342.59	194.98	194.98	74502-13	
004385700	20120701	200.56	349.77	200.56	200.56	74502-13	
004385700	20120801	204.65	353.86	204.65	204.65	74502-13	

	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		мсм	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
004385700	20130101	207.31	358.12	207.31	207.31	74502-13	
004385700	20130701	212.74	0.00	212.74	212.74	74502-13	
004385900	20120201	200.92	348.53	200.92	200.92	74502-13	
004385900	20120701	207.58	356.79	207.58	207.58	74502-13	
004385900	20120801	208.40	357.61	208.40	208.40	74502-13	
004385900	20130101	211.72	362.53	211.72	211.72	74502-13	
004385900	20130701	216.73	0.00	216.73	216.73	74502-13	
004386100	20120201	208.51	356.12	208.51	208.51	74502-13	
004386100	20120701	214.44	363.65	214.44	214.44	74502-13	
004386100	20120801	220.77	369.98	220.77	220.77	74502-13	
004386100	20130101	223.62	374.43	223.62	223.62	74502-13	
004386100	20130701	229.45	0.00	229.45	229.45	74502-13	
004386200	20120201	198.65	346.26	198.65	198.65	74502-13	
004386200	20120701	204.41	353.62	204.41	204.41	74502-13	
004386200	20120801	210.37	359.58	210.37	210.37	74502-13	
004386200	20130101	210.63	361.44	210.63	210.63	74502-13	
004386200	20130701	218.04	0.00	218.04	218.04	74502-13	
004386300	20120201	215.05	362.66	215.05	215.05	74502-13	
004386300	20120701	220.87	370.08	220.87	220.87	74502-13	
004386300	20120801	222.14	371.35	222.14	222.14	74502-13	
004386300	20130101	225.21	376.02	225.21	225.21	74502-13	
004386300	20130701	231.11	0.00	231.11	231.11	74502-13 74502-13	
004386400 004386400	20120201	185.69 190.63	333.30 339.84	185.69 190.63	185.69 190.63	74502-13	
004386400	20120701	191.72	340.93	190.63	190.63	74502-13	
004386400	20120801	194.29	345.10	194.29	194.29	74502-13	
004386400	20130701	199.26	0.00	199,26	199.26	74502-13	
004386700	20120201	203.45	351.06	203.45	203.45	74502-13	
004386700	20120701	209.98	359.19	209.98	209.98	74502-13	
004386700	20120801	210.72	359.93	210.72	210.72	74502-13	
004386700	20130101	214.28	365.09	214.28	214.28	74502-13	
004386700	20130701	220.19	0.00	220.19	220.19	74502-13	
004386800	20120201	195.58	343.19	195.58	195.58	74502-13	
004386800	20120701	201.53	350.74	201.53	201.53	74502-13	
004386800	20120801	204.22	353.43	204.22	204.22	74502-13	
004386800	20130101	206.37	357.18	206.37	206.37	74502-13	
004386800	20130701	211.23	0.00	211.23	211.23	74502-13	
004387100	20120201	194.10	341.71	194.10	194.10	74502-13	
004387100	20120701	198.34	347.55	198.34	198.34	74502-13	
004387100	20120801	199.88	349.09	199.88	199.88	74502-13	
004387100	20130101	201.87	352.68	201.87	201.87	74502-13	
004387100	20130701	206.54	0.00	206.54	206.54	74502-13	
004387200	20120201	186.07	333.68	186.07	186.07	74502-13	
004387200	20120701	191.50	340.71	191.50	191.50	74502-13	
004387200	20120801	195.40	344.61	195.40	195.40	74502-13	
004387200	20130101	197.98	348.79	197.98	197.98	74502-13	
004387200	20130701	202.82	0.00	202.82	202.82	74502-13	
004387400	20120201	184.99	332.60	184.99	184.99	74502-13	
004387400	20120701	190.37	339.58	190.37	190.37	74502-13	
004387400	20120801	191.39	340.60	191.39	191.39	74502-13	
004387400	20130101	193.85	344.66	193.85	193.85	74502-13	
004387400	20130701	198.92	0.00	198.92	198.92	74502-13	
004387700	20120201	195.37	342.98	195.37	195.37	74502-13	
004387700	20120701	201.03	350.24	201.03	201.03	74502-13	
004387700	20120801	204.06	353.27	204.06	204.06	74502-13	
004387700	20130101	206.47	357.28	206.47	206.47	74502-13	
004387700	20130701	211,39	0.00	211.39	211.39	74502-13	
004387800	20120201	179.20	326.81	179.20	179.20	74502-13	
004387800	20120701	184.51	333.72	184.51	184.51	74502-13	
004387800	20120801	188.58	337.79	188.58	188.58	74502-13	
004387800	20130101	191.04	341.85	191.04	191.04	74502-13	

	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MCM	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
004387800	20130701	196.06	0.00	196.06	196.06	74502-13	
004547100	20100630	236.04	377.96	236.04	236.04	74502-13	
004547100	20100701	239.05	382.39	239.05	239.05	74502-13	
004547100	20110101	241.92	386.78	241.92	241.92	74502-13	ļ
004547100	20110201	244.23	389.09	244.23	244.23	74502-13	
004547100	20110701	236.02	382.22	236.02	236.02	74502-13	
004547100	20120101	239.10	386.71	239.10	239.10	74502-13	
004547100	20120701	247.45	396.66	247.45	247.45	74502-13	
004547100	20130101	232.72	383.53	232.72	232.72	74502-13	
004547100	20130701	238.23	0.00	238.23	238.23	74502-13	
004778700	20120201	206.29	353.90	206.29	206.29	74502-13	
004778700	20120701	212.28	361.49	212.28	212.28	74502-13	ļ. <u></u>
004778700	20120801	218.00	367.21	218.00	218.00	74502-13	<u> </u>
004778700	20130101	220.84 226.53	371.65 0.00	220.84 226.53	220.84 226.53	74502-13	
004778800	20130701	204.37	351.98	204.37	204.37	74502-13 74502-13	ļ
	20120201	 		210.36			
004778800 004778800	20120701	210.36 214.46	359.57 363.67	210.36	210.36 214.46	74502-13 74502-13	
004778800	20130101	214.46	367.56	214.46	216.75	74502-13	ļ
004778800	20130701	222.36	0.00	222.36	222.36	74502-13	
005986900	20120201	198.47	346.08	198.47	198.47	74502-13	
005986900	20120701	203.62	352.83	203.62	203.62	74502-13	
005986900	20120801	207.95	357.16	207,95	207.95	74502-13	
005986900	20130101	209.96	360.77	209.96	209.96	74502-13	
005986900	20130701	215.14	0.00	215.14	215.14	74502-13	
006110200	20120201	191.83	339.44	191.83	191.83	74502-13	
006110200	20120701	197.36	346.57	197.36	197.36	74502-13	
006110200	20120801	201.13	350.34	201.13	201.13	74502-13	
006110200	20130101	204.08	354.89	204.08	204.08	74502-13	
006110200	20130701	208.92	0.00	208.92	208.92	74502-13	
020154500	20090101	183.85	322.20	183,85	183.85	74502-13	NH09-100L
020154500	20090301	168.44	306.79	168.44	168.44	74502-13	NH09-100L
020154500	20090401	208.35	346.70	208.35	208.35	74502-13	NH09-100L
020154500	20090701	216.37	356.72	216.37	216.37	74502-13	NH09-100L
020744600	20070101	168.10	297.70	168.10	168.10	74502-13	NH11-099L
020744600	20070201	174.95	304.55	174.95	174.95	74502-13	NH11-099L
020744600	20070301	168.10	297.70	168.10	168.10	74502-13	NH11-099L
020744600	20070701	180.46	312.40	180.46	180.46	74502-13	NH11-099L
020744600	20080101	178.97	312.97	178.97	178.97	74502-13	NH11-099L
020744600	20080701	182.06	318.34	182.06	182.06	74502-13	NH11-099L
020744600	20090101	180.64	318.99	180.64	180.64	74502-13	NH11-099L
020744600	20090301	165.50	303.85	165.50	165.50	74502-13	NH11-099L
020744600	20090401	204.53	342.88	204.53	204.53	74502-13	NH11-099L
020744600	20090701	209.14	349.49	209.14	209.14	74502-13	NH11-099L
020744600	20100101	209.49	351.41	209.49	209.49	74502-13	NH11-099L
020744600	20100701	213.78	357.12	213.78	213.78	74502-13	NH11-099L
020744600	20110101	223.10	367.96	223.10	223.10	74502-13	NH11-099L
020744600	20110701	215.44	361.64	215.44	215.44	74502-13	NH11-099L
020744600	20120101	217.67	365.28	217.67	217.67	74502-13	NH11-099L
020744600	20120701	219.72	368.93	219.72	219.72	74502-13	NH11-099L
020744600	20130101	221.29	372.10	221.29	221.29	74502-13	NH11-099L
020744600	20130701		0.00 336.80	 	226.97 196.45	74502-13 74502-13	NH11-099L
021239300 021239300	20090701	196.45 198.00	339.92	196.45 198.00	198.00	74502-13	NH11-034G NH11-034G
021239300	20100101	211.20	354.54	211.20		74502-13	
		 		 	211.20	 	NH11-034G
021239300	20110101	214.05	358.91	214.05	214.05	74502-13	NH11-034G
021239300	20110701	207.28	353.48	207.28	207.28	74502-13	NH11-034G
021239300	20120101	206.78	354.39	206.78	206.78	74502-13	NH11-034G
021239300	20120701	212.90	362.11	212.90	212.90	74502-13	NH11-034G
021239300	20130101	205.11	355.92	205.11	205.11	74502-13	NH11-034G
021239300	20130701	216.58	0.00	216.58	216.58	74502-13	NH11-03

	Effective Date		*				l
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		мсм	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
021805700	20080101	157.11	291.11	157.11	157.11	74502-13	NH10-002C
021805700	20080701	159.30	295.58	159.30	159.30	74502-13	NH10-002C
022632700	20070101	174.62	304.22	174.62	174.62	74502-13	NH03-209J
022632700	20070201	176.89	306.49	176.89	176.89	74502-13	NH03-209J
022632700	20070301	174.62	304.22	174.62	174.62	74502-13	NH03-209J
025348100	20080101	222.32	356.32	222.32	222.32	74502-13	NH10-055W
025348100	20080701	224.91	361.19	224.91	224.91	74502-13	NH10-055W
025348100	20090101	223.17	361.52	223.17	223.17	74502-13	NH10-055W
025348100	20090301	204.46	342.81	204.46	204.46	74502-13	NH10-055W
025348100	20090301	245.99	384.34	245.99	245.99	74502-13	NH10-055W
025348100	20110101	246.84	391.70	246.84	246.84	74502-13	NH10-055W
026035500	20100701	206.05	349.39	206.05	206.05	74502-13	NH12-064W
026035500	20110101	208.72	353.58	208.72	208.72	74502-13	NH12-064W
026387700	20100701	187.60	330.94	187.60	187.60	74502-13	NH11-152C
026387700	20100701	189.91	334.77	189.91	189.91	74502-13	
·	20110101			 			NH11-152C NH11-152C
026387700		183.88	330.08 306.88	183.88	183.88	74502-13	
031084100	20070101	177.28		177.28	177.28	74502-13	NH11-103W
031084100	20070201	182.20	311.80	182.20	182.20	74502-13	NH11-103W
031084100	20070301	177.28	306.88	177.28	177.28	74502-13	NH11-103W
031084100	20070701	178.89	310.83	178.89	178.89	74502-13	NH11-103W
031084100	20080101	178.14	312.14	178.14	178.14	74502-13	NH11-103W
031084100	20080701	179.80	316.08	179.80	179.80	74502-13	NH11-103W
031084100	20090101	180.95	319.30	180.95	180.95	74502-13	NH11-103W
031084100	20090301	165.78	304.13	165.78	165.78	74502-13	NH11-103W
031084100	20090401	195.69	334.04	195.69	195.69	74502-13	NH11-103W
031084100	20090701	196.10	336.45	196.10	196.10	74502-13	NH11-103W
031084100	20100101	195.08	337.00	195.08	195.08	74502-13	NH11-103W
031084100	20100701	195.19	338.53	195.19	195.19	74502-13	NH11-103W
031084100	20110101	211.74	356.60	211.74	211.74	74502-13	NH11-103W
031084100	20110701	202.25	348.45	202.25	202.25	74502-13	NH11-103W
031084100	20120101	203.67	351.28	203.67	203.67	74502-13	NH11-103W
031084100	20120701	212.37	361.58	212.37	212.37	74502-13	NH11-103W
031084100	20130101	214.15	364.96	214.15	214.15	74502-13	NH11-103W
031084100	20130701	218.34	0.00	218.34	218.34	74502-13	NH11-103W
031661000	20070101	168.49	298.09	168.49	168.49	74502-13	NH10-001C
031661000	20070201	173.85	303.45	173.85	173.85	74502-13	NH10-001C
031661000	20070301	168.49	298.09	168.49	168.49	74502-13	NH10-001C
031662800	20070101	158.81	288.41	158.81	158.81	74502-13	NH10-007C
031662800	20070601	160.62	290.22	160.62	160.62	74502-13	NH10-007C
031662800	20070701	166.58	298.52	166.58	166.58	74502-13	NH10-007C
031662800	20080101	165.45	299.45	165.45	165.45	74502-13	NH10-007C
031662800	20080701	167.48	303.76	167.48	167.48	74502-13	NH10-007C
031662800	20090101	169.70	308.05	169.70	169.70	74502-13	NH10-007C
031662800	20090301	155.48	293.83	155.48	155.48	74502-13	NH10-007C
031662800	20090401	192.55	330.90	192.55	192.55	74502-13	NH10-007C
031662800	20090701	212.25	352.60	212.25	212.25	74502-13	NH10-007C
031662800	20110101	204.27	349.13	204.27	204.27	74502-13	NH10-007C
031662800	20110701	197.59	343.79	197.59	197.59	74502-13	NH10-007C
031663600	20070101	151.68	281.28	151.68	151.68	74502-13	NH10-004C
031663600	20070601	154.88	284.48	154.88	154.88	74502-13	NH10-004C
031663600	20070701	157.32	289.26	157.32	_157.32	74502-13	NH10-004C
031663600	20080101	156.34	290.34	156.34	156.34	74502-13	NH10-004C
031663600	20080701	158.33	294.61	158.33	158.33	74502-13	NH10-004C
031663600	20090101	159.64	297.99	159.64	159.64	74502-13	NH10-004C
031663600	20090301	146.26	284.61	146.26	146.26	74502-13	NH10-004C
031663600	20090401	182.25	320.60	182.25	182.25	74502-13	NH10-004C
031665200	20070101	137.30	266.90	137.30	137.30	74502-13	NH10-005C
031665200	20070601	139.23	268.83	139.23	139.23	74502-13	NH10-005C
031665200	20070701	147.54	279.48	147.54	147.54	74502-13	NH10-005C
	20080101	146.70	280.70	146.70	146.70	74502-13	NH10-005C
031665200	20000101	170.10	_00.10	1 10.10	1 10.10	1 100 <u>-</u> 10	11110 0000

	Effective Date]		Γ			
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		мсм	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
031879500	20070101	185.59	315.19	185.59	185.59	74502-13	NH10-056W
031879500	20070201	188.28	317.88	188.28	188.28	74502-13	NH10-056W
031879500	20070301	185.59	315.19	185.59	185.59	74502-13	NH10-056W
031879500	20070701	203.26	335.20	203.26	203.26	74502-13	NH10-056W
031879500	20080101	201.05	335.05	201.05	201.05	74502-13	NH10-056W
031879500	20080701	203.02	339.30	203.02	203.02	74502-13	NH10-056W
031879500	20090101	201.52	339.87	201.52	201.52	74502-13	NH10-056W
031879500	20090301	184.62	322.97	184.62	184.62	74502-13	NH10-056W
031879500	20090401	224.79	363.14	224.79	224.79	74502-13	NH10-056W
031879500	20090701	227.53	367.88	227.53	227.53	74502-13	NH10-056W
031879500	20100101	229.70	371.62	229.70	229.70	74502-13	NH10-056W
031879500	20100701	231.35	374.69	231.35	231.35	74502-13	NH10-056W
031879500	20110101	239.56	384.42	239.56	239.56	74502-13	NH10-056W
031879500	20110701	230.33	376.53	230.33	230.33	74502-13	NH10-056W
031879500	20120101	232.53	380.14	232.53	232.53	74502-13	NH10-056W
031879500	20120701	233.26	382.47	233.26	233.26	74502-13	NH10-056W
031879500	20130101	237.18	387.99	237.18	237.18	74502-13	NH10-056W
031879500	20130701	237.57	0.00	237.57	237.57	74502-13	NH10-056W
032421300	20071201	175.24	307.18	175.24	175.24	74502-13	NH11-031C
032421300	20080101	170.67	304.67	170.67	170.67	74502-13	NH11-031C
032421300	20080601	171.55	305.55	171.55	171.55	74502-13	NH11-031C
032421300	20080701	173.53	309.81	173.53	173.53	74502-13	NH11-031C
032421300	20090101	174.21	312.56	174.21	174.21	74502-13	NH11-031C
032421300	20090301	159.60	297.95	159.60	159.60	74502-13	NH11-031C
032421300	20090401	197.64	335.99	197.64	197.64	74502-13	NH11-031C
032421300	20090701	200.15	340.50	200.15	200.15	74502-13	NH11-031C



North Campus Rehabilitation and Health Center			Provider Number:	0 031880-00	
700 N Palmetto Street			Date:	11/26/2013	
Leesburg FL 34748			Fiscal Year End:	2/29/2012	
			Audit Status:	Unaudited [3]	
Provider Type:					
••		Current	New	Effective	
N . H . C. L . L		Rate	Rate	Date	
Nursing Home Single Level		221.68		4/1/2011	
Level H: Aids		366.54	370.05	4/1/2011	
	_				
Rate Type :			<u> </u>		
X Interim		Prospective			
Total Interim		=	otal Prospective		
Interim Component		P	rospective Adjusted f	or New Costs	
X Settlement based on costs		T	otal Prospective with	Interim Component	
Prior Provider Prospective data					
Basis:	Changes:				
		- -	n di Gl		
Budget			Rating Change		
X Unaudited costs Field audited costs			Customary Limitation e limitation	1	
Field audit - interim portion		FRVS Cha	-		
Desk audited costs	<u> X</u>		ement FYE 2/29/201	2	
Desk audit - Interim Portion		Rate Semes	ster Change		
Desk Audit - Prospective portion	<u> </u>		as of 10/11/1988	· -	
Distribution:		R	Thomas Parker		
Contract Management / Fiscal Agent	Med	icaid Cost F	Reimbursement Plann	ing and Finance	
Permanent File					
For information Only					
No Change in Rate					
Home Office: I - No Home Office					
Teme office.					
			:		



North Campus Rehab	ilitation and Health Center			Provider Number:	0 031880-00	
700 N Palmetto Street				Date:	11/26/2013	
Leesburg FL 34748				Fiscal Year End:	2/29/2012	
				Audit Status:	Unaudited [3]	
Provider Type:		•				
			Current	New	Effective	
V	Circula I areal		Rate	Rate	Date	
Nursing Home	Single Level	_	213.18	<u> 216.26</u> _	7/1/2011	
	Level H: Aids	_	359.38	362.46	7/1/2011	
				•		
Rate Type:						
X Interim			Prospectiv	e		
T	otal Interim			Total Prospective		
	nterim Component	Prospective Adjusted for New Costs				
	ettlement based on costs			Total Prospective with	Interim Component	
P	rior Provider Prospective data					
Basis:	,	Changes:				
Budget			Licensure	Rating Change		
X Unaudited c	osts		-	Customary Limitation	1	
Field audite	d costs			te limitation change		
Field audit -	interim portion		FRVS Ch	ange		
Desk audited		X		lement FYE 2/29/201	2	
	Interim Portion			ester Change 2] as of 10/11/1988		
Distribution:	Prospective portion	<u> </u>	Ollikv	2 25 01 10/11/1988		
			/TO_	Thomas Parker		
Permanent File	ment / Fiscal Agent	Me	dicaid Cost	Reimbursement Plann	ing and Finance	
For informa	ition Only					
No Change	•					
Home Office:	1 - No Home Office					



North Campus Rehabilitation and F	Iealth Center			Provider Number:	0 031880-00
700 N Palmetto Street		_		Date:	11/26/2013
Leesburg FL 34748				Fiscal Year End:	2/29/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rațe	Effective Date
Nursing Home Single L	evel	<u> </u>	215.00	217.79	1/1/2012
Level H: A	ids	_	362.61	365.40	1/1/2012
Rate Type :					
X Interim			Prospective	•	
Total Interim			7	otal Prospective	
Interim Compo	onent			rospective Adjusted f	
X Settlement base			T	otal Prospective with	Interim Component
Prior Provider	Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
X Unaudited costs	:		Usual and	Customary Limitation	1
Field audited costs			Target Rat	e limitation change	
Field audit - interim portion	on		FRVS Cha	•	
Desk audited costs		<u>X</u>		ement FYE 2/29/2012	2
Desk audit - Interim Portion Desk Audit - Prospective				ster Change 2] as of 10/11/1988	
Distribution:	7011011	7		Thomas Parker	
Contract Management / Fiscal A	Agent	——————————————————————————————————————	icaid Cost I	Reimbursement Planni	ng and Finance
Permanent File		Wica	icaid Cost i	Comoursement Francis	ing and i mance
For information Only					
No Change in Rate					
Home Office: 1 - No	Home Office				
-13me Omeo.					
: :				:	



North Campus Rehabilitation and Health Center		Provider Number:	0 031880-00
00 N Palmetto Street		Date:	11/26/2013
Leesburg FL 34748		Fiscal Year End:	2/29/2012
		Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
Junging Home Circle Level	Rate	Rate	Date
Sursing Home Single Level	215.00	219.33	3/1/2012
Level H: Aids	362.61	366.94	3/1/2012
Rate Type:		· ———	
Interim	X Prospective	;	
Total Interim	T	otal Prospective	
Interim Component		rospective Adjusted f	
X Settlement based on costs	Т	otal Prospective with	Interim Component
Prior Provider Prospective data			
Basis: C	hanges:		
Budget	Licensure	Rating Change	
X Unaudited costs		Customary Limitation	1
Field audited costs	Target Rat	e limitation change	
Field audit - interim portion	FRVS Cha	inge	
Desk audited costs		ement FYE 2/29/2012	2
Desk audit - Interim Portion		ster Change	
Desk Audit - Prospective portion Distribution:	OH PRV [2	2] as of 10/11/1988	
	10	Thomas Parker	,
Contract Management / Fiscal Agent	Medicaid Cost F	Reimbursement Planni	ing and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office			



North Campus Rehabilitation and Health Center		Provider Number:	0 031880-00		
700 N Palmetto Street		Date:	11/26/2013		
Leesburg FL 34748		Fiscal Year End:	2/29/2012		
		Audit Status:	Unaudited [3]		
Provider Type:					
	Curre Rate		Effective Date		
Nursing Home Single Level	222.5	226.81	7/1/2012		
Level H: Aids	371.7	376.02	7/1/2012		
Rate Type:					
Interim	X Prospe	ective			
Total Interim		Total Prospective			
Interim Component	Prospective Adjusted for New Costs				
X Settlement based on costs		Total Prospective with	Interim Component		
Prior Provider Prospective data					
Basis:	Changes:				
	Lina	sure Rating Change			
Budget X Unaudited costs					
Field audited costs		l and Customary Limitatio et Rate limitation change	II ·		
Field audit - interim portion		S Change			
Desk audited costs		Settlement FYE 2/29/201	2		
Desk audit - Interim Portion		Semester Change			
Desk Audit - Prospective portion	On F	RV [2] as of 10/11/1988			
Distribution:	70	Thomas Parker			
Contract Management / Fiscal Agent	Medicaid (Cost Reimbursement Plann	ning and Finance		
Permanent File		· · · · · · · · · · · · · · · · · · ·	····· g ········		
For information Only					
No Change in Rate					
Home Office: 1 - No Home Office					
		}			



North Campus Rehab	pilitation and Health Center			Provider Number:	0 031880-00
700 N Palmetto Stree	t	-		Date:	11/26/2013
Leesburg FL 34748		-		Fiscal Year End:	2/29/2012
				Audit Status:	Unaudited [3]
Provider Type:					
	•		Current	New	Effective
NI	C' 1 7 1		Rate	Rate	Date
Nursing Home	Single Level	· · · · · · · · · · · · · · · · · · ·	224.49	228.99	1/1/2013
	Level H: Aids	_	375.30	379.80	1/1/2013
Rate Type :					
Interim		<u> </u>	Prospective		
	Total Interim			Total Prospective	
	nterim Component			Prospective Adjusted f	
	ettlement based on costs rior Provider Prospective data			Total Prospective with	mierim Component
	Tior Trovider Trospective data		T		
Basis:		Changes:]		
Budget			Licensure	Rating Change	
X Unaudited of	osts			Customary Limitation	1
Field audite				te limitation change	
Field audit	- interim portion	_	FRVS Ch	ange	
Desk audite	:	X		lement FYE 2/29/2012	2
	Interim Portion - Prospective portion	<u> </u>		ester Change 2] as of 10/11/1988	
Distribution:	- Trospective portion)	
	ment / Fiscal Agent		10 <u> </u>	Thomas Parker	The state of the s
Permanent File	ment / 1 isour / igent	Med	licaid Cost	Reimbursement Planni	ing and Finance
For information	ation Only				
No Change					
Home Office:	1 - No Home Office			:	
				ŧ	
				:	



North Campus Rehabilitation and Health Center			Provider Number:	0 031880-00
700 N Palmetto Street			Date:	11/26/2013
Leesburg FL 34748	•		Fiscal Year End:	2/29/2012
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		234.96	235.00	7/1/2013
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data	X	1	e Fotal Prospective Prospective Adjusted for Fotal Prospective with	
Basis:	Changes:			
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 Settl Rate Seme	Rating Change Customary Limitation te limitation change ange lement FYE 2/29/2012 ester Change 2] as of 10/11/1988	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Med	dicaid Cost	Thomas Parker Reimbursement Planni	ng and Finance
Home Office: 1 - No Home Office				



Heron Pointe Health and Rehabilitation	Provider Number: 0 043832-00
1445 Howell Avenue	Date: 11/13/2013
Brooksville FL 34601	Fiscal Year End: 7/31/2012
	Audit Status: Unaudited [3]
Provider Type:	Current New Effective Rate Rate Date
Nursing Home Single Level	188.35 180.84 2/1/2012
Level H: Aids	335.96 328.45 2/1/2012
Rate Type: X Interim Total Interim Interim Component X Settlement based on costs	Prospective Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Prior Provider Prospective data Basis:	Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 12/01/2001
Distribution:	Thomas Parker
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Planning and Finance
Home Office: CMCII 800 Concourse Parkway S Maitland FL 32751	outh



Heron Pointe Health an	nd Rehabilitation			Provider Number:	0 043832-00
1445 Howell Avenue				Date:	11/13/2013
Brooksville FL 34601				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	192.92	186.17	7/1/2012
	Level H: Aids		342.13	335.38	7/1/2012
Rate Type:					
X Interim			Prospective	:	
To	tal Interim		_	Total Prospective	
Inte	erim Component		F	rospective Adjusted f	or New Costs
X Set	tlement based on costs		Т	otal Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes	:		
Budget			Licensure	Rating Change	
X Unaudited cos	sts		_	Customary Limitation	1
Field audited	costs			e limitation change	
Field audit - in	nterim portion		FRVS Cha	inge	-
Desk audited of	costs	X	Cost Settle	ement FYE 7/31/2012	2
Desk audit - Ir				ster Change	
	Prospective portion	·	On FRV [2	2] as of 12/01/2001	
Distribution:	(5)		7-6-1	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Me	dicaid Cost I	Reimbursement Planni	ng and Finance
Permanent File					
For informati	on Only				
No Change in	1 Rate				
Home Office:	CMCII				
				<u>}</u>	
	800 Concourse Parkway South Maitland FL 32751				
	17101tidild 1 11 12/11			1	



Brooksville FL 34601 Fiscal Year End: 7/31/2012 Audit Status: Unaudited [3]	Heron Pointe Health an	nd Rehabilitation			Provider Number:	0 043832-00
Provider Type: Current New Effective Date	1445 Howell Avenue				Date:	11/13/2013
Provider Type: Current Rate Rate Date	Brooksville FL 34601				Fiscal Year End:	7/31/2012
Nursing Home Single Level Level H: Aids Level H: Aids 342.13 338.76 8/1/2012 Rate Type: Interim Total Interim Interim Component X Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Prior Provider Prospective data Basis: Changes: Licensure Rating Change X Usual and Customary Limitation Target Rate Imitation change Field audited costs Field audited costs Field audited costs Field audited interim portion Desk audit: Interim Portion Desk Audit: Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMCII Carrent Rate Rate Rate Date X Prospective Licensure Rating Change Usual and Customary Limitation Target Rate Imitation change FRVS Change Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 12/01/2001 Thomas Parker Medicaid Cost Reimbursement Planning and Finance				•	Audit Status:	Unaudited [3]
Rate Type: Interim Total Interim Interim Total Interim Interim Component Interim Component X Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Total Prospective with Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Changes: Licensure Rating Change X Unaudited costs Field audit- interim portion Field audit- interim portion Desk 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 Home Office: CMCII Rate Type: 192.92 189.55 8/1/2012 X Prospective Total Prospective Prospective Total Prospective Total Prospective Total Prospective Total Prospective Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change X Cost Settlement FYE 7/31/2012 Rate Semester Change On FRY [2] as of 12/01/2001 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Provider Type:					
Rate Type: Interim						
Rate Type :	Muusina Homo	Cinala I aval				
Interim	Nursing nome	Single Level		192.92		8/1/2012
Interim X Prospective Total Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Changes: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMCII Total Prospective Prospective Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Usual and Customary Limitation Target Rate limitation change FRVS Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRY [2] as of 12/01/2001 Medicaid Cost Reimbursement Planning and Finance Thomas Parker Medicaid Cost Reimbursement Planning and Finance		Level H: Aids	_	342.13	338.76	8/1/2012
Interim X Prospective Total Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Changes: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMCII Total Prospective Prospective Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Usual and Customary Limitation Target Rate limitation change FRVS Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRY [2] as of 12/01/2001 Medicaid Cost Reimbursement Planning and Finance Thomas Parker Medicaid Cost Reimbursement Planning and Finance		e e e e e e e e e e e e e e e e e e e				
Interim X Prospective Total Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Changes: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMCII Total Prospective Prospective Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Usual and Customary Limitation Target Rate limitation change FRVS Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRY [2] as of 12/01/2001 Medicaid Cost Reimbursement Planning and Finance Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Data Type					· · · · · · · · · · · · · · · · · · ·
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	Rate Type:					
Interim Component X Settlement based on costs Prior Provider Prospective data Basis:			<u>X</u>	-		
Basis: Changes: Licensure Rating Change Usual and Customary Limitation Component					-	
Budget X Unaudited costs Field audit - interim portion Desk audited costs Desk audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change V Cost Settlement FYE 7/31/2012 Rate Semester Change On FRY [2] as of 12/01/2001 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		-				
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 12/01/2001 Thomas Parker Medicaid Cost Reimbursement Planning and Finance					otal Prospective with	Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 12/01/2001 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Pri	or Provider Prospective data				
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: Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 12/01/2012 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	Basis:		Changes:			
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: Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 12/01/2012 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance				T.	Th	
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Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMCII 800 Concourse Parkway South						4
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMCII 800 Concourse Parkway South			<u> </u>			
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMCII 800 Concourse Parkway South	Distribution:		7	\	Thomas Parker	
Permanent File For information Only No Change in Rate Home Office: CMCII 800 Concourse Parkway South	Contract Manageme	ent / Fiscal Agent	Mad	ingid Coat		and Finance
No Change in Rate Home Office: CMCII 800 Concourse Parkway South	Permanent File	·	Med	icaiu Cost	Kennouisement Flami	ing and i mance
Home Office: CMCII 800 Concourse Parkway South	For informati	on Only				
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800 Concourse Parkway South	Hama Office	CMCII — —				
	nome Office:				!	
		800 Concourse Parkway South			•	
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Hels Howell Avenue Date: 11/13/2013		lth and Rehabilitation			Provider Number:	0 043832-00
Provider Type: Current Rate Rate Date					Date:	11/13/2013
Provider Type: Current Rate Rate Date	Brooksville FL 34	601			Fiscal Year End:	7/31/2012
Nursing Home Single Level 193.06 192.00 1/1/2013 Level H: Aids 343.87 342.81 1/1/2013 Rate Type: Interim					Audit Status:	Unaudited [3]
Rate Type: Interim	Provider Type	:				
Interim	Nursing Home	Single Level	_			
Interim X Prospective Total Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data Basis:		Level H: Aids	_	343.87	342.81	1/1/2013
Interim X Prospective Total Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data Basis:						
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	Rate Type :]				
Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	Interi	m	<u> </u>	_		
Basis: Changes: Licensure Rating Change Usual and Customary Limitation Change Tried audited costs Usual and Customary Limitation Change FRVS Change Target Rate limitation change Target Rate limitation change FRVS Change Target Rate limitation c		_			•	
Budget X Unaudited costs Field audit - interim portion Desk audited costs Desk audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 12/01/2012 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		_			= =	
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Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 12/01/2001 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		Prior Provider Prospective data				
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: Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [731/2012 Rate Semester Change On FRV [2] as of 12/01/2001 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	Basis:		Changes:			
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: Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [731/2012 Rate Semester Change On FRV [2] as of 12/01/2001 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	Rudget			Licensure	Rating Change	
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 Medicaid Cost Reimbursement Planning and Finance FORCII 800 Concourse Parkway South		ed costs				
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMCII 800 Concourse Parkway South X Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 12/01/2001 Thomas Parker 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 Home Office: Rate Semester Change On FRV [2] as of 12/01/2001 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	Field aud	dit - interim portion		FRVS Ch	ange	
Desk Audit - Prospective portion On FRV [2] as of 12/01/2001 Thomas Parker Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMCII 800 Concourse Parkway South	Desk aud	lited costs	X	Cost Settl	ement FYE 7/31/2012	2
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMCII 800 Concourse Parkway South		i i				:
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMCII 800 Concourse Parkway South			<u> </u>	On FRV [2] as of 12/01/2001	
Permanent File For information Only No Change in Rate Home Office: CMCII 800 Concourse Parkway South				7	Thomas Parker	
For information Only No Change in Rate Home Office: CMCII 800 Concourse Parkway South		•	Med	icaid Cost	Reimbursement Planni	ng and Finance
No Change in Rate Home Office: CMCII 800 Concourse Parkway South						
Home Office: 800 Concourse Parkway South		•				
800 Concourse Parkway South	No Chai	nge in Rate				
800 Concourse Parkway South	Home Office:	CMCII			 1	
	Home Office.				i	
Maitland FL 32751		•			1	
		Maitland FL 32751			i	



Heron Pointe Health a	nd Rehabilitation			Provider Number:	0 043832-00
1445 Howell Avenue				Date:	11/13/2013
Brooksville FL 34601				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Numaina II ama	Cinala I aval		Rate	Rate	Date
Nursing Home	Single Level		196.46	197.05	7/1/2013
	•				
Rate Type :				· · · · · · · · · · · · · · · · · · ·	
Kate Type:					
Interim	•	<u>X</u>	Prospective		
	otal Interim			Total Prospective	
	terim Component			Prospective Adjusted for	
	ettlement based on costs		 .	Total Prospective with	Interim Component
Pr	rior Provider Prospective data				
Basis:		Changes:			
		: :	-		
Budget				Rating Change	
X Unaudited co				Customary Limitation	l
Field audited		-	=	te limitation change	,
	interim portion		FRVS Ch		_
Desk audited		<u>X</u>		ement FYE 7/31/2012	2
	Interim Portion Prospective portion	! 		ester Change 2] as of 12/01/2001	, ,
Distribution:	Trospective portion			2] 43 01 12/01/2001	
			0	Thomas Parker	·
Contract Managen	nent / Fiscal Agent	Med	icaid Cost	Reimbursement Planni	ng and Finance
Permanent File					
For information	•				
No Change	in Rate				
Home Office:	CMCII			- - - - -	
				i :	
	800 Concourse Parkway South				
	Maitland FL 32751			:	



Heritage Healthcare Ce	enter			Provider Number:	0 043833-00
3101 Ginger Drive				Date:	11/13/2013
Tallahassee FL 32308				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
		-	Rate	Rate	Date
Nursing Home	Single Level	-	183.26	<u> 187.14</u> _	2/1/2012
	Level H: Aids		330.87	334.75	2/1/2012
Rate Type: X Interim	otal Interim		_ Prospectiv	e Total Prospective	
Int	terim Component			Prospective Adjusted t	for New Costs
	ttlement based on costs			Total Prospective with	Interim Component
Pri	ior Provider Prospective data	···- 			
Basis:		Change	s:		
Budget			Licensure	Rating Change	
X Unaudited co				Customary Limitation	n
Field audited		:		te limitation change	
Pield audit - : Desk audited	interim portion	X	- FRVS Ch	_	21/2012
	interim Portion	A		lement using FYE 7/3 ester Change	51/2012
Desk Audit -	Prospective portion			[2] as of 04/26/1997	
Distribution:			762	Thomas Parker	
Contract Managem	nent / Fiscal Agent		ledicaid Cost	Reimbursement Plann	ning and Finance
Permanent File					
For informat	ion Only				
No Change	in Rate				
Home Office:	-CMCII				
	800 Concourse Parkway South Maitland FL 32751	1			



Heritage Healthcare Center			Provider Number:	0 043833	-00
3101 Ginger Drive			Date:	11/13/20	13
Tallahassee FL 32308			Fiscal Year End:	7/31/201	2
			Audit Status:	Unaudited	[3]
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home Single Level		187.79	192.09	7/1/2012	
Level H: Aids	-	337.00	341.30	7/1/2012	
Rate Type:					
X Interim		Prospectiv	e		
Total Interim		·	Total Prospective		
Interim Component			Prospective Adjusted 1	for New Costs	
X Settlement based on costs			Total Prospective with	Interim Compone	ent
Prior Provider Prospective d	ata				
Basis:	Changes				- 15 11 - 11
Budget		Licensure	Rating Change		
X Unaudited costs	· · · · · · · · · · · · · · · · · · ·	-	l Customary Limitation	n	
Field audited costs		Target Ra	te limitation change		
Field audit - interim portion	· · · · · · · · · · · · · · · · · · ·	FRVS Ch	ange		
Desk audited costs	<u>X</u>		lement using FYE 7/3	31/2012	
Desk audit - Interim Portion			ester Change [2] as of 04/26/1997		
Desk Audit - Prospective portion Distribution:			· · · · · · · · · · · · · · · · · · ·		
Contract Management / Fiscal Agent		<u> </u>	Thomas Parker		
Permanent File	Me	dicaid Cost	Reimbursement Plann	ing and Finance	
For information Only					
No Change in Rate					
Home Office: CMCII			:		
800 Concourse Parky Maitland FL 32751	vay South	•			



Heritage Healthcare Center			Provider Number:	0 043833-00
3101 Ginger Drive			Date:	11/13/2013
Tallahassee FL 32308			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				· · · · · · · · · · · · · · · · · · ·
		Current Rate	New Rate	Effective Date
Nursing Home Single Level	_	187.79	195.39	8/1/2012
Level H: Aids	_	337.00	344.60	8/1/2012
Rate Type:				_, , , ,
Interim	X	Dragmantiv	10	
Total Interim	A	Prospectiv	Total Prospective	
Interim Component			Prospective Adjusted f	For New Costs
X Settlement based on costs			Total Prospective with	
Prior Provider Prospective data				-
Basis:	Changes:	Т -		
Dasis.	Changes.	_		
Budget	; ;	Licensure	Rating Change	
X Unaudited costs		-	d Customary Limitation	n
Field audited costs			ate limitation change	
Field audit - interim portion	:	FRVS Ch	nange	
Desk audited costs	X		element using FYE 7/3	31/2012
Desk audit - Interim Portion	: -		ester Change [2] as of 04/26/1997	
Desk Audit - Prospective portion		Olltkv	[2] as 01 04/20/1997	
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	Me	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File				
For information Only				,
No Change in Rate				
Home Office: CMCII				
800 Concourse Parkway South Maitland FL 32751	n.			



Heritage Healthcare Center			Provider Number:	0 043833-00
3101 Ginger Drive			Date:	11/13/2013
Tallahassee FL 32308			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	. <u>-</u> -	Current Rate 187.94	New Rate 197.61	Effective Date 1/1/2013
Level H: Aids		338.75	348.42	1/1/2013
Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costsPrior Provider Prospective data	<u>X</u>		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes			
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	e Rating Change Il Customary Limitation ate limitation change hange Element using FYE 7/3 ester Change [2] as of 04/26/1997	
Distribution:		7/	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only	M	edicaid Cost	Reimbursement Plann	ing and Finance
No Change in Rate				
Home Office: CMCII				
800 Concourse Parkway Sout Maitland FL 32751	th			



Heritage Healthcare Center			Provider Number:	0 043833-00
3101 Ginger Drive			Date:	11/13/2013
Tallahassee FL 32308			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
1.5		Current	New	Effective
Navasina Hama — Cinala I anal		Rate	Rate	Date
Nursing Home Single Level		<u>191.27</u>		7/1/2013
D (D)				
Rate Type:				
Interim	X	Prospectiv	ve	
Total Interim	<u> </u>		Total Prospective	
Interim Component			Prospective Adjusted f	for New Costs
X Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data			•	
Basis:	Change	es:	and the state of t	
			1	
Budget		Licensure	e Rating Change	
X Unaudited costs		— Usual and	d Customary Limitation	n
Field audited costs		Target R	ate limitation change	
Field audit - interim portion		FRVS CI	hange	
Desk audited costs	X	Cost Set	tlement using FYE 7/3	31/2012
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion		On FRV	[2] as of 04/26/1997	
Distribution:		7	Thomas Parker	
Contract Management / Fiscal Agent		Medicaid Cost	Reimbursement Plann	ing and Finance
Permanent File	1	Wicalcula Cos	. Remoursement Fam.	ang und i manee
For information Only				
No Change in Rate				
Home Office: CMCII				
000 G				
800 Concourse Parkway South Maitland FL 32751				



Heritage Health Care Co	enter		Provider Number:	0 043835-00
1026 Albee Farm Road			Date:	11/15/2013
Venice FL 34292			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:	-			
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.25	202.69	2/1/2012
	Level H: Aids	353.86	350.30	2/1/2012
Rate Type :				- <u> </u>
X Interim		Prospective		
	tal Interim		otal Prospective	
	erim Component		rospective Adjusted f	
	tlement based on costs or Provider Prospective data	1	otal Prospective with	Interim Component
Basis:	Cl	nanges:		
Budget		Licensure 1	Rating Change	
X Unaudited cos	sts		Customary Limitation	1
Field audited	<u> </u>		e limitation change	
	nterim portion	FRVS Cha	_	
Desk audited of Desk audit - In			ement using FYE 7/3 ster Change	31/2012 C/R
	Prospective portion		as of 09/23/1988	
Distribution:		A	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Medicaid Cost I	Reimbursement Plann	ing and Finance
Permanent File				g w 1 v
For informati	on Only			
No Change in	n Rate		-	
Home Office:	CMC II, LLC		•	
	800 Concourse Parkway South Maitland FL 32751			
	- Francisco I D SZ / SI		<u> </u>	



Heritage Health Care Center			Provider Number:	0 043835-00
1026 Albee Farm Road			Date:	11/15/2013
Venice FL 34292			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:			Tidan Status.	Onaudited [5]
		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level	_	211.91		7/1/2012
Level H: Aids	-	361.12	357.42	7/1/2012
Rate Type:				
X Interim		Prospectiv	re	
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted to	
X Settlement based on costs	J		Total Prospective with	Interim Component
Prior Provider Prospective			======================================	
Basis:	Changes			
Budget		Licensure	Rating Change	
X Unaudited costs		_	1 Customary Limitation	n
Field audited costs		-	ate limitation change	
Field audit - interim portion Desk audited costs	<u> X</u>	FRVS Ch	lange lement using FYE 7/3	31/2012 C/D
Desk audited costs Desk audit - Interim Portion			ester Change	31/2012 C/K
Desk Audit - Prospective portion		On FRV	[2] as of 09/23/1988	
Distribution:	7	6	Thomas Parker	
Contract Management / Fiscal Agent	Me	dicaid Cost	Reimbursement Plann	ning and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: CMC II, LLC				
800 Concourse Pa Maitland FL 3275				



Heritage Health Care Center			Provider Number:	0 043835-00
1026 Albee Farm Road			Date:	11/15/2013
Venice FL 34292			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:			22	
••	(Current	New	Effective
Name to a Harris Charle I and		Rate	Rate	Date
Nursing Home Single Level		211.91		8/1/2012
Level H: Aids		361.12	362.19	8/1/2012
Rate Type :				
Interim	<u>X</u>	Prospectiv		
Total Interim Interim Component			Total Prospective Prospective Adjusted:	for New Costs
X Settlement based on costs			Total Prospective with	
Prior Provider Prospective data				
Basis:	Changes:			
· · · · · · · · · · · · · · · · · · ·				
Budget	:	Licensure	Rating Change	
X Unaudited costs			Customary Limitatio	n
Field audited costs		FRVS Ch	te limitation change	
Field audit - interim portion Desk audited costs	<u>x</u>		lement using FYE 7/3	31/2012 C/R
Desk audit - Interim Portion			ester Change	31/2012 C/R
Desk Audit - Prospective portion		On FRV	2] as of 09/23/1988	
Distribution:	7	$\int_{-\infty}^{\infty}$	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cost	Reimbursement Plann	ning and Finance
Permanent File				·
For information Only				
No Change in Rate				
Home Office: CMC II, LLC				
800 Concourse Parkway South Maitland FL 32751				



Heritage Health Care Cen	nter			Provider Number:	0 043835-00
1026 Albee Farm Road				Date:	11/15/2013
Venice FL 34292	· · · · · · · · · · · · · · · · · · ·			Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
	•		Current	New	Effective
N	Nine als Toront		Rate	Rate	Date 1/1/2012
Nursing Home S	Single Level		212.08		1/1/2013
L	evel H: Aids		362.89	366.00	1/1/2013
Rate Type :					
Interim		X	Prospective	e	
Tota	l Interim		_	Total Prospective	
Inter	im Component			Prospective Adjusted f	or New Costs
X Settle	ement based on costs			Total Prospective with	Interim Component
Prior	Provider Prospective data				
Basis:		Changes:			
			т.	D. C. C.	
Budget				Rating Change	
X Unaudited costs Field audited co	1	-		Customary Limitation te limitation change	1
Field audit - int			FRVS Ch		
Desk audited co	- !	<u>X</u>		lement using FYE 7/3	31/2012 C/R
Desk audit - Inte				ester Change	
Desk Audit - Pr	ospective portion		On FRV [2] as of 09/23/1988	
Distribution:			\mathcal{T}	Thomas Parker	
Contract Managemer	nt / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File		1,100	ilouid Cool		mg und 1 manov
For information	n Only				
No Change in	Rate				
Home Office:	CMC II, ELC				
				!	
	800 Concourse Parkway South Maitland FL 32751			į	
	<u> </u>				



Heritage Health Care Center			Provider Number:	0 043835-00
1026 Albee Farm Road	•		Date:	11/15/2013
Venice FL 34292			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		215.80		7/1/2013
Rate Type: Interim Total Interim Interim Component X Settlement based on costs	X	F	e Total Prospective Prospective Adjusted for all Prospective with	
Prior Provider Prospective data Basis:	Changes:	1		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	<u>X</u>	Usual and Target Rat FRVS Cha Cost Settl Rate Seme	Rating Change Customary Limitation te limitation change ange ement using FYE 7/3 ster Change 2] as of 09/23/1988	
Distribution:		7	Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost 1	Reimbursement Plann	ing and Finance
Permanent FileFor information Only				and I man
No Change in Rate				
Home Office: CMC II, LLC 800 Concourse Parkway South Maitland FL 32751	h			



Rio Pinar Health Care				Provider Number:	0 043846-00
7950 Lake Underhill Road				Date:	11/15/2013
Orlando FL 32822	 			Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current	New	Effective
Nursing Home Si	ingle Level		Rate	Rate	Date
Nursing Home 5	ingle Level		198.54	<u> 198.09</u> _	2/1/2012
Le	vel H: Aids		346.15	345.70	2/1/2012
Rate Type :	<u> </u>				
X Interim		* .	Prospectiv	e	
·	Interim		-	Total Prospective	
Interir	n Component			Prospective Adjusted	for New Costs
· ——	ment based on costs			Total Prospective with	Interim Component
Prior I	Provider Prospective data		·		
Basis:		Changes:			
Budget		!	Licensure	Rating Change	
X Unaudited costs		i		Customary Limitation	n
Field audited cos	sts		-	te limitation change	
Field audit - inte	-		FRVS Ch	•	
Desk audited cos Desk audit - Inter		<u>X</u>		lement FYE 7/31/201 ester Change	.2
Desk Audit - Pro				2] as of 09/23/1988	
Distribution:		7	8	Thomas Parker	
Contract Management	/ Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ning and Finance
Permanent File					
For information	· · · · ·				
No Change in R	late				
Home Office:	CMC II, LLC			 i	
	800 Concourse Parkway South Maitland FL 32751				



Rio Pinar Health Care				Provider Number:	0 043846-00
7950 Lake Underhill Roa	ad			Date:	11/15/2013
Orlando FL 32822				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				radit Status.	
		•	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	·	203.30	203.37	7/1/2012
I	Level H: Aids		352.51	352.58	7/1/2012
Rate Type :					
X Interim			Prospectiv	re	
Tota	al Interim			Total Prospective	
Inter	rim Component			Prospective Adjusted f	or New Costs
X Settl	ement based on costs			Total Prospective with	Interim Component
Prior	r Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	e Rating Change	
X Unaudited cost	s			d Customary Limitation	ı
Field audited c				ate limitation change	
Field audit - in	terim portion		FRVS Ch	nange	
Desk audited co		X		lement FYE 7/31/201	2
Desk audit - In				ester Change	
	rospective portion	·	On FRV	[2] as of 09/23/1988	
Distribution:			0	Thomas Parker	
Contract Manageme	nt / Fiscal Agent	Med	icaid Cost	Reimbursement Plann	ing and Finance
Permanent File					
For information	on Only				
No Change in	Rate				
Home Office:	CMC II, LLC			· · · · · · · · · · · · · · · · · · ·	
	800 Concourse Parkway South				
	Maitland FL 32751				
	l e				



Rio Pinar Health Care				Provider Number:	0 043846-00
7950 Lake Underhill Roa	nd			Date:	11/15/2013
Orlando FL 32822				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				Tuest Status	
••			Current	New	Effective
NY • TT /	3. I Y I		Rate	Rate	Date
Nursing Home S	Single Level		203.30	207.68	8/1/2012
I	Level H: Aids		352.51	356.89	8/1/2012
Rate Type :					
Interim		X	Prospective	a.	
-	ıl Interim		_	Total Prospective	•
Inter	rim Component			Prospective Adjusted f	or New Costs
X Settle	ement based on costs			Total Prospective with	Interim Component
Prior	Provider Prospective data				
Basis:		Changes:			
D. 1			Licensure	Ráting Change	
Budget X Unaudited costs	S			Customary Limitation	1
Field audited co				te limitation change	1
Field audit - in	terim portion		FRVS Ch	ange	
Desk audited co		X		lement FYE 7/31/201	2
Desk audit - Int		:		ester Change 2] as of 09/23/1988	
Distribution:	rospective portion		-On PRV [2] as 01 09/23/1900	
Contract Managemen	nt / Fiscal Assant		2_	Thomas Parker	
Permanent File	nt / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
For informatio	in Only				
No Change in	•				
No Change in					
Home Office:	CMC II, LLC				
	800 Concourse Parkway South Maitland FL 32751			:	
	·				



Rio Pinar Health Care				Provider Number:	0 043846-00
7950 Lake Underhill Ro	ad			Date:	11/15/2013
Orlando FL 32822				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					- L J
••			Current	New	Effective
NY • TY	Ct 1 T 1	_	Rate	Rate	Date
Nursing Home	Single Level	<u></u>	203.47	209.68	1/1/2013
	Level H: Aids	_	354.28	360.49	1/1/2013
Rate Type :					
Rate Type.				•	
Interim		X	Prospectiv		
	al Interim			Total Prospective	
	erim Component			Prospective Adjusted f	
	tlement based on costs			Total Prospective with	Interim Component
PIO	or Provider Prospective data				
Basis:	İ	Changes			
Budget		ļ	Licensure	e Rating Change	
X Unaudited cos	ts		-	d Customary Limitation	n
Field audited			_	ate limitation change	
Field audit - in	nterim portion		FRVS Cl	nange	
Desk audited of		X	Cost Sett	lement FYE 7/31/201	2
Desk audit - Ir		·		ester Change	
 	Prospective portion	: !	On FRV	[2] as of 09/23/1988	
Distribution:		7	イノ	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Me	dicaid Cost	Reimbursement Plann	ning and Finance
Permanent File					
For informati	on Only				
No Change in	n Rate				
Home Office:	CMC II, LLC				
mand Since.	. 				
	800 Concourse Parkway South			:	
	Maitland FL 32751			. !	



Rio Pinar Health Care				Provider Number:	0 043846-00
7950 Lake Underhill Ro	ad			Date:	11/15/2013
Orlando FL 32822				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_ _	Current Rate 207.01	New Rate 214.51	Effective Date 7/1/2013
Inte	tal Interim erim Component tlement based on costs or Provider Prospective data	X		re Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	i Hovider Hospective data	Changes:]	<u></u>	
Desk audited o	costs nterim portion costs	X	Usual and Target Ra FRVS CI Cost Sett Rate Sem	e Rating Change d Customary Limitation ate limitation change mange tlement FYE 7/31/201 mester Change [2] as of 09/23/1988	
Distribution:			7/	Thomas Parker	
Contract Managemer Permanent FileFor informati	-	Med	dicaid Cost	Reimbursement Plann	ing and Finance
No Change in	n Rate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South Maitland FL 32751			: : :	



The Palms Rehabilitat	ion and Healthcare Center			Provider Number:	0 043847-00
5405 Babcock Street 1	NE	•		Date:	12/3/2013
Palm Bay FL 32905		•		Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		201.35	199.80	2/1/2012
•					
	Level H: Aids		348.96	347.41	2/1/2012
Rate Type :					
X Interim			Prospective	· e	
	otal Interim		=	Total Prospective	
In	terim Component		I	Prospective Adjusted f	or New Costs
X Se	ettlement based on costs	Total Prospective with Interim Component			
Pr	ior Provider Prospective data				
Basis:		Changes:	1		
20000		Changes			
Budget			Licensure	Rating Change	
X Unaudited co	osts		Usual and	Customary Limitation	1
Field audited	costs		Target Ra	te limitation change	
Field audit -	interim portion		FRVS Cha	ange	
Desk audited	The state of the s	X		ement FYE 7/31/201	2
	Interim Portion			ester Change	
Distribution:	Prospective portion		On FRV [.	2] as of 03/11/1998	
	(T)		7	Thomas Parker	
Contract Managem	nent / Fiscal Agent	Med	icaid Cost	Reimbursement Planni	ing and Finance
Permanent File					
For informat	•				
No Change	in Rate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South Maitland FL 32751				



he Palms Rehabilitation and Healthcare Center	Provi	der Number:	0 043847-00
405 Babcock Street NE	-	Date:	12/3/2013
alm Bay FL 32905	Fisca	ıl Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Tursing Home Single Level	 '	205.13	7/1/2012
Level H: Aids	355.28 3	54.34	7/1/2012
Rate Type :			
X Interim	Prospective		
Total Interim		ospective	
Interim Component	**************************************		for New Costs
X Settlement based on costs	Total Pro	ospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
P. L.	Licensure Rating	Change	
Budget X Unaudited costs	Usual and Custom	_	·
Field audited costs	Target Rate limita		1
Field audit - interim portion	FRVS Change		
Desk audited costs	X Cost Settlement 1	FYE 7/31/201	2
Desk audit - Interim Portion	Rate Semester Cha	-	
Desk Audit - Prospective portion	On FRV [2] as of	03/11/1998	
<u>Distribution:</u>	Thom	as Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbur	sement Plann	ing and Finance
Permanent File			ang unu xuni
For information Only			
No Change in Rate			
Home Office: CMC II, LLC		;	
800 Concourse Parkway Sou Maitland FL 32751	h		



The Palms Rehabilitation	n and Healthcare Center			Provider Number:	0 043847-00		
5405 Babcock Street NE				Date:	12/3/2013		
Palm Bay FL 32905			ă.	Fiscal Year End:	7/31/2012		
				Audit Status:	Unaudited [3]		
Provider Type:		_	Current Rate	New Rate	Effective Date		
Nursing Home	Single Level		206.07	208.04	8/1/2012		
	Level H: Aids	_	355.28	357.25	8/1/2012		
Rate Type :							
Interim		X	Prospective	2			
Tota	al Interim		7	Total Prospective			
Inter	rim Component	Prospective Adjusted for New Costs					
X Settl	ement based on costs	Total Prospective with Interim Component					
Prior	r Provider Prospective data						
Basis:		Changes:					
Budget			Licensure	Rating Change	: :		
X Unaudited cost	· · · · · · · · · · · · · · · · · · ·		•	Customary Limitation	,		
Field audited c			-	e limitation change	i !		
Field audit - in		· · · · · · · · · · · · · · · · · · ·	FRVS Cha	-			
Desk audited co	-	X	•	ement FYE 7/31/2012	2		
Desk audit - Int	erim Portion	Rate Semester Change					
Desk Audit - Pr	ospective portion			2] as of 03/11/1998			
Distribution:		7	52	Thomas Parker			
Contract Management / Fiscal Agent		Med	dicaid Cost 1	Reimbursement Planni	ing and Finance		
Permanent File							
For informatio	n Only						
No Change in	Rate						
Home Office:	CMC II, LLC		·				
	800 Concourse Parkway South Maitland FL 32751						



The Palms Rehabilita	tion and Healthcare Center			Provider Number:	0 043847-00		
5405 Babcock Street	NE			Date:	12/3/2013		
Palm Bay FL 32905				Fiscal Year End:	7/31/2012		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
Nursing Home	Single Level		Rate 206.26	Rate	Date 1/1/2013		
·	~g.c 2.0 . 0.1		200.20		1/1/2010		
	Level H: Aids	_	357.07	360.96	1/1/2013		
Rate Type:							
Interim		X	Prospective	ę			
Т	Cotal Interim		1	Total Prospective			
I	nterim Component	Prospective Adjusted for New Costs					
$\overline{\mathbf{X}}$ S	ettlement based on costs		1	Total Prospective with	Interim Component		
P	rior Provider Prospective data						
Basis:		Changes:					
	į		-	D : 61			
Budget				Rating Change			
X Unaudited c				Customary Limitation te limitation change	1		
	- interim portion	!	FRVS Cha				
Desk audited	-	X		ement FYE 7/31/2012	,		
	Interim Portion			ester Change	•		
Desk Audit -	- Prospective portion			2] as of 03/11/1998			
Distribution:			5	Thomas Parker			
Contract Manager	ment / Fiscal Agent	Med	licaid Cost	Reimbursement Planni	ing and Finance		
Permanent File		1124			B		
For informa	ation Only						
No Change	in Rate						
Home Office:	CMC II, LLC			:			
	800 Concourse Parkway South						
	Maitland FL 32751						
	1						



The Palms Rehabilitat	tion and Healthcare Center			Provider Number:	0 043847-00
5405 Babcock Street	NE			Date:	12/3/2013
Palm Bay FL 32905				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>-</u>	209.87	215.13	7/1/2013
		-			
Rate Type:					
Interim		X	Prospectiv	re	
	otal Interim			Total Prospective	
In	nterim Component			Prospective Adjusted f	or New Costs
X Se	ettlement based on costs			Total Prospective with	Interim Component
Pr	rior Provider Prospective data				
Basis:		Changes	:		
			 .		
Budget				Rating Change	
X Unaudited co	:			Customary Limitation	1
Field audited			_	te limitation change	
	interim portion	***	FRVS Ch	_	_
Desk audited	Interim Portion	X		lement FYE 7/31/201: ester Change	2
	Prospective portion	***		2] as of 03/11/1998	
Distribution:		7	7	Thomas Parker	
_	nent / Fiscal Agent	Me	edicaid Cost	Reimbursement Plann	ing and Finance
Permanent File					
For information	-				
No Change	in Rate				
Home Office:	CMC II, LLC				
	000 0				
	800 Concourse Parkway South				
	Maitland FL 32751				



Cape Coral FL 33991	Coral Trace Health Car	re			Provider Number:	0 043848-00	
Provider Type: Current Rate New Rate Date		ılevard			Date:	11/15/2013	
Provider Type: Current New Effective Rate Rate Date	Cape Coral FL 33991				Fiscal Year End:	7/31/2012	
Nursing Home Single Level 197.76 195.49 2/1/2012 Level H: Aids 345.37 343.10 2/1/2012 Rate Type: X Interim Prospective Interim Omponent Total Interim Omponent Prospective Adjusted for New Costs Total Prospective with Interim Component Prospective With Interim Component Total Prospective With Interim Component Total Prospective With Interim Component Prospective Adjusted for New Costs Total Prospective with Interim Component Total Prospective With Interim Component Prospective With Interim Component Prospective With Interim Component Prospective With Interim Component Price Adjusted for New Costs Total Prospective With Interim Component Prospective With Interim Component Price With Interim Component P					Audit Status:	Unaudited [3]	
Rate Type: X	Provider Type:						
Rate Type: X Interim							
Rate Type: X Interim	Nursing Home	Single I aval	_				
Rate Type: X Interim	ival sing Home	Single never		197.70	193.49	2/1/2012	
Total Interim		Level H: Aids		345.37	343.10	2/1/2012	
Total Interim							
Total Interim							
Total Interim							
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	Rate Type:						
Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	X Interim			Prospective	•		
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 Cost Settlement using FYE 7/31/2012 C/R Rate Semester Change On FRV [2] as of 12/01/2001 Distribution: Thomas Parker Contract Management / Fiscal Agent For information Only No Change in Rate Home Office: CMC II, LLC 800 Concourse Parkway South	То	tal Interim		7	Total Prospective		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Eucard Carlot Carlo	Int	erim Component	Prospective Adjusted for New Costs				
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 Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Cost Settlement using FYE 7/31/2012 C/R Rate Semester Change On FRV [2] as of 12/01/2001 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	X Set	tlement based on costs		T	otal Prospective with	Interim Component	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Cost Settlement using FYE 7/31/2012 C/R Rate Semester Change On FRV [2] as of 12/01/2001 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	Prie Prie	or Provider Prospective data			_		
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: Usual and Customary Limitation Target Rate limitation change FRVS Change Cost Settlement using FYE 7/31/2012 C/R Rate Semester Change On FRV [2] as of 12/01/2001 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	Basis:		Changes:				
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: Usual and Customary Limitation Target Rate limitation change FRVS Change Cost Settlement using FYE 7/31/2012 C/R Rate Semester Change On FRV [2] as of 12/01/2001 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance							
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 Field audit - interim portion Desk Audit - Interim Portion Rate Semester Change On FRV [2] as of 12/01/2001 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance					· ·		
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 Field audit - interim portion FRVS Change X Cost Settlement using FYE 7/31/2012 C/R Rate Semester Change On FRV [2] as of 12/01/2001 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance						l	
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: Cost Settlement using FYE 7/31/2012 C/R Rate Semester Change On FRV [2] as of 12/01/2001 Thomas Parker 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 Home Office: CMC II, LLC 800 Concourse Parkway South		-			O	1/2012 C/D	
Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMC II, LLC 800 Concourse Parkway South						1/2012 C/K	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMC II, LLC 800 Concourse Parkway South		1					
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMC II, LLC 800 Concourse Parkway South	Distribution:			\sim	Thomas Parker		
Permanent File For information Only No Change in Rate Home Office: CMC II, LLC 800 Concourse Parkway South	Contract Manageme	ent / Fiscal Agent	————	O Cook 1			
No Change in Rate Home Office: CMC II, LLC 800 Concourse Parkway South	Permanent File		Med	icaid Cost i	Reimoursement Pianni	ng and Finance	
Home Office: CMC II, LLC 800 Concourse Parkway South	For information	on Only					
800 Concourse Parkway South	No Change in	n Rate					
800 Concourse Parkway South	Home Office:	CMC II. LLC					
	Home Omee.	-,					
Maitland FL 32751		800 Concourse Parkway South			i		
		Maitland FL 32751			i		



Coral Trace Health Car	·e			Provider Number:	0 043848-00
216 Santa Barbara Bou	levard			Date:	11/15/2013
Cape Coral FL 33991				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		202.27	200.24	7/1/2012
	Level H: Aids		351.48	349.45	7/1/2012
			331.40		
Rate Type :					
X Interim	N.		Prospectiv	.	
	tal Interim	· · · · · · · · · · · · · · · · · · ·	_	Fotal Prospective	
	erim Component			Prospective Adjusted f	or New Costs
	tlement based on costs			Total Prospective with	
	or Provider Prospective data				•
Basis:		Changes:			
		onunges.			
Budget		!	Licensure	Rating Change	
X Unaudited cos	sts			Customary Limitation	1
Field audited	costs		Target Ra	te limitation change	
Field audit - in	nterim portion		FRVS Ch	ange	
Desk audited of	The state of the s	X		lement using FYE 7/3	1/2012 C/R
Desk audit - Ir	· ·			ester Change 2] as of 12/01/2001	
Distribution:	Prospective portion		Olific	2] as of 12/01/2001	<u> </u>
	/ F ' 1 A A		7	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	icaid Cost	Reimbursement Plann	ing and Finance
Permanent File	an Oula				
For information	•				
No Change in	n Kate				
Home Office:	CMC II, LLC		·	1	
	200 G				
	800 Concourse Parkway South				
	Maitland FL 32751				



Coral Trace Health Care	e			Provider Number:	0 043848-00	
216 Santa Barbara Boul	evard			Date:	11/15/2013	
Cape Coral FL 33991				Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		202.27	202.08	8/1/2012	
	Level H: Aids		351.48	351.29	8/1/2012	
Rate Type :						
Interim		X	_ Prospective			
	al Interim			Total Prospective		
	rim Component			Prospective Adjusted f		
	lement based on costs			Cotal Prospective with	Interim Component	
Prio	or Provider Prospective data					
Basis:	i	Change	s:			
						
Budget			_ Licensure	Rating Change	•	
X Unaudited cost	•			Customary Limitation	l	
Field audited c				e limitation change		
Field audit - in			FRVS Cha	•		
Desk audited control Desk audit - In:		X		ement using FYE 7/3	1/2012 C/R	
	rospective portion		_	ster Change 2] as of 12/01/2001		
Distribution:			2	Thomas Parker		
Contract Manageme	nt / Fiscal Agent	M	edicaid Cost I	Reimbursement Planni	ng and Finance	
Permanent File						
For information	•			•		
No Change in	Rate					
Home Office:	CMC II, LLC					
	800 Concourse Parkway South Maitland FL 32751					



Coral Trace Health Care				Provider Number:	0 043848-00
216 Santa Barbara Boule	evard			Date:	11/15/2013
Cape Coral FL 33991				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 202.45	New Rate	Effective Date 1/1/2013
Trut sing Home	Single Level		202.43		1/1/2013
1	Level H: Aids	_	353.26	354.89	1/1/2013
Rate Type :					
Interim		X	Prospective	*	
Tota	al Interim			otal Prospective	
	rim Component			rospective Adjusted for	
	lement based on costs		T	otal Prospective with	Interim Component
Prior	r Provider Prospective data			<u> </u>	
Basis:		Changes:			
D 1			Ligansura	Dating Change	
Budget X Unaudited cost:	_			Rating Change	
Field audited cost				Customary Limitation e limitation change	
Field audit - in	·		FRVS Cha		
Desk audited co	- 1	X		ement using FYE 7/3	1/2012 C/R
Desk audit - Int	The state of the s			ster Change	
Desk Audit - Pr	rospective portion		On FRV [2	2] as of 12/01/2001	·
Distribution:			7	Thomas Parker	
Contract Managemen	nt / Fiscal Agent	Med	icaid Cost I	Reimbursement Planni	ng and Finance
Permanent File		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			and mark a samuel
For informatio	n Only				
No Change in	Rate				
Home Office:	CMC II, LLC				
Tiome office.				į į	
	800 Concourse Parkway South				
	Maitland FL 32751			: :	



Coral Trace Health Care	e			Provider Number:	0 043848-00
216 Santa Barbara Boul	evard			Date:	11/15/2013
Cape Coral FL 33991				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	
••			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level		205.90	208.85	7/1/2013
				•	
					·
Rate Type :					
Intonia		v	Dunamantin	_	
Interim	al Interim	<u>X</u>	Prospective	e Fotal Prospective	
	erim Component			Prospective Adjusted f	or New Costs
	lement based on costs			Total Prospective with	
	or Provider Prospective data			rour roopeetive with	
		Change]		
Basis:		Changes:	_		
Dudout			Licensure	Rating Change	
Budget X Unaudited cost	ts			Customary Limitation	•
Field audited of	,			te limitation change	
Field audit - in	nterim portion		FRVS Ch		
Desk audited c		X	Cost Settl	lement using FYE 7/3	1/2012 C/R
Desk audit - In	terim Portion			ester Change	
Desk Audit - P	rospective portion		On FRV [2] as of 12/01/2001	·
Distribution:				Thomas Parker	
Contract Manageme	ent / Fiscal Agent	——————————————————————————————————————	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File		Mec	iicaiu Cost	Kennoursement i iann	ing and i manee
For information	on Only				
No Change in	Rate				
II Office	CMC II, LLC				
Home Office:	, 220 ii, 220			:	
	800 Concourse Parkway South				
	Maitland FL 32751			:	



Coral Bay Healthcare and Rehabilitation			Provider Number:	0 043851-00
2939 South Haverhill Road			Date:	12/9/2013
West Palm Beach FL 33415			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				5.10.00.00
		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		203.50	201.01	2/1/2012
			• •	
Level H: Aids		351.11	348.62	2/1/2012
Rate Type :		-		
X Interim		Prospective		
Total Interim			Total Prospective	_
Interim Component			Prospective Adjusted f	
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Change	es:	•	
Budget			Rating Change	
X Unaudited costs			Customary Limitation	l
Field audited costs			te limitation change	
Field audit - interim portion Desk audited costs	X	FRVS Ch	ange lement using FYE 7/3	1/12 C/D
Desk audited costs Desk audit - Interim Portion			ester Change	1/12 C/K
Desk Audit - Prospective portion			2] as of 05/04/1993	
Distribution:		2	Thomas Parker	
Contract Management / Fiscal Agent		/ 0		1 771
Permanent File	ľ	Medicaid Cost	Reimbursement Planni	ing and Finance
For information Only				
No Change in Rate				
Home Office: CMC II, LLC		. 7		
800 Concourse Parkway South				
Maitland FL 32751				



					*	
Coral Bay Healthcare	and Rehabilitation			Provider Number:	0 043851-00	
2939 South Haverhill I		•		Date:	12/9/2013	
West Palm Beach FL 3	33415			Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		209.24	206.58	7/1/2012	
	Level H: Aids	_	358.45	355.79	7/1/2012	
Rate Type :						
<u> </u>						
X Interim	otal Interim	·	Prospective			
	terim Component	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component				
	ttlement based on costs					
	for Provider Prospective data		 '	rotar rospective with	intermi component	
Basis:	1	Changes:				
Budget X Unaudited confield audited	costs		Usual and Target Ra	Rating Change Customary Limitation te limitation change	1	
Desk audited	interim portion	<u> X</u>	FRVS Ch	ange lement using FYE 7/3	11/12 C/D	
	nterim Portion			ester Change)1/12 C/K	
Desk Audit - I	Prospective portion			2] as of 05/04/1993		
Distribution:			7	Thomas Parker		
Contract Managem	ent / Fiscal Agent	Med	icaid Cost	Reimbursement Plann	ing and Finance	
Permanent File						
For informati	•					
No Change i	n Rate					
Home Office:	CMC II, LLC					
	800 Concourse Parkway Sout Maitland FL 32751	h				



Coral Bay Healthcare an	nd Rehabilitation			Provider Number:	0 043851-00	
2939 South Haverhill R				Date:	12/9/2013	
West Palm Beach FL 33	3415			Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	·	Current Rate 209.24	New Rate 207.90	Effective Date 8/1/2012	
	Level H: Aids		358.45	357.11	8/1/2012	
					· .	
Rate Type :					<u> </u>	
Interim		X	Prospective	e		
Tot	al Interim			Total Prospective		
	erim Component	Prospective Adjusted for New Costs				
	tlement based on costs		7	Total Prospective with	Interim Component	
Pric	or Provider Prospective data					
Basis:		Changes:				
			•	D : G!	,	
Budget				Rating Change		
Y Unaudited cos Field audited of	1 '			Customary Limitation te limitation change	l	
Field audit - in			FRVS Ch		:	
Desk audited c	-	X		ange ement using FYE 7/3	1/12 C/R	
Desk audit - In				ester Change	1/12 C/R	
Desk Audit - P	rospective portion		On FRV [2	2] as of 05/04/1993		
Distribution:				Thomas Parker		
Contract Manageme	ent / Fiscal Agent	Med	icaid Cost	Reimbursement Planni	ng and Finance	
Permanent File		Micu	icaid Cost	comoursement i famil	ing and I manee	
For information	on Only					
No Change in	Rate					
Home Office:	CMC II, LLC					
	800 Concourse Parkway South					
	Maitland FL 32751					



Coral Bay Healthcare as	nd Rehabilitation			Provider Number:	0 043851-00
2939 South Haverhill R	oad			Date:	12/9/2013
West Palm Beach FL 33	3415			Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	210.98	<u>210.70</u>	1/1/2013
	Level H: Aids		361.79	361.51	1/1/2013
Rate Type :	· .				
Interim		X	Prospectiv	e	
Tot	al Interim			Total Prospective	
Inte	erim Component]	Prospective Adjusted for	or New Costs
X Sett	element based on costs			Total Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes			
Budget			_	Rating Change	
X Unaudited cos				Customary Limitation	I
Field audited	į			te limitation change	
Field audit - in	-		- FRVS Ch	•	1/12 C/D
Desk audited o		X		ement using FYE 7/3 ester Change	1/12 C/R
	rospective portion			2] as of 05/04/1993	
Distribution:	· · · · · · · · · · · · · · · · · · ·		75	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Me	edicaid Cost	Reimbursement Planni	ng and Finance
Permanent File					5
For information	on Only				
No Change in	Rate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South Maitland FL 32751				



Pate Type :	Coral Bay Healthcare and I	Rehabilitation			Provider Number:	0 043851-00
Provider Type: Current Rate Rate Rate Date Date	2939 South Haverhill Road	l			Date:	12/9/2013
Provider Type: Current Rate Rate Rate Date Date	West Palm Beach FL 3341.	5				
Provider Type: Current New Rate Date						
Rate Type: Interim Total Interim Interim Component Interim Component Interim Component Interim Prior Provider Prospective data Basis: Changes: Budget X Unaudited costs Field audited costs Cost Settlement using FYE 7/31/12 C/R	Provider Type:		,		Audit Status.	Onaddica [5]
Rate Type :	Trovider Type.			Current	New	Effective
Rate Type: Interim X Prospective Total Interim Total Prospective Interim Component Prospective Adjusted for New Costs X Settlement based on costs 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 Desk audited costs Total Prospective Usual and Customary Limitation Target Rate limitation change FRVS Change Cost Settlement using FYE 7/31/12 C/R			_	Rate	Rate	Date
Interim Total Interim Interim Component Interim Component X Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Prior Provider Prospective data Changes: Budget Budget Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Total Prospective Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Desk audited costs X Cost Settlement using FYE 7/31/12 C/R	Nursing Home Si	ngle Level		215.78	216.21	7/1/2013
Interim Total Interim Interim Component Interim Component X Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Prior Provider Prospective data Changes: Budget Budget Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Total Prospective Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Desk audited costs X Cost Settlement using FYE 7/31/12 C/R						
Interim Total Interim Interim Component Interim Component X Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Prior Provider Prospective data Changes: Budget Budget Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Total Prospective Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Desk audited costs X Cost Settlement using FYE 7/31/12 C/R						
Interim Total Interim Interim Component Interim Component X Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Prior Provider Prospective data Changes: Budget Budget Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Total Prospective Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Desk audited costs X Cost Settlement using FYE 7/31/12 C/R						
Interim Total Interim Interim Component Interim Component X Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Prior Provider Prospective data Changes: Budget Budget Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Total Prospective Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Desk audited costs X Cost Settlement using FYE 7/31/12 C/R						
Interim Total Interim Interim Component Interim Component X Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Prior Provider Prospective data Changes: Budget Budget Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Total Prospective Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Desk audited costs X Cost Settlement using FYE 7/31/12 C/R	,					
Total Interim Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Changes:	Rate Type :					
Total Interim Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Changes:	Tutanina		v	D		
Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Changes: Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Total Prospective with Interim Component Total Prospective Adjusted for New Costs Total Prospective with Interim Component Total Prospective with Interim Co		Interim				
Total Prospective with Interim Component Prior Provider Prospective data						for New Costs
Basis: Changes: Licensure Rating Change Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Value Change Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Cost Settlement using FYE 7/31/12 C/R						
Budget Unaudited costs Field audit - interim portion Desk audited costs Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Cost Settlement using FYE 7/31/12 C/R					otal i rospective with	mem component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs X Unaudited costs Field audit - interim portion Desk audited costs X Cost Settlement using FYE 7/31/12 C/R			C			
X Unaudited costs Usual and Customary Limitation Field audited costs Target Rate limitation change Field audit - interim portion FRVS Change Desk audited costs X Cost Settlement using FYE 7/31/12 C/R	Dasis:	:	Changes:			
X Unaudited costs Usual and Customary Limitation Field audited costs Target Rate limitation change Field audit - interim portion FRVS Change Desk audited costs X Cost Settlement using FYE 7/31/12 C/R	Dudoot			Licensure	Rating Change	
Field audited costs Field audit - interim portion Desk audited costs Target Rate limitation change FRVS Change X Cost Settlement using FYE 7/31/12 C/R		 				1
Desk audited costs X Cost Settlement using FYE 7/31/12 C/R		ts				1
Desk audited costs X Cost Settlement using FYE 7/31/12 C/R	Field audit - inter	im portion		FRVS Cha	nge	
			X	Cost Settle	ement using FYE 7/3	31/12 C/R
Desk audit - Interim Portion Rate Semester Change		1				
Desk Audit - Prospective portion On FRV [2] as of 05/04/1993	Desk Audit - Pros	pective portion	i	On FRV [2] as of 05/04/1993	
<u>Distribution:</u> Thomas Parker	Distribution:				Thomas Parker	
Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance	Contract Management /	Fiscal Agent	Med	ionid Cost I		ing and Finance
Permanent File	Permanent File		Med	icaid Cost r	cennoursement Flaini	ing and rinance
For information Only	For information (Only				
No Change in Rate	No Change in Ra	ite				
Home Office: CMC II, LLC	Home Office:	CIVIC II, LLC				
800 Concourse Parkway South		800 Concourse Parkway South				
Maitland FL 32751		•				



Plantation Bay Rehabilita	tion Center			Provider Number:	0 043853-00
4641 Old Canoe Creek Ro	oad		•	Date:	11/15/2013
St. Cloud FL 34769				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current	New	Effective
			Rate	Rate	Date
Nursing Home S	ingle Level		203.07	200.05	2/1/2012
Le	evel H: Aids		350.68	347.66	2/1/2012
Rate Type :					
X Interim			Prospective	e	
Total	Interim			Total Prospective	
Interi	m Component]	Prospective Adjusted f	or New Costs
X Settle	ment based on costs		7	Total Prospective with	Interim Component
Prior	Provider Prospective data				
Basis:		Changes:			
Pudant	į !		Licensure	Rating Change	
Budget X Unaudited costs				Customary Limitation	1
Field audited cos	sts			te limitation change	•
Field audit - inte	rim portion	-	FRVS Ch	ange	
Desk audited cos	-	X	Cost Settl	ement FYE 7/31/201:	2
Desk audit - Inter				ester Change	
Desk Audit - Pro	spective portion		On FRV [2] as of 07/20/1995	
Distribution:			7)	Thomas Parker	
Contract Management	/ Fiscal Agent	Med	icaid Cost	Reimbursement Plann	ing and Finance
Permanent File					·
For information	Only				
No Change in R	ate				
Home Office:	CMC II, LLC				
				!	
	800 Concourse Parkway South Maitland FL 32751			 	



Plantation Bay Rehabilitation Center			Provider Number:	0 04385	3-00
4641 Old Canoe Creek Road			Date:	11/15/2	013
St. Cloud FL 34769			Fiscal Year End:	7/31/20)12
				Unaudite	
Provider Type:			Audit Status:	Ollaudite	սլշյ
110vider Type.		Current	New	Effective	
		Rate	Rate	Date	_
Nursing Home Single Level		207.81	205.73	7/1/2012	_
Level H: Aids		357.02	354.94	7/1/2012	
	_				
Rate Type:					
					
X Interim		Prospective			
Total Interim Interim Component		**************************************	Total Prospective Prospective Adjusted f	or New Costs	
X Settlement based on costs			Total Prospective with		nent
Prior Provider Prospective data			total i lospective with	·	10111
		T			
Basis:	Changes:	j			
Product.		Licensure	Rating Change		
Budget X Unaudited costs		•	Customary Limitation	•	
Field audited costs			te limitation change	•	
Field audit - interim portion		FRVS Ch	ange		
Desk audited costs	X	Cost Settl	ement FYE 7/31/2012	2	
Desk audit - Interim Portion			ester Change		
Desk Audit - Prospective portion		On FRY	2] as of 07/20/1995		
<u>Distribution:</u>			Thomas Parker		
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Planni	ing and Finance	
Permanent File					
For information Only					
No Change in Rate					
Home Office: CMC II, LLC					
Trong Office.					
800 Concourse Parkway South Maitland FL 32751					



Plantation Bay Rehab	ilitation Center			Provider Number:	0 043853-00	
4641 Old Canoe Cree	k Road			Date:	11/15/2013	
St. Cloud FL 34769			-	Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:				Tidali Statas.		
_ J P • •			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		207.81	209.05	8/1/2012	
	Level H: Aids		357.02	358.26	8/1/2012	
Rate Type :						
Interim		X	Prospective	e		
T	otal Interim			Total Prospective		
In	nterim Component		I	Prospective Adjusted f	or New Costs	
$\overline{\mathbf{X}}$ Se	ettlement based on costs			Total Prospective with	Interim Component	
Pr	rior Provider Prospective data		•			
Basis:		Changes:				
				D (' C)		
Budget				Rating Change		
X Unaudited co				Customary Limitation te limitation change	1	
	interim portion	<u> </u>	FRVS Ch			
Desk audited		X		ge ement FYE 7/31/2012	· •	
	Interim Portion			ester Change	-	
Desk Audit -	Prospective portion			2] as of 07/20/1995		
Distribution:		7	7	Thomas Parker		
Contract Managen	nent / Fiscal Agent	Med	dicaid Cost	Reimbursement Planni	ing and Finance	
Permanent File					-	
For informat	tion Only					
No Change	in Rate					
Home Office:	CMC II, LLC					
Home Office:	· · · · · · · · · · · · · · · · · · ·					
	800 Concourse Parkway South			1		
	Maitland FL 32751					



Plantation Bay Rehabili	tation Center			Provider Number:	0 043853-00
4641 Old Canoe Creek	Road			Date:	11/15/2013
St. Cloud FL 34769				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				radit Status.	Ontartied [5]
Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	208.00	211.53	1/1/2013
	Level H: Aids		358.81	362.34	1/1/2013
Rate Type :					
Interim		X	Prospective	e	
Tot	al Interim			Total Prospective	
	erim Component	Prospective Adjusted for New Costs			
	lement based on costs			Total Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:			
			* *	D .: C1	
Budget				Rating Change	
Y Unaudited cos Field audited o	!	\ 		Customary Limitation te limitation change	
Field audit - ir	i	i	FRVS Ch		
Desk audited c		X		ement FYE 7/31/2012	2
Desk audit - In				ester Change	•
Desk Audit - P	rospective portion		On FRV [2	2] as of 07/20/1995	
Distribution:			2/)	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Me	diggid Cost	Reimbursement Planni	ng and Finance
Permanent File		MC	iicaiu Cost.	Kennoursement I lainn	ng and i manec
For information	on Only				
No Change in	Rate				
Home Office:	CMC II, LLC				
nome Office;				#	
	800 Concourse Parkway South				
	Maitland FL 32751			; 	



Plantation Bay Rehabili				Provider Number:	0 043853-00
4641 Old Canoe Creek l	Road			Date:	11/15/2013
St. Cloud FL 34769				Fiscal Year End:	7/31/2012
·				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		211.64	216.54	7/1/2013
					e je
Rate Type :					
Interim		X	Prospective	۵	
. ————	al Interim		_	Cotal Prospective	
	rim Component			Prospective Adjusted for	or New Costs
	lement based on costs			Total Prospective with	Interim Component
Prio	r Provider Prospective data				
Basis:		Changes:			
		ļ	T .	D. C.	
Budget				Rating Change	
Y Unaudited cost Field audited c				Customary Limitation te limitation change	
Field audited c			FRVS Ch		•
Desk audited co	-	X		ement FYE 7/31/2012	,
Desk audit - Int	· · · · · · · · · · · · · · · · · · ·			ester Change	•
Desk Audit - Pr	rospective portion			2] as of 07/20/1995	
Distribution:			7	Thomas Parker	
Contract Managemen	nt / Fiscal Agent	Med	licaid Cost	Reimbursement Planni	ng and Finance
Permanent File		WICC	ilcaid Cost	Remoursement i famil	ng and i mance
For informatio	n Only				
No Change in	Rate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South Maitland FL 32751				



Сс	olonial Lakes Health Ca	nre			Provider Number:	0 043854-	-00
15	204 West Colonial Dri	ve			Date:	11/25/20	13
W	inter Garden FL 34787				Fiscal Year End:	7/31/201	2
					Audit Status:	Unaudited	[3]
Pı	ovider Type:			Current Rate	New Rate	Effective Date	
Νι	ursing Home	Single Level		189.17	195.10	2/1/2012	
	L	evel H: Aids		336.78	342.71	2/1/2012	
	Inter X Settle	l Interim im Component ement based on costs Provider Prospective data]	e Fotal Prospective Prospective Adjusted t Fotal Prospective with		ent
L	Basis:	Trovides Prospective data	Changes:			Al lindade r of en electronista.	alem in en ine i
	Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Into	erim portion osts	X	Usual and Target Ra FRVS Ch Cost Sett Rate Sem	Rating Change Customary Limitation the limitation change ange lement FYE 7/31/201 ester Change 2] as of 09/01/1990		
===	Distribution:			8	Thomas Parker		
	Contract Managemer Permanent File For information No Change in	n Only	Med	licaid Cost	Reimbursement Plann	ning and Finance	
	Home Office:	CMC-II, LLC					
		800 Concourse Parkway South Maitland FL 32751					



Colonial Lakes Health	Care			Provider Number:	0 04385	54-00
15204 West Colonial D				Date:	11/25/2	2013
Winter Garden FL 3478	37			Fiscal Year End:	7/31/2	012
				Audit Status:	Unaudite	ed [3]
Provider Type:		-	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	193.81	200.74	7/1/2012	_
	Level H: Aids	_	343.02	349.95	7/1/2012	
Rate Type :		- · · · · · · · · · · · · · · · · · · ·	- · · · ·			
X Interim			Prospective			
	tal Interim			Fotal Prospective	for Nov. Costs	
	erim Component ttlement based on costs			Prospective Adjusted to Fotal Prospective with		nent
	or Provider Prospective data			rotar r rospective with	mierm compe	, inclit
		Changes	7			
Basis:	!	Changes:	J			
Budget	#		Licensure	Rating Change		
X Unaudited cos	sts			Customary Limitation	n	
Field audited	costs			te limitation change		
	nterim portion		FRVS Ch	_	_	
Desk audited	costs nterim Portion	X		lement FYE 7/31/201 ester Change	2	
	Prospective portion	:		2] as of 09/01/1990		
Distribution:	- A / First A	<u></u>	P	Thomas Parker		
Contract Managem Permanent File	ient / Fiscal Agent	Med	dicaid Cost	Reimbursement Plann	ning and Finance	e
For information For Formation Format	ion Only					
No Change i	•					
Home Office:	CMC II, LLC			· · · · · · · · · · · · · · · · · · ·		
	800 Concourse Parkway South Maitland FL 32751					
	Ivianiana i L 32/31					



Colonial Lakes Health Care				Provider Number:	0 043854-00
15204 West Colonial Drive				Date:	11/25/2013
Winter Garden FL 34787				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	igle Level	·	Current Rate 193.81	New Rate	Effective Date 8/1/2012
· · · · · · · · · · · · · · · · · · ·	.8-0 -2-0 0	,—,·_	170.00		07.1.2012
Leve	el H: Aids		343.02	354.93	8/1/2012
,		· · · · · · · · · · · · · · · · · · ·	 .		
Rate Type:					
Interim		X	Prospectiv	e	
Total Ir	nterim			Total Prospective	
Interim	Component			Prospective Adjusted f	for New Costs
X Settleme	ent based on costs			Total Prospective with	Interim Component
Prior Pr	ovider Prospective data				
Basis:		Changes:		ryalitania (na era e sp era re simble (nasere e ele	ere (<mark>alle</mark> e en la alle en en en e n el en en el en el en en el en en el en en el en el en el en el en el en e l el
			T : a am assum	Dating Change	
Budget X Unaudited costs		·		Rating Change	_
X Unaudited costs Field audited costs				l Customary Limitation te limitation change	O Company of the Comp
Field audit - interi		:	FRVS Ch		
Desk audited costs	-	<u>X</u>		dement FYE 7/31/201	,
Desk audit - Interin		:		ester Change	-
Desk Audit - Prosp	pective portion		On FRV	[2] as of 09/01/1990	
Distribution:			75	Thomas Parker	
Contract Management /	Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ning and Finance
Permanent File		17100	ilouid Cost		mig und i manee
For information (Only				
No Change in Ra	te				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South Maitland FL 32751				



Colonial Lakes Health	Care			Provider Number:	0 043854-00
15204 West Colonial D		Date: 11/25/2			11/25/2013
Winter Garden FL 3478	37			Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		193.96	208.32	1/1/2013
	Level H: Aids		344.77	359.13	1/1/2013
Rate Type :	· _ · · · · · · · · · · · · · · · · · · ·				
Interim	-	X	Prospectiv	e	
То	otal Interim		_	Total Prospective	
Int	erim Component			Prospective Adjusted f	For New Costs
X Set	ttlement based on costs			Total Prospective with	Interim Component
Pri	or Provider Prospective data				
Basis:		Changes:			
Dudget			Licensure	Rating Change	
Budget X Unaudited co	sts			Customary Limitation	1
Field audited		·		ite limitation change	•
Field audit - i	interim portion		FRVS Ch	ange	
	costs nterim Portion Prospective portion	<u>X</u>	Rate Sem	lement FYE 7/31/201 ester Change 2] as of 09/01/1990	2
Distribution:					
Contract Managem	nent / Fiscal Agent		0-	Thomas Parker	, <u></u>
Permanent File	ione / I food / igent	Med	dicaid Cost	Reimbursement Plann	ing and Finance
For informat	ion Only				
No Change i	in Rate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South Maitland FL 32751			i i	



Colonial Lakes Health Care			Provider Number:	0 043854-00
15204 West Colonial Drive			Date:	11/25/2013
Winter Garden FL 34787			Fiscal Year End:	7/31/2012
				· · · · · · · · · · · · · · · · · · ·
Durant dan Trans.			Audit Status:	Unaudited [3]
Provider Type:		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		197.40	213.74	7/1/2013
9	_			
			•	
	<u>-</u>			
Rate Type:				
Interim	X	Prospectiv	ve	
Total Interim		- 1100peou	Total Prospective	
Interim Component			Prospective Adjusted 1	for New Costs
X Settlement based on costs			Total Prospective with	
Prior Provider Prospective data				
Basis:	Changes			
	Changes			
Budget		Licensur	e Rating Change	
X Unaudited costs		_	d Customary Limitation	n
Field audited costs		_	ate limitation change	
Field audit - interim portion	: : :	FRVS C	hange	
Desk audited costs	X	_	tlement FYE 7/31/201	2
Desk audit - Interim Portion Desk Audit - Prospective portion			nester Change	
 	·	OllTRV	[2] as of 09/01/1990	
<u>Distribution:</u>		/7/	Thomas Parker	
Contract Management / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plann	ing and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: CMC II, LLC	·			
Tione office.				
800 Concourse Parkway South	ı			
Maitland FL 32751				



Central Park Healthcare and Rehabilitation Center		Provider Number:	0 043856-00
702 South Kings Avenue		Date:	11/18/2013
Brandon FL 33511		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	194.73		2/1/2012
Level H: Aids	342.34	337.40	2/1/2012
		<u></u>	
Rate Type:			
X Interim	Prospectiv	e	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
X Settlement based on costs	·	Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
D. L.	Licensure	Rating Change	
Budget X Unaudited costs		Customary Limitation	n
Field audited costs	·	ite limitation change	11
Field audit - interim portion	FRVS Ch	ange	
Desk audited costs	X Cost Sett	lement FYE 7/31/201	2
Desk audit - Interim Portion		ester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 02/25/1991	
Distribution:	78	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plann	ning and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: CMC II, LLC	<u></u>	:	
800 Concourse Parkway Sout Maitland FL 32751	ı		



Central Park Healthcare and Rehabilitation Center			Provider Number:	0 043856-00
702 South Kings Avenue			Date:	11/18/2013
Brandon FL 33511			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
•		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		199.53	<u> 196.31</u> _	7/1/2012
Level H: Aids		348.74	345.52	7/1/2012
Rate Type: X Interim Total Interim Interim Component X Settlement based on costs	<u>-</u>		e Total Prospective Prospective Adjusted t Total Prospective with	
Prior Provider Prospective data				. <u></u>
Basis:	Changes:			
Budget		Licensure	e Rating Change	
X Unaudited costs			1 Customary Limitation	n
Field audited costs			ate limitation change	
Field audit - interim portion		FRVS Cl	•	
Desk audited costs Desk audit - Interim Portion	X		t lement FYE 7/31/201 tester Change	2
Desk Audit - Prospective portion			[2] as of 02/25/1991	
Distribution:	7	2	Thomas Parker	- ·- · · · · · · · · · · · · · ·
Contract Management / Fiscal Agent	Med	dicaid Cost	Reimbursement Plant	ing and Finance
Permanent File	14100	neard Cost	Remoursement i lain.	ing and I manee
For information Only				
No Change in Rate				
Home Office: CMC II, LLC				
800 Concourse Parkway Sout Maitland FL 32751	h			



Central Park Healthca	are and Rehabilitation Center			Provider Number:	0 043856-00	
702 South Kings Ave	enue			Date:	11/18/2013	
Brandon FL 33511				Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
NY . YY	G	 -	Rate	Rate	Date	
Nursing Home	Single Level		199.53	<u> 197.78</u> _	8/1/2012	
	Level H: Aids		348.74	346.99	8/1/2012	
Rate Type :						
Interim		X	Prospectiv	e		
·	Total Interim		_	Total Prospective		
Interim Component			Prospective Adjusted for New Costs			
X	Settlement based on costs			Total Prospective with	Interim Component	
F	Prior Provider Prospective data					
Basis:		Changes:				
Budget			Licensure	Rating Change		
X Unaudited	costs			Customary Limitatio	n	
Field audite		·	-	ite limitation change		
	- interim portion	***	FRVS Ch	_		
Desk audite	ed costs - Interim Portion	<u>X</u>		lement FYE 7/31/201 ester Change		
	- Prospective portion			[2] as of 02/25/1991		
Distribution:			7	Thomas Parker		
_	ement / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ning and Finance	
Permanent File						
For inform						
No Chang	e in Rate					
Home Office:	CMC II, LLC	·····				
	800 Concourse Parkway South			:		
	Maitland FL 32751			i :		
	! <u> </u>					



Central Park Healthcare and Rehabilitation Center			Provider Number:	0 043856-00
702 South Kings Avenue			Date:	11/18/2013
Brandon FL 33511			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 199.70	New Rate 200.89	Effective Date 1/1/2013
Level H: Aids		350.51	351.70	1/1/2013
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data	X]	e Fotal Prospective Prospective Adjusted to the state of the state o	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Change	Licensure Usual and Target Ra FRVS Ch Cost Sett Rate Seme	lement FYE 7/31/201 ester Change	
Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	1	28	2] as of 02/25/1991 Thomas Parker Reimbursement Plann	ning and Finance
Home Office: CMC II, LLC 800 Concourse Parkway South Maitland FL 32751				



Central Park Healthcare and Rehabilitation Center			Provider Number:	0 043856-00
702 South Kings Avenue			Date:	11/18/2013
Brandon FL 33511			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
Numaina Homo Single Level	_	Rate	Rate	Date
Nursing Home Single Level	_	203.19		7/1/2013
Rate Type:	•			
Interim	X	Prospectiv	ve ·	
Total Interim			Total Prospective	
Interim Component		-	Prospective Adjusted to	
X Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes			
		_		
Budget		-	e Rating Change	
X Unaudited costs Field audited costs	:		d Customary Limitation at limitation change	n
Field audited costs Field audit - interim portion		FRVS Cl		
Desk audited costs	<u>X</u>	-	tlement FYE 7/31/201	2
Desk audit - Interim Portion			ester Change	· -
Desk Audit - Prospective portion		On FRV	[2] as of 02/25/1991	
Distribution:		2/) Thomas Parker	
Contract Management / Fiscal Agent		dicaid Cost	Reimbursement Plann	sing and Finance
Permanent File	IVIC	dicaid Cosi	i Kelmoursement i iaini	ing and I manec
For information Only				
No Change in Rate				
Home Office: CMC II, LLC				
Home Office.				
800 Concourse Parkway South	1		:	
Maitland FL 32751				



Beneva Lakes Healthcare and Rehabilitation Center			Provider Number:	0 043857-00
741 South Beneva Road			Date:	11/18/2013
Sarasota FL 34232			Fiscal Year End:	7/31/2012
		•	Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 202.46	New Rate 194.98	Effective Date 2/1/2012
Level H: Aids		350.07	342.59	2/1/2012
Rate Type: X Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data		I	e Total Prospective Prospective Adjusted : Total Prospective with	
Basis:	Changes:			
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 Settl Rate Seme	Rating Change Customary Limitation te limitation change ange lement FYE 7/31/12 ester Change 2] as of 01/01/2001	n
Distribution:			Thomas Parker	· · · · · · · · · · · · · · · · · · ·
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Med	licaid Cost	Reimbursement Plann	ning and Finance
Home Office: CMC II, LLC 800 Concourse Parkway South Maitland FL 32751				



Beneva Lakes Healthcare	and Rehabilitation Center			Provider Number:	0 043857-00
741 South Beneva Road				Date:	11/18/2013
Sarasota FL 34232				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:	Simple Level		Current Rate	New Rate	Effective Date
Nursing Home	Single Level		208.41	200.56	7/1/2012
I.	evel H: Aids		357.62	349.77	7/1/2012
Rate Type :		·			
X Interim			Prospective	e	
Tota	l Interim			Total Prospective	
	rim Component			Prospective Adjusted f	
	ement based on costs Provider Prospective data			Total Prospective with	Interim Component
Basis:		Changes:			
Budget		1	Licensure	Rating Change	
X Unaudited costs	· \$			Customary Limitation	1
Field audited co	osts		Target Ra	te limitation change	
Field audit - int	_		FRVS Ch	-	
Desk audited co	•	<u>X</u>		lement FYE 7/31/12	
Desk audit - Int	erim Portion ospective portion			ester Change 2] as of 01/01/2001	
Distribution:			2	Thomas Parker	
Contract Managemen	nt / Fiscal Agent	Med Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File		IVICC	neara cost	Reimoursement i iain	mig and i manee
For informatio	n Only				
No Change in	Rate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South Maitland FL 32751			1	



Beneva Lakes Healthca	re and Rehabilitation Center			Provider Number:	0 04385	7-00
741 South Beneva Road				Date:	11/18/2	013
Sarasota FL 34232				Fiscal Year End:	7/31/20	
				Audit Status:	Unaudite	
Provider Type:				Audit Status.	Ollaudite	ս [3]
Trovider Type.			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		208.41	204.65	8/1/2012	-
	Level H: Aids		357.62	353.86	8/1/2012	
Rate Type:						
Interim		X	Prospectiv	e		
	tal Interim			Total Prospective		
·	erim Component			Prospective Adjusted i		
·	tlement based on costs			Total Prospective with	Interim Compo	nent
Pri	or Provider Prospective data					
Basis:	1	Changes:				
Budget	i		Licensure	Rating Change		
X Unaudited cos	sts :			Customary Limitation	n	
Field audited	costs			te limitation change		
Field audit - i	nterim portion		FRVS Ch	ange		
Desk audited		<u>X</u>		lement FYE 7/31/12		
Desk audit - In				ester Change		
Distribution:	Prospective portion			[2] as of 01/01/2001		
			0	Thomas Parker		
Contract Managem	ent / Fiscal Agent	Med	dicaid Cost	Reimbursement Plann	ing and Finance	
Permanent File					_	
For informati	ion Only					
No Change i	n Rate					
Home Office:	CMC II, LLC		<u> </u>	·		
	800 Concourse Parkway South Maitland FL 32751					



Beneva Lakes Healthcare and Rel	nabilitation Center			Provider Number:	0 043857-00
741 South Beneva Road				Date:	11/18/2013
Sarasota FL 34232				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					<u> </u>
		(Current	New	Effective
NY 1 TY OF 1 1			Rate	Rate	Date
Nursing Home Single 1	Level		209.23	207.31	1/1/2013
Level H:	Aids		360.04	358.12	1/1/2013
Rate Type:					
Interim		<u>X</u>	Prospective -		
Total Interim				Total Prospective	
Interim Comp X Settlement ba	•			Prospective Adjusted for Cotal Prospective with	
	r Prospective data			total Flospective with	merm component
Basis:		Changes:			
Dusisi	:	Changes.		•	
Budget			Licensure	Rating Change	
X Unaudited costs	!		Usual and	Customary Limitation	1
Field audited costs			Target Ra	te limitation change	
Field audit - interim por	tion	· ————	FRVS Ch	-	
Desk audited costs		<u>X</u>		ement FYE 7/31/12	
Desk audit - Interim Por Desk Audit - Prospectiv				ester Change 2] as of 01/01/2001	
Distribution:			\		
Contract Management / Fisca	1 Agent		<u> </u>	Thomas Parker	
Permanent File	S	Med	icaid Cost	Reimbursement Plann	ing and Finance
For information Only					
No Change in Rate					
Home Office: CMC	TI, LLC				
	Concourse Parkway South and FL 32751			i .	



Beneva Lakes Healthcare and Rehabilitation Center			Provider Number:	0 043857-00
741 South Beneva Road			Date:	11/18/2013
Sarasota FL 34232			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		212.88	212.74	7/1/2013
Rate Type: Interim Total Interim	<u>X</u>		Total Prospective	
Interim Component			Prospective Adjusted f	
X Settlement based on costs Prior Provider Prospective data			Total Prospective with	Interim Component
	Classic	7		
Basis:	Changes:			
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	Rating Change I Customary Limitation ate limitation change ange lement FYE 7/31/12 ester Change [2] as of 01/01/2001	n
Distribution:		7	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Med	dicaid Cost	Reimbursement Plann	ning and Finance
Home Office: CMC II, LLC 800 Concourse Parkway South Maitland FL 32751				



Bradenton Health Car	re			Provider Number:	0 043859-00
6305 Cortez Road We	est			Date:	11/15/2013
Bradenton FL 34210				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
••			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		206.71	200.92	2/1/2012
	5 9. 20				
	Level H: Aids	_	354.32	348.53	2/1/2012
Rate Type :					 · · · ·
X Interim			Prospectiv		
	Fotal Interim			Total Prospective	
	nterim Component			Prospective Adjusted f	for New Costs
	ettlement based on costs			Total Prospective with	
·	rior Provider Prospective data			•	•
Basis:		Changes:			eri n de la com encia de la companya del companya del companya de la companya de
Budget			Licensure	e Rating Change	
X Unaudited c	eosts		•	d Customary Limitation	n
Field audite	ed costs		Target Ra	ate limitation change	
	- interim portion		FRVS Cl	_	
Desk audited	i i	<u>X</u>		lement using FYE 7/3	31/2012
	Interim Portion - Prospective portion			ester Change [2] as of 12/09/1999	
Distribution:			272	Thomas Parker	
Contract Manage	ment / Fiscal Agent		<u>U</u>		1 177
Permanent File		Me	dicaid Cost	Reimbursement Plann	ing and Finance
For informa	ation Only				
No Change	-				
Home Office:	CMC II, LLC	-		- ·· ··	
	800 Concourse Parkway South				
	Maitland FL 32751				



Bradenton Health Care			Provider Number:	0 043859-00
6305 Cortez Road West			Date:	11/15/2013
Bradenton FL 34210			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home Single Lev	el	212.38	207.58	7/1/2012
Level H: Aids	6	361.59	356.79	7/1/2012
Rate Type :				
X Interim		Prospective		
Total Interim	•		otal Prospective	
Interim Compone	nt	Pr	ospective Adjusted	for New Costs
X Settlement based	on costs	To	otal Prospective with	Interim Component
Prior Provider Pro	ospective data			
Basis:	Ch	anges:		
Budget	•	Licensure F	Rating Change	
X Unaudited costs			Customary Limitation	n
Field audited costs	: · · · · · · ·		limitation change	•
Field audit - interim portion		FRVS Char	nge	
Desk audited costs	· · · · · · · · · · · · · · · · · · ·	X Cost Settle	ment using FYE 7/3	31/2012
Desk audit - Interim Portion		Rate Semes	-	
Desk Audit - Prospective por	rtion	On FRV [2]	as of 12/09/1999	
Distribution:		7	Thomas Parker	
Contract Management / Fiscal Ag	ent -	Medicaid Cost R	eimbursement Plann	ning and Finance
Permanent File				<u> </u>
For information Only				
No Change in Rate				
Home Office: CMC II,	LLC	<u> </u>	!	
800 Conce Maitland I	ourse Parkway South FL 32751			



Bradenton Health Care			Provider Number:	0 043859-00
6305 Cortez Road West			Date:	11/15/2013
Bradenton FL 34210			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home Single Level		212.38	208.40	8/1/2012
Level H: Aids		361.59	357.61	8/1/2012
Rate Type :				
Interim	<u>X</u>	Prospectiv		
Total Interim			Total Prospective	San Name Canada
Interim Component			Prospective Adjusted f	
Settlement based on costs Prior Provider Prospective data		-	Total Prospective with	Interim Component
	·	<u> </u>		
Basis:	Changes:			
D. L.		Licensur	e Rating Change	
Budget Vinaudited costs			f Katting Change d Customary Limitation	n
Field audited costs	<u> </u>		ate limitation change	11
Field audit - interim portion		FRVS Cl	-	
Desk audited costs	X	Cost Sett	element using FYE 7/3	31/2012
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion		On FRV	[2] as of 12/09/1999	
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File	1,100			g
For information Only				
No Change in Rate				
Home Office: CMC II, LLC				
800 Concourse Parkway Sout	h			1
Maitland FL 32751				



Bradenton Health Care				Provider Number:	0 043859-00	
6305 Cortez Road West			Date		11/15/2013	
Bradenton FL 34210			Fiscal Year End:		7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		214.03		1/1/2013	
1	Level H: Aids		364.84	362.53	1/1/2013	
Rate Type :						
Interim		X	Prospective)		
Tota	al Interim		T	otal Prospective		
	rim Component	Prospective Adjusted for New Costs				
	ement based on costs		Т	Cotal Prospective with	Interim Component	
Prior	r Provider Prospective data		<u> </u>		·	
Basis:	1 1	Changes:				
	:	!	Licomoumo	Dating Change		
Budget X Unaudited cost	!			Rating Change Customary Limitation		
Field audited co		·		te limitation change	1 .	
Field audit - in			FRVS Cha	=		
Desk audited co		X		ement using FYE 7/3	31/2012	
Desk audit - Int	erim Portion		Rate Seme	ester Change		
Desk Audit - Pr	ospective portion		On FRV [2	2] as of 12/09/1999		
Distribution:				Thomas Parker		
Contract Managemen	nt / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance	
Permanent File		1.100				
For informatio	n Only					
No Change in	Rate					
Home Office:	CMC II, LLC					
	800 Concourse Parkway South Maitland FL 32751			! : : !		



Bradenton Health Care			Provider Number:	0 043859-00
6305 Cortez Road West			Date:	11/15/2013
Bradenton FL 34210			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:		Current	New	Effective
Nursing Home	Single Level	218.78	Rate	7/1/2013
run sing Home	Single Level	210.76		7/1/2013
· · · · · · · · · · · · · · · · · · ·				
Rate Type:				
Interim		X Prospective	e	
Tota	al Interim		Total Prospective	
Inte	rim Component]	Prospective Adjusted f	for New Costs
X Sett	lement based on costs		Total Prospective with	Interim Component
Prio	r Provider Prospective data			
Basis:	C	hanges:		
Budget		Licensure	Rating Change	
X Unaudited cost	ts		Customary Limitation	n
Field audited of	costs		te limitation change	
Field audit - in	-	FRVS Ch	-	
Desk audited c	· · · · · · · · · · · · · · · · · · ·		lement using FYE 7/3	31/2012
Desk Audit - In	rospective portion		ester Change 2] as of 12/09/1999	
Distribution:	respective portion		Thomas Parker	<u></u>
Contract Manageme	ent / Fiscal Agent	Madigaid Coat	Reimbursement Plann	sing and Finance
Permanent File		wiedicaid Cost	Kennom schient e iami	ing and rinance
For information	on Only			
No Change in	Rate			
Home Office:	CMC II, LLC			
Home Office.				
	800 Concourse Parkway South Maitland FL 32751			



Fort Pierce Health Care		Provider Number:	0 043861-00
611 South 13th Street		Date:	11/27/2013
Ft. Pierce FL 34950		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.77	208.51	2/1/2012
Level H: Aids	354.38	356.12	2/1/2012
			• • •
Rate Type:			
X Interim	Prospecti	ve	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
X Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitation	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	-	_
Desk audited costs Desk audit - Interim Portion		tilement FYE 7/31/201 nester Change	.2
Desk Audit - Prospective portion		[2] as of 10/01/1985	
Distribution:	75	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Planr	ning and Finance
Permanent File			·
For information Only			
No Change in Rate			
Home Office: CMC II, LLC			
800 Concourse Parkway South Maitland FL 32751			



Fort Pierce Health Care				Provider Number:	0 043861-00
611 South 13th Street			Date:		11/27/2013
Ft. Pierce FL 34950	<u></u>			Fiscal Year End:	7/31/2012
_				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	Single Level		Current Rate 212.92	New Rate	Effective Date 7/1/2012
L	evel H: Aids		362.13	363.65	7/1/2012
Rate Type:					
Interior X Settle	Interim im Component ement based on costs Provider Prospective data			Cotal Prospective Prospective Adjusted f Total Prospective with	
Basis:		Changes:			-2 2.002-11. 2.
Budget X Unaudited costs Field audited co Field audit - inte Desk audited co Desk audit - Inte Desk Audit - Pro	erim portion sts	X	Usual and Target Ra FRVS Ch Cost Sett Rate Seme	Rating Change Customary Limitation the limitation change ange lement FYE 7/31/201 ester Change 2] as of 10/01/1985	
Distribution:			$\langle \rangle$	Thomas Parker	
Contract Managemen Permanent File For information No Change in 1	ı Only	Med	Licaid Cost	Reimbursement Plann	ing and Finance
Home Office:	CMC II, LLC 800 Concourse Parkway South Maitland FL 32751				



Fort Pierce Health Care	e			Provider Number:	0 04386	1-00
611 South 13th Street				Date:	12/2/20)13
Ft. Pierce FL 34950				Fiscal Year End:	7/31/20)12
				Audit Status:	Unaudite	d [3]
Provider Type:		·	Current Rate	New Rate	Effective Date	_
Nursing Home	Single Level		212.92		8/1/2012	-
	Level H: Aids	_	362.13	369.98	8/1/2012	
Rate Type :						<u> </u>
Interim		X	Prospectiv	e		
	otal Interim			Total Prospective		
	terim Component			Prospective Adjusted f		
·	ettlement based on costs			Total Prospective with	Interim Compos	nent
Pri	ior Provider Prospective data			· · · · · · · · · · · · · · · · · · ·		
Basis:	1.	Changes:				
Dudget			Licensure	Rating Change		
Budget X Unaudited co	osts			Customary Limitation	n	
Field audited				te limitation change	-	
Field audit -	interim portion		FRVS Ch	ange		
Desk audited		X		lement FYE 7/31/201	2	
	Interim Portion Prospective portion	· ———		ester Change 2] as of 10/01/1985		
	Trospective portion		OnTRV	2] as of 10/01/1985		
Distribution:			0	Thomas Parker		
Contract Managem	nent / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance	
Permanent File	tion Only					
For informat	•					•
No Change	in Rate					
Home Office:	CMC II, LLC			!		
	800 Concourse Parkway South Maitland FL 32751					



Fort Pierce Health Care				Provider Number:	0 043861-00
611 South 13th Street				Date:	11/27/2013
Ft. Pierce FL 34950				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Si	ingle Level		213.95		1/1/2013
Le	vel H: Aids		364.76	374.43	1/1/2013
Rate Type :					·
InterimTotalInterir	Interim n Component nent based on costs	<u> </u>	F	e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Provider Prospective data	Changes:			
Budget X Unaudited costs Field audited cos Field audit - inte Desk audited cos	rim portion ts	X	Usual and Target Ra FRVS Cha Cost Settl	ement FYE 7/31/201	
Desk audit - Inter Desk Audit - Pro	· · · · · · · · · · · · · · · · · · ·			ester Change 2] as of 10/01/1985	
Distribution:	<u> </u>		277	Thomas Parker	
Contract Management Permanent File For information	-	Med	licaid Cost	Reimbursement Plann	ing and Finance
No Change in R	Late				
Home Office:	CMC II, LLC 800 Concourse Parkway South				
	Maitland FL 32751			; ; ;	



Fort Pierce Health Care				Provider Number:	0 043861-00
611 South 13th Street				Date:	11/27/2013
Ft. Pierce FL 34950				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	217.72		7/1/2013
D (E					
Rate Type:					
Interim		X	Prospectiv	e	
	tal Interim			Total Prospective	
	erim Component			Prospective Adjusted t	
	tlement based on costs		<u> </u>	Total Prospective with	Interim Component
Pric	or Provider Prospective data			- - <u></u>	
Basis:		Changes	:		
D., J			Licensure	Rating Change	
Budget X Unaudited cos	ste :	-		Customary Limitation	n
Field audited	I .	-		te limitation change	
	nterim portion	ļ 	FRVS Ch	ange	
Desk audited		<u> </u>	Cost Sett	lement FYE 7/31/201	2
Desk audit - In	· ·			ester Change	
	Prospective portion	1	On FRV [2] as of 10/01/1985	
Distribution:			7K)	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	M	edicaid Cost	Reimbursement Plann	ning and Finance
Permanent File					
For informati	ion Only				
No Change in	n Rate				
Home Office:	CMC II, LLC				
mone office.	<u> </u>				
	800 Concourse Parkway South				
	Maitland FL 32751				



Habana Health Care Center	Provider Number: 0 043862-00
2916 Habana Way	Date: 11/27/2013
Tampa FL 33614	Fiscal Year End: 7/31/2012
	Audit Status: Unaudited [3]
Provider Type:	Current New Effective Rate Rate Date
Nursing Home Single Level	193.02 198.65 2/1/2012
Level H: Aids	340.63 346.26 2/1/2012
Rate Type: X Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	Prospective Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 05/01/1989
Distribution:	Thomas Parker
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost Reimbursement Planning and Finance
Home Office: CMC II, LLC 800 Concourse Parkway South Maitland FL 32751	



Habana Health Care Cente	er			Provider Number:	0 043862-00
2916 Habana Way				Date:	11/27/2013
Tampa FL 33614				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:		(Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level		197.67	204.41	7/1/2012
Le	evel H: Aids		346.88	353.62	7/1/2012
Interi X Settle	Interim m Component ment based on costs		F	e Fotal Prospective Prospective Adjusted for Cotal Prospective with	
Basis:	Provider Prospective data	Changes:	Printe 		La la la composition de la composition
Budget X Unaudited costs Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts erim Portion	X	Usual and Target Ra FRVS Ch Cost Settl Rate Seme	Rating Change Customary Limitation te limitation change ange ement FYE 7/31/201 ester Change 2] as of 05/01/1989	
Distribution:			2/7	Thomas Parker	
Contract Management Permanent File For information No Change in F	Only	Med	icaid Cost	Reimbursement Plann	ing and Finance
Home Office:	CMC II, LLC 800 Concourse Parkway South Maitland FL 32751				



Habana Health Care Cen	ter	4		Provider Number:	0 043862-00
2916 Habana Way				Date:	11/27/2013
Tampa FL 33614				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
NY 1 TT	O	·	Rate	Rate	Date
Nursing Home	Single Level		197.67		8/1/2012
I	Level H: Aids		346.88	359.58	8/1/2012
Rate Type :					
Interim		X	Prospective	e	
	ıl Interim			Total Prospective	
	rim Component			Prospective Adjusted 1	
	ement based on costs			Total Prospective with	Interim Component
Prior	r Provider Prospective data				
Basis:	;	Changes:			
Budget		i	Licensure	Rating Change	
X Unaudited cost	s			Customary Limitation	n
Field audited c	osts		Target Ra	te limitation change	
Field audit - in	terim portion		FRVS Ch	ange	
Desk audited co	· · · · · · · · · · · · · · · · · · ·	X		lement FYE 7/31/201	2
Desk audit - Int		: : 		ester Change 2] as of 05/01/1989	
	rospective portion	<u></u>		2] as 01 03/01/1969	
Distribution:			7	Thomas Parker	
Contract Managemen	nt / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ning and Finance
Permanent File					-
For informatio	on Only				
No Change in	Rate				
Home Office:	CMC II, LLC				
	:			1 - - - -	
	800 Concourse Parkway South Maitland FL 32751				
	·				



Habana Health Care Center				Provider Number:	0 043862-00
2916 Habana Way				Date:	11/27/2013
Tampa FL 33614				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				2 20 20 20 20 20 20 20 20 20 20 20 20 20	
• •			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	٠.	197.81	210.63	1/1/2013
			·		
	Level H: Aids		348.62	361.44	1/1/2013
Rate Type :	<u></u>		<u>-</u>		
Interim		X	Prospective	e	
	tal Interim			Γotal Prospective	
	erim Component			Prospective Adjusted 1	for New Costs
	tlement based on costs			Total Prospective with	
	or Provider Prospective data			•	•
Basis:		Change	s:	ulen kin i um i miller i meleksisi res	
<u> </u>		<u> </u>			
Budget			Licensure	Rating Change	
X Unaudited cos	sts			Customary Limitation	n
Field audited	costs			te limitation change	
	nterim portion		FRVS Ch	· ·	•
Desk audited of		X		lement FYE 7/31/201	2
Desk audit - Ir	1			ester Change	
	Prospective portion		Onray	2] as of 05/01/1989	
Distribution:	/B: 1		10	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	N	Medicaid Cost	Reimbursement Plann	ning and Finance
Permanent File					
For informati	on Only				
No Change in	n Rate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South Maitland FL 32751				
	<u> </u>				



Habana Health Care C	enter			Provider Number:	0 043862-00
2916 Habana Way				Date:	11/27/2013
Tampa FL 33614				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
N	G. 1. T. 1		Rate	Rate	Date
Nursing Home	Single Level	_	201.28	<u>218.04</u> _	7/1/2013
		· · · · · · · · · · · · · · · · · · ·			
Rate Type:					
Interim		X	Prospectiv	⁄e	
To	otal Interim			Total Prospective	
In	nterim Component			Prospective Adjusted	for New Costs
X Se	ettlement based on costs			Total Prospective with	Interim Component
Pr	rior Provider Prospective data				
Basis:		Changes:			
Budget	•	:	Licensur	e Rating Change	
X Unaudited co				d Customary Limitation	n
Field audited				ate limitation change	
	interim portion	· — —	FRVS C	-	_
Desk audited	I costs Interim Portion	<u>X</u>		tlement FYE 7/31/201 nester Change	2
	Prospective portion			[2] as of 05/01/1989	
Distribution:)———	<u> </u>
	ment / Fiscal Agent		O^{-}	Thomas Parker	
Permanent File	ment / 1 iseal / igent	Me	dicaid Cost	Reimbursement Plann	ing and Finance
For informa	tion Only				
No Change					
Home Office:	CMC II, LLC				
	800 Concourse Parkway South			 	
	Maitland FL 32751			:	
	Transmis I DD/DI				



The Health and Rehabilitation Centre at Dolphins V			Provider Number:	0 043863-00
1820 Shore Drive, South			Date:	11/12/2013
South Pasadena FL 33707			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		222.50	215.05	2/1/2012
Level H: Aids		370.11	362.66	2/1/2012
Rate Type:		· · · · · 	<u> </u>	
X Interim		Prospective	e	
Total Interim			Total Prospective	
Interim Component	Prospective Adjusted for New Costs			
X Settlement based on costs	Total Prospective with Interim Componen			
Prior Provider Prospective data				
Basis:	Changes:			
	1	T i a a m a u m a	Dating Change	
X Unaudited costs	-		Rating Change	_
Field audited costs	 		Customary Limitation te limitation change	11
Field audit - interim portion		FRVS Ch	-	
Desk audited costs	X		lement FYE 7/31/201	2
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion		On FRV [2] as of 04/01/1991	
<u>Distribution:</u>	7	カノ	Thomas Parker	
Contract Management / Fiscal Agent	Med	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File				C
For information Only				
No Change in Rate				
Home Office: CMCII				
800 Concourse Parkway South Maitland FL 32751				



The Health and Rehabilit	ation Centre at Dolphins V			Provider Number:	0 043863-00
1820 Shore Drive, South				Date:	11/12/2013
South Pasadena FL 3370	7			Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
••		(Current	New	Effective
NT TT			Rate	Rate	Date
Nursing Home	Single Level		228.46		7/1/2012
I	Level H: Aids		377.67	370.08	7/1/2012
Rate Type :					- <u>-</u>
X Interim			Prospective	;	
Tota	ıl Interim	Total Prospective			
Inter	Prospective Adjusted for New Costs				
	ement based on costs				
Prior	Provider Prospective data	·			
Basis:		Changes:			
Budget	·		Licensure	Rating Change	
X Unaudited costs	Š	:		Customary Limitation	n
Field audited co	osts	:		e limitation change	
Field audit - int	terim portion	: !	FRVS Cha	ange	
Desk audited co		<u>X</u>		ement FYE 7/31/201	2
Desk audit - Int	erim Portion ospective portion			ster Change 2] as of 04/01/1991	
Distribution:	ospective portion				
	//E: 1.4		\mathcal{O}^{-}	Thomas Parker	
Contract Managemer	nt / Fiscal Agent	Med	icaid Cost	Reimbursement Plann	ing and Finance
Permanent File For informatio	n Only				
	•				
No Change in	Kate				
Home Office:	CMCII			* · · · · · · · · · · · · · · · · · · ·	
	800 Concourse Parkway South Maitland FL 32751			: :	



			Provider Number:	0 043863-00
1820 Shore Drive, South			Date:	11/12/2013
South Pasadena FL 33707			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
••		Current Rate	New Rate	Effective Date
Nursing Home Single Level		228.46	222.14	8/1/2012
Level H: Aids		377.67	371.35	8/1/2012
Rate Type:				
Interim	<u>X</u>	Prospective		
Total Interim	Total Prospective			
Interim Component	Prospective Adjusted for New Costs Total Prospective with Interim Componer			
X Settlement based on costs Prior Provider Prospective data			otal Prospective with	Interim Component
				
Basis:	Changes:	J		
Budget	ı	Licensure	Rating Change	
X Unaudited costs		Usual and	Customary Limitation	n
Field audited costs		_	te limitation change	
Field audit - interim portion	:	FRVS Ch	<u> </u>	
Desk audited costs Desk audit - Interim Portion	X		lement FYE 7/31/201	2
Desk Audit - Prospective portion			ester Change 2] as of 04/01/1991	
Distribution:		7/	Thomas Parker	
Contract Management / Fiscal Agent		liagid Cost	Reimbursement Plann	sing and Finance
Permanent File	MEC	iicaiu Cost	Kemioursement Fiani.	ing and rmance
For information Only				
No Change in Rate				
Home Office:	<u> </u>			
800 Concourse Parkway South	h			
Maitland FL 32751				



The Health and Rehabilitation Centre at Dolphins V				Provider Number:	0 043863-00	
1820 Shore Drive, South				Date:	11/12/2013	
South Pasadena FL 3370	07			Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Nursing Homo	Single Level		Rate	Rate	Date	
Nursing Home	Single Level		230.10		1/1/2013	
	Level H: Aids	_	380.91	376.02	1/1/2013	
Rate Type :		- <u></u>				
Interim		X	Prospectiv	e		
Tot	Total Prospective					
Inte	Interim Component Prospective Adjusted for Ne				for New Costs	
	element based on costs	Total Prospective with Interim Component				
Pric	or Provider Prospective data	· •••				
Basis:	* !	Changes:				
Budget			Licensure	Rating Change		
X Unaudited cos	ts			Customary Limitation	n	
Field audited	costs		Target Ra	ite limitation change		
Field audit - in	-		FRVS Ch	•		
Desk audited o		X		lement FYE 7/31/201	2	
	Prospective portion	:		ester Change [2] as of 04/01/1991		
Distribution:			7	Thomas Parker	· · · · · · · · · · · · · · · · · · ·	
Contract Manageme	ent / Fiscal Agent		<i>P</i>		1.0	
Permanent File	S	Me	dicaid Cost	Reimbursement Plann	ing and Finance	
For information	on Only					
No Change in	•					
Home Office:	CMCII					
	000 Carra na Pari a Carra					
	800 Concourse Parkway South Maitland FL 32751					
	Manana i L 32/31					



The Health and Rehabilitation Centre at Dolphins V			Provider Number:	0 043863-00
1820 Shore Drive, South			Date:	11/12/2013
South Pasadena FL 33707			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 235.11	New Rate 231.11	Effective Date 7/1/2013
		233.11		17174010
Rate Type:	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Interim	X	Prospective	e	
Total Interim		_	Total Prospective	
Interim Component	Prospective Adjusted for New Costs			
X Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data		::/··-		
Basis:	Changes:			
		Licensure	Rating Change	
Budget X Unaudited costs			Customary Limitation	2
Field audited costs			te limitation change	1
Field audit - interim portion		FRVS Ch	-	
Desk audited costs	<u>X</u>	Cost Settl	lement FYE 7/31/201	2
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion		On FRV [2] as of 04/01/1991	
Distribution:		76	Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: CMCII				
800 Concourse Parkway South Maitland FL 32751				



Date 11/12/20 Palm Coast Parkway SE Date 11/12/20 Palm Coast FL 32137 Fiscal Year End: 7/31/201 Audit Status: Unaudited Provider Type: Current Rate Rate Rate Date Date Parkway SE Parkway SE Provider Type: Parkway SE Provider Type: Parkway SE Provider Type: Parkway SE Provider Type: Prospective Prosp	2
Palm Coast FL 32137	2
Nursing Home Single Level Sing	
Current New Effective Rate Rate Date	
Nursing Home Single Level 193.55 185.69 2/1/2012 Level H: Aids 341.16 333.30 2/1/2012 Rate Type: X Interim Prospective Total Interim Component Total Prospective Adjusted for New Costs	
Nursing Home Single Level Level H: Aids 341.16 333.30 2/1/2012 Rate Type: X Interim Prospective Total Interim Component Prospective Adjusted for New Costs	
Level H: Aids 341.16 333.30 2/1/2012 Rate Type: X Interim Prospective Total Interim Total Prospective Interim Component Prospective Adjusted for New Costs	
Rate Type: X Interim Prospective Total Interim Total Prospective Interim Component Prospective Adjusted for New Costs	
X Interim Prospective Total Interim Total Prospective Interim Component Prospective Adjusted for New Costs	
X Interim Prospective Total Interim Total Prospective Interim Component Prospective Adjusted for New Costs	
Total Interim Total Prospective Interim Component Prospective Adjusted for New Costs	
Interim Component Prospective Adjusted for New Costs	
· · · · · · · · · · · · · · · · · · ·	
	ent
Prior Provider Prospective data	2110
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 Cost Settlement FYE 7/31/2012	
Desk audit - Interim Portion Rate Semester Change On FRV [2] as of 05/16/1997	
Distribution: Thomas Parker	
Contract Management / Fiscal Agent	
Permanent File Medicaid Cost Reimbursement Planning and Finance	
For information Only	
No Change in Rate	
Home Office: CMCII	
800 Concourse Parkway South Maitland FL 32751	



Grand Oaks Health and Rehabilitation Cer	nter	•		Provider Number:	0 043864-00
3001 Palm Coast Parkway SE				Date:	11/12/2013
Palm Coast FL 32137				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:		•	Current Rate	New Rate	Effective Date
Nursing Home Single Level			197.74	190.63	7/1/2012
Level H: Aids			346.95	339.84	7/1/2012
Rate Type :	·	· · · · · · · · · · · · · · · · · · ·		·	
X Interim			Prospective	e	
Total Interim		Total Prospective			
Interim Component		Prospective Adjusted for New Costs			
X Settlement based on c		Total Prospective with Interim Component			
Prior Provider Prospe	ctive data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
X Unaudited costs				Customary Limitation	n
Field audited costs				te limitation change	
Field audit - interim portion			FRVS Ch	ange	
Desk audited costs		<u>X</u>		lement FYE 7/31/201	2
Desk audit - Interim Portion Desk Audit - Prospective portion	1			ester Change 2] as of 05/16/1997	
Distribution:	<u> </u>		7	Thomas Parker	
Contract Management / Fiscal Agent					· 1D:
Permanent File		Med	icaid Cost	Reimbursement Plann	ing and Finance
For information Only					
No Change in Rate					
Home Office: CMCII					
800 Concours Maitland FL 3	e Parkway South 32751			 	



Grand Oaks Health and Rehabilitation Center			Provider Number:	0 043864-00
3001 Palm Coast Parkway SE			Date:	11/12/2013
Palm Coast FL 32137			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:	_	Current Rate	New Rate	Effective Date
Nursing Home Single Level		197.74	<u>191.72</u> _	8/1/2012
Level H: Aids		346.95	340.93	8/1/2012
·	et a			·
Rate Type:	X	Prospective		
Total Interim		1	otal Prospective	
Interim Component			rospective Adjusted	
X Settlement based on costs		Т	otal Prospective with	Interim Component
Prior Provider Prospective data	**** <u>*</u>			
Basis:	Changes:			
	1	T :	Dating Chause	
Budget X Unaudited costs			Rating Change Customary Limitation	n
Field audited costs	-		e limitation change	11
Field audit - interim portion		FRVS Cha		
Desk audited costs	X		ement FYE 7/31/201	2
Desk audit - Interim Portion			ster Change	
Desk Audit - Prospective portion	L	On FRV [.	2] as of 05/16/1997	
Distribution:		7) -	Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ning and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: CMCII			· — · · · — · · · · · · · · · · · · · ·	
800 Concourse Parkway South Maitland FL 32751	<u> </u>		; ; 	



Grand Oaks Health and Rehabilitation Center			Provider Number:	0 043864-00
3001 Palm Coast Parkway SE			Date:	11/12/2013
Palm Coast FL 32137			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home Single Level		197.92	194.29	1/1/2013
Level H: Aids		348.73	345.10	1/1/2013
	,			
Rate Type:		···································	. <u></u>	
Interim	X	Prospective		
Total Interim		T	otal Prospective	
Interim Component	Prospective Adjusted for New Costs			
X Settlement based on costs		T	otal Prospective with	Interim Component
Prior Provider Prospective data			 	
Basis:	Changes:	_		
Budget		Licensure	Rating Change	
X Unaudited costs	·	-	Customary Limitation	n
Field audited costs			e limitation change	
Field audit - interim portion	<u> </u>	FRVS Cha	inge	
Desk audited costs	X	_	ement FYE 7/31/201	2
Desk audit - Interim Portion			ster Change	
Desk Audit - Prospective portion	<u> </u>	OHPRV	2] as of 05/16/1997	
<u>Distribution:</u>		7	Thomas Parker	
Contract Management / Fiscal Agent	Me	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: CMCII				
800 Concourse Parkway Sou Maitland FL 32751	th			



Grand Oaks Health and	Rehabilitation Center			Provider Number:	0 043864-00	
3001 Palm Coast Parkw	ay SE			Date:	11/12/2013	
Palm Coast FL 32137				Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Nursing Home	Single Level	_	Rate	Rate	Date	
Nursing nome	Single Level	_	201.24	<u> 199.26</u> _	7/1/2013	
Rate Type :						
Interim		X	Prospectiv	e		
Tot	al Interim	Total Prospective				
Inte	erim Component	Prospective Adjusted for New Costs				
X Sett	tlement based on costs	Total Prospective with Interim Component				
Pric	or Provider Prospective data					
Basis:		Changes:	T			
!			- J			
Budget			Licensure	Rating Change		
X Unaudited cos				l Customary Limitation	1	
Field audited	costs		•	nte limitation change		
	nterim portion	-	FRVS Ch	. •		
Desk audited of		<u> </u>		lement FYE 7/31/201	2	
Desk audit - Ir	Prospective portion			ester Change [2] as of 05/16/1997		
Distribution:	Tospective portion	i	2		· · · -	
Contract Manageme	ent / Fiscal Agent		0	Thomas Parker		
Permanent File		Me	dicaid Cost	Reimbursement Plann	ing and Finance	
For informati	on Only					
No Change in	*					
						
Home Office:	CMCII			1		
	800 Concourse Parkway South Maitland FL 32751			; ; ;		
	2-24144114 1 2 2 2 1 2 1 2 1 2 1 2 1 2 1 2					



Wedgewood Healthcare Center			Provider Number:	0 043867-00	
1010 Carpenters Way			Date:	11/15/2013	
Lakeland FL 33809			Fiscal Year End:	7/31/2012	
			Audit Status:	Unaudited [3]	
Provider Type:	_	urrent	New	Effective	
Nursing Home Single Level		01.94	203.45	Date 2/1/2012	
Level H: Aids	_3	49.55	351.06	2/1/2012	
Rate Type:					
X Interim	P	rospective			
Total Interim	Total Prospective				
Interim Component	Prospective Adjusted for New Costs				
X Settlement based on costs	Total Prospective with Interim Component				
Prior Provider Prospective data					
Basis:	Changes:				
Budget	1	Licensure	Rating Change		
X Unaudited costs			Customary Limitation	on	
Field audited costs			te limitation change		
Field audit - interim portion		FRVS Ch	ange		
Desk audited costs			ement using FYE 7	/31/2012 C/R	
Desk audit - Interim Portion Desk Audit - Prospective portion			ester Change 2] as of 03/26/1999		
Distribution:					
		0	Thomas Parker		
Contract Management / Fiscal Agent	Medie	caid Cost	Reimbursement Plan	ning and Finance	
Permanent File For information Only					
No Change in Rate					
Home Office: CMC II, LLC					
800 Concourse Parkway South Maitland FL 32751			:		



Wedgewood Healthcare	Center		Provider Number:	0 043867-00	
1010 Carpenters Way			Date:	11/15/2013	
Lakeland FL 33809			Fiscal Year End:	7/31/2012	
			Audit Status:	Unaudited [3]	
Provider Type:					
		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	207.42	209.98	7/1/2012	
	Level H: Aids	356.63	359.19	7/1/2012	
Rate Type :					
X Interim		Prospective	e		
Tot	al Interim	Total Prospective			
Inte	erim Component	Prospective Adjusted for New Costs			
X Sett	element based on costs	Total Prospective with Interim Component			
Pric	or Provider Prospective data				
Basis:		Changes:			
Budget		Licensure	Rating Change		
X Unaudited cos	ts	Usual and	Customary Limitation	n	
Field audited	costs	Target Ra	te limitation change		
Field audit - in	nterim portion	FRVS Ch	=		
Desk audited of	_		lement using FYE 7/3	31/2012 C/R	
Desk audit - In	rospective portion		ester Change 2] as of 03/26/1999		
Distribution:	Tospective portion		Thomas Parker		
Contract Manageme	ent / Fiscal Agent	70	· · · · · · · · · · · · · · · · · · ·	. 15:	
Permanent File	2	Medicaid Cost	Reimbursement Planr	ning and Finance	
For informati	on Only				
No Change in	•				
Home Office:	CMC II, LLC		1		
	800 Concourse Parkway South Maitland FL 32751				



Wedgewood Healthcare Center			Provider Number:	0 043867-00
1010 Carpenters Way			Date:	11/15/2013
Lakeland FL 33809			Fiscal Vear End	7/31/2012
				Unaudited [3]
Provider Tyne	Total Prospective Total Prospective Total Prospective Adjusted Total Prospective wite Total Prospective Wite Total Prospective Wite Total Prospective Total Prospecti	Onaudited [3]		
Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data	(Current	New	Effective
			Rate	Date
Nursing Home Single Level		207.42	210.72	8/1/2012
Level H: Aids	<u> </u>	356.63	359.93	8/1/2012
Rate Type:				
Interim	<u> </u>	Prospectiv	e	
			_	
			i otal Prospective with	i interim Component
		<u> </u>		
Basis:	Changes:			
Dudasa		Licensure	Rating Change	
			-	n
				•
Field audit - interim portion		FRVS Ch	ange	
	X			31/2012 C/R
	·		2] 43 01 03/20/1999	
		70	Thomas Parker	
	Med	icaid Cost	Reimbursement Plann	ing and Finance
				•
Home Office: CMC II, LLC				
the contract of the contract o				



Wedgewood Healthcare	Center			Provider Number:	0 043867-00
1010 Carpenters Way				Date:	11/15/2013
Lakeland FL 33809				Fiscal Year End:	7/31/2012
	Rate Type: Level H: Aids Level H:		Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	209.07	214.28	1/1/2013
1	Level H: Aids	_	359.88	365.09	1/1/2013
Rate Type :					
Interim Tota Inte X Sett	rim Component lement based on costs	X	F	e Total Prospective Prospective Adjusted for Cotal Prospective with	
		Changes:	Approximated 1		
X Unaudited cost	costs		Usual and	Rating Change Customary Limitation te limitation change	n
Desk audited c Desk audit - In	osts terim Portion	<u>X</u>	Cost Settl Rate Seme	ement using FYE 7/3 ester Change 2] as of 03/26/1999	31/2012 C/R
Distribution:			76	Thomas Parker	
Permanent FileFor information	on Only	Med	dicaid Cost	Reimbursement Plann	ing and Finance
Home Office:	CMC II, LLC 800 Concourse Parkway South Maitland FL 32751				



Date	Wedgewood Healthcare (Center			Provider Number:	0 043867-00
Provider Type: Current New Effective Date					Date:	11/15/2013
Provider Type: Current New Rate Rate Date	Lakeland FL 33809				Fiscal Year End:	7/31/2012
Rate Type:					Audit Status:	Unaudited [3]
Rate Type: Interim X Prospective Total Interim Total Interim Total Prospective Interim Component Interim Component Prior Provider Prospective data Basis: Budget Licensure Rating Change X Unaudited costs Field audit- interim portion Field audit- interim Portion Desk audit - Interim Portion Desk audit - Prospective portion Desk audit - Interim portion Desk audit - Prospective portion Desk audit - Prospective portion Desk audit - Interim Portion Desk audit - Prospective portion Desk audit - Prospective portion Desk audit - Prospective portion Desk audit - Interim Portion Desk audit - Prospective Portion Desk audit - Interim Portion Desk audit - Prospective Portion Desk audit - Prospective Portion Desk audit - Interim Portion Desk audit - Interim Portion Desk audit - Prospective Portion Desk audit - Interim Portion Desk audit	Provider Type:					
Rate Type: Interim Total Interim Interim Component X Prospective Frospective Adjusted for New Costs Total Prospective with Interim Component Total Prospective Adjusted for New Costs Total Prospective with Interim Component Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs Field audited costs Field audit - interim portion Desk 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 Home Office: CMC II, LLC 800 Concourse Parkway South			1		=	
Interim	Nursing Home	Single Level				
Interim X Prospective Total Interim Gomponent Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	ivursing frome	Single Level		213.15		//1/2013
Interim X Prospective Total Interim Gomponent Interim Component X Settlement based on costs Prior Provider Prospective data Basis:						
Interim X Prospective Total Interim Gomponent Interim Component X Settlement based on costs Prior Provider Prospective data Basis:						
Interim X Prospective Total Interim Gomponent Interim Component X Settlement based on costs Prior Provider Prospective data Basis:						
Interim X Prospective Total Interim Gomponent Interim Component X Settlement based on costs Prior Provider Prospective data Basis:						
Interim X Prospective Total Interim Gomponent Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	Rate Type:					
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis:			v	Decompositiv		
Interim Component X Settlement based on costs Prior Provider Prospective data Basis:		1 Interim	<u>A</u>	=		
Total Prospective with Interim Component					•	For New Costs
Budget X Unaudited costs Field audited costs 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 Home Office: Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Cost Settlement using FYE 7/31/2012 C/R Rate Semester Change On FRV [2] as of 03/26/1999 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		•			-	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Stribution: X Cost Settlement using FYE 7/31/2012 C/R Rate Semester Change On FRV [2] as of 03/26/1999 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	Prior	Provider Prospective data			•	•
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Stribution: X Cost Settlement using FYE 7/31/2012 C/R Rate Semester Change On FRV [2] as of 03/26/1999 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	Basis:		Changes:	1		
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: Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV (2) as of 03/26/1999 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	<u> </u>	! !		j		
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Target Rate limitation change FRVS Change FRVS Change A Cost Settlement using FYE 7/31/2012 C/R Rate Semester Change On FRV [2] as of 03/26/1999 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Budget			Licensure	Rating Change	
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Field audit - Interim portion X Cost Settlement using FYE 7/31/2012 C/R Rate Semester Change On FRV [2] as of 03/26/1999 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance						1
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: Cost Settlement using FYE 7/31/2012 C/R Rate Semester Change On FRV [2] as of 03/26/1999 Thomas Parker 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 Home Office: CMCTI, LLC 800 Concourse Parkway South					_	91/3013 C/D
Desk Audit - Prospective portion On FRV [2] as of 03/26/1999 Thomas Parker Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMC II, LLC 800 Concourse Parkway South						01/2012 C/K
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMC II, LLC 800 Concourse Parkway South		The state of the s				
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMC II, LLC 800 Concourse Parkway South	Distribution:				Thomas Parker	
Permanent File For information Only No Change in Rate Home Office: CMC II, LLC 800 Concourse Parkway South	Contract Managemen	nt / Fiscal Agent	Mad	licaid Cost		ing and Finance
No Change in Rate Home Office: CMC II, LLC 800 Concourse Parkway South	Permanent File		Mec	ncaid Cost	Reinbursement Plann	ing and rmance
Home Office: CMC II, LLC 800 Concourse Parkway South	For informatio	n Only				
800 Concourse Parkway South	No Change in	Rate				
800 Concourse Parkway South	Home Office:	CMC II, LLC				
	Home Office.				 	
Maitland FL 32751		1			; ;	
		Maitland FL 32751			:	



Medicaid Reimbursement Per Diem Rates

Deltona Health Care				Provider Number:	0 043868-00
1851 Elkcam Boulevard	1			Date:	11/15/2013
Deltona FL 32725	 			Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level		Rate 198.18	Rate	Date 2/1/2012
runsing nome	Single Level	_	190.10	195.58	2/1/2012
	Level H: Aids	_	345.79	343.19	2/1/2012
Rate Type :					
X Interim			Prospective	e	
To	tal Interim			Total Prospective	
Inte	erim Component			Prospective Adjusted f	for New Costs
X Set	tlement based on costs		7	Total Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:			
			-	- · · · · ·	
Budget				Rating Change	
X Unaudited cos				Customary Limitation te limitation change	n
			FRVS Ch		
Desk audited	nterim portion	<u> </u>		ange lement using FYE 7/3	21/2012 C/D
Desk audit - In				ester Change	71/2012 C/R
	Prospective portion	-		2] as of 05/01/1998	
Distribution:			7	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File					
For informati	on Only				
No Change is	n Rate				
Home Office:	CMC II, LLC	···· -—		· · · · · · · · · · · · · · · · · · ·	
	800 Concourse Parkway South Maitland FL 32751				
	· · · · · · · · · · · · · · · · · · ·			·	

Report Calculated: 11/15/2013 Report Printed: 11/15/2013 Book:0 ID:19365043868201202012013111510554



Deltona Health Care				Provider Number:	0 043868-00
1851 Elkcam Boulevard				Date:	11/15/2013
Deltona FL 32725				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:		(Current Rate	New Rate	Effective Date
Nursing Home S	Single Level		202.85	201.53	7/1/2012
L	evel H: Aids		352.06	350.74	7/1/2012
Deta Terra				· · · · · · · · · · · · · · · · · · ·	·
Rate Type :					
X Interim		_]	Prospective		
	Interim			Total Prospective Prospective Adjusted f	on Now Costs
	im Component			Total Prospective with	
	ement based on costs			otal Prospective with	merim Component
FIIOI	Provider Prospective data				
Basis:		Changes:			
Budget		İ	Licensure	Rating Change	
X Unaudited costs				Customary Limitation	1
Field audited co		·		te limitation change	•
Field audit - int	erim portion		FRVS Ch	ange	
Desk audited co	=	<u> X</u>	Cost Settl	ement using FYE 7/3	31/2012 C/R
Desk audit - Inte				ester Change	
	ospective portion	-··	On FRV [2] as of 05/01/1998	
Distribution:		-/		Thomas Parker	
Contract Managemen	t / Fiscal Agent	Med	icaid Cost	Reimbursement Plann	ing and Finance
Permanent File For information	n Only				
No Change in					
Home Office:	CMC II, LLC				
	800 Concourse Parkway South Maitland FL 32751			į t	



Deltona Health Care			Provider Number:	0 043868-00
1851 Elkcam Boulevard			Date:	11/15/2013
Deltona FL 32725			Fiscal Year End:	7/31/2012
Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data			Audit Status:	Unaudited [3]
			Audit Status.	Ollaudica [5]
110 that Type.	C	Current Rate	New Rate	Effective Date
Nursing Home Single Level		202.85	204.22	8/1/2012
Level H: Aids	_ 3	352.06	353.43	8/1/2012
Rate Type:				<u>-</u>
Interim	X I	Prospective	e	
		_	Total Prospective	
Interim Component			Prospective Adjusted	for New Costs
X Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:		_	
			Rating Change	
			Customary Limitatio	n
	!	_	te limitation change	
	:	FRVS Ch	-	
			lement using FYE 7/3 ester Change	31/2012 C/R
			2] as of 05/01/1998	
			Thomas Parker	
Contract Management / Fiscal Agent	Modi	O Cost		vine and Finance
Permanent File	Medi	icaiu Cost	Reimbursement Planr	ing and rmance
For information Only				
Home Office: CMC II, LLC				
800 Concourse Parkway South Maitland FL 32751				



Deltona Health Care				Provider Number:	0 043868-00
1851 Elkcam Boulevard				Date:	11/15/2013
Deltona FL 32725				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					A. al
••			Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level	-	203.02	206.37	1/1/2013
Le	evel H: Aids		353.83	357.18	1/1/2013
Rate Type :					
Interim		X	Prospectiv	e	
Total	Interim			Total Prospective	
Interi	m Component]	Prospective Adjusted f	for New Costs
X Settle	ment based on costs		,	Total Prospective with	Interim Component
Prior	Provider Prospective data				
Basis:		Change	S:		
Budget			Licensure	Rating Change	
X Unaudited costs				Customary Limitation	n
Field audited co	sts			te limitation change	
Field audit - inte	-		FRVS Ch	ange	
Desk audited cos		X		lement using FYE 7/3	31/2012 C/R
Desk audit - Inte	orim Portion ospective portion	····		ester Change [2] as of 05/01/1998	
Distribution:	spective portion		7.7	Thomas Parker	
Contract Management	t / Fiscal Agent		adjoord Cost	Reimbursement Plann	ing and Finance
Permanent File		[A]	edicaid Cost	Reimbursement Fraim	ing and rmance
For information	Only				
No Change in F	Rate				
Home Office:	CMC II, LLC			!	
	800 Concourse Parkway South Maitland FL 32751				



Deltona Health Care				Provider Number:	0 043868-00
1851 Elkcam Boulevard	1			Date:	11/15/2013
Deltona FL 32725				Fiscal Year End:	7/31/2012
Rate Type: Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data			Audit Status:	Unaudited [3]	
			radit Status.	Onadated [5]	
- JP - V			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		206.56	211.23	7/1/2013
Rate Type:					
Interim		X	Prospectiv	re	
To	tal Interim		_	Total Prospective	
Inte	erim Component			Prospective Adjusted f	for New Costs
X Set	tlement based on costs			Total Prospective with	Interim Component
Pric	or Provider Prospective data	_			
Basis:		Changes:			
Dudget		:	Licensure	e Rating Change	
	sts			d Customary Limitation	1
				ate limitation change	•
Field audit - i	nterim portion		FRVS Cl	nange	
	· ·	X		tlement using FYE 7/3	31/2012 C/R
		·		ester Change	
· 	Prospective portion		On FRV	[2] as of 05/01/1998	
-			0	Thomas Parker	
-	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
	-				
No Change is	n Rate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South				
	Maitland FL 32751				



Lake Mary F1 32746 Fiscal Year End: 7/31/2012 Audit Status: Unaudited [3]	Lake Mary Health and	l Rehabilitation Center			Provider Number:	0 043871-00
Fiscal Year End: 7/31/2012 Provider Type: Current New Rate Date Date	710 North Sun Drive				Date:	11/15/2013
Provider Type: Current New Rate Rate Date	Lake Mary Fl 32746				Fiscal Year End:	7/31/2012
Nursing Home Single Level 199.07 194.10 2/1/2012 Level H: Aids 346.68 341.71 2/1/2012 Rate Type: X Interim					Audit Status:	Unaudited [3]
Rate Type: Level H: Aids Ade. 68 Ade	Provider Type:					
Level H: Aids 346.68 341.71 2/1/2012						
Rate Type: X Interim	Nursing Home	Single Level	_			
Rate Type: X Interim						
Total Interim		Level H: Aids		346.68	341.71	2/1/2012
Total Interim			_	· · · · · ·		
Total Interim						
Total Interim						
Total Interim	Rate Type :					
Total Interim	X Interim			Prospective	•	
Total Prospective with Interim Component Prior Provider Prospective data		otal Interim		-		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Stribution: X Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 11/08/2000 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	In	iterim Component				or New Costs
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: Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 11/08/2000 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	X Se	ettlement based on costs		T	otal Prospective with	Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 11/08/2000 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Pr	rior Provider Prospective data				
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: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change A Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 11/08/2000 Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	Basis:		Changes:			
X Unaudited costs	<u> </u>			_		
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: Target Rate limitation change FRVS Change X Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 11/08/2000 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	Budget			Licensure 1	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 Home Office: FRVS Change X Cost Settlement FYE 7/31/2012 Rate Semester Change On FRV [2] as of 11/08/2000 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance						.
Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMC II, LLC 800 Concourse Parkway South	· · · · · · · · · · · · · · · · · · ·			•		
Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Rate Semester Change On FRV [2] as of 11/08/2000 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance		- · · · · · · · · · · · · · · · · · · ·		-	•	
Desk Audit - Prospective portion On FRV [2] as of 11/08/2000 Thomas Parker Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMC II, LLC 800 Concourse Parkway South		!	<u>X</u>	_		2
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: CMC II, LLC 800 Concourse Parkway South						
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Medicaid Cost Reimbursement Planning and Finance				2		
Permanent File For information Only No Change in Rate Home Office: CMC II, LLC 800 Concourse Parkway South		nent / Fiscal Agent		0		
For information Only No Change in Rate Home Office: CMC II, LLC 800 Concourse Parkway South	_		Me	dicaid Cost F	keimbursement Plann	ing and Finance
No Change in Rate Home Office: CMC II, LLC 800 Concourse Parkway South		tion Only				
Home Office: CMC II, LLC 800 Concourse Parkway South		·				
800 Concourse Parkway South						
	Home Office:	CMC II, LLC			; }	
		800 Concourse Parkway South			:	
		•				



Lake Mary Health and Rehabilitation Center			Provider Number:	0 043871-00
710 North Sun Drive			Date:	11/15/2013
Lake Mary Fl 32746			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		203.53	198.34	7/1/2012
Level H: Aids	_	352.74	347.55	7/1/2012
Rate Type:				<u>-</u>
		.		
X Interim Total Interim		Prospective	e Fotal Prospective	
Interim Component			Prospective Adjusted f	or New Costs
X Settlement based on costs			Total Prospective with	
Prior Provider Prospective data			court respective with	· ·
	Changes:			
<u></u>				
Budget		Licensure	Rating Change	
X Unaudited costs			Customary Limitation	1
Field audited costs			te limitation change	
Field audit - interim portion		FRVS Ch	•	
Desk audited costs Desk audit - Interim Portion	X		ement FYE 7/31/2012 ester Change	2
Desk Audit - Prospective portion	···		2] as of 11/08/2000	
Distribution:		5	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cost	Reimbursement Planni	ing and Finance
Permanent File	Wica	icaid Cost	remoursement i lainn	ing and i manee
For information Only				
No Change in Rate				
Home Office: CMC II, LLC				
800 Concourse Parkway South Maitland FL 32751			Î	



Lake Mary Health and	Rehabilitation Center			Provider Number:	0 043871-	00
710 North Sun Drive				Date:	11/15/201	3
Lake Mary Fl 32746				Fiscal Year End:	7/31/201	
				Audit Status:	Unaudited	[3]
Provider Type:						
		. <u> </u>	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		203.53	199.88	8/1/2012	
	Level H: Aids	· _	352.74	349.09	8/1/2012	
				·		
Int. X Set	tal Interim erim Component tlement based on costs or Provider Prospective data	<u> </u>	I	e Fotal Prospective Prospective Adjusted f Fotal Prospective with		nt
Desk audited of Desk audit - In Desk Audit - I	costs nterim portion costs	Changes:	Licensure Usual and Target Ra FRVS Cha Cost Settl Rate Seme	Rating Change Customary Limitation te limitation change ange ement FYE 7/31/2012 ester Change 2] as of 11/08/2000		
Distribution:			17	Thomas Parker		
Contract Manageme Permanent FileFor informati	-	Med	licaid Cost	Reimbursement Plann	ing and Finance	_
No Change in	n Rate					
Home Office:	CMC II, LLC 800 Concourse Parkway South					
	Maitland FL 32751					



ake Mary Health and l	Rehabilitation Center			Provider Number:	0 043871-00
10 North Sun Drive			4	Date:	11/15/2013
ake Mary Fl 32746	<u> </u>			Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
urcing Uomo	Single I aval	-	Rate	Rate	Date
ursing Home	Single Level	-	203.71		1/1/2013
	Level H: Aids		354.52	352.68	1/1/2013
Rate Type :					
Interim		X	Prospective	e.	
	al Interim		_	Total Prospective	
	erim Component			Prospective Adjusted f	or New Costs
	tlement based on costs			Total Prospective with	
	or Provider Prospective data		•	•	-
Basis:	-	Changes		·	·
200130		Changes	<u>. </u>		
Budget			Licensure	Rating Change	
X Unaudited cos	ts		– Usual and	Customary Limitation	1
Field audited of	costs		Target Ra	te limitation change	
Field audit - ir	nterim portion	<u> </u>	FRVS Ch	ange	
Desk audited c		X	_	ement FYE 7/31/201	2
Desk audit - In	i i			ester Change	
	rospective portion		On FRV [2] as of 11/08/2000	
Distribution:				Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Me	edicaid Cost	Reimbursement Plann	ing and Finance
Permanent File	0.1				
For information	on Only				
No Change in	Rate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South			:	



Lake Mary Health and	Rehabilitation Center			Provider Number:	0 043871-00
710 North Sun Drive				Date:	11/15/2013
Lake Mary Fl 32746				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		207.20	206.54	7/1/2013
Rate Type:					
Interim		X	Prospectiv	e	
To	otal Interim	_		Total Prospective	
In	terim Component			Prospective Adjusted for	or New Costs
X Se	ettlement based on costs			Total Prospective with	Interim Component
Pr	ior Provider Prospective data				
Basis:		Change	es:	(************************************	
Budget			Licensure	Rating Change	
X Unaudited co	osts			Customary Limitation	• •
Field audited	l costs	,		te limitation change	
Field audit -	interim portion		FRVS Ch	ange	
Desk audited	costs	X	Cost Sett	lement FYE 7/31/2012	2
	Interim Portion			ester Change	
	Prospective portion	_	On FRV [2] as of 11/08/2000	
Distribution:			フカー	Thomas Parker	
Contract Managem	nent / Fiscal Agent	<u>N</u>	Medicaid Cost	Reimbursement Planni	ng and Finance
Permanent File	•				
For informat	tion Only				
No Change	in Rate				
Home Office:	CMC II, LLC				
				!	
	800 Concourse Parkway South			:	
	Maitland FL 32751			l l	



Countryside Rehab and	Healthcare Center			Provider Number:	0 043872-00
3825 Countryside Boule	evard N		Date: Fiscal Year End:		11/15/2013
Palm Harbor FL 34684	·				7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate	New Rate 186.07	Effective Date 2/1/2012
Tital Sing Leaves	Single Devel		170.77		2/1/2012
	Level H: Aids		344.60	333.68	2/1/2012
Rate Type: X Interim			Drasmostiv		
	tal Interim		Prospectiv	Total Prospective	
	erim Component			Prospective Adjusted 1	for New Costs
	tlement based on costs			Total Prospective with	
Pric	or Provider Prospective data			•	•
Basis:		Changes:			
Budget	!		Licensure	e Rating Change	
X Unaudited cos	sts			d Customary Limitation	n
Field audited	costs			ate limitation change	
Field audit - i	nterim portion		FRVS Ch	nange	
Desk audited		<u>X</u>		lement FYE 7/31/201	2
Desk audit - In	nterim Portion Prospective portion	· —		ester Change [2] as of 10/19/1987	
Distribution:	respective portion		7P	Thomas Parker	
Contract Managem	ent / Fiscal Agent	/ 	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File		1410	iicaia Cost	remoursement rain	ing and I manoc
For informati	ion Only				
No Change in	n Rate				
Home Office:	CMC II, LLC			<u> </u>	
	800 Concourse Parkway South Maitland FL 32751			!	



Countryside Rehab and I	Healthcare Center			Provider Number:	0 043872-00
3825 Countryside Boulev	vard N			Date:	11/15/2013
Palm Harbor FL 34684				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
		J	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		201.68	191.50	7/1/2012
,		<u>. </u>			77172012
I	Level H: Aids		350.89	340.71	7/1/2012
			-		<u> </u>
Rate Type:			D		
X Interim	al Interim		Prospectiv	e Total Prospective	
	rim Component			Prospective Adjusted f	for New Costs
	ement based on costs			Total Prospective with	
Prior	r Provider Prospective data				
Basis:		Changes:		-	
D 1 .		i	Licensure	Rating Change	
Budget Vinaudited cost	S			Rating Change Customary Limitation	1
Field audited c		!		ite limitation change	•
Field audit - in	terim portion	i	FRVS Ch	ange	
Desk audited co		<u> </u>		lement FYE 7/31/201	2
Desk audit - Int Desk Audit - Pr	rospective portion			ester Change 2] as of 10/19/1987	
Distribution:		7	7	Thomas Parker	
Contract Managemen	nt / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File		11100	ilicara Coor	Tremioursement Traini	ing und I manee
For information	•				
No Change in	Rate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South Maitland FL 32751				
	1			<u></u>	



Countryside Rehab and H	lealthcare Center			Provider Number:	0 043872-00
3825 Countryside Boulev	ard N				11/15/2013
Palm Harbor FL 34684				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current Rate	New Rate	Effective Date
Nursing Home S	Single Level		201.68	195.40	8/1/2012
	-				
I	evel H: Aids		350.89	344.61	8/1/2012
Rate Type:					
Interim		X	Prospectiv	e	
Tota	l Interim			Total Prospective	
Inter	rim Component]	Prospective Adjusted t	for New Costs
	ement based on costs			Total Prospective with	Interim Component
Prior	r Provider Prospective data				
Basis:		Changes:			
D 1 4			Licensure	Rating Change	
Budget X Unaudited costs	•	ļ 		Customary Limitation	n
Field audited co		-		ite limitation change	11
Field audit - in			FRVS Ch		
Desk audited co		X	Cost Sett	lement FYE 7/31/201	2
Desk audit - Int	erim Portion			ester Change	
Desk Audit - Pr	rospective portion	<u> </u>	On FRV [[2] as of 10/19/1987	
Distribution:			γ	Thomas Parker	
Contract Managemen	nt / Fiscal Agent	Med	icaid Cost	Reimbursement Plann	ing and Finance
Permanent File					Č
For informatio	on Only				
No Change in	Rate				
Home Office:	CMC II, LLC	· · · · · · · ·			
	800 Concourse Parkway South			1	
	Maitland FL 32751				



Countryside Rehab and	Healthcare Center		Provider Number:	0 043872-00
3825 Countryside Boule	evard N		Date:	11/15/2013
Palm Harbor FL 34684			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Curre		Effective
Nursing Home	Single Level	Rate 201.8		Date 1/1/2013
Nursing Home	Single Level		197.98	1/1/2013
	Level H: Aids	352.6	348.79	1/1/2013
Rate Type:				
Interim		X Prosp	pective	
Tot	al Interim		Total Prospective	
Inte	erim Component		Prospective Adjusted	l for New Costs
X Set	tlement based on costs		Total Prospective wi	th Interim Component
Pric	or Provider Prospective data			
Basis:		Changes:		
Budget		Lice	nsure Rating Change	
X Unaudited cos	uts.		al and Customary Limitati	on
Field audited	ı -		get Rate limitation change	
Field audit - in	nterim portion	FRV	S Change	
Desk audited of	costs	X Cost	t Settlement FYE 7/31/20	012
Desk audit - Ir			Semester Change	
	Prospective portion	On F	FRV [2] as of 10/19/1987	
Distribution:		77/-	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Medicaid	Cost Reimbursement Plan	nning and Finance
Permanent File				
For informati	•			
No Change in	n Rate			
Home Office:	CMC II, LEC		· · · · · · · · · · · · · · · · · · ·	
	800 Concourse Parkway South			
	Maitland FL 32751		i	
	·		·	



Countryside Rehab and	Healthcare Center			Provider Number:	0 043872-00
3825 Countryside Boule	evard N			Date:	11/15/2013
Palm Harbor FL 34684				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Chadared [5]
-JF		(Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		205.40	202.82	7/1/2013
Rate Type :					
Interim		X	Prospectiv	e	
	tal Interim		=	Total Prospective	
Inte	erim Component			Prospective Adjusted f	or New Costs
X Set	tlement based on costs			Total Prospective with	
Pric	or Provider Prospective data				
Basis:		Changes:			
Budget		!	Licensure	Rating Change	
X Unaudited cos	sts		Usual and	Customary Limitation	1
Field audited	costs		_	te limitation change	
	nterim portion		FRVS Ch	C	
Desk audited of Desk audit - In	· · · · · · · · · · · · · · · · · · ·	<u>X</u>		lement FYE 7/31/201 ester Change	2
	Prospective portion			2] as of 10/19/1987	
Distribution:	·		7)	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	——————————————————————————————————————	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File		Wicc	ilcala Cost	Remibulsement I fami	ing and I manee
For informati	on Only				
No Change in	n Rate				
Home Office:	CMC II, LLC	-		!	
	800 Concourse Parkway South				
	Maitland FL 32751			<u> </u> - -	
	I				



Health Center at Brentwood			Provider Number:	0 043874-00
2333 North Brentwood Circle			Date:	11/19/2013
Lecanto FL 34461			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:		~	2.7	
	•	Current Rate	New Rate	Effective Date
Nursing Home Single Level	_	195.99	184.99	2/1/2012
Level H: Aids		343.60	332.60	2/1/2012
Rate Type: X Interim		Prospectiv	e	
Total Interim		_	Total Prospective	
Interim Component			Prospective Adjusted:	for New Costs
X Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Budget		Licensure	Rating Change	
X Unaudited costs	!		Customary Limitation	n
Field audited costs	·		ite limitation change	
Field audit - interim portion	·	FRVS Ch	ange	
Desk audited costs	X		lement using FYE 7/3	31/2012
Desk audit - Interim Portion Desk Audit - Prospective portion	· :		ester Change [2] as of 12/01/2001	
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent		<u>U</u>		1 P.
Permanent File	Med	licaid Cost	Reimbursement Plann	ning and Finance
For information Only				
No Change in Rate				
Home Office: CMC II, LLC	_			
800 Concourse Parkway Sout Maitland FL 32751	h		:	



Health Center at Brentwood				Provider Number:	0 043874-00
2333 North Brentwood Circle				Date:	11/19/2013
Lecanto FL 34461	_ _			Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
Nursing Home Single	e Level	_	Rate 200.53	Rate	Date 7/1/2012
Level H	: Aids		349.74	339.58	7/1/2012
Rate Type:					
X Interim			Prospective	e ·	
Total Interi	m ·	-	_	Fotal Prospective	
Interim Cor	mponent			Prospective Adjusted f	for New Costs
X Settlement l	based on costs			Total Prospective with	Interim Component
Prior Provid	der Prospective data				
Basis:		Changes:			
Budget		<u> </u>		Rating Change	
Y Unaudited costs				Customary Limitation te limitation change	n
Field audited costs			FRVS Ch		
Field audit - interim p	ortion	${\mathbf{x}}$		lange lement using FYE 7/3	31/2012
Desk audit - Interim Po	ortion			ester Change	51/2012
Desk Audit - Prospecti	·	1		2] as of 12/01/2001	
Distribution:			7	Thomas Parker	
Contract Management / Fisc	cal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File		IVICC	neara cost	Remoursement i fain	ing and i manec
For information Only					
No Change in Rate					
Home Office: CM	IC II, LLC				
	Concourse Parkway South tland FL 32751				



Health Center at Brenty	wood			Provider Number:	0 043874-00
2333 North Brentwood	Circle	Date: 11/19/201			11/19/2013
Lecanto FL 34461				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:	Circula I and	_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	200.53	<u> 191.39</u> _	8/1/2012
	Level H: Aids	_	349.74	340.60	8/1/2012
	· 				
Rate Type:					
Interim		<u> </u>	Prospective		
	otal Interim			Total Prospective	
	terim Component			Prospective Adjusted to	
·	ttlement based on costs			Total Prospective with	Interim Component
Pr.	ior Provider Prospective data		··		
Basis:		Changes:			
Budget	i	i		Rating Change	
X Unaudited co				Customary Limitation	n
Field audited				te limitation change	
	interim portion		FRVS Ch		
Desk audited	Interim Portion	X		lement using FYE 7/3 ester Change	31/2012
	Prospective portion			2] as of 12/01/2001	
Distribution:					
Contract Managen	ent / Fiscal Agent		0	Thomas Parker	
Permanent File	icht / 1 iseai / tgent	Med	dicaid Cost	Reimbursement Plann	ning and Finance
For information	tion Only				
	•				
No Change					
Home Office:	CMC II, LLC				
	800 Concourse Parkway South Maitland FL 32751			i : :	



Health Center at Brenty	vood			Provider Number:	0 043874-00
2333 North Brentwood	Circle			Date:	11/19/2013
Lecanto FL 34461				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				Tidale Status.	
V I			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	200.69	193.85	1/1/2013
	Level H: Aids		351.50	344.66	1/1/2013
Rate Type :					
Interim	•	<u>X</u>	Prospectiv		
	tal Interim			Total Prospective	
	erim Component			Prospective Adjusted f	
	tlement based on costs			Total Prospective with	Interim Component
 _	or Provider Prospective data		1		
Basis:		Changes:]		
		!	T .	n d' Cl	
Budget X Unaudited cos				e Rating Change	
Y Unaudited cos				d Customary Limitation to the limitation change	1
	nterim portion	ļ ———	FRVS Ch	=	
Desk audited	· · · · · · · · · · · · · · · · · · ·	<u>X</u>		tlement using FYE 7/3	31/2012
	nterim Portion	-		ester Change	
Desk Audit - 1	Prospective portion		On FRV	[2] as of 12/01/2001	
Distribution:			シタフ	Thomas Parker	
Contract Managem	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File					
For informat	ion Only				
No Change i	n Rate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South				
	Maitland FL 32751				
				:	



Health Center at Brentwood		Provider Number:	0 043874-00
333 North Brentwood Circle		Date:	11/19/2013
Lecanto FL 34461		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		radit Satus.	<u> </u>
i i i i i i i i i i i i i i i i i i i	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.15	198.92	7/1/2013
			77272020
·			
Rate Type:			
Interim	X Prospecti	ve	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
X Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	re Rating Change	
X Unaudited costs		nd Customary Limitation	n
Field audited costs		Late limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs		ttlement using FYE 7/3	31/2012
Desk audit - Interim Portion		mester Change	
Desk Audit - Prospective portion	On FRV	[2] as of $12/01/2001$	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Planr	ning and Finance
Permanent File			Č
For information Only			
No Change in Rate			
Home Office: CMC II, LLC			
800 Concourse Parkway South Maitland FL 32751		4	



agnolia Health and Reha	abilitation Center			Provider Number:	0 043877-00
507 South Tuttle Avenue	,			Date:	11/22/2013
arasota FL 34239				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
	·	_	Rate	Rate	Date
ursing Home S	ingle Level	<u> </u>	205.04	<u> 195.37</u> _	2/1/2012
Le	evel H: Aids	, _	352.65	342.98	2/1/2012
· · · · · · · · · · · · · · · · · · ·					
Rate Type :				·	
X Interim			Prospectiv	e	
Total	Interim		·	Total Prospective	
Interin	m Component		1	Prospective Adjusted f	for New Costs
X Settler	ment based on costs			Total Prospective with	Interim Component
Prior I	Provider Prospective data				
Basis:		Changes:			
· · · · · · · · · · · · · · · · · · ·			_		
Budget		ļ	Licensure	Rating Change	
X Unaudited costs				Customary Limitation	1
Field audited cos	Į.		•	te limitation change	
Field audit - inte	_		FRVS Ch	-	•
Desk audited cos Desk audit - Inter		X		lement FYE 7/31/201 ester Change	2
Desk Audit - Pros	:			2] as of 09/14/1994	
Distribution:		7	7	Thomas Parker	
Contract Management	/ Fiscal Agent		dissid Cost	Reimbursement Plann	ing and Finance
Permanent File		1416	iicaiu Cosi	Kennoursement i iaini	ing and i mance
For information	Only				
No Change in R	ate				
Home Office:	CMC II, LLC				
Home Office;					
	800 Concourse Parkway South			1	
	Maitland FL 32751			: !	



Magnolia Health and Rehabilitation Center			Provider Number:	0 043877-00
1507 South Tuttle Avenue			Date:	11/22/2013
Sarasota FL 34239			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		209.92	201.03	7/1/2012
Level H: Aids		359.13	350.24	7/1/2012
Rate Type :				
X Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data		F	e Fotal Prospective Prospective Adjusted fotal Prospective with	
Basis:	Changes	3:		
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 Rat FRVS Cha Cost Settl Rate Seme	Rating Change Customary Limitation te limitation change ange ement FYE 7/31/201 ester Change 2] as of 09/14/1994	
Distribution:		7-5	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	M	edicaid Cost I	Reimbursement Plann	ing and Finance
Home Office: CMC II, LLC 800 Concourse Parkway South Maitland FL 32751	1			



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Magnolia Health and F	Rehabilitation Center			Provider Number:	0 043877-00		
1507 South Tuttle Avenue				Date:	11/22/2013		
Sarasota FL 34239				Fiscal Year End:	7/31/2012		
				Audit Status:	Unaudited [3]		
Provider Type:				Audit Status.	Onaudited [3]		
Trovider Type.			Current	New	Effective		
		_	Rate	Rate	Date		
Nursing Home	Single Level	_	209.92	204.06	8/1/2012		
	Level H: Aids		359.13	353.27	8/1/2012		
		-					
Rate Type:							
		3 7	.				
Interim	otal Interim	X	- Prospectiv				
	terim Component			Total Prospective Prospective Adjusted i	For New Costs		
	ttlement based on costs	Total Prospective with Interim Component					
	or Provider Prospective data						
Basis:		Changes	.]				
Dasis.		Changes	<u>'</u>				
Budget		1	Licensure	Rating Change			
X Unaudited co	sts		-	Customary Limitation	1		
Field audited	costs		Target Ra	te limitation change			
	interim portion		FRVS Ch	-			
Desk audited	1	X	_	lement FYE 7/31/201	2		
	nterim Portion Prospective portion			ester Change 2] as of 09/14/1994			
Distribution:			3 /2				
Contract Managem	ant / Fiscal Agant	v	70-	Thomas Parker			
Permanent File	ont i isoat Agent	Me	dicaid Cost	Reimbursement Plann	ing and Finance		
For informati	ion Only						
No Change i	•						
Home Office:	CMC II, LLC						
	800 Concourse Parkway South						
	Maitland FL 32751			* 4			
				-			



Magnolia Health and Rehabilitation Center			Provider Number:	0 043877-00
1507 South Tuttle Avenue			Date:	11/22/2013
Sarasota FL 34239			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:			1 10 210 2 1 1 1 1 1 1	
		Current	New	Effective
N I II GLAVA	_	Rate	Rate	Date
Nursing Home Single Level		210.11		1/1/2013
Level H: Aids	_	360.92	357.28	1/1/2013
Rate Type :				
Interim	X	Prospective	e	
Total Interim			Total Prospective	:
Interim Component			Prospective Adjusted f	
X Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:	_		. [
	ļ	Liaamauma	Dating Change	
Budget X Unaudited costs			Rating Change Customary Limitation	
Field audited costs	-		te limitation change	
Field audit - interim portion		FRVS Ch	_	
Desk audited costs	X	Cost Settl	ement FYE 7/31/2012	2
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion		On FRV [2] as of 09/14/1994	
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Planni	ng and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: CMC II, LLC	<u> </u>			
800 Concourse Parkway South Maitland FL 32751				



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Magnolia Health and R	ehabilitation Center			Provider Number:	0 043877-00
507 South Tuttle Aver	nue			Date:	11/22/2013
arasota FL 34239	·			Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	·	213.82	211.39	7/1/2013
•		-			
			- 		
Rate Type :					
Interim		X	Prospective	e	
To	tal Interim		_ ^	Γotal Prospective	
Inte	erim Component			Prospective Adjusted f	or New Costs
X Set	tlement based on costs			Total Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes	:		
:			_		
Budget			Licensure	Rating Change	
X Unaudited cos	the state of the s			Customary Limitation	1
Field audited				te limitation change	
Field audit - in			FRVS Ch	-	
Desk audited of		X	_	ement FYE 7/31/2012	2
Desk Audit - Ir	rospective portion	ļ		ester Change 2] as of 09/14/1994	
Distribution:	rospective portion	-			
Contract Manageme	ent / Fiscal Agent		<u> </u>	Thomas Parker	
Permanent File	on i local rigone	M	edicaid Cost	Reimbursement Planni	ing and Finance
For informati	on Only				
No Change in	•				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South				
	Maitland FL 32751				
_					



Marshall Health and Rel	nabilitation Center			Provider Number:	0 043878-	00
207 Marshall Drive				Date:	11/22/201	3
Perry FL 32347				Fiscal Year End:	7/31/2012	2
				Audit Status:	Unaudited	
Provider Type:						
			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level		176.93	<u>179.20</u> _	2/1/2012	
1	Level H: Aids		324.54	326.81	2/1/2012	
					· · · · · · · · · · · · · · · · · · ·	
Rate Type:	•					
X Interim	al Tues arios		Prospective			
	al Interim rim Component			Fotal Prospective Prospective Adjusted f	for New Costs	
	lement based on costs			Total Prospective with		nt
	r Provider Prospective data			rount rospective with	micimi compone.	111
		Changes	1			
Basis:	!	Changes:	J			
Budget	!		Licensure	Rating Change		
X Unaudited cost	s			Customary Limitation	n	
Field audited c	osts	·		te limitation change		
Field audit - in	terim portion	:	FRVS Ch	ange		
Desk audited co		<u> </u>		lement FYE 7/31/201	2	
Desk audit - Int	terim Portion rospective portion	!		ester Change 2] as of 10/01/1985		
Distribution:	rospective portion					
Contract Manageme	nt / Fiscal Agent	/	0	Thomas Parker		
Permanent File		Med	licaid Cost	Reimbursement Plann	ing and Finance	
For information	on Only					
No Change in						
Home Office:	CMC II, LLC					
nome office.				; - !		
	800 Concourse Parkway South Maitland FL 32751			!		



Marshall Health and Re	chabilitation Center			Provider Number:	0 043878-00
207 Marshall Drive				Date:	11/22/2013
Perry FL 32347				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				Tiudit Butus.	Onadared [5]
Troviduo Lyp			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		181.30	184.51	7/1/2012
	Level H: Aids	_	330.51	333.72	7/1/2012
Rate Type :					
X Interim			Prospectiv	e	
Tot	tal Interim			Total Prospective	
Inte	erim Component]	Prospective Adjusted i	for New Costs
	tlement based on costs			Total Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:			
	ļ		- -	n .:	
Budget	1			Rating Change	
X Unaudited cos	:			l Customary Limitation te limitation change	n
Field audited			FRVS Ch	_	
Field audit - in	-	<u>X</u>		lement FYE 7/31/201	2
Desk audit - Ir				ester Change	.4
	Prospective portion	:		2] as of 10/01/1985	
Distribution:			250	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ning and Finance
Permanent File		2.200			ang and i manor
For informati	on Only			·	
No Change in	n Rate				
Home Office:	CMC II, LLC		<u> </u>		
	800 Concourse Parkway South				
	Maitland FL 32751				
	:				



Marshall Health and R	Rehabilitation Center			Provider Number:	0 043878-00
207 Marshall Drive					11/22/2013
Perry FL 32347					7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
	G		Rate	Rate	Date
Nursing Home	Single Level		181.30	188.58	8/1/2012
	Level H: Aids		330.51	337.79	8/1/2012
Data Tyma					
Rate Type:					
Interim		<u> </u>	Prospective	;	
	otal Interim			otal Prospective	
	nterim Component			rospective Adjusted f	
	ettlement based on costs		T	otal Prospective with	Interim Component
Pr	rior Provider Prospective data				
Basis:	!	Changes:	_		
Budget	į		Licensure	Rating Change	
X Unaudited co	osts	i		Customary Limitation	n
Field audited				e limitation change	
Field audit -	interim portion		FRVS Cha	ange	
Desk audited		X		ement FYE 7/31/201	2
	Interim Portion			ester Change	
	Prospective portion	·	On PRV [2] as of 10/01/1985	
Distribution:	nent / Fiscal Agent		10-	Thomas Parker	
O	ment / Piscar Agent	Med	dicaid Cost l	Reimbursement Plann	ing and Finance
Permanent File For informa	tion Only				
	•				
No Change	in Rate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South				
	Maitland FL 32751			\$	
				ų.	



Marshall Health and Reh	abilitation Center			Provider Number:	0 043878-00
207 Marshall Drive				Date:	11/22/2013
Perry FL 32347				Fiscal Year End:	7/31/2012
			•	Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N	N!1- T1		Rate	Rate	Date
Nursing Home S	Single Level		181.43	<u> 191.04</u> _	1/1/2013
I	evel H: Aids		332.24	341.85	1/1/2013
Rate Type :					
Interim		<u> </u>	Prospectiv	e	
Tota	l Interim			Total Prospective	
Inter	im Component			Prospective Adjusted f	
	ement based on costs			Total Prospective with	Interim Component
Prior	Provider Prospective data				
Basis:		Changes:			
			т.	n d Ci	
Budget	·			Rating Change	
X Unaudited costs Field audited co				l Customary Limitation te limitation change	n
Field audit - int			FRVS Ch	=	
Desk audited co	_	<u>X</u>		lement FYE 7/31/201	2
Desk audit - Inte				ester Change	-
Desk Audit - Pr	ospective portion			2] as of 10/01/1985	
Distribution:			7/7	Thomas Parker	
Contract Managemer	nt / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File					
For information	n Only				
No Change in	Rate				
Home Office:	CMC II, LLC			<u> </u>	
	800 Concourse Parkway South				
	Maitland FL 32751				



Marshall Health and Rehabilitation Center			Provider Number:	0 043878-00
207 Marshall Drive			Date:	11/22/2013
Perry FL 32347			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate	New Rate 196.06	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costs Prior Provider Prospective data	X		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Change	s:		
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	e Rating Change Il Customary Limitation ate limitation change nange Ilement FYE 7/31/201 ester Change [2] as of 10/01/1985	
Distribution:		7/	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	N	Tedicaid Cost	Reimbursement Plann	ing and Finance
Home Office: CMC II, LLC				
800 Concourse Parkway South Maitland FL 32751				



The Crossroads			Provider Number:	0 045471-00
206 West Orange Street			Date:	11/22/2013
Davenport FL 33837			Fiscal Year End:	1/31/2011
			Audit Status:	Unaudited [3]
Provider Type:			110000 2 00000	
• •		Current	New	Effective
	_	Rate	Rate	Date
Nursing Home Single Level		228.12		6/30/2010
Level H: Aids		370.04	377.96	6/30/2010
Rate Type:		-		
X Interim		Prospectiv	re	
Total Interim		_	Total Prospective	
Interim Component			Prospective Adjusted	for New Costs
X Settlement based on costs			Total Prospective with	1 Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Budget		Licensure	e Rating Change	
X Unaudited costs	· · · · · · · · · · · · · · · · · · ·		d Customary Limitatio	n
Field audited costs		Target Ra	ate limitation change	
Field audit - interim portion	· 	FRVS Cl	nange	
Desk audited costs	<u>X</u>		lement FYE 1/31/20	11
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion		On FRV	[2] as of 07/01/1988	
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Plan	ning and Finance
Permanent File	•			· ·
For information Only				
No Change in Rate				
Home Office: T-No Home Office				
nome Office:				



The Crossroads		Provider Number:	0 045471-00
206 West Orange Street		Date:	11/22/2013
Davenport FL 33837		Fiscal Year End:	1/31/2011
•		Audit Status:	Unaudited [3]
Provider Type:			
• 1	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	229.95		7/1/2010
Level H: Aids	373.29	382.39	7/1/2010
Rate Type: X Interim Total Interim Interim Component X Settlement based on costs	P	otal Prospective rospective Adjusted to otal Prospective with	for New Costs Interim Component
Prior Provider Prospective data			
Basis:	anges:		
Budget	Licensure 1	Rating Change	
X Unaudited costs		Customary Limitatio	n
Field audited costs	I arget Rat	e limitation change	
Field audit - interim portion Desk audited costs		inge ement FYE 1/31/201	1
Desk audit - Interim Portion		ster Change	.1
Desk Audit - Prospective portion	On FRV [2	2] as of 07/01/1988	
<u>Distribution:</u>	フグ	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost I	Reimbursement Plant	ning and Finance
Permanent File			·
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office			



he Crossroads	Provi	der Number:	0 045471-00		
06 West Orange Street		Date:	11/22/2013		
Davenport FL 33837	Fisca	al Year End:	1/31/2011		
	,	Audit Status:	Unaudited [3]		
Provider Type:			- 		
		New	Effective		
		Rate	Date		
Nursing Home Single Level	230.37	<u>241.92</u> _	1/1/2011		
Level H: Aids	375.23 3	886.78	1/1/2011		
Rate Type:					
X Interim	Prospective				
Total Interim	Total Pr	ospective			
Interim Component	Prospec	tive Adjusted f	or New Costs		
X Settlement based on costs	Total Prospective with Interim Comp				
Prior Provider Prospective data					
Basis:	Changes:				
	Live and Dating	C1.			
Budget	Licensure Rating	_	_		
X Unaudited costs Field audited costs	Usual and Custor Target Rate limits	_	1 .		
Field audit - interim portion	FRVS Change				
Desk audited costs	X Cost Settlement	FYE 1/31/201	1		
Desk audit - Interim Portion	Rate Semester Ch		_		
Desk Audit - Prospective portion	On FRV [2] as of	507/01/1988			
<u>Distribution:</u>	Thon	nas Parker			
Contract Management / Fiscal Agent	Medicaid Cost Reimbu	ursement Plann	ing and Finance		
Permanent File	Wiedledid Cost Kennot		and I manee		
For information Only					
No Change in Rate					
Home Office: 1 - No Home Office		:			
Home Office.					



		Provider Number:	0 045471-00	
06 West Orange Street		Date:	11/22/2013	
Davenport FL 33837		Fiscal Year End:	1/31/2011	
		Audit Status:	Unaudited [3]	
rovider Type:		1 10 010 % 10005		
	Current	New	Effective	
	Rate	Rate	Date	
ursing Home Single Level			2/1/2011	
Level H: Aids	_375.23	389.09	2/1/2011	
Rate Type:				
Interim	X Prospective	:		
Total Interim	Total Prospective			
Interim Component	Prospective Adjusted for New Costs			
X Settlement based on costs	Γ	otal Prospective with	Interim Component	
Prior Provider Prospective data				
Basis: Ch	anges:			
Budget	Licensure Rating Change			
X Unaudited costs	Usual and Customary Limitation			
Field audited costs	Target Rate limitation change			
Field audit - interim portion	FRVS Change			
Desk audited costs Desk audit - Interim Portion	X Cost Settlement FYE 1/31/2011 Rate Semester Change			
Desk Audit - Prospective portion	On FRV [2] as of 07/01/1988			
Distribution:	20	Thomas Parker		
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance	
Permanent File	1/10010010 5001			
For information Only				
No Change in Rate				



The Crossroads	Provider	Number: 0 045471-00		
206 West Orange Street		Date: 11/22/2013		
Davenport FL 33837	Fiscal Ye	ear End: 1/31/2011		
	Aud	it Status: Unaudited [3]		
Provider Type:				
	Current New Rate Rat			
Nursing Home Single Level		7/1/2011		
Level H: Aids	366.64 382.	22 7/1/2011		
Rate Type:				
Interim	X Prospective			
Total Interim	Total Prospective			
Interim Component	Prospective Adjusted for New Costs			
X Settlement based on costs Prior Provider Prospective data	Total Prospe	ective with Interim Component		
Basis:	Changes:	tare man, 21 years (25 mm) — (Versial) en resultante (16 mm) (
Budget	Licensure Rating Cha	ange		
X Unaudited costs	Usual and Customary Limitation			
Field audited costs	Target Rate limitation change			
Field audit - interim portion	FRVS Change			
Desk audited costs Desk audit - Interim Portion	Cost Settlement FYE 1/31/2011 Rate Semester Change			
Desk Audit - Prospective portion	On FRV [2] as of 07/			
Distribution:	Thomas	Parker		
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance			
Permanent File				
For information Only				
No Change in Rate				



Current Rate 220.97 368.58	Date: Fiscal Year End: Audit Status: New Rate 239.10 386.71	11/22/2013 1/31/2011 Unaudited [3] Effective Date 1/1/2012		
Rate 220.97	Audit Status: New Rate 239.10	Unaudited [3] Effective Date 1/1/2012		
Rate 220.97	New Rate 239.10	Effective Date 1/1/2012		
Rate 220.97	239.10	Date 1/1/2012		
Rate 220.97	239.10	Date 1/1/2012		
				
368.58	386.71	1/1/2012		
X Prospective				
Total Prospective				
Prospective Adjusted for New Costs				
T	otal Prospective with	Interim Component		
Licensure	Rating Change			
Usual and Customary Limitation				
On FRV [2] as of 07/01/1988				
7-//	Thomas Parker	· · · · · · · · · · · · · · · · · · ·		
<i>O</i>		.:		
iicaid Cost i	Reimbursement Plani	ning and rinance		
	Licensure Usual and Target Rat FRVS Cha Cost Settl Rate Seme On FRV [Prospective Adjusted Total Prospective with Licensure Rating Change Usual and Customary Limitatio Target Rate limitation change FRVS Change Cost Settlement FYE 1/31/201 Rate Semester Change		



The Crossroads		Provider Number:	0 045471-00	
206 West Orange Street		11/22/2013		
Davenport FL 33837		Fiscal Year End:	1/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	227.42	247.45	7/1/2012	
Level H: Aids	376.63	396.66	7/1/2012	
Rate Type: Interim Total Interim Interim Component		cotal Prospective	for New Costs	
X Settlement based on costs Prior Provider Prospective data		Cotal Prospective with		
Basis:	Changes:			
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 Ch X Cost Settl Rate Seme	Rating Change Customary Limitation te limitation change ange lement FYE 1/31/201 ester Change 2] as of 07/01/1988		
Distribution:		Thomas Parker		
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Planr	ning and Finance	
Permanent File For information Only No Change in Rate				
Home Office: 1 - No Home Office				