



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

MEMORANDUM

**Date:** July 22, 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.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
1.	River Garden Hebrew Home	0 200859-00	1
2.	The Rohr Home	0 202533-00	3
3.	Samantha R Wilson at Bay View	0 202606-00	1
4.	Jupiter Medical Center Pavilion Inc.	0 208485-00	1
5.	Sun Terrace Health Care Center	0 209856-00	1
6.	Huntington Place Care & Rehabilitation Center	0 211281-00	4
7.	Ybor City Healthcare & Rehabilitation Center	0 212164-00	1
8.	Madison Nursing Center	0 213462-00	1
9.	Century Care Center	0 220604-00	1
10.	Santa Rosa Health & Rehab Center	0 220612-00	1
11.	Sandy Ridge Care Center	0 220621-00	1
12.	Cathedral Gerontology Center	0 226068-00	1
13.	Ayers Health & Rehab Center	0 227871-00	1
14.	Bear Creek Nursing Center	0 228567-00	1
15.	Royal Oak Nursing Center	0 228575-00	1
16.	Heather Hill Nursing Home	0 228591-00	1
17.	Woodland Terrace of Citrus County	0 228711-00	1
18.	Cypress Cove Care Center	0 228940-00	1
19.	Brooksville Healthcare Center	0 228958-00	1
20.	Bradford Terrace LLC	0 251739-00	1
21.	Springwood Care & Rehabilitation Center	0 253014-00	4
22.	West Bay Care & Rehabilitation Center	0 253464-00	4
23.	Woodlands Care Center of Alachua County	0 255572-00	1
24.	Diamond Ridge Health & Rehabilitation Center	0 256269-00	1
25.	Surrey Place Convalescent Center of Bradenton	0 256277-00	1
26.	Centre Point Health & Rehab Center	0 264563-00	1
27.	The Terrace at Daytona Beach	0 282553-00	1
28.	The Terrace at Fleming Island	0 284785-00	1
		Total	39

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

TP/dm

Attachments



Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
020085900	20130701	241.51	0.00	241.51	241.51	73602-13	
020253300	20120701	231.82	381.03	231.82	231.82	73602-13	
020253300	20130101	235.07	385.88	235.07	235.07	73602-13	
020253300	20130701	243.38	0.00	243.38	243.38	73602-13	
020260600	20130701	227.96	0.00	227.96	227.96	73602-13	
020848500	20130701	233.36	0.00	233.36	233.36	73602-13	
020985600	20130701	219.90	0.00	219.90	219.90	73602-13	
021128100	20080701	162.01	298.29	162.01	162.01	73602-13	NH11-109W
021128100	20090101	163.98	302.33	163.98	163.98	73602-13	NH11-109W
021128100	20090301	150.24	288.59	150.24	150.24	73602-13	NH11-109W
021128100	20090401	185.83	324.18	185.83	185.83	73602-13	NH11-109W
021216400	20130701	214.65	0.00	214.65	214.65	73602-13	
021346200	20130701	230.43	0.00	230.43	230.43	73602-13	
022060400	20130701	223.52	0.00	223.52	223.52	73602-13	
022061200	20130701	213.27	0.00	213.27	213.27	73602-13	
022062100	20130701	222.79	0.00	222.79	222.79	73602-13	
022606800	20130701	227.77	0.00	227.77	227.77	73602-13	
022787100	20130701	185.85	0.00	185.85	185.85	73602-13	
022856700	20130701	184.87	0.00	184.87	184.87	73602-13	
022857500	20130701	192.48	0.00	192.48	192.48	73602-13	
022859100	20130701	194.78	0.00	194.78	194.78	73602-13	
022871100	20130701	171.07	0.00	171.07	171.07	73602-13	
022894000	20130701	194.22	0.00	194.22	194.22	73602-13	
022895800	20130701	185.77	0.00	185.77	185.77	73602-13	
025173900	20130701	167.73	0.00	167.73	167.73	73602-13	
025301400	20080701	185.60	321.88	185.60	185.60	73602-13	NH11-113W
025301400	20090101	185.84	324.19	185.84	185.84	73602-13	NH11-113W
025301400	20090301	170.26	308.61	170.26	170.26	73602-13	NH11-113W
025301400	20090401	210.73	349.08	210.73	210.73	73602-13	NH11-113W
025346400	20080701	182.95	319.23	182.95	182.95	73602-13	NH11-108W
025346400	20090101	182.94	321.29	182.94	182.94	73602-13	NH11-108W
025346400	20090301	167.60	305.95	167.60	167.60	73602-13	NH11-108W
025346400	20090401	206.53	344.88	206.53	206.53	73602-13	NH11-108W
025557200	20130701	167.33	0.00	167.33	167.33	73602-13	
025626900	20130701	217.53	0.00	217.53	217.53	73602-13	
025627700	20130701	247.19	0.00	247.19	247.19	73602-13	
026456300	20130701	216.87	0.00	216.87	216.87	73602-13	
028255300	20130701	163.23	0.00	163.23	163.23	73602-13	
028478500	20130701	167.25	0.00	167.25	167.25	73602-13	



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

**Medicaid Reimbursement Per Diem Rates**

River Garden Hebrew Home  
 11401 Old St. Augustine Rd.  
 Jacksonville FL 32258

Provider Number: 0 200859-00  
 Date: 7/11/2013  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b>238.93</b>	<b>241.51</b>	<b>7/1/2013</b>
	Level U: Fragile Under 21	513.46	516.04	7/1/2013

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 RS using FYE 12/31/2012 C/R**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

**Distribution:**

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

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

River Garden Holding Company  
 Betty Parker  
 11401 Old St. Augustine Road  
 Jacksonville FL 32258



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

**Medicaid Reimbursement Per Diem Rates**

The Rohr Home  
 2120 Marshall Edwards Drive  
 Bartow FL 33830

Provider Number: 0 202533-00  
 Date: 7/15/2013  
 Fiscal Year End: 9/30/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>237.99</b>	<b>231.82</b>	<b>7/1/2012</b>
	Level H: Aids	387.20	381.03	7/1/2012
	Level U: Fragile Under 21	506.95	500.78	7/1/2012

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Amended Cost Report FYE 9/30/2011
- Rate Semester Change
- On FRV [2] as of 01/01/1989

**Distribution:**

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- Permanent File
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- No Change in Rate

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

I - No Home Office



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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

The Rohr Home  
 2120 Marshall Edwards Drive  
 Bartow FL 33830

Provider Number: 0 202533-00  
 Date: 7/15/2013  
 Fiscal Year End: 9/30/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>241.31</b>	<b>235.07</b>	<b>1/1/2013</b>
	Level H: Aids	392.12	385.88	1/1/2013
	Level U: Fragile Under 21	513.16	506.92	1/1/2013

**Rate Type :**

Interim  Prospective  
 Total Interim  Total Prospective  
 Interim Component  Prospective Adjusted for New Costs  
 Settlement based on costs  Total Prospective with Interim Component  
 Prior Provider Prospective data

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Amended Cost Report FYE 9/30/2011**  
 Rate Semester Change  
 On FRV [2] as of 01/01/1989

**Distribution:**

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**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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**Medicaid Reimbursement Per Diem Rates**

The Rohr Home  
 2120 Marshall Edwards Drive  
 Bartow FL 33830

Provider Number: 0 202533-00  
 Date: 7/15/2013  
 Fiscal Year End: 9/30/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	247.50	243.38	7/1/2013
	Level U: Fragile Under 21	522.03	517.91	7/1/2013

**Rate Type :**

Interim  
 Prospective  
 Total Interim  
 Total Prospective  
 Interim Component  
 Prospective Adjusted for New Costs  
 Settlement based on costs  
 Total Prospective with Interim Component  
 Prior Provider Prospective data

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Retro for 7/13 using FYE 9/30/12 C/R  
 Rate Semester Change  
 On FRV [2] as of 01/01/1989

**Distribution:**

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 Permanent File  
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 No Change in Rate

Home Office:

I - No Home Office

**Thomas Parker**

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**Medicaid Reimbursement Per Diem Rates**

Samantha R. Wilson at Bay View  
 161 Marine Street  
 St. Augustine FL 32084

Provider Number: 0 202606-00  
 Date: 7/16/2013  
 Fiscal Year End: 9/30/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	227.28	227.96	7/1/2013
	Level U: Fragile Under 21	501.81	502.49	7/1/2013

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 using FYE 9/30/2012 Cost Report
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Thomas Parker  
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Home Office:

1 - No Home Office



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**Medicaid Reimbursement Per Diem Rates**

Jupiter Medical Center Pavilion, Inc.  
 1230 South Old Dixie Highway  
 Jupiter FL 33458

Provider Number: 0 208485-00  
 Date: 7/11/2013  
 Fiscal Year End: 9/30/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>230.16</u>	<u>233.36</u>	<u>7/1/2013</u>
	Level U: Fragile Under 21	<u>504.69</u>	<u>507.89</u>	<u>7/1/2013</u>

**Rate Type :**

Interim  Prospective

Total Interim  Total Prospective

Interim Component  Prospective Adjusted for New Costs

Settlement based on costs  Total Prospective with Interim Component

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

**Retro for 7/13 using FYE 9/30/12 Cost Report**

Rate Semester Change

On FRV [2] as of 10/01/1985

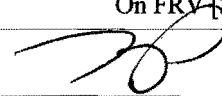
**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

  
**Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office:  I - No Home Office





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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

Sun Terrace Health Care Center  
 105 Trinity Lake Drive  
 Sun City Center FL 33573

Provider Number: 0 209856-00  
 Date: 7/16/2013  
 Fiscal Year End: 8/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	223.69	219.90	7/1/2013
	Level U: Fragile Under 21	498.22	494.43	7/1/2013

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 using FYE 8/31/12 C/R
- Rate Semester Change
- On FRV [2] as of 09/01/1987

**Distribution:**

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Home Office:

1 - No Home Office



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**Medicaid Reimbursement Per Diem Rates**

Huntington Place Care & Rehabilitation Center  
 1775 Huntington Lane  
 Rockledge FL 32955

Provider Number: 0 211281-00  
 Date: 4/9/2013  
 Fiscal Year End: 7/31/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>165.05</b>	<b>162.01</b>	<b>7/1/2008</b>
	Level H: AIDS	301.33	298.29	7/1/2008
	Level U: Fragile Under 21	410.68	407.64	7/1/2008

**Rate Type :**

Interim  Prospective  
 Total Interim  Total Prospective  
 Interim Component  Prospective Adjusted for New Costs  
 Settlement based on costs  Total Prospective with Interim Component  
 Prior Provider Prospective data

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Field Audit #NH11-109W FYE 7/31/07**  
 Rate Semester Change  
 On FRV [2] as of 10/01/1985

**Distribution:**

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

**Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

Sun Healthcare Group, Inc.  
 Reimbursement Department  
 101 Sun Avenue NE  
 Albuquerque NM 87109



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

**Medicaid Reimbursement Per Diem Rates**

Huntington Place Care & Rehabilitation Center  
 1775 Huntington Lane  
 Rockledge FL 32955

Provider Number: 0 211281-00  
 Date: 4/9/2013  
 Fiscal Year End: 7/31/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>166.96</u>	<u>163.98</u>	<u>1/1/2009</u>
	Level H: AIDS	<u>305.31</u>	<u>302.33</u>	<u>1/1/2009</u>
	Level U: Fragile Under 21	<u>416.32</u>	<u>413.34</u>	<u>1/1/2009</u>

**Rate Type :**

Interim  Prospective  
 Total Interim  Total Prospective  
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 Prior Provider Prospective data

**Basis:**

Budget  
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 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Field Audit #NH11-109W FYE 7/31/07**  
 Rate Semester Change  
 On FRV [2] as of 10/01/1985

**Distribution:**

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

Thomas Parker  
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

Sun Healthcare Group, Inc.  
 Reimbursement Department  
 101 Sun Avenue NE  
 Albuquerque NM 87109



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

**Medicaid Reimbursement Per Diem Rates**

Huntington Place Care & Rehabilitation Center  
 1775 Huntington Lane  
 Rockledge FL 32955

Provider Number: 0 211281-00  
 Date: 4/9/2013  
 Fiscal Year End: 7/31/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>152.97</u>	<u>150.24</u>	<u>3/1/2009</u>
	Level H: AIDS	<u>291.32</u>	<u>288.59</u>	<u>3/1/2009</u>
	Level U: Fragile Under 21	<u>402.33</u>	<u>399.60</u>	<u>3/1/2009</u>

**Rate Type :**

Interim  Prospective  
 Total Interim  Total Prospective  
 Interim Component  Prospective Adjusted for New Costs  
 Settlement based on costs  Total Prospective with Interim Component  
 Prior Provider Prospective data

**Basis:**

Budget  
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 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Field Audit #NH11-109W FYE 7/31/07**  
 Rate Semester Change  
 On FRV [2] as of 10/01/1985

**Distribution:**

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 Permanent File  
 For information Only  
 No Change in Rate

**Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Sun Healthcare Group, Inc.  
 Reimbursement Department  
 101 Sun Avenue NE  
 Albuquerque NM 87109



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

**Medicaid Reimbursement Per Diem Rates**

Huntington Place Care & Rehabilitation Center  
 1775 Huntington Lane  
 Rockledge FL 32955

Provider Number: 0 211281-00  
 Date: 4/9/2013  
 Fiscal Year End: 7/31/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>188.99</b>	<b>185.83</b>	<b>4/1/2009</b>
	Level H: AIDS	327.34	324.18	4/1/2009
	Level U: Fragile Under 21	438.35	435.19	4/1/2009

**Rate Type :**

Interim  
 Prospective  
 Total Interim  
 Total Prospective  
 Interim Component  
 Prospective Adjusted for New Costs  
 Settlement based on costs  
 Total Prospective with Interim Component  
 Prior Provider Prospective data

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Field Audit #NH11-109W FYE 7/31/07**  
 Rate Semester Change  
 On FRV [2] as of 10/01/1985

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
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**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Sun Healthcare Group, Inc.  
 Reimbursement Department  
 101 Sun Avenue NE  
 Albuquerque NM 87109



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

**Medicaid Reimbursement Per Diem Rates**

Ybor City Healthcare and Rehabilitation Center  
 1709 Taliaferro Ave.  
 Tampa FL 33602

Provider Number: 0 212164-00  
 Date: 7/17/2013  
 Fiscal Year End: 7/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>217.53</b>	<b>214.65</b>	<b>7/1/2013</b>
	Level U: Fragile Under 21	492.06	489.18	7/1/2013

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 10/01/1985

**Distribution:**

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

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Summit Care II, Inc  
 Guy Farmer  
 2851 Remington Green Circle, Ste. D  
 Tallahassee FL 32308



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**Medicaid Reimbursement Per Diem Rates**

Madison Nursing Center  
 2481 West US 90  
 Madison FL 32340

Provider Number: 0 213462-00  
 Date: 7/11/2013  
 Fiscal Year End: 7/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>232.67</u>	<u>230.43</u>	<u>7/1/2013</u>
	Level U: Fragile Under 21	<u>507.20</u>	<u>504.96</u>	<u>7/1/2013</u>

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 using FYE 7/31/2012 Cost Report
- Rate Semester Change
- On FRV [2] as of 09/01/1996

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

Century Care Center.  
 6020 Industrial Blvd.  
 Century FL 32535

Provider Number: 0 220604-00  
 Date: 7/15/2013  
 Fiscal Year End: 7/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home      Single Level	<u>229.85</u>	<u>223.52</u>	<u>7/1/2013</u>
Level U: Fragile Under 21	<u>504.38</u>	<u>498.05</u>	<u>7/1/2013</u>

**Rate Type :**

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

**Basis:**

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

**Changes:**

- Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Retro for 7/13 RS using FYE 7/31/2012 Cost Report**  
 Rate Semester Change  
 On FRV [2] as of 08/12/1994

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

Sandy Ridge Care Center  
 5360 Glover Lane  
 Milton FL 32570

Provider Number: 0 220621-00  
 Date: 7/12/2013  
 Fiscal Year End: 7/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>234.54</u>	<u>222.79</u>	<u>7/1/2013</u>
	Level U: Fragile Under 21	<u>509.07</u>	<u>497.32</u>	<u>7/1/2013</u>

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 using FYE 7/31/12 C/R
- Rate Semester Change
- On FRV [2] as of 02/29/2000

**Distribution:**

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- For information Only
- No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

Cathedral Gerontology Center  
 333 East Ashley Street  
 Jacksonville FL 32202

Provider Number: 0 226068-00  
 Date: 7/16/2013  
 Fiscal Year End: 9/30/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.83	227.77	7/1/2013
	Level U: Fragile Under 21	499.36	502.30	7/1/2013

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 using FYE 9/30/2012 C/R
- Rate Semester Change
- On FRV [2] as of 09/01/1989

**Distribution:**

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- No Change in Rate

**Thomas Parker**

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 Jacksonville FL 32210



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**Medicaid Reimbursement Per Diem Rates**

Ayers Health & Rehab Center  
 606 NE 7th Street  
 Trenton FL 32693

Provider Number: 0 227871-00  
 Date: 7/12/2013  
 Fiscal Year End: 7/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.77	185.85	7/1/2013
	Level U: Fragile Under 21	467.30	460.38	7/1/2013

**Rate Type :**

Interim  Prospective  
 Total Interim  Total Prospective  
 Interim Component  Prospective Adjusted for New Costs  
 Settlement based on costs  Total Prospective with Interim Component  
 Prior Provider Prospective data

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Retro for 7/13 using FYE 7/31/2012 Cost Report**  
 Rate Semester Change  
 On FRV [2] as of 01/01/2000

**Distribution:**

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**Thomas Parker**

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**Medicaid Reimbursement Per Diem Rates**

Bear Creek Nursing Center  
 8041 State Road 52  
 Hudson FL 34667

Provider Number: 0 228567-00  
 Date: 7/15/2013  
 Fiscal Year End: 7/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>192.18</u>	<u>184.87</u>	<u>7/1/2013</u>
	Level U: Fragile Under 21	<u>466.71</u>	<u>459.40</u>	<u>7/1/2013</u>

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 using FYE 7/31/2012 Cost Report
- Rate Semester Change
- On FRV [2] as of 01/01/2000

**Distribution:**

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- No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

Royal Oak Nursing Center  
 37300 Royal Oak Lane  
 Dade City FL 33525

Provider Number: 0 228575-00  
 Date: 7/15/2013  
 Fiscal Year End: 7/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>205.92</u></b>	<b><u>192.48</u></b>	<b><u>7/1/2013</u></b>
	Level U: Fragile Under 21	<u>480.45</u>	<u>467.01</u>	<u>7/1/2013</u>

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 using FYE 7/31/12 Cost Report**
- Rate Semester Change
- On FRV [2] as of 01/01/2000

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

Heather Hill Nursing Home  
 6630 Kentucky Avenue  
 New Port Richey FL 34653

Provider Number: 0 228591-00  
 Date: 7/15/2013  
 Fiscal Year End: 7/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.50	194.78	7/1/2013
	Level U: Fragile Under 21	481.03	469.31	7/1/2013

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 RS using FYE 7/31/2012 Cost Report
- Rate Semester Change
- On FRV [2] as of 10/01/1985

**Distribution:**

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

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**Medicaid Reimbursement Per Diem Rates**

Woodland Terrace of Citrus County  
 124 W. Norvell Bryant Hwy  
 Hernando FL 34442

Provider Number: 0 228711-00  
 Date: 7/15/2013  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	169.63	171.07	7/1/2013
	Level U: Fragile Under 21	444.16	445.60	7/1/2013

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 RS using FYE 12/31/12 Cost Report
- Rate Semester Change
- On FRV [2] as of 07/12/2001

**Distribution:**

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

**Thomas Parker**

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 Daytona Beach FL 32114





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**Medicaid Reimbursement Per Diem Rates**

Cypress Cove Care Center  
 700 SE 8th Avenue  
 Crystal River FL 34429

Provider Number: 0 228940-00  
 Date: 7/15/2013  
 Fiscal Year End: 7/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home <b>Single Level</b>	<b>198.08</b>	<b>194.22</b>	<b>7/1/2013</b>
Level U: Fragile Under 21	472.61	468.75	7/1/2013

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 01/01/2000

**Distribution:**

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- Permanent File
- For information Only
- No Change in Rate

Thomas Parker  
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 Murfreesboro TN 37128



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**Medicaid Reimbursement Per Diem Rates**

Brooksville Healthcare Center  
 1114 Chatman Boulevard  
 Brooksville FL 34601

Provider Number: 0 228958-00  
 Date: 7/15/2013  
 Fiscal Year End: 7/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.08</u>	<u>185.77</u>	<u>7/1/2013</u>
	Level U: Fragile Under 21	<u>473.61</u>	<u>460.30</u>	<u>7/1/2013</u>

**Rate Type :**

Interim  
 Total Interim  
 Interim Component  
 Settlement based on costs  
 Prior Provider Prospective data  
 Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Total Prospective with Interim Component

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Retro for 7/13 using FYE 7/31/2012 C/R  
 Rate Semester Change  
 On FRV [2] as of 01/01/2000

**Distribution:**

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

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**Medicaid Reimbursement Per Diem Rates**

Bradford Terrace, LLC  
 808 S. Colley Road  
 Starke FL 32091

Provider Number: 0 251739-00  
 Date: 7/15/2013  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>166.48</u>	<u>167.73</u>	<u>7/1/2013</u>
	Level U: Fragile Under 21	<u>441.01</u>	<u>442.26</u>	<u>7/1/2013</u>

**Rate Type :**

Interim  Prospective  
 Total Interim  Total Prospective  
 Interim Component  Prospective Adjusted for New Costs  
 Settlement based on costs  Total Prospective with Interim Component  
 Prior Provider Prospective data

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Retro for 7/13 using FYE 12/31/12 C/R**  
 Rate Semester Change  
 On FRV [2] as of 06/30/1992

**Distribution:**

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 No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

Springwood Care & Rehabilitation Center  
 4602 Northgate Court  
 Sarasota FL 34234

Provider Number: 0 253014-00  
 Date: 4/10/2013  
 Fiscal Year End: 7/31/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>185.55</u>	<u>185.60</u>	<u>7/1/2008</u>
	Level H: AIDS	<u>321.83</u>	<u>321.88</u>	<u>7/1/2008</u>
	Level U: Fragile Under 21	<u>431.18</u>	<u>431.23</u>	<u>7/1/2008</u>

**Rate Type :**

Interim  
 Prospective  
 Total Interim  
 Total Prospective  
 Interim Component  
 Prospective Adjusted for New Costs  
 Settlement based on costs  
 Total Prospective with Interim Component  
 Prior Provider Prospective data

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Field Audit NH11-113W FYE 7/31/2007**  
 Rate Semester Change  
 On FRV [2] as of 01/01/2005

**Distribution:**

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 Permanent File  
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**Thomas Parker**  
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 Albuquerque NM 87109



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**Medicaid Reimbursement Per Diem Rates**

Springwood Care & Rehabilitation Center  
4602 Northgate Court  
Sarasota FL 34234

Provider Number: 0 253014-00  
 Date: 4/10/2013  
 Fiscal Year End: 7/31/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>187.41</u>	<u>185.84</u>	<u>1/1/2009</u>
	Level H: AIDS	<u>325.76</u>	<u>324.19</u>	<u>1/1/2009</u>
	Level U: Fragile Under 21	<u>436.77</u>	<u>435.20</u>	<u>1/1/2009</u>

**Rate Type :**

Interim  Prospective  
 Total Interim  Total Prospective  
 Interim Component  Prospective Adjusted for New Costs  
 Settlement based on costs  Total Prospective with Interim Component  
 Prior Provider Prospective data

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Field Audit NH11-113W FYE 7/31/2007**  
 Rate Semester Change  
 On FRV [2] as of 01/01/2005

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

Springwood Care & Rehabilitation Center  
 4602 Northgate Court  
 Sarasota FL 34234

Provider Number: 0 253014-00  
 Date: 4/10/2013  
 Fiscal Year End: 7/31/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>171.70</u>	<u>170.26</u>	<u>3/1/2009</u>
	Level H: AIDS	<u>310.05</u>	<u>308.61</u>	<u>3/1/2009</u>
	Level U: Fragile Under 21	<u>421.06</u>	<u>419.62</u>	<u>3/1/2009</u>

**Rate Type :**

Interim  Prospective  
 Total Interim  Total Prospective  
 Interim Component  Prospective Adjusted for New Costs  
 Settlement based on costs  Total Prospective with Interim Component  
 Prior Provider Prospective data

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Field Audit NH11-113W FYE 7/31/2007  
 Rate Semester Change  
 On FRV [2] as of 01/01/2005

**Distribution:**

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 Permanent File  
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**Medicaid Reimbursement Per Diem Rates**

West Bay Care & Rehabilitation Center  
 3865 Tampa Road  
 Oldsmar FL 34677

Provider Number: 0 253464-00  
 Date: 4/11/2013  
 Fiscal Year End: 7/31/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>			
<b>Single Level</b>	<u>165.58</u>	<u>167.60</u>	<u>3/1/2009</u>
Level H: AIDS	<u>303.93</u>	<u>305.95</u>	<u>3/1/2009</u>
Level U: Fragile Under 21	<u>414.94</u>	<u>416.96</u>	<u>3/1/2009</u>

**Rate Type :**

Interim  
 Prospective  
 Total Interim  
 Total Prospective  
 Interim Component  
 Prospective Adjusted for New Costs  
 Settlement based on costs  
 Total Prospective with Interim Component  
 Prior Provider Prospective data

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Field Audit NH11-108W FYE 7/31/07**  
 Rate Semester Change  
 On FRV [2] as of 10/01/1998

**Distribution:**

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

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Sun Healthcare Group, Inc.  
 Reimbursement Department  
 101 Sun Avenue NE  
 Albuquerque NM 87109





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**Medicaid Reimbursement Per Diem Rates**

Woodlands Care Center of Alachua County  
 7207 SW 24th Avenue  
 Gainesville FL 32607

Provider Number: 0 255572-00  
 Date: 7/15/2013  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b>166.97</b>	<b>167.33</b>	<b>7/1/2013</b>
	Level U: Fragile Under 21	441.50	441.86	7/1/2013

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 using FYE 12/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 06/27/2002

**Distribution:**

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

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

SMJ Enterprises, LLC  
 Donna Marsh  
 1704 Huntington Village Circle  
 Daytona Beach FL 32114



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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

Diamond Ridge Health & Rehabilitation Center  
2730 W. Marc Knighton Court  
Lecanto FL 34461

Provider Number: 0 256269-00  
 Date: 7/15/2013  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<u>215.74</u>	<u>217.53</u>	<u>7/1/2013</u>
	Level U: Fragile Under 21	<u>490.27</u>	<u>492.06</u>	<u>7/1/2013</u>

**Rate Type :**

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

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 using FYE 12/31/2012 Cost Report**
- Rate Semester Change
- On FRV [2] as of 06/23/1989

**Distribution:**

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

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

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**Medicaid Reimbursement Per Diem Rates**

Surrey Place Convalescent Center of Bradenton  
5525 21st Avenue West  
Bradenton FL 34209

Provider Number: 0 256277-00  
 Date: 7/15/2013  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<u>234.72</u>	<u>247.19</u>	<u>7/1/2013</u>
	Level U: Fragile Under 21	<u>509.25</u>	<u>521.72</u>	<u>7/1/2013</u>

**Rate Type :**

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

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 using FYE 12/31/12 Cost Report**
- Rate Semester Change
- On FRV [2] as of 02/08/1989

**Distribution:**

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

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

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**Medicaid Reimbursement Per Diem Rates**

Centre Point Health and Rehab Center  
 2255 Centerville Road  
 Tallahassee FL 32308

Provider Number: 0 264563-00  
 Date: 7/16/2013  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.73	216.87	7/1/2013
	Level U: Fragile Under 21	490.26	491.40	7/1/2013

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 using FYE 12/31/12 C/R
- Rate Semester Change
- On FRV [2] as of 06/25/1987

**Distribution:**

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Clear Choice Health Care, LLC  
 709 S. Harbor City Blvd.  
 Melbourne FL 32901



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**Medicaid Reimbursement Per Diem Rates**

The Terrace at Daytona Beach  
1704 Huntington Village Circle  
Daytona Beach FL 32114

Provider Number: 0 282553-00  
 Date: 7/16/2013  
 Fiscal Year End: 7/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>170.79</u></b>	<b><u>163.23</u></b>	<b><u>7/1/2013</u></b>
	Level U: Fragile Under 21	<u>445.32</u>	<u>437.76</u>	<u>7/1/2013</u>

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 using FYE 7/31/12 Cost Report**
- Rate Semester Change
- On FRV [2] as of 06/29/1998

**Distribution:**

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

**Thomas Parker**

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**Medicaid Reimbursement Per Diem Rates**

The Terrace at Fleming Island  
 1125 Fleming Plantation Road  
 Orange Park FL 32003

Provider Number: 0 284785-00  
 Date: 7/16/2013  
 Fiscal Year End: 7/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b>173.69</b>	<b>167.25</b>	<b>7/1/2013</b>
	Level U: Fragile Under 21	448.22	441.78	7/1/2013

**Rate Type :**

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 using FYE 7/31/2012 C/R**
- Rate Semester Change
- On FRV [2] as of 03/11/2005

**Distribution:**

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

Thomas Parker  
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