

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.

	Provider Name	Provider	Number of Rate
		Number	Change Notices
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



		Single Level	Level H: AIDS	Single Level	Single Level		
	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MCM	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
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	1
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	T
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	T
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	1
028478500	20130701	167.25	0.00	167.25	167.25	73602-13	<u> </u>



### Medicaid Reimbursement Per Diem Rates

er Garden Hebrew Home			Provider Number:	0 200859-00		
01 Old St. Augustine Rd.			Date:	7/11/2013		
csonville FL 32258			Fiscal Year End:	12/31/2012		
			Audit Status:	Unaudited [3]		
ovider Type:						
		Current	New	Effective		
noing Uomo Singla		Rate	Rate	Date		
rsing Home Single	Levei	238.93		7/1/2013		
Level U:	Fragile Under 21	513.46	516.04	7/1/2013		
	C					
Rate Type :						
Interim		X Prospective				
Total Interim		<u> </u>	otal Prospective			
Interim Com	ponent	Pr	ospective Adjusted	for New Costs		
Settlement ba	sed on costs	To	otal Prospective with	n Interim Component		
Prior Provide	r Prospective data					
Basis:	Cha	nges:				
		Liconomo	Poting Change			
Budget X Unaudited costs			Rating Change			
Field audited costs	· !	Usual and Customary Limitation Target Rate limitation change				
Field audit - interim po	tion	FRVS Char	-			
Desk audited costs			7/13 RS using FYE	12/31/2012 C/R		
Desk audit - Interim Por		Rate Semester Change				
Desk Audit - Prospectiv	e portion	On FRV [2] as of 10/01/1985				
Distribution:		M	Thomas Parker			
Contract Management / Fisca	l Agent —	Medicaid Cost R	Reimbursement Plan	ning and Finance		
Permanent File				and i munoe		
For information Only						
No Change in Rate						
Home Office: Rive	r Garden Holding Company					
Betty	Parker					
	l Old St. Augustine Road onville FL 32258					

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## Medicaid Reimbursement Per Diem Rates

e Rohr Home				Provider Number:	0 202533-00		
20 Marshall Edwar	ds Drive			Date:	7/15/2013		
rtow FL 33830				Fiscal Year End:	9/30/2011		
				Audit Status:	Unaudited [3]		
ovider Type:							
			Current	New	Effective		
uning Home	Single Level	-	Rate	Rate	Date		
irsing Home	Single Level	-	237.99		7/1/2012		
	Level H: Aids		387.20	381.03	7/1/2012		
	Level U: Fragile Under 21		506.95	500.78	7/1/2012		
				• <b>*</b>	×		
Rate Type :							
Interim		X	Prospectiv				
	Fotal Interim		······	Total Prospective			
	nterim Component			Prospective Adjusted			
	Settlement based on costs			Total Prospective with	n Interim Component		
	Prior Provider Prospective data	<b></b>					
Basis:		Change	s:				
Budget			Licensur	e Rating Change			
X Unaudited of	costs			d Customary Limitatio	n		
Field audite			Target Rate limitation change				
Field audit	- interim portion		FRVS Change				
Desk audite	1	X					
	- Interim Portion		Rate Semester Change				
	- Prospective portion		On FRV	[2] as of 01/01/1989			
Distribution:		-	Thomas Parker				
-	ement / Fiscal Agent	N	Medicaid Cost Reimbursement Planning and Finance				
Permanent File							
	ation Only						
No Chang	e in Rate						
Home Office:	1 - No Home Office						
				1			
				i			



					•		
he Rohr Home				Provider Number:	0 202533-00		
20 Marshall Edwar	rds Drive			Date:	7/15/2013		
artow FL 33830		_		Fiscal Year End:	9/30/2011		
				Audit Status:	Unaudited [3]		
rovider Type:							
			Current	New	Effective		
		_	Rate	Rate	Date		
ursing Home	Single Level	-	241.31		1/1/2013		
	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		х	Prospective				
******	Total Interim	X Total Prospective					
Interim Component Settlement based on costs		Prospective Adjusted for New Costs					
			T	otal Prospective with	Interim Component		
F	Prior Provider Prospective data				,		
Basis:		Changes	•				
Budget			Licensure 1	Rating Change			
X Unaudited of	costs	Usual and Customary Limitation					
Field audite	ed costs	Target Rate limitation change					
	- interim portion	FRVS Change					
Desk audite	d costs - Interim Portion	X Amended Cost Report FYE 9/30/2011					
	- Interim Portion - Prospective portion		Rate Semester Change       On FRV [2] as of 01/01/1989				
Distribution:			20	Thomas Parker			
Contract Manage	Contract Management / Fiscal Agent		V U	Reimbursement Planr	ving and Finance		
Permanent File		NI IVI	eulcalu Cost r	tennoursement riam	ing and Finance		
For inform	ation Only						
No Change	e in Rate						
Home Office:	1 - No Home Office						
nome onice.							



## Medicaid Reimbursement Per Diem Rates

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ne Rohr Home			Provider Number:	0 202533-00	
20 Marshall Edwards Drive			Date:	7/15/2013	
artow FL 33830			Fiscal Year End:	9/30/2012	
			Audit Status:	Unaudited [3]	
rovider Type:					
	(	Current	New	Effective	
		Rate	Rate	Date	
ursing Home Single Level		247.50	243.38	7/1/2013	
Level U: Fragile Under 21	4	522.03	517.91	7/1/2013	
Rate Type :					
Interim	<u> </u>	Prospectiv			
Total Interim			Total Prospective Prospective Adjusted	for New Costs	
Interim Component Settlement based on costs				n Interim Component	
Prior Provider Prospective data	,		Total Trospective will	i interni component	
Basis:	Changes:				
Budget		Licensure	Rating Change		
X Unaudited costs			l Customary Limitatic	n	
Field audited costs			te limitation change		
Field audit - interim portion		FRVS Ch	ange		
Desk audited costs			• 7/13 using FYE 9/3	0/1 <b>2 C/R</b>	
Desk audit - Interim Portion			ester Change		
Desk Audit - Prospective portion			2] as of 01/01/1989		
Distribution:	$\langle \rangle$	5-	Thomas Parker		
Contract Management / Fiscal Agent	Med	icaid Cost	Reimbursement Plan	ning and Finance	
Permanent File					
For information Only					
No Change in Rate					
Home Office: 1 - No Home Office					



nantha R. Wilson at Bay View	Provider Number: 0 202606-00				
Marine Street	Date: 7/16/2013				
Augustine FL 32084	Fiscal Year End: 9/30/2012				
	Audit Status: Unaudited [3				
ovider Type:					
	Current New Effective				
Irsing Home Single Level	Rate Rate Date				
in sing frome Single Level	<u>227.28</u> <u>227.96</u> <u>7/1/2013</u>				
Level U: Fragile Under 21	501.81 502.49 7/1/2013				
Rate Type :					
Interim	X Prospective				
Total Interim	X Total Prospective				
Interim Component	Prospective Adjusted for New Costs				
Settlement based on costs	Total Prospective with Interim Component				
Prior Provider Prospective data					
Basis:	Changes:				
Budget	Licensure Rating Change				
X Unaudited costs	Usual and Customary Limitation				
Field audited costs	Target Rate limitation change				
Field audit - interim portion	FRVS Change				
Desk audited costs	X Retro for 7/13 using FYE 9/30/2012 Cost Report				
Desk audit - Interim Portion	Rate Semester Change				
Desk Audit - Prospective portion Distribution:	On FRV [2] as of 10/01/1985				
Contract Management / Fiscal Agent	Thomas Parker				
Permanent File	Medicaid Cost Reimbursement Planning and Finance				
For information Only					
No Change in Rate					
Home Office: 1 - No Home Office					
	+				



### Medicaid Reimbursement Per Diem Rates

piter Medical Center Pavilion, Inc.	Pr	ovider Number:	0 208485-00
230 South Old Dixie Highway	*	Date:	7/11/2013 9/30/2012
piter FL 33458	Fi	scal Year End:	
		Audit Status:	Unaudited [3]
rovider Type:			
	Current	New	Effective
unoing Home Single Level	Rate	Rate _	Date
ursing Home Single Level	230.16	233.36	7/1/2013
Level U: Fragile Under 21	504.69	507.89	7/1/2013
Rate Type :			
Interim	X Prospective		
Total Interim		Prospective	
Interim Component		bective Adjusted	
Settlement based on costs	Total	Prospective with	h Interim Component
Prior Provider Prospective data			
Basis:	hanges:		
		~	
Budget	Licensure Rati		
X Unaudited costs Field audited costs		tomary Limitatio nitation change	n
	FRVS Change	•	
Field audit - interim portion Desk audited costs			0/12 Cost Report
Desk audited costs	Rate Semester		and sourceput
Desk Audit - Prospective portion		of 10/01/1985	
Distribution:	Т	omas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Rein	nbursement Plann	ning and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office			



### Medicaid Reimbursement Per Diem Rates

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Current Rate 223.69	Date: Fiscal Year End: Audit Status: New Rate 219.90	7/16/2013 8/31/2012 Unaudited [3] Effective Date 7/1/2013 7/1/2013		
Rate 223.69 498.22	Audit Status: New Rate 219.90	Unaudited [3] Effective Date 7/1/2013		
Rate 223.69 498.22	New Rate 219.90	Effective Date 7/1/2013		
Rate 223.69 498.22	Rate	Date 7/1/2013		
Rate 223.69 498.22	Rate	Date 7/1/2013		
<b>223.69</b> 498.22	219.90	7/1/2013		
498.22				
	494.43	7/1/2013		
Prospective				
Prospective				
Prospective				
······································	otal Prospective			
	ospective Adjusted			
Тс	otal Prospective with	Interim Component		
25:				
Licensure R	lating Change			
		n		
Target Rate limitation change				
FRVS Change				
X Retro for 7/13 using FYE 8/31/12 C/R				
Rate Semester Change				
On FRV [2]	as of 09/01/1987			
75	Thomas Parker			
Medicaid Cost R	eimbursement Plan	ning and Finance		
	And the second se			
	:			
	5			
	Usual and C Target Rate FRVS Char Retro for 7 Rate Semes On FRV [2]	Licensure Rating Change Usual and Customary Limitatio Target Rate limitation change FRVS Change Retro for 7/13 using FYE 8/33		



#### Medicaid Reimbursement Per Diem Rates

untington Place Care & Rehabilitation Center				Provider Number:	0 211281-00
775 Huntington Lane				Date:	4/9/2013
Rockledge FL 32955				Fiscal Year End:	7/31/2007
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	165.05	162.01	7/1/2008
	Level H: AIDS		301.33	298.29	7/1/2008
	Level U: Fragile Under 21		410.68	407.64	7/1/2008
Into	tal Interim erim Component tlement based on costs or Provider Prospective data	X		ve Total Prospective Prospective Adjusted Total Prospective with	
Budget Unaudited cos X Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion	Change	Licensur Usual an Target R FRVS C Field Au Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange dit <b>#NH11-109W FY</b> hester Change [2] as of 10/01/1985	
Distribution: Contract Managem Permanent File For informat No Change i	ion Only		Aedicaid Cos	Thomas Parker t Reimbursement Plan	ning and Finance
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Iuntington Place Care	& Rehabilitation Center			Provider Number:	0 211281-00
775 Huntington Lane				Date:	4/9/2013
Rockledge FL 32955				Fiscal Year End:	7/31/2007
				Audit Status:	Field Audited [2]
Provider Type:			rrent ate	New Rate	Effective Date
lursing Home	Single Level	16	6.96	163.98	1/1/2009
	Level H: AIDS	30	5.31	302.33	1/1/2009
	Level U: Fragile Under 21	41	6.32	413.34	1/1/2009
Int Se	otal Interim terim Component ttlement based on costs ior Provider Prospective data	Changes:	] ,	e Fotal Prospective Prospective Adjusted Fotal Prospective with	
Unaudited co X Field audited Field audit - Desk audited Desk audit - Desk Audit -	costs interim portion	L L L L L L L L L L L L L L L L L L L	'sual and arget Ra RVS Ch ield Au ate Sem	l Customary Limitation the limitation change	
Distribution:		$\mathcal{T}$	$\gamma$	Thomas Parker	
Contract Managen Permanent File For informa No Change	•	Medic	aid Cost	Reimbursement Plan	ning and Finance
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Huntington Place Care &	& Rehabilitation Center			Provider Number:	0 211281-00		
1775 Huntington Lane				Date:	4/9/2013		
Rockledge FL 32955				Fiscal Year End:	7/31/2007		
				Audit Status:	Field Audited [2]		
Provider Type: Nursing Home	Single Level	_	Current Rate 152.97	New Rate	Effective Date 3/1/2009		
	Level H: AIDS	-	291.32	288.59	3/1/2009		
	Level U: Fragile Under 21	-	402.33	399.60	3/1/2009		
Inte	tal Interim erim Component tlement based on costs or Provider Prospective data	X		e Total Prospective Prospective Adjusted Total Prospective witl			
Basis:		Changes	:				
Desk audited of Desk audit - Ir	costs nterim portion costs	X	Usual and Target R FRVS C Field Au Rate Sem	e Rating Change d Customary Limitatio ate limitation change hange dit #NH11-109W FY nester Change [2] as of 10/01/1985			
<b>Distribution:</b>	Distribution:		Thomas Parker				
Contract Managem Permanent File For informati	ion Only	M	edicaid Cos	t Reimbursement Plan	ning and Finance		
No Change i	n Kate						
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109						



intington Place Ca	e & Rehabilitation Center			Provider Number:	0 211281-00	
75 Huntington Lan				Date:	4/9/2013	
ockledge FL 32955				Fiscal Year End:		
				Audit Status:	Field Audited [2]	
rovider Type:						
••			Current	New	Effective	
• •			Rate	Rate	Date	
ursing Home	Single Level		188.99		4/1/2009	
	Level H: AIDS		327.34	324.18	4/1/2009	
	Level U: Fragile Under 21		438.35	435.19	4/1/2009	
	0					
		·				
Rate Type :						
Interim		Х	Prospectiv	/e		
	Total Interim		x	Total Prospective		
]	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective wit	h Interim Component	
1	Prior Provider Prospective data					
Basis:		Change	es:			
1		<b>0</b>				
Budget			Licensur	e Rating Change		
Unaudited	costs		Usual an	d Customary Limitati	on	
X Field audit	ed costs		Target R	ate limitation change		
Field audit	- interim portion		FRVS C	hange		
Desk audite	ed costs	X	Field Au	dit #NH11-109W FY	(E 7/31/07	
	- Interim Portion			ester Change		
	- Prospective portion		On FRV	[2] as of 10/01/1985		
Distribution:		-	アイ	/ Thomas Parker		
Contract Manag	ement / Fiscal Agent	<u></u> נו	Medicaid Cos	t Reimbursement Plan	ining and Finance	
Permanent File					5	
For inform	nation Only					
No Chang	e in Rate					
Home Office:	Sun Healthcare Group, Inc.					
	Reimbursement Department					
	101 Sun Avenue NE					
	Albuquerque NM 87109			1		



## Medicaid Reimbursement Per Diem Rates

Ybor City Healthcare ar	nd Rehabilitation Center			Provider Number:	0 212164-00
1709 Taliaferro Ave.				Date:	7/17/2013
Tampa FL 33602				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>				· · · · · · · · · · · · · · · · · · ·	
• •			Current	New	Effective
<b>N</b> T <b>1 NX</b>			Rate	Rate	Date
Nursing Home	Single Level		217.53		7/1/2013
	Level U: Fragile Under 21		492.06	489.18	7/1/2013
Rate Type :					
Interim		X	Prospective	e	
	tal Interim			Total Prospective	
Inte	erim Component			Prospective Adjusted f	for New Costs
Set	tlement based on costs			Total Prospective with	Interim Component
Pri	or Provider Prospective data				
Basis:		Change	s:		
Budget			Licensure	Rating Change	
X Unaudited cos	sts		Usual and	l Customary Limitation	n
Field audited	costs			te limitation change	
	nterim portion		FRVS Ch	ange	
Desk audited	1	<u> </u>		· 7/13 using FYE 7/31	/2012 C/R
	nterim Portion Prospective portion			ester Change [2] as of 10/01/1985	
Distribution:					
Contract Managem	ent / Fiscal Acont		10-	Thomas Parker	
-	ent / Fiscal Agent	Ν	Medicaid Cost	Reimbursement Plann	ning and Finance
Permanent File For informat	ion Only				
	-				
No Change i	n kate				
Home Office:	Summit Care II, Inc		and the second second second	·····	
	Guy Farmer 2851 Remington Green Circle Tallahassee FL 32308	, Ste. D			

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

lison Nursing Cente	r			Provider Number:	0 213462-00
1 West US 90				Date:	7/11/2013
dison FL 32340				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
ovider Type:			×		
			Current	New	Effective
voina Hana	Cincle ( and	<u></u>	Rate	Rate	Date
rsing Home	Single Level		232.67		7/1/2013
	Level U: Fragile Under 21		507.20	504.96	7/1/2013
					1112010
Rate Type :					
Interim		X	Prospecti	ve	
	tal Interim		X	Total Prospective	
	erim Component			Prospective Adjusted	for New Costs
Set	tlement based on costs			Total Prospective with	n Interim Component
Pri	or Provider Prospective data				
Basis:		Changes:	1		
		Chunges.	_		
Budget			Licensu	re Rating Change	
X Unaudited co	sts	<u></u>	-	nd Customary Limitatio	n
Field audited				Rate limitation change	
Field audit - i	interim portion		FRVS C	hange	
Desk audited	_	X	Retro fo	or 7/13 using FYE 7/3	1/2012 Cost Report
	nterim Portion			mester Change	_
	Prospective portion		On FRV	[2] as of 09/01/1996	·
Distribution:		/	20	Thomas Parker	
Contract Managem	ent / Fiscal Agent	Me	dicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File					<b>-</b>
For informat	ion Only				
No Change	n Rate				
Home Office:	Summit Care II, Inc				
	Guy Farmer			4	
	2851 Remington Green Circle, St Tallahassee FL 32308	ie. D		-	



## Medicaid Reimbursement Per Diem Rates

ntury Care Center.		Provider Number:	0 220604-00
20 Industrial Blvd.		Date:	7/15/2013
ntury FL 32535		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
ovider Type:			
	Current Rate	New Rate	Effective Date
Irsing Home Single Level	229.85	223.52	7/1/2013
in sing from to ongle Level			//1/2015
Level U: Fragile Under 21	504.38	498.05	7/1/2013
			[1] 10 Museum
Rate Type :			
Interim	X Prospective		
Total Interim Interim Component		otal Prospective rospective Adjusted	for New Costs
Settlement based on costs			h Interim Component
Prior Provider Prospective data			a moran component
	hangeet		
	hanges:		
Budget	Licensure	Rating Change	
X Unaudited costs		Customary Limitatio	m
Field audited costs		e limitation change	
Field audit - interim portion	FRVS Cha	ange	
Desk audited costs		•	7/31/2012 Cost Repor
Desk audit - Interim Portion		ster Change	
Desk Audit - Prospective portion		2] as of 08/12/1994	
Distribution:	- 17-	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: Summit Care II, Inc			
Guy Farmer		ş 	
2851 Remington Green Circle, Ste. I	)		
Tallahassee FL 32308			

Ι



## Medicaid Reimbursement Per Diem Rates

ta Rosa Health & Rehabilitation Center			Provider Number:	0 220612-00
6 Broad Steeet			Date:	7/12/2013
ton FL 32370			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
ovider Type:				
	(	Current Rate	New Rate	Effective Date
rsing Home Single Level		218.98	<u>213.27</u> –	7/1/2013
Tsing nome Single Level		210.70		//1/2015
Level U: Fragile Under 21		493.51	487.80	7/1/2013
Dete True e				
Rate Type : Interim	X	Prospectiv	0	
Total Interim	4 N J	-	c Total Prospective	
Interim Component			Prospective Adjusted	for New Costs
Settlement based on costs			Total Prospective with	1 Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Budget			e Rating Change	
X Unaudited costs Field audited costs			d Customary Limitatic ate limitation change	n
Field audit - interim portion		FRVS Cl	-	
Desk audited costs	<u> </u>		r 7/13 using FYE 7/3	1/12 Cost Report
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion			[2] as of 10/01/1985	
Distribution:	7	5	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cos	Reimbursement Plan	ning and Finance
Permanent File				U U U U U
For information Only				
No Change in Rate				
Home Office: Summit Care II, Inc				
Guy Farmer 2851 Remington Green Circle, Ste. Tallahassee FL 32308	D			



#### Medicaid Reimbursement Per Diem Rates

dy Ridge Care Center		Provider Number:	0 220621-00
0 Glover Lane		Date:	7/12/2013
ton FL 32570		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
ovider Type:			
	Current Rate	New Rate	Effective Date
rsing Home Single Level	234.54	<u> </u>	7/1/2013
in sing from Single Level			//1/2015
	500.07	107.22	7/1/0010
Level U: Fragile Under 21	509.07	497.32	7/1/2013
Rate Type :			
Interim	X Prospective	e	
Total Interim	· · · · · · · · · · · · · · · · · · ·	Cotal Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Fotal Prospective with	
Prior Provider Prospective data			
Basis:	Changes:		
Budget		Rating Change	
X Unaudited costs		Customary Limitatic	n
Field audited costs		te limitation change	
Field audit - interim portion Desk audited costs	FRVS Ch	-	1/12 C/D
Desk audited costs Desk audit - Interim Portion		• 7/13 using FYE 7/3 ester Change	1/12 U/K
Desk Audit - Prospective portion		[2] as of 02/29/2000	
Distribution:	NR	Thomas Parker	· · ·
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File	wichidala COSt	ronnou soment i fall	ung und i manee
For information Only			
No Change in Rate			
Home Office: Summit Care II, Inc			
Guy Farmer			
2851 Remington Green Circle, Ste	. D		
Tallahassee FL 32308			



hedral Gerontology Center				Provider Number:	0 226068-00
East Ashley Stree				Date:	7/16/2013
ksonville FL 32202	<u></u>			Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
ovider Type:					
			Current	New	Effective
			Rate	Rate	Date
rsing Home	Single Level		224.83		7/1/2013
	Level U: Fragile Under 21		499.36	502.30	7/1/2013
Rate Type :					
Interim		Х	Prospectiv	e	
	otal Interim			C Total Prospective	
	nterim Component			Prospective Adjusted	for New Costs
	ettlement based on costs				n Interim Component
P	rior Provider Prospective data				
Basis:		Change	s:		
· · ·					
Budget		·	Licensure	e Rating Change	
X Unaudited c				Customary Limitatio	n
Field audite	1	1		ate limitation change	
	- interim portion		FRVS Ch	-	
Desk audite		<u> </u>		r 7/13 using FYE 9/3	0/2012 C/R
	Interim Portion - Prospective portion	1		ester Change [2] as of 09/01/1989	
Distribution:	r	·	$\overline{\gamma}$	Thomas Parker	
	ment / Fiscal Agent		10 Andionid Cost		ning and Einange
Permanent File		N	redicate Cost	Reimbursement Plan	ning and rinance
For inform	ation Only				
No Change	e in Rate				
Home Office:	Cathedral Foundation, Inc.	· ~		- And in the second state	
nome onnoç.	G.S. Whitmore				
	4250 Lakeside Drive				
	Jacksonville FL 32210			I	



vers Health & Rehab Center	Provider Number: 0 2278	71-00
6 NE 7th Street	Date: 7/12/2	2013
enton FL 32693	Fiscal Year End: 7/31/2	2012
	Audit Status: Unaudit	ted [3]
ovider Type:		
	Current New Effective Rate Rate Date	
ursing Home Single Level	$\frac{192.77}{185.85} = \frac{185.85}{7/1/2013}$	_
arsing from Single Level	192.77 105.05 771/2015	_
Level U: Fragile Under 21	467.30 460.38 7/1/2013	_
Interim         Total Interim         Interim Component         Settlement based on costs	X       Prospective         X       Total Prospective         Prospective Adjusted for New Costs         Total Prospective with Interim Comp	oonent
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	FRVS Change         X       Retro for 7/13 using FYE 7/31/2012 Cost Retro for 7/13 using FYE 7/31/2012 Cost Retro for 7/14 using FYE 7/31/2012 Cost FYE 7/14 using FY	enart
Desk audit - Interim Portion	Rate Semester Change	cport
Desk Audit - Prospective portion	On FRV [2] as of 01/01/2000	
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance	ce
Permanent File For information Only		
No Change in Rate		
Home Office: Health Services Mgt., Inc Preston Sweeney 206 Fortress Blvd. Murfreesboro TN 37128	•	



## Medicaid Reimbursement Per Diem Rates

r Creek Nursing Cer	nter		Provider Number:	0 228567-00
1 State Road 52			Date:	7/15/2013
lson FL 34667			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
ovider Type:				
		Current	New	Effective
ning Home	Single Level	Rate	Rate	Date
rsing Home	Single Level	192.18	184.87	7/1/2013
	Level U: Fragile Under 21	466.71	459.40	7/1/2013
	Level 0. Tragne onder 21	400.71		//1/2015
Data Tuna 1				
Rate Type :		V Duran a st		
	tal Interim	X Prospecti X	Total Prospective	
	erim Component	A	Prospective Adjusted	for New Costs
	tlement based on costs		Total Prospective with	
	or Provider Prospective data			
Basis:		Changes:		
Budget		Licensu	re Rating Change	
X Unaudited cos	sts –	Usual a	nd Customary Limitatio	n
Field audited	costs _	Target F	Rate limitation change	
Field audit - i	nterim portion	FRVS C	Change	
Desk audited			or 7/13 using FYE 7/31	/2012 Cost Report
	nterim Portion		nester Change $(12)$ as of $01/01/2000$	
Desk Audit - I	Prospective portion		[2] as of 01/01/2000 Thomas Parker	
Contract Managem	ent / Fiscal Agent			
Permanent File	-	Medicaid Co	st Reimbursement Plann	ung and Finance
For informat	ion Only			
No Change i	•			
Home Office:	Health Services Mgt., Inc.			
	Preston Sweeney		And the second se	
	206 Fortress Blvd.			
	Murfreesboro TN 37128		-	



### Medicaid Reimbursement Per Diem Rates

yal Oak Nursing Center		Provider Number:	0 228575-00
000 Royal Oak Lane		Date:	7/15/2013
de City FL 33525		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
ovider Type:			
	Current	New	Effective
rsing Home Single Level	Rate	Rate	Date 7/1/2013
rsing Home Single Level	205.92	<u>    192.48                                    </u>	//1/2013
Level U: Fragile Under 21	480.45	467.01	7/1/2013
Rate Type :			
Interim	X Prospective	•	
Total Interim		otal Prospective	
Interim Component		rospective Adjusted	
Settlement based on costs		otal Prospective with	h Interim Component
Prior Provider Prospective dat			
Basis:	Changes:		
Budget	Licensure	Rating Change	
X Unaudited costs	Usual and	Customary Limitatic	n
Field audited costs	Target Rat	te limitation change	
Field audit - interim portion	FRVS Cha	ange	
Desk audited costs		7/13 using FYE 7/3	1/12 Cost Report
Desk audit - Interim Portion		ester Change 2] as of 01/01/2000	
Desk Audit - Prospective portion			
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cost	Reimbursement Plan	ning and Finance
For information Only			
No Change in Rate			
Home Office: Health Services Mgt.	Inc		
Home Office: Preston Sweeney			
206 Fortress Blvd.			
Murfreesboro TN 371	8		



ather Hill Nursing Home			Provider Number:	0 228591-00
30 Kentucky Avenue		Date:		7/15/2013
w Port Richey FL 34	4653		Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
ovider Type:				
		Current	New	Effective
		Rate	Rate	Date
ursing Home	Single Level	206.50	194.78	7/1/2013
	Lavel II: Fracile Under 21	491.02	460.21	7/1/2012
	Level U: Fragile Under 21	481.03	469.31	7/1/2013
Rate Type :				
Interim	_	X Prospective		
	otal Interim		otal Prospective	
	terim Component		cospective Adjusted	for New Costs
	ttlement based on costs	Te	otal Prospective with	h Interim Component
	ior Provider Prospective data	T	otal Prospective with	h Interim Component
	ior Provider Prospective data	hanges:	otal Prospective wit	h Interim Component
Pri Basis:	ior Provider Prospective data	hanges:		h Interim Component
Pri Basis: Budget	ior Provider Prospective data	hanges:	Rating Change	
Pri Basis:	ior Provider Prospective data	Licensure I Usual and		
Pri Basis: Budget X Unaudited cos Field audited	ior Provider Prospective data	Licensure I Usual and	Rating Change Customary Limitation e limitation change	
Pri Basis: Budget X Unaudited cos Field audited	ior Provider Prospective data	Licensure I Usual and Target Rate	Rating Change Customary Limitatic e limitation change nge	
Pri Basis: Budget X Unaudited con Field audited Field audit - i Desk audited Desk audit - I	ior Provider Prospective data	Licensure I Licensure I Usual and C Target Rate FRVS Cha X Retro for 7 Rate Semes	Rating Change Customary Limitatio e limitation change nge 7/13 RS using FYE ster Change	n
Pri Basis: Budget X Unaudited con Field audited Field audited Desk audited Desk audit - I Desk Audit - 1	ior Provider Prospective data	Licensure I Licensure I Usual and C Target Rate FRVS Cha X Retro for 7 Rate Semes	Rating Change Customary Limitation e limitation change nge 7/13 RS using FYE	n
Pri Basis: Budget X Unaudited con Field audited Field audited Desk audited Desk audit - I Desk Audit - I	ior Provider Prospective data	Licensure I Licensure I Usual and C Target Rate FRVS Cha X Retro for 7 Rate Semes	Rating Change Customary Limitatio e limitation change nge 7/13 RS using FYE ster Change	n
Pri Basis: Budget X Unaudited con Field audited Field audit - i Desk audited Desk audit - I Desk Audit - I Desk Audit - I	ior Provider Prospective data	Licensure I Usual and O Target Rate FRVS Cha X Retro for 7 Rate Semes On FRV [2	Rating Change Customary Limitation e limitation change nge 7/13 RS using FYE ster Change ] as of 10/01/1985	on 7/31/2012 Cost Repor
Pri Basis: Budget X Unaudited con Field audited Field audited Desk audited Desk audit - I Desk Audit - I Desk Audit - I Contract Managem Permanent File	ior Provider Prospective data	Licensure I Usual and O Target Rate FRVS Cha X Retro for 7 Rate Semes On FRV [2	Rating Change Customary Limitation e limitation change nge 7/13 RS using FYE ster Change ] as of 10/01/1985 Thomas Parker	on 7/31/2012 Cost Repor
Pri Basis: Budget X Unaudited con Field audited Field audit - i Desk audited Desk audit - 1 Desk Audit - 1	ior Provider Prospective data	Licensure I Usual and O Target Rate FRVS Cha X Retro for 7 Rate Semes On FRV [2	Rating Change Customary Limitation e limitation change nge 7/13 RS using FYE ster Change ] as of 10/01/1985 Thomas Parker	on 7/31/2012 Cost Repor
Pri Basis: Budget X Unaudited con Field audited Field audited Desk audited Desk audit - I Desk Audit - I Desk Audit - I Desk Audit - I Permanent File For informat No Change i	ior Provider Prospective data	Licensure I Usual and O Target Rate FRVS Cha X Retro for 7 Rate Semes On FRV [2	Rating Change Customary Limitation e limitation change nge 7/13 RS using FYE ster Change ] as of 10/01/1985 Thomas Parker	on 7/31/2012 Cost Repor
Pri Basis: Budget X Unaudited con Field audited Field audit - i Desk audited Desk audit - 1 Desk Audit - 1	ior Provider Prospective data  Sts Costs Costs Interim portion Costs Interim Portion Prospective portion  hent / Fiscal Agent tion Only in Rate Health Services Mgt., Inc.	Licensure I Usual and O Target Rate FRVS Cha X Retro for 7 Rate Semes On FRV [2	Rating Change Customary Limitation e limitation change nge 7/13 RS using FYE ster Change ] as of 10/01/1985 Thomas Parker	on 7/31/2012 Cost Repor
Pri Basis: Budget X Unaudited con Field audited Field audited Desk audited Desk audit - I Desk Audit - I Desk Audit - I Desk Audit - I Permanent File For informat No Change i	ior Provider Prospective data	Licensure I Usual and O Target Rate FRVS Cha X Retro for 7 Rate Semes On FRV [2	Rating Change Customary Limitation e limitation change nge 7/13 RS using FYE ster Change ] as of 10/01/1985 Thomas Parker	on 7/31/2012 Cost Repor



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

Woodland Terrace of Citrus County		Provider Number:	0 228711-00	
124 W. Norvell Bryant Hwy	Date:		7/15/2013	
Hernando FL 34442		Fiscal Year End:	12/31/2012	
		Audit Status:	Unaudited [3]	
Provider Type:			<u>*</u> *_*_*	
	Current	New	Effective	
Nursing Home Single Level	Rate	Rate	Date	
Nursing Home Single Level	169.63		7/1/2013	
Level U: Fragile Under 21	444.16	445.60	7/1/2013	
Rate Type :				
Interim	X Prospective			
Total Interim	<u> </u>	otal Prospective		
Interim Component	***************************************	rospective Adjusted :		
Settlement based on costs	T	otal Prospective with	Interim Component	
Prior Provider Prospective data				
Basis: Cha	anges:			
Budget	Licensure	Rating Change		
X Unaudited costs		Customary Limitatio	n	
Field audited costs		e limitation change	_	
Field audit - interim portion	FRVS Cha	inge		
Desk audited costs			12/31/12 Cost Report	
Desk audit - Interim Portion		ster Change		
Desk Audit - Prospective portion		2] as of 07/12/2001		
Distribution:	10	Thomas Parker		
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance	
Permanent File For information Only				
No Change in Rate				
Home Office: SMJ Enterprises, LLC				
Donna Marsh				
1704 Huntington Village Circle				
Daytona Beach FL 32114				



## Medicaid Reimbursement Per Diem Rates

press Cove Care Center		I	Provider Number:	0 228940-00		
SE 8th Avenue		Date:		7/15/2013		
stal River FL 34429			Fiscal Year End:	7/31/2012		
			Audit Status:	Unaudited [3]		
ovider Type:						
	Curre Rat		New Rate	Effective Date		
rsing Home Single Level				7/1/2013		
I sing Home Single Level		.00		//1/2013		
Level U: Fragile Under 21	472.	.61	468.75	7/1/2013		
	· · · · · · · · · · · · · · · · · · ·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Rate Type :						
Interim	X Pros	pective				
Total Interim		X Tot	al Prospective			
Interim Component			spective Adjusted			
Settlement based on costs		Tot	al Prospective wit	h Interim Component		
Prior Provider Prospective data						
Basis:	Changes:		n			
Budget	Lic	ensure Ra	ating Change			
X Unaudited costs			ustomary Limitatio	on		
Field audited costs			limitation change			
Field audit - interim portion		VS Chan	-			
Desk audited costs		X Retro for 7/13 using FYE 7/31/2012 C/R				
Desk audit - Interim Portion Desk Audit - Prospective portion		Rate Semester Change           On FRV [2] as of 01/01/2000				
Distribution:		$\mathcal{O}^{\pm\pm}$	Thomas Parker			
Contract Management / Fiscal Agent			eimbursement Plan	ming and Finance		
Permanent File	Medical	u CUSI KE	mousement rian	uning and Fillance		
For information Only						
No Change in Rate						
Home Office: Health Services Mgt., Inc.						
Preston Sweeney			1			
206 Fortress Blvd.						
Murfreesboro TN 37128						

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#### Medicaid Reimbursement Per Diem Rates

ooksville Healthcare Center	Provider Number: 0 228958-00
4 Chatman Boulevard	Date: 7/15/2013
poksville FL 34601	Fiscal Year End: 7/31/2012
	Audit Status: Unaudited [3]
ovider Type:	
	Current New Effective Rate Rate Date
rsing Home Single Level	Rate         Rate         Date           199.08         185.77         7/1/2013
in sing frome Single Level	
Level U: Fragile Under 21	473.61 460.30 7/1/2013
Data Tuna I	
Rate Type : Interim	X Prospective
Total Interim	X Total Prospective
Interim Component	Prospective Adjusted for New Costs
Settlement based on costs	Total Prospective with Interim Component
Prior Provider Prospective data	
Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	X Retro for 7/13 using FYE 7/31/2012 C/R
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Change           On FRV [2] as of 01/01/2000
Distribution:	Thomas Parker
Contract Management / Fiscal Agent	
Permanent File	Medicaid Cost Reimbursement Planning and Finance
For information Only	
No Change in Rate	
Home Office: Thealth Services Mgt., Inc.	
Preston Sweeney	
206 Fortress Blvd.	
Murfreesboro TN 37128	



dford Terrace, LL	C			Provider Number:	0 251739-00
S. Colley Road				Date:	7/15/2013
ke FL 32091				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
ovider Type:			Current Rate	New Rate	Effective Date
rsing Home	Single Level	-	166.48	167.73	7/1/2013
	Level U: Fragile Under 21		441.01	442.26	7/1/2013
Rate Type :					
Interim	· · · · ·	X	- Prospectiv		
	Total Interim nterim Component			Total Prospective Prospective Adjusted :	for New Costs
	ettlement based on costs			Total Prospective with	
	rior Provider Prospective data				and an even ponent
Basis:		Change	5:		
			1	Deting Charge	
Budget X Unaudited c	posts			e Rating Change 1 Customary Limitatio	n
Field audite		<u></u>		te limitation change	11
	- interim portion		FRVS Ch		
Desk audite	- 1	<u> </u>		7/13 using FYE 12/3	31/12 C/R
	Interim Portion		Rate Sem	ester Change	
	- Prospective portion		On FRV [	[2] as of 06/30/1992	
Distribution:			17	Thomas Parker	
-	ment / Fiscal Agent	- N	ledicaid Cost	Reimbursement Plann	ning and Finance
Permanent File					
For inform					
No Change	e in Rate				
Home Office:	SMJ Enterprises, LLC			ii	
	Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114				



Springwood Care & R	ehabilitation Center			Provider Number:	0 253014-00
4602 Northgate Court				Date:	4/10/2013
Sarasota FL 34234	Sarasota FL 34234			Fiscal Year End:	7/31/2007
				Audit Status:	Field Audited [2]
Provider Type: Nursing Home	Single Level		urrent Rate 85.55	New Rate 185.60	Effective Date 7/1/2008
	Level H: AIDS	3	21.83	321.88	7/1/2008
	Level U: Fragile Under 21	4	31.18	431.23	7/1/2008
	otal Interim nterim Component ettlement based on costs rior Provider Prospective data	X P		re Total Prospective Prospective Adjusted Total Prospective with	
Budget Unaudited c X Field audite Field audite Desk audite Desk audite	ed costs - interim portion		Usual and Target Ra FRVS Cl Field Au Rate Sem	e Rating Change d Customary Limitatio ate limitation change nange dit NH11-113W FYH tester Change [2] as of 01/01/2005	
<b>Distribution:</b>		$\neg$	R	Thomas Parker	
Contract Manage Permanent File For inform	ement / Fiscal Agent ation Only	Medi	icaid Cost	t Reimbursement Plan	ning and Finance
No Change	e in Rate				
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



	ehabilitation Center			Provider Number:	0 253014-00	
602 Northgate Court				Date:	4/10/2013	
asota FL 34234				Fiscal Year End:	7/31/2007	
				Audit Status:	Field Audited [2]	
ovider Type:						
	·		Current	New	Effective	
uning Homo	Single Level		Rate	Rate		
irsing Home	Single Level		187.41		1/1/2009	
	Level H: AIDS		325.76	324.19	1/1/2009	
	Level U: Fragile Under 21		436.77	435.20	1/1/2009	
Rate Type :						
Interim		X	Prospectiv	e		
т	otal Interim		<u> </u>	Total Prospective		
I	nterim Component	Prospective Adjusted for New Costs Total Prospective with Interim Component				
S	ettlement based on costs					
P	rior Provider Prospective data					
Basis:		Changes:	1	······································		
			T :	Deting Change		
Budget Unaudited c				e Rating Change		
<b>X</b> Field audite				d Customary Limitation ate limitation change	)[[	
	- interim portion		FRVS Cl	_		
Desk audite	-	<u> </u>		dit NH11-113W FYI	E 7/ <b>31/2007</b>	
	Interim Portion		Rate Sem	ester Change		
	- Prospective portion		On FRV	[2] as of 01/01/2005		
Distribution:		$\sim$	2	Thomas Parker		
	ment / Fiscal Agent	Med	licaid Cost	Reimbursement Plan	ning and Finance	
Permanent File						
For inform	•					
No Change	e in Rate					
Home Office:	Sun Healthcare Group, Inc.	······				
	Reimbursement Department					
	101 Sun Avenue NE Albuquerque NM 87109					



-	ehabilitation Center			Provider Number:	0 253014-00	
502 Northgate Court			D		te: 4/10/2013	
asota FL 34234			Fiscal Yea	Fiscal Year End:	7/31/2007	
				Audit Status:	Field Audited [2]	
ovider Type:						
			Current Rate	New	Effective Date	
rsing Home	Single Level			Rate		
i sing nome	Single Level		171.70		3/1/2009	
	Level H: AIDS		310.05	308.61	3/1/2009	
	Level U: Fragile Under 21		421.06	419.62	3/1/2009	
Rate Type :						
Interim		X	Prospectiv	'e		
	otal Interim	X Total Prospective				
Interim Component		Prospective Adjusted for New Costs				
S	ettlement based on costs	Total Prospective with Interim Component				
P	rior Provider Prospective data					
Basis:		Changes:				
			1			
Budget				e Rating Change		
Unaudited c		Usual and Customary Limitation				
X Field audite		Target Rate limitation change				
	- interim portion	FRVS Change				
Desk audite	d costs Interim Portion	X Field Audit NH11-113W FYE 7/31/2007				
	- Prospective portion	A Rate Semester Change On FRV [2] as of 01/01/2005				
Distribution:			$\mathcal{L}$	Thomas Parker		
Contract Manage	ment / Fiscal Agent		U liquid Cont	Reimbursement Plan	ning and Finance	
Permanent File		IVICI		Remibulschicht Flan	ning and I manee	
For informa	ation Only					
No Change	-					
Home Office:	Sun Healthcare Group, Inc.			]		
Home Office:	Reimbursement Department 101 Sun Avenue NE					
	I ALL SHE AVELLE INC.			1		



	habilitation Center			Provider Number:	0 253014-00	
02 Northgate Court				Date:	4/10/2013	
asota FL 34234				Fiscal Year End:	7/31/2007	
				Audit Status:	Field Audited [2]	
ovider Type:						
			Current	New	Effective	
rsing Home	Single Level		Rate	Rate	Date	
I sing Home	Single Level		414.39		4/1/2009	
	Level H: AIDS	_	350.74	349.08	4/1/2009	
	Level U: Fragile Under 21	-	461.75	460.09	4/1/2009	
Rate Type :						
Interim		x	Prospective			
	tal Interim			otal Prospective		
Interim Component		Prospective Adjusted for New Costs				
	tlement based on costs		**********		h Interim Component	
Pri	or Provider Prospective data				-	
Basis:		Changes	•			
		Changes	<u> </u>			
Budget			Licensure	Rating Change		
Unaudited cos	sts	Usual and Customary Limitation				
X Field audited	costs		Target Rate limitation change			
Field audit - i	interim portion	FRVS Change				
Desk audited	costs	X Field Audit NH11-113W FYE 7/31/2007				
	nterim Portion			ster Change		
	Prospective portion		On FRV [2	2] as of 01/01/2005		
Distribution:		Thomas Parker				
Contract Managem	ent / Fiscal Agent	M	edicaid Cost I	Reimbursement Plan	ning and Finance	
Permanent File						
For informat	ion Only					
No Change i	in Rate					
Home Office:	Sun Healthcare Group, Inc.					
Home Office:	Reimbursement Department 101 Sun Avenue NE					



## Medicaid Reimbursement Per Diem Rates

est Bay Care & Rehat	bilitation Center			Provider Number:	0 253464-00	
55 Tampa Road				Date:	4/11/2013	
lsmar FL 34677				Fiscal Year End:	7/31/2007	
				Audit Status:	Field Audited [2]	
ovider Type:						
			Current	New	Effective	
· · · · · · · · · · · · · · · · · · ·	C' I I I	-	Rate	Rate	Date	
irsing Home	Single Level	-	178.90	182.95	7/1/2008	
	Level H: AIDS		315.18	319.23	7/1/2008	
	Level U: Fragile Under 21		424.53	428.58	7/1/2008	
	-					
				10.117.01		
Rate Type :						
Interim		х	Prospectiv	e		
Tot	tal Interim		X	Total Prospective		
Inte	erim Component		]	Prospective Adjusted	for New Costs	
Set	tlement based on costs			Total Prospective with	h Interim Component	
Prie	or Provider Prospective data		·			
Basis:		Changes	s:			
Budget			Licensure	Rating Change		
Unaudited cos	sts		Usual and	l Customary Limitatio	on	
X Field audited	costs		Target Ra	te limitation change		
Field audit - i	nterim portion		FRVS Ch	lange		
Desk audited		X Field Audit NH11-108W FYE 7/31/07				
	nterim Portion			ester Change		
Desk Audit - 1	Prospective portion	4	On FRV	[2] as of 10/01/1998		
Distribution:			R	Thomas Parker		
Contract Managem	ent / Fiscal Agent		Ledicaid Cost	Reimbursement Plan	ning and Finance	
Permanent File					0	
For informat	ion Only					
No Change i	n Rate					
Home Office:	Sun Healthcare Group, Inc.					
	Reimbursement Department					
	101 Sun Avenue NE					
	Albuquerque NM 87109					

-11



st Bay Care & Rehabil	itation Center			Provider Number:	0 253464-00	
5 Tampa Road				Date:	4/11/2013	
smar FL 34677				Fiscal Year End:	7/31/2007	
				Audit Status:	Field Audited [2]	
ovider Type:			Current Rate	New Rate	Effective Date	
rsing Home S	Single Level	····	180.73	182.94	1/1/2009	
L	evel H: AIDS	2	319.08	321.29	1/1/2009	
L	evel U: Fragile Under 21		430.09	432.30	1/1/2009	
Rate Type :						
Interim		<u> </u>	Prospectiv	e		
	Interim			Fotal Prospective		
	im Component			Prospective Adjusted		
	ement based on costs			Fotal Prospective with	n Interim Component	
Prior	Provider Prospective data					
Basis:		Changes:				
Budget			Licensure	Rating Change		
Unaudited costs	s			l Customary Limitatio	on	
X Field audited co	osts	Target Rate limitation change				
Field audit - int	-		FRVS Ch	•		
Desk audited co		<u> </u>		dit NH11-108W FYI	E 7/31/07	
Desk audit - Int Desk Audit - Pr	ospective portion	<u></u>		ester Change [2] as of 10/01/1998		
Distribution:		$\overline{\gamma}$	$\mathcal{A}$	Thomas Parker		
Contract Managemen	nt / Fiscal Agent		U licaid Cost	Reimbursement Plan	ning and Finance	
Permanent File		INICU		Konnouisonionit f läll	ning and Fillance	
For informatio	n Only					
No Change in	Rate					
Home Office:	Sun Healthcare Group, Inc.					
	Reimbursement Department					



/est Bay Care & Reha	abilitation Center			Provider Number:	0 253464-00	
865 Tampa Road				Date:	4/11/2013	
ldsmar FL 34677				Fiscal Year End:	7/31/2007	
				Audit Status:	Field Audited [2]	
rovider Type:					• • • • • • • • • • • • • • • • • • •	
			Current	New	Effective	
	~		Rate	Rate	Date	
ursing Home	Single Level		165.58	167.60	3/1/2009	
	Level H: AIDS		303.93	305.95	3/1/2009	
	Level U: Fragile Under 21		414.94	416.96	3/1/2009	
In Se	otal Interim terim Component ottlement based on costs ior Provider Prospective data	X		Total Prospective Prospective Adjusted	for New Costs h Interim Component	
Budget				e Rating Change		
Unaudited co X Field audited		Usual and Customary Limitation Target Rate limitation change				
	interim portion	FRVS Change				
Desk audited	-	X Field Audit NH11-108W FYE 7/31/07				
	Interim Portion	Rate Semester Change				
	Prospective portion		On FRV	[2] as of 10/01/1998		
Distribution:			18	Thomas Parker		
-	nent / Fiscal Agent	N	Aedicaid Cos	t Reimbursement Plar	ning and Finance	
Permanent File	tion Only					
For informa	-					
No Change						
Home Office:	Sun Healthcare Group, Inc.					
	Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109					



est Bay Care & Re	habilitation Center			Provider Number:	0 253464-00	
65 Tampa Road				Date:	4/11/2013	
dsmar FL 34677				Fiscal Year End:	7/31/2007	
				Audit Status:	Field Audited [2]	
ovider Type:						
			Current	New	Effective	
uning Homo	Single Level		Rate	Rate	Date	
ursing Home	Single Level		204.19		4/1/2009	
	Level H: AIDS		342.54	344.88	4/1/2009	
	Level U: Fragile Under 21	_	453.55	455.89	4/1/2009	
		-				
Rate Type :						
		V	Duranti			
Interim	Total Interim	X	Prospectiv X	e Total Prospective		
Total Interim Interim Component		Prospective Adjusted for New Costs				
	Settlement based on costs	Total Prospective with Interim Component				
	Prior Provider Prospective data			Total Trospective with		
		<u>Г</u>				
Basis:		Changes	:			
			Liconour	a Dating Change		
Budget Unaudited	costs			e Rating Change d Customary Limitatio	22	
X Field audit				ate limitation change	110	
	- interim portion	FRVS Change				
Desk audite	_	X Field Audit NH11-108W FYE 7/31/07				
	- Interim Portion	Rate Semester Change				
Desk Audit	- Prospective portion			[2] as of 10/01/1998		
<b>Distribution:</b>		Thomas Parker				
Contract Manag	ement / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File						
For inform	nation Only					
No Chang	e in Rate					
Home Office:	Sun Healthcare Group, Inc.					
	Reimbursement Department					
	101 Sun Avenue NE					
	Albuquerque NM 87109					



## Medicaid Reimbursement Per Diem Rates

Woodlands Care Center of Alachua County 7207 SW 24th Avenue				Provider Number:	0 255572-00			
				Date:	7/15/2013			
Gainesville Fl 32607				Fiscal Year End:	12/31/2012			
				Audit Status:	Unaudited [3]			
<b>Provider Type:</b>								
			Current	New	Effective			
Nugaina Hama	Simple Level		Rate	Rate	Date			
Nursing Home	Single Level		166.97	<u> </u>	7/1/2013			
	Level U: Fragile Under 21	_	441.50	441.86	7/1/2013			
Rate Type :								
Interim		X	Prospectiv	<i>r</i> e				
Тс	otal Interim			Total Prospective				
Int	terim Component		Prospective Adjusted for New Costs					
Se	ttlement based on costs		Total Prospective with Interim Component					
Pri	ior Provider Prospective data							
Basis:	· · · · · · · · · · · · · · · · · · ·	Changes	:					
Budget	1		Licensur	e Rating Change				
X Unaudited co	osts			d Customary Limitatio	n			
Field audited	l costs		Target R	ate limitation change				
Field audit -	interim portion		FRVS Cl	hange				
Desk audited		<u> </u>						
	Interim Portion		Rate Semester Change On FRV [2] as of 06/27/2002					
Distribution:	Prospective portion			· · · ·	<u> </u>			
	nent / Fiscal Agent		$\mathcal{O}^{-}$	Thomas Parker				
Permanent File		Me	edicaid Cost	t Reimbursement Plani	ning and Finance			
For information	tion Only							
No Change								
Home Office:	SMJ Enterprises, LLC			··				
	Donna Marsh							
	1704 Huntington Village Circle			, i				
	Daytona Beach FL 32114							
	·							

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mond Ridge Health & Rehabilitation Center			Provider Number:	0 256269-00
30 W. Marc Knighton Court			Date:	7/15/2013
canto FL 34461			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
ovider Type:				
		Current	New	Effective
	-	Rate	Rate	Date
Irsing Home Single Level	-	215.74		7/1/2013
		100.07	100.07	211 (001 2
Level U: Fragile Under 21		490.27	492.06	7/1/2013
Rate Type :				
Interim	х	Prospective	3	
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted	for New Costs
Settlement based on costs				h Interim Component
Prior Provider Prospective data				
Basis:	Changes	<b>3:</b>		
		Licensure	Rating Change	
Budget X Unaudited costs	i 		Customary Limitatic	
Field audited costs			te limitation change	11
Field audit - interim portion	FRVS Change			
Desk audited costs	X		•	31/2012 Cost Report
Desk audit - Interim Portion	Rate Semester Change			•
Desk Audit - Prospective portion		On FRV [	2] as of 06/23/1989	
Distribution:	-	7.2	Thomas Parker	
Contract Management / Fiscal Agent	M	edicaid Cost	Reimbursement Plan	ning and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: Summit Care II, Inc			· · · ·	
Guy Farmer				
10051 Density steer Communication	e, Ste. D		1	
2851 Remington Green Circle Tallahassee FL 32308				



ey Place Convalescent	Center of Bradenton		Provider Number:	0 256277-00
5 21st Avenue West			Date:	7/15/2013
denton FL 34209			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
vider Type:				
		Current Rate	New Rate	Effective Date
rsing Home Si	igle Level	234.72	<u></u>	7/1/2013
				//1/2015
Lev	el U: Fragile Under 21	509.25	521.72	7/1/2013
Rate Type :				
Interim	Х	Prospective	e	
Total I	nterim		<b>Fotal Prospective</b>	
Interim	Component	I	Prospective Adjusted	for New Costs
Settlem	ent based on costs	]	Fotal Prospective with	Interim Component
Prior P	rovider Prospective data			
Basis:	Chang	ges:		
Budget	· · · · · · · · · · · · · · · · · · ·	Licensure	Rating Change	
X Unaudited costs			l Customary Limitatio	n
Field audited cost	s		te limitation change	
Field audit - inter	im portion	FRVS Ch	ange	
Desk audited cost			7/13 using FYE 12/.	31/12 Cost Report
Desk audit - Inter	· · · · · · · · · · · · · · · · · · ·		ester Change	
Desk Audit - Pros	pective portion		[2] as of 02/08/1989	
Distribution:		10	Thomas Parker	
Contract Management	Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File				
For information	•			
No Change in Ra	ite			
Home Office:	Summit Care II, Inc			
	Guy Farmer			
	2851 Remington Green Circle, Ste. D			
	Tallahassee FL 32308		•	



Centre Point Health and Rehab Co	enter		Provider Number:	0 264563-00
2255 Centerville Road	······································		Date:	7/16/2013
Tallahassee FL 32308			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
*		Current Rate	New Rate	Effective Date
Nursing Home Single l	Level	215.73	<u>216.87</u>	7/1/2013
Level U: 1	Fragile Under 21	490.26	491.40	7/1/2013
	-			
Rate Type :				
Interim		X Prospective	•	
Total Interim		Water	Total Prospective	
Interim Com			rospective Adjusted	
Settlement ba		1	otal Prospective with	Interim Component
Prior Provide	r Prospective data		•	
Basis:	Cha	inges:		
		Licensura	Poting Change	
Budget X Unaudited costs			Rating Change Customary Limitation	-
Field audited costs	· · · · · · · · · · · · · · · · · · ·		te limitation change	LI
Field audit - interim por	tion	FRVS Cha	-	
Desk audited costs			7/13 using FYE 12/3	1/12 C/R
Desk audit - Interim Por		Rate Seme	ster Change	
Desk Audit - Prospective	e portion	On FRV [2	2] as of 06/25/1987	
<b>Distribution:</b>		76	Thomas Parker	
Contract Management / Fisca	Agent	Medicaid Cost	Reimbursement Plann	ing and Finance
Permanent File				-
For information Only				
No Change in Rate				
Home Office: Clean	Choice Health Care, LLC			
700 \$	. Harbor City Blvd.			
	ourne FL 32901			



The Terrace at Daytona Beach		Provider Number:	0 282553-00	
1704 Huntington Village Circle		Date:	7/16/2013	
Daytona Beach FL 32114		Fiscal Year End:	7/31/2012	
		Audit Status:	Unaudited [3]	
Provider Type:				
	Current	New	Effective	
Numing Home Single Level	Rate	Rate	Date 7/1/2013	
Nursing Home Single Level	170.79	163.23	//1/2013	
Level U: Fragile Under 21	445.32	437.76	7/1/2013	
Rate Type :				
Interim	X Prospective			
Total Interim	PROFESSION AND ADDRESS OF ADDRESS OF ADDRESS ADDRE	otal Prospective		
Interim Component	Prospective Adjusted for New Costs			
Settlement based on costs	1	otal Prospective with	Interim Component	
Prior Provider Prospective data				
Basis: Cl	nanges:			
Budget	Licensure	Rating Change		
X Unaudited costs		Customary Limitatio	n	
Field audited costs	Target Rat	e limitation change		
Field audit - interim portion	FRVS Cha	inge		
Desk audited costs	X Retro for 7/13 using FYE 7/31/12 Cost Report		/12 Cost Report	
Desk audit - Interim Portion		ster Change		
Desk Audit - Prospective portion		2] as of 06/29/1998		
Distribution:	-75	Thomas Parker		
Contract Management / Fiscal Agent	Medicaid Cost 1	Reimbursement Plann	ning and Finance	
Permanent File				
For information Only				
No Change in Rate				
Home Office: SMJ Enterprises, LLC		· · · · · · · · · · · · · · · · · · ·		
Donna Marsh				
1704 Huntington Village Circle				
Daytona Beach FL 32114		4		



Terrace at Fleming				Provider Number:	0 284785-00
5 Fleming Plantation	n Road			Date:	7/16/2013
nge Park FL 32003				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
ovider Type:			~		77.00
			Current Rate	New Rate	Effective Date
rsing Home	Single Level		173.69	167.25	7/1/2013
0		•			
	Level U: Fragile Under 21		448.22	441.78	7/1/2013
			nanananan ing ting ting ta		
Rate Type :					
Interim	_	X	Prospectiv	e	
	tal Interim			Total Prospective	
	erim Component			Prospective Adjusted	
	tlement based on costs			Total Prospective with	a Interim Component
Prie	or Provider Prospective data				
Basis:	C	Change	s:		
Budget			Licensure	Rating Change	
X Unaudited cos	sts I I			l Customary Limitatio	n
Field audited		Target Rate limitation change			
Field audit - i	nterim portion		FRVS Ch	ange	
Desk audited	costs	X		7/13 using FYE 7/3	l/2012 C/R
	nterim Portion	Rate Semester Change			
	Prospective portion		On FRV	[2] as of 03/11/2005	-1.
Distribution:			Z	Thomas Parker	
Contract Managem	ent / Fiscal Agent	N	fedicaid Cost	Reimbursement Plan	ning and Finance
Permanent File					
Permanent File	ion Only				
	-				
For information	-				
For information For Change i	n Rate SMJ Enterprises, LLC Donna Marsh				
For information For Change i	n Rate SMJ Enterprises, LLC				