




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: November 15, 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.	Miami Jewish Health Systems	0 200506-00	2
2.	Westchester Gardens Rehabilitation & Care Center	0 202011-00	3
3.	Tri-County Nursing Home	0 204625-00	1
4.	Emory L. Bennett State Veterans' Nursing Home	0 210889-00	4
5.	Sabal Palms Health Care Center	0 210951-00	2
6.	West Jacksonville Health and Rehabilitation Center	0 218171-00	1
7.	MK of North Port LLC	0 225053-00	4
8.	MK of Fernandina Beach LLC	0 225274-00	2
9.	MK of Winter Garden LLC	0 225410-00	2
10.	The Health Center of Palatka	0 226025-00	3
11.	Ft. Lauderdale Health & Rehab Center	0 228109-00	3
12.	Shell Point Pavilion	0 229202-00	4
13.	Alexander Nininger State Veterans' Nursing Home	0 229849-00	2
14.	Lakeside Nursing & Rehabilitation Center	0 256757-00	1
15.	Indigo Manor	0 258750-00	13
16.	Riviera Palms Rehabilitation Center	0 263451-00	1
17.	The Springs at Lake Pointe Woods	0 268780-00	3
18.	Cypress Village	0 307998-00	12
19.	Baya Pointe Nursing Home and Rehabilitation Center	0 308111-00	1
20.	San Marco Terrace Rehabilitation and Care	0 316601-00	10
21.	Zephyr Haven Health & Rehab Center Inc	0 320391-00	8
22.	Sunbelt Health & Rehab Center- Apopka Inc	0 320412-00	7
23.	East Orlando Health & Rehab Center Inc	0 320421-00	7
24.	Moosehaven, Inc.	0 326011-00	9
		Total	105

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

TP/ab



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)		
020050600	20100701	225.86	369.20	225.86	225.86	74363-13	NH12-074W
020050600	20110101	228.52	373.38	228.52	228.52	74363-13	NH12-074W
020201100	20110101	218.26	363.12	218.26	218.26	74363-13	NH12-062W
020201100	20110701	210.29	356.49	210.29	210.29	74363-13	NH12-062W
020201100	20130701	228.15	0.00	228.15	228.15	74363-13	NH12-062W
020462500	20130101	198.29	349.10	198.29	198.29	74363-13	
021088900	20100701	214.25	357.59	214.25	214.25	74363-13	NH11-060L
021088900	20110101	216.19	361.05	216.19	216.19	74363-13	NH11-060L
021088900	20120101	218.77	366.38	218.77	218.77	74363-13	NH11-060L
021088900	20130101	227.97	378.78	227.97	227.97	74363-13	NH11-060L
021095100	20110701	181.33	327.53	181.33	181.33	74363-13	NH12-063W
021095100	20120101	181.95	329.56	181.95	181.95	74363-13	NH12-063W
021817100	20130101	203.14	353.95	203.14	203.14	74363-13	
022505300	20100101	206.51	348.43	206.51	206.51	74363-13	NH12-076L
022505300	20100701	210.58	353.92	210.58	210.58	74363-13	NH12-076L
022505300	20110101	219.34	364.20	219.34	219.34	74363-13	NH12-076L
022505300	20130101	224.53	375.34	224.53	224.53	74363-13	NH12-076L
022527400	20100101	191.87	333.79	191.87	191.87	74363-13	NH12-075L
022527400	20100701	196.03	339.37	196.03	196.03	74363-13	NH12-075L
022541000	20100101	199.13	341.05	199.13	199.13	74363-13	NH12-077L
022541000	20100701	203.40	346.74	203.40	203.40	74363-13	NH12-077L
022602500	20070101	156.56	286.16	156.56	156.56	74363-13	NH03-204J
022602500	20070201	157.96	287.56	157.96	157.96	74363-13	NH03-204J
022602500	20070301	156.56	286.16	156.56	156.56	74363-13	NH03-204J
022810900	20070101	178.36	307.96	178.36	178.36	74363-13	NH03-207J
022810900	20070201	182.96	312.56	182.96	182.96	74363-13	NH03-207J
022810900	20070301	178.36	307.96	178.36	178.36	74363-13	NH03-207J
022920200	20120101	197.33	344.94	197.33	197.33	74363-13	NH12-066W
022920200	20120701	204.43	353.64	204.43	204.43	74363-13	NH12-066W
022920200	20130101	208.47	359.28	208.47	208.47	74363-13	NH12-066W
022920200	20130701	213.19	0.00	213.19	213.19	74363-13	NH12-066W
022984900	20090701	223.66	364.01	223.66	223.66	74363-13	NH11-051L
022984900	20100101	224.79	366.71	224.79	224.79	74363-13	NH11-051L
025675700	20100101	175.05	316.97	175.05	175.05	74363-13	NH12-016G
025875000	20080701	179.70	315.98	179.70	179.70	74363-13	NH10-015L
025875000	20090101	185.34	323.69	185.34	185.34	74363-13	NH10-015L
025875000	20090301	169.80	308.15	169.80	169.80	74363-13	NH10-015L
025875000	20090401	209.90	348.25	209.90	209.90	74363-13	NH10-015L
025875000	20090701	218.76	359.11	218.76	218.76	74363-13	NH10-015L
025875000	20100101	220.88	362.80	220.88	220.88	74363-13	NH10-015L
025875000	20100701	219.18	362.52	219.18	219.18	74363-13	NH10-015L
025875000	20110101	221.44	366.30	221.44	221.44	74363-13	NH10-015L
025875000	20110701	213.80	360.00	213.80	213.80	74363-13	NH10-015L
025875000	20120101	216.04	363.65	216.04	216.04	74363-13	NH10-015L
025875000	20120701	219.97	369.18	219.97	219.97	74363-13	NH10-015L
025875000	20130101	222.49	373.30	222.49	222.49	74363-13	NH10-015L
025875000	20130701	225.96	0.00	225.96	225.96	74363-13	NH10-015L
026345100	20080101	175.30	309.30	175.30	175.30	74363-13	NH10-030C
026878000	20070101	180.45	310.05	180.45	180.45	74363-13	NH06-209C
026878000	20070201	188.21	317.81	188.21	188.21	74363-13	NH06-209C
026878000	20070301	180.45	310.05	180.45	180.45	74363-13	NH06-209C
030799800	20090101	185.10	323.45	185.10	185.10	74363-13	NH10-016L
030799800	20090301	169.59	307.94	169.59	169.59	74363-13	NH10-016L
030799800	20090401	200.08	338.43	200.08	200.08	74363-13	NH10-016L
030799800	20090701	200.05	340.40	200.05	200.05	74363-13	NH10-016L
030799800	20100101	208.52	350.44	208.52	208.52	74363-13	NH10-016L
030799800	20100701	210.45	353.79	210.45	210.45	74363-13	NH10-016L
030799800	20110101	212.70	357.56	212.70	212.70	74363-13	NH10-016L
030799800	20110701	202.59	348.79	202.59	202.59	74363-13	NH10-016L
030799800	20120101	202.78	350.39	202.78	202.78	74363-13	NH10-016L

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
030799800	20120701	210.96	360.17	210.96	210.96	74363-13	NH10-016L
030799800	20130101	213.69	364.50	213.69	213.69	74363-13	NH10-016L
030799800	20130701	219.08	0.00	219.08	219.08	74363-13	NH10-016L
030811100	20090701	186.90	327.25	186.90	186.90	74363-13	NH12-017G
031660100	20070101	97.01	226.61	97.01	97.01	74363-13	NH10-006C
031660100	20070201	101.34	230.94	101.34	101.34	74363-13	NH10-006C
031660100	20070301	97.01	226.61	97.01	97.01	74363-13	NH10-006C
031660100	20070501	98.30	227.90	98.30	98.30	74363-13	NH10-006C
031660100	20070701	98.89	230.83	98.89	98.89	74363-13	NH10-006C
031660100	20080101	98.29	232.29	98.29	98.29	74363-13	NH10-006C
031660100	20080701	99.62	235.90	99.62	99.62	74363-13	NH10-006C
031660100	20090101	100.59	238.94	100.59	100.59	74363-13	NH10-006C
031660100	20090301	92.16	230.51	92.16	92.16	74363-13	NH10-006C
031660100	20090401	119.25	257.60	119.25	119.25	74363-13	NH10-006C
032039100	20100101	195.02	336.94	195.02	195.02	74363-13	
032039100	20100701	205.18	348.52	205.18	205.18	74363-13	
032039100	20110101	207.65	352.51	207.65	207.65	74363-13	
032039100	20110701	200.48	346.68	200.48	200.48	74363-13	
032039100	20120101	197.60	345.21	197.60	197.60	74363-13	
032039100	20120701	203.36	352.57	203.36	203.36	74363-13	
032039100	20130101	199.46	350.27	199.46	199.46	74363-13	
032039100	20130701	204.16	0.00	204.16	204.16	74363-13	
032041200	20100701	199.12	342.46	199.12	199.12	74363-13	
032041200	20110101	204.57	349.43	204.57	204.57	74363-13	
032041200	20110701	197.88	344.08	197.88	197.88	74363-13	
032041200	20120101	200.14	347.75	200.14	200.14	74363-13	
032041200	20120701	204.30	353.51	204.30	204.30	74363-13	
032041200	20130101	206.67	357.48	206.67	206.67	74363-13	
032041200	20130701	207.98	0.00	207.98	207.98	74363-13	
032042100	20100701	225.61	368.95	225.61	225.61	74363-13	
032042100	20110101	229.38	374.24	229.38	229.38	74363-13	
032042100	20110701	220.88	367.08	220.88	220.88	74363-13	
032042100	20120101	222.10	369.71	222.10	222.10	74363-13	
032042100	20120701	229.26	378.47	229.26	229.26	74363-13	
032042100	20130101	232.04	382.85	232.04	232.04	74363-13	
032042100	20130701	233.86	0.00	233.86	233.86	74363-13	
032601100	20080417	180.87	314.87	180.87	180.87	74363-13	NH12-006L
032601100	20080701	182.10	318.38	182.10	182.10	74363-13	NH12-006L
032601100	20090101	181.38	319.73	181.38	181.38	74363-13	NH12-006L
032601100	20090301	166.18	304.53	166.18	166.18	74363-13	NH12-006L
032601100	20090401	196.14	334.49	196.14	196.14	74363-13	NH12-006L
032601100	20090501	200.36	338.71	200.36	200.36	74363-13	NH12-006L
032601100	20090701	204.72	345.07	204.72	204.72	74363-13	NH12-006L
032601100	20100101	206.13	348.05	206.13	206.13	74363-13	NH12-006L
032601100	20100701	205.31	348.65	205.31	205.31	74363-13	NH12-006L



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

Miami Jewish Health Systems
 5200 N.E. 2nd Avenue
 Miami FL 33137

Provider Number: 0 200506-00
 Date: 9/9/2013
 Fiscal Year End: 6/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	226.59	225.86	7/1/2010
	Level H: Aids	369.93	369.20	7/1/2010

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 NH12- 074W FYE 6/30/2009
 Rate Semester Change

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

1 - No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
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Medicaid Reimbursement Per Diem Rates

Miami Jewish Health Systems
 5200 N.E. 2nd Avenue
 Miami FL 33137

Provider Number: 0 200506-00
 Date: 9/9/2013
 Fiscal Year End: 6/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>229.24</u>	<u>228.52</u>	<u>1/1/2011</u>
	Level H: Aids	<u>374.10</u>	<u>373.38</u>	<u>1/1/2011</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
 Field Audit NH12- 074W FYE 6/30/2009
 Rate Semester Change

Distribution:

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

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Home Office:

No Home Office



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Medicaid Reimbursement Per Diem Rates

Westchester Gardens Rehabilitation & Care Center
 3301 McMullen Booth Road
 Clearwater FL 33761

Provider Number: 0 202011-00
 Date: 10/25/2013
 Fiscal Year End: 6/30/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>218.15</u>	<u>218.26</u>	<u>1/1/2011</u>
	Level H: Aids	<u>363.01</u>	<u>363.12</u>	<u>1/1/2011</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
- Field Audit #NH12-062W FYE 6/30/2010**
- Rate Semester Change
- On FRV [2] as of 09/01/1989

Distribution:

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


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: The Goodman Group, LLC

1107 Hazeltine Blvd
 Chaska MN 55318



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Westchester Gardens Rehabilitation & Care Center
 3301 McMullen Booth Road
 Clearwater FL 33761

Provider Number: 0 202011-00
 Date: 10/25/2013
 Fiscal Year End: 6/30/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.20	210.29	7/1/2011
	Level H: Aids	356.40	356.49	7/1/2011

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
 Field Audit #NH12-062W FYE 6/30/2010
 Rate Semester Change
 On FRV [2] as of 09/01/1989

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

Westchester Gardens Rehabilitation & Care Center
3301 McMullen Booth Road
Clearwater FL 33761

Provider Number: 0 202011-00
 Date: 11/5/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>228.14</u>	<u>228.15</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
 Effects of Field Audit #NH12-062W FYE 6/30/2010
 Rate Semester Change
 On FRV [2] as of 09/01/1989

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: The Goodman Group, LLC
1107 Hazeltine Blvd
Chaska MN 55318



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Tri-County Nursing Home
 7280 S.W. SR 26
 Trenton FL 32693

Provider Number: 0 204625-00
 Date: 10/4/2013
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.56	198.29	1/1/2013
	Level H: Aids	349.37	349.10	1/1/2013

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
- Rating Days Correction for 1/13**
- Rate Semester Change
- On FRV [2] as of 05/18/1992

Distribution:

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- No Change in Rate

Home Office:

I - No Home Office

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

Emory L. Bennett State Veterans' Nursing Home
 1920 Mason Avenue
 Daytona Beach FL 32117

Provider Number: 0 210889-00
 Date: 8/8/2013
 Fiscal Year End: 6/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.88	214.25	7/1/2010
	Level H: Aids	361.22	357.59	7/1/2010

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:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input checked="" type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> Field Audit NH11-060L FYE 6/30/09
<input type="checkbox"/> Desk audit - Interim Portion	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Desk Audit - Prospective portion	<input type="checkbox"/> On FRV [2] as of 01/19/1994

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Florida Dept. of Veterans Affairs
 Walter Gilchrist
 11351 Ulmerton Road, Room 332-I
 Largo Fl 33778-1630



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

Emory L. Bennett State Veterans' Nursing Home
 1920 Mason Avenue
 Daytona Beach FL 32117

Provider Number: 0 210889-00
 Date: 8/8/2013
 Fiscal Year End: 6/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.82	216.19	1/1/2011
	Level H: Aids	364.68	361.05	1/1/2011

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
- Field Audit NH11-060L FYE 6/30/09**
- Rate Semester Change
- On FRV [2] as of 01/19/1994

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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 Walter Gilchrist
 11351 Ulmerton Road, Room 332-I
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Emory L. Bennett State Veterans' Nursing Home
 1920 Mason Avenue
 Daytona Beach FL 32117

Provider Number: 0 210889-00
 Date: 8/8/2013
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.76	218.77	1/1/2012
	Level H: Aids	366.37	366.38	1/1/2012

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
 Effects of Field Audit NH11-060L FYE 6/30/09
 Rate Semester Change
 On FRV [2] as of 01/19/1994

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Medicaid Reimbursement Per Diem Rates

Emory L. Bennett State Veterans' Nursing Home
 1920 Mason Avenue
 Daytona Beach FL 32117

Provider Number: 0 210889-00
 Date: 8/8/2013
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	227.96	227.97	1/1/2013
	Level H: Aids	378.77	378.78	1/1/2013

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
- Effects of Field Audit NH11-060L FYE 6/30/09
- Rate Semester Change
- On FRV [2] as of 01/19/1994

Distribution:

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Medicaid Reimbursement Per Diem Rates

Sabal Palms Health Care Center
 499 Alternate Keene Road
 Largo FL 33771-1652

Provider Number: 0 210951-00
 Date: 10/22/2013
 Fiscal Year End: 6/30/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	182.12	181.33	7/1/2011
	Level H: Aids	328.32	327.53	7/1/2011
	Level U: Fragile Under 21	445.65	444.86	7/1/2011

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 NH12- 063W FYE 6/30/2010
- Rate Semester Change
- On FRV [2] as of 05/18/1990

Distribution:

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Thomas Parker
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Medicaid Reimbursement Per Diem Rates

Sabal Palms Health Care Center
 499 Alternate Keene Road
 Largo FL 33771-1652

Provider Number: 0 210951-00
 Date: 10/22/2013
 Fiscal Year End: 6/30/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	182.75	181.95	1/1/2012
	Level H: Aids	330.36	329.56	1/1/2012
	Level U: Fragile Under 21	448.82	448.02	1/1/2012

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
 Field Audit NH12- 063W FYE 6/30/2010
 Rate Semester Change
 On FRV [2] as of 05/18/1990

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Medicaid Reimbursement Per Diem Rates

West Jacksonville Health and Rehabilitation Center
 1650 Fouraker Road
 Jacksonville FL 32221

Provider Number: 0 218171-00
 Date: 11/5/2013
 Fiscal Year End: 8/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.27	203.14	1/1/2013
	Level H: Aids	354.08	353.95	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
 Rating Days Correction for 1/13
 Rate Semester Change
 On FRV [2] as of 08/10/1990

Distribution:

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

MK of North Port LLC
 6940 Outreach Way
 North Port FL 34287

Provider Number: 0 225053-00
 Date: 10/24/2013
 Fiscal Year End: 2/28/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.25	206.51	1/1/2010
	Level H: Aids	349.17	348.43	1/1/2010

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 NH12-076L FYE 2/28/2009
 Rate Semester Change
 On FRV [2] as of 11/01/1997

Distribution:

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 For information Only
 No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

MK of North Port LLC
 6940 Outreach Way
 North Port FL 34287

Provider Number: 0 225053-00
 Date: 10/24/2013
 Fiscal Year End: 2/28/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.33	210.58	7/1/2010
	Level H: Aids	354.67	353.92	7/1/2010

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 NH12-076L FYE 2/28/2009
 Rate Semester Change
 On FRV [2] as of 11/01/1997

Distribution:

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Medicaid Reimbursement Per Diem Rates

MK of North Port LLC
 6940 Outreach Way
 North Port FL 34287

Provider Number: 0 225053-00
 Date: 10/24/2013
 Fiscal Year End: 2/28/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.35	219.34	1/1/2011
	Level H: Aids	364.21	364.20	1/1/2011

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
 Effects of FA NH12-076L FYE 2/28/2009
 Rate Semester Change
 On FRY [2] as of 11/01/1997

Distribution:

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Medicaid Reimbursement Per Diem Rates

MK of North Port LLC
 6940 Outreach Way
 North Port FL 34287

Provider Number: 0 225053-00
 Date: 10/24/2013
 Fiscal Year End: 2/29/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.54	224.53	1/1/2013
	Level H: Aids	375.35	375.34	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
 Effects of FA NH12-076L FYE 2/28/2009
 Rate Semester Change
 On FRV [2] as of 11/01/1997

Distribution:

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 No Change in Rate

Thomas Parker

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MK of Fernandina Beach LLC
 1625 Lime St
 Fernandina Beach FL 32034

Provider Number: 0 225274-00
 Date: 9/19/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.21	191.87	1/1/2010
	Level H: Aids	335.13	333.79	1/1/2010

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 #NH12-075L FYE 12/31/2008
 Rate Semester Change
 On FRV [2] as of 08/01/2000

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MK of Fernandina Beach LLC
 1625 Lime St
 Fernandina Beach FL 32034

Provider Number: 0 225274-00
 Date: 9/19/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.10	196.03	7/1/2010
	Level H: Aids	340.44	339.37	7/1/2010

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 #NH12-075L FYE 12/31/2008
- Rate Semester Change
- On FRV [2] as of 08/01/2000

Distribution:

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Medicaid Reimbursement Per Diem Rates

MK of Winter Garden LLC
 12751 W Colonial Dr
 Winter Garden FL 34787

Provider Number: 0 225410-00
 Date: 9/6/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.53	199.13	1/1/2010
	Level H: Aids	342.45	341.05	1/1/2010

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 # NH12-077L FYE 12/31/08
 Rate Semester Change
 On FRV [2] as of 09/01/1999

Distribution:

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 No Change in Rate

Thomas Parker

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MK of Winter Garden LLC
 12751 W Colonial Dr
 Winter Garden FL 34787

Provider Number: 0 225410-00
 Date: 9/30/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.83	203.40	7/1/2010
	Level H: Aids	348.17	346.74	7/1/2010

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 # NH12-077L FYE 12/31/08
 Rate Semester Change
 On FRV [2] as of 09/01/1999

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

The Health Center of Palatka, Inc.
 110 Kay Larkin Dr.
 Palatka FL 32177

Provider Number: 0 226025-00
 Date: 8/20/2013
 Fiscal Year End: 8/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>157.98</u>	<u>156.56</u>	<u>1/1/2007</u>
	Level H: Aids	<u>287.58</u>	<u>286.16</u>	<u>1/1/2007</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
 Effects of FA & RFA #NH03-204J FYE 8/31/01
 Rate Semester Change
 On FRV [2] as of 05/26/1986

Distribution:

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 No Change in Rate

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Home Office:

No Home Office



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Medicaid Reimbursement Per Diem Rates

The Health Center of Palatka, Inc.
 110 Kay Larkin Dr.
 Palatka FL 32177

Provider Number: 0 226025-00
 Date: 8/20/2013
 Fiscal Year End: 8/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>159.39</u>	<u>157.96</u>	<u>2/1/2007</u>
	Level H: Aids	<u>288.99</u>	<u>287.56</u>	<u>2/1/2007</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
- Effects of FA & RFA #NH03-204J FYE 8/31/01
- Rate Semester Change
- On FRV [2] as of 05/26/1986

Distribution:

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- 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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Medicaid Reimbursement Per Diem Rates

The Health Center of Palatka, Inc.
 110 Kay Larkin Dr.
 Palatka FL 32177

Provider Number: 0 226025-00
 Date: 8/20/2013
 Fiscal Year End: 8/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	157.98	156.56	3/1/2007
Level H: Aids	287.58	286.16	3/1/2007

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
- Effects of FA & RFA #NH03-204J FYE 8/31/01**
- Rate Semester Change
- On FRV [2] as of 05/26/1986

Distribution:

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- No Change in Rate

Thomas Parker
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Home Office:

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Medicaid Reimbursement Per Diem Rates

Ft. Lauderdale Health & Rehab Center
 2000 E. Commercial Blvd.
 Ft. Lauderdale FL 33308

Provider Number: 0 228109-00
 Date: 9/23/2013
 Fiscal Year End: 6/30/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	179.55	178.36	1/1/2007
	Level H: Aids	309.15	307.96	1/1/2007

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
 Effects of FA & RFA #NH03-207J FYE 6/30/01
 Rate Semester Change
 Not on FRV [1]

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Ft. Lauderdale Health & Rehab Center
 2000 E. Commercial Blvd.
 Ft. Lauderdale FL 33308

Provider Number: 0 228109-00
 Date: 9/23/2013
 Fiscal Year End: 6/30/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	184.14	182.96	2/1/2007
	Level H: Aids	313.74	312.56	2/1/2007

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
- Effects of FA & RFA #NH03-207J FYE 6/30/01
- Rate Semester Change
- Not on FRV [1]

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Medicaid Reimbursement Per Diem Rates

Ft. Lauderdale Health & Rehab Center
2000 E. Commercial Blvd.
Ft. Lauderdale FL 33308

Provider Number: 0 228109-00
 Date: 9/23/2013
 Fiscal Year End: 6/30/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>179.55</u>	<u>178.36</u>	<u>3/1/2007</u>
	Level H: Aids	<u>309.15</u>	<u>307.96</u>	<u>3/1/2007</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
 Effects of FA & RFA #NH03-207J FYE 6/30/01
 Rate Semester Change
 Not on FRV [1]

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Medicaid Reimbursement Per Diem Rates

Shell Point Pavilion
 15000 Shell Point Boulevard
 Ft. Myers Fl 33908

Provider Number: 0 229202-00
 Date: 10/17/2013
 Fiscal Year End: 6/30/2011
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.79</u>	<u>197.33</u>	<u>1/1/2012</u>
	Level H: Aids	<u>350.40</u>	<u>344.94</u>	<u>1/1/2012</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
 Field Audit NH12-066W FYE 6/30/2011
 Rate Semester Change
 On FRV [2] as of 03/28/2001

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Shell Point Pavilion
 15000 Shell Point Boulevard
 Ft. Myers Fl 33908

Provider Number: 0 229202-00
 Date: 10/17/2013
 Fiscal Year End: 6/30/2011
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.03	204.43	7/1/2012
	Level H: Aids	359.24	353.64	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
- Field Audit NH12-066W FYE 6/30/2011**
- Rate Semester Change
- On FRV [2] as of 03/28/2001

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Medicaid Reimbursement Per Diem Rates

Shell Point Pavilion
 15000 Shell Point Boulevard
 Ft. Myers Fl 33908

Provider Number: 0 229202-00
 Date: 10/17/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.69	208.47	1/1/2013
	Level H: Aids	357.50	359.28	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
- Effects of FA NH12-066W FYE 6/30/11**
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Medicaid Reimbursement Per Diem Rates

Shell Point Pavilion
 15000 Shell Point Boulevard
 Ft. Myers Fl 33908

Provider Number: 0 229202-00
 Date: 10/17/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.39	213.19	7/1/2013

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
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- Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Alexander Nininger State Veterans' Nursing Home
 8401 West Cypress Drive
 Pembroke Pines Fl 33025

Provider Number: 0 229849-00
 Date: 8/20/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>226.61</u>	<u>223.66</u>	<u>7/1/2009</u>
	Level H: Aids	<u>366.96</u>	<u>364.01</u>	<u>7/1/2009</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
 Field Audit #NH11-051L FYE 6/30/08
 Rate Semester Change
 On FRV [2] as of 09/06/2001

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Alexander Nininger State Veterans' Nursing Home
 8401 West Cypress Drive
 Pembroke Pines Fl 33025

Provider Number: 0 229849-00
 Date: 8/20/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	228.21	224.79	1/1/2010
	Level H: Aids	370.13	366.71	1/1/2010

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
 Field Audit #NH11-051L FYE 6/30/08
 Rate Semester Change
 On FRV [2] as of 09/06/2001

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Medicaid Reimbursement Per Diem Rates

Lakeside Nursing & Rehabilitation Center
 11411 Armsdale Road
 Jacksonville FL 32218

Provider Number: 0 256757-00
 Date: 9/9/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>175.73</u>	<u>175.05</u>	<u>1/1/2010</u>
	Level H: Aids	<u>317.65</u>	<u>316.97</u>	<u>1/1/2010</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 #NH12-016G FYE 12/31/08
 Rate Semester Change
 On FRV [2] as of 01/21/1998

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Health Care Managers, Inc
 Ivonne Burrell
 2380 Sadler Road Suite 201
 Fernandina Beach FL 32034



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Medicaid Reimbursement Per Diem Rates

Indigo Manor
 595 Williamson Blvd
 Daytona Beach FL 32114

Provider Number: 0 258750-00
 Date: 8/27/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	182.38	179.70	7/1/2008
Level H: Aids	318.66	315.98	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 #NH10-015L FYE 6/30/07
- Rate Semester Change
- On FRV [2] as of 01/01/2001

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

Fairfax Senior Living
 Robert Hostler
 10387 Main Street, Suite 200
 Fairfax VA 22030



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Indigo Manor
 595 Williamson Blvd
 Daytona Beach FL 32114

Provider Number: 0 258750-00
 Date: 8/27/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	185.36	185.34	1/1/2009
	Level H: Aids	323.71	323.69	1/1/2009

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

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

Effects of FA #NH10-015L FYE 6/30/07

Rate Semester Change

On FRV [2] as of 01/01/2001

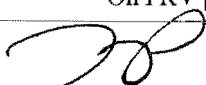
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Medicaid Reimbursement Per Diem Rates

Indigo Manor
 595 Williamson Blvd
 Daytona Beach FL 32114

Provider Number: 0 258750-00
 Date: 8/27/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	169.82	169.80	3/1/2009
	Level H: Aids	308.17	308.15	3/1/2009

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
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Medicaid Reimbursement Per Diem Rates

Indigo Manor
 595 Williamson Blvd
 Daytona Beach FL 32114

Provider Number: 0 258750-00
 Date: 8/27/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.92	209.90	4/1/2009
	Level H: Aids	348.27	348.25	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
- 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
- Effects of FA #NH10-015L FYE 6/30/07
- Rate Semester Change
- On FRV [2] as of 01/01/2001

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Medicaid Reimbursement Per Diem Rates

Indigo Manor
 595 Williamson Blvd
 Daytona Beach FL 32114

Provider Number: 0 258750-00
 Date: 8/27/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.78	218.76	7/1/2009
	Level H: Aids	359.13	359.11	7/1/2009

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
- Effects of FA #NH10-015L FYE 6/30/07
- Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Indigo Manor
 595 Williamson Blvd
 Daytona Beach FL 32114

Provider Number: 0 258750-00
 Date: 8/27/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
220.90	220.88	1/1/2010
Level H: Aids 362.82	362.80	1/1/2010

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
 Effects of FA #NH10-015L FYE 6/30/07
 Rate Semester Change
 On FRV [2] as of 01/01/2001

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Indigo Manor
 595 Williamson Blvd
 Daytona Beach FL 32114

Provider Number: 0 258750-00
 Date: 8/27/2013
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.21	219.18	7/1/2010
	Level H: Aids	362.55	362.52	7/1/2010

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:

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- Field audit - interim portion
- Desk audited costs
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- Desk Audit - Prospective portion

Changes:

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- Usual and Customary Limitation
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- FRVS Change
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- Rate Semester Change
- On FRV [2] as of 01/01/2001

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Medicaid Reimbursement Per Diem Rates

Indigo Manor
 595 Williamson Blvd
 Daytona Beach FL 32114

Provider Number: 0 258750-00
 Date: 8/27/2013
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>221.47</u>	<u>221.44</u>	<u>1/1/2011</u>
	Level H: Aids	<u>366.33</u>	<u>366.30</u>	<u>1/1/2011</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
- Effects of FA #NH10-015L FYE 6/30/07
- Rate Semester Change
- On FRV [2] as of 01/01/2001

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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

Indigo Manor
 595 Williamson Blvd
 Daytona Beach FL 32114

Provider Number: 0 258750-00
 Date: 8/27/2013
 Fiscal Year End: 6/30/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.82	213.80	7/1/2011
	Level H: Aids	360.02	360.00	7/1/2011

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
 Effects of FA #NH10-015L FYE 6/30/07
 Rate Semester Change
 On FRV [2] as of 01/01/2001

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Medicaid Reimbursement Per Diem Rates

Indigo Manor
 595 Williamson Blvd
 Daytona Beach FL 32114

Provider Number: 0 258750-00
 Date: 8/27/2013
 Fiscal Year End: 6/30/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.06	216.04	1/1/2012
	Level H: Aids	363.67	363.65	1/1/2012

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
- Effects of FA #NH10-015L FYE 6/30/07
- Rate Semester Change
- On FRV [2] as of 01/01/2001

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Medicaid Reimbursement Per Diem Rates

Indigo Manor
 595 Williamson Blvd
 Daytona Beach FL 32114

Provider Number: 0 258750-00
 Date: 8/27/2013
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.99	219.97	7/1/2012
	Level H: Aids	369.20	369.18	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
- Effects of FA #NH10-015L FYE 6/30/07
- Rate Semester Change
- On FRV [2] as of 01/01/2001

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Medicaid Reimbursement Per Diem Rates

Indigo Manor
 595 Williamson Blvd
 Daytona Beach FL 32114

Provider Number: 0 258750-00
 Date: 8/27/2013
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>222.51</u>	<u>222.49</u>	<u>1/1/2013</u>
	Level H: Aids	<u>373.32</u>	<u>373.30</u>	<u>1/1/2013</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
- Effects of FA #NH10-015L FYE 6/30/07
- Rate Semester Change
- On FRV [2] as of 01/01/2001

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Medicaid Reimbursement Per Diem Rates

Indigo Manor
 595 Williamson Blvd
 Daytona Beach FL 32114

Provider Number: 0 258750-00
 Date: 8/27/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
225.98	225.96	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
- Effects of FA #NH10-015L FYE 6/30/07
- Rate Semester Change
- On FRV [2] as of 01/01/2001

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Medicaid Reimbursement Per Diem Rates

Riviera Palms Rehabilitation Center
 926 Haben Blvd.
 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 8/16/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	176.59	175.30	1/1/2008
	Level H: Aids	310.59	309.30	1/1/2008

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 #NH10-030C FYE 12/31/2006**
- Rate Semester Change
- On FRV [2] as of 03/07/1988

Distribution:

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- No Change in Rate

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Medicaid Reimbursement Per Diem Rates

The Springs at Lake Pointe Woods
 3280 Lake Pointe Drive
 Sarasota FL 34238

Provider Number: 0 268780-00
 Date: 10/16/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>180.74</u>	<u>180.45</u>	<u>1/1/2007</u>
	Level H: Aids	<u>310.34</u>	<u>310.05</u>	<u>1/1/2007</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 #NH06-209C FYE 12/31/05
- Rate Semester Change
- On FRV [2] as of 11/01/1989

Distribution:

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- No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

The Springs at Lake Pointe Woods
 3280 Lake Pointe Drive
 Sarasota FL 34238

Provider Number: 0 268780-00
 Date: 10/16/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	188.50	188.21	2/1/2007
	Level H: Aids	318.10	317.81	2/1/2007

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 #NH06-209C FYE 12/31/05
 Rate Semester Change
 On FRVS [2] as of 11/01/1989

Distribution:

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Medicaid Reimbursement Per Diem Rates

The Springs at Lake Pointe Woods
 3280 Lake Pointe Drive
 Sarasota FL 34238

Provider Number: 0 268780-00
 Date: 10/16/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>180.74</u>	<u>180.45</u>	<u>3/1/2007</u>
	Level H: Aids	<u>310.34</u>	<u>310.05</u>	<u>3/1/2007</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
 Field Audit #NH06-209C FYE 12/31/05
 Rate Semester Change
 On FRV [2] as of 11/01/1989

Distribution:

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Medicaid Reimbursement Per Diem Rates

Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 8/22/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.16	185.10	1/1/2009
	Level H: Aids	330.51	323.45	1/1/2009

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
 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 NH10-016L FYE 12/31/2007
 Rate Semester Change
 On FRV [2] as of 10/14/1991

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 8/22/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	176.05	169.59	3/1/2009
	Level H: Aids	314.40	307.94	3/1/2009

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

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 NH10-016L FYE 12/31/2007

Rate Semester Change

On FRV [2] as of 10/14/1991

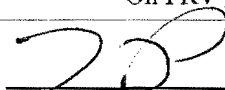
Distribution:

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Medicaid Reimbursement Per Diem Rates

Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 8/22/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.54	200.08	4/1/2009
	Level H: Aids	345.89	338.43	4/1/2009

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
- Field Audit NH10-016L FYE 12/31/2007**
- Rate Semester Change
- On FRV [2] as of 10/14/1991

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Medicaid Reimbursement Per Diem Rates

Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 8/22/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.91	200.05	7/1/2009
Level H: Aids	351.26	340.40	7/1/2009

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
- 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 NH10-016L FYE 12/31/2007**
- Rate Semester Change
- On FRV [2] as of 10/14/1991

Distribution:

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Medicaid Reimbursement Per Diem Rates

Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 8/22/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.66	208.52	1/1/2010
Level H: Aids	350.58	350.44	1/1/2010

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:

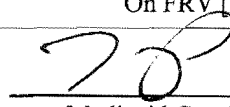
Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit NH10-016L FYE 12/31/07
 Rate Semester Change
 On FRV [2] as of 10/14/1991

Distribution:

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Medicaid Reimbursement Per Diem Rates

Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 8/22/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.59	210.45	7/1/2010
	Level H: Aids	353.93	353.79	7/1/2010

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
 Effects of Field Audit NH10-016L FYE 12/31/07
 Rate Semester Change
 On FRV [2] as of 10/14/1991

Distribution:

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Medicaid Reimbursement Per Diem Rates

Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 8/22/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.84	212.70	1/1/2011
	Level H: Aids	357.70	357.56	1/1/2011

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
- Effects of Field Audit NH10-016L FYE 12/31/07**
- Rate Semester Change
- On FRV [2] as of 10/14/1991

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0307998-00
 Date: 8/22/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.72	202.59	7/1/2011
	Level H: Aids	348.92	348.79	7/1/2011

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
- Effects of Field Audit NH10-016L FYE 12/31/07**
- Rate Semester Change
- On FRV [2] as of 10/14/1991

Distribution:

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- No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Brookdale Senior Living, Inc.
 Russ Bellora
 111 Westwood Place, Ste. 400
 Brentwood TN 37027



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

Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 8/23/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.91	202.78	1/1/2012
	Level H: Aids	350.52	350.39	1/1/2012

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
- Effects of Field Audit NH10-016L FYE 12/31/07
- Rate Semester Change
- On FRV [2] as of 10/14/1991

Distribution:

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Medicaid Reimbursement Per Diem Rates

Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 8/22/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.10	210.96	7/1/2012
	Level H: Aids	360.31	360.17	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
- Effects of Field Audit NH10-016L FYE 12/31/07
- Rate Semester Change
- On FRV [2] as of 10/14/1991

Distribution:

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Medicaid Reimbursement Per Diem Rates

Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 8/22/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>213.83</u>	<u>213.69</u>	<u>1/1/2013</u>
	Level H: Aids	<u>364.64</u>	<u>364.50</u>	<u>1/1/2013</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
- Effects of Field Audit NH10-016L FYE 12/31/07**
- Rate Semester Change
- On FRV [2] as of 10/14/1991

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 8/22/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	219.22	219.08	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
- Effects of Field Audit NH10-016L FYE 12/31/07
- Rate Semester Change
- On FRV [2] as of 10/14/1991

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Thomas Parker
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Baya Pointe Nursing and Rehabilitation Center
587 S.E. ERMINE AVE
Lake City FL 32025

Provider Number: 0 308111-00
 Date: 9/17/2013
 Fiscal Year End: 9/30/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>188.02</u>	<u>186.90</u>	<u>7/1/2009</u>
	Level H: Aids	<u>328.37</u>	<u>327.25</u>	<u>7/1/2009</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 #NH12-017G FYE 09/30/2008**
- Rate Semester Change
- On FRV [2] as of 01/25/1994

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Health Care Managers, Inc
 Ivonne Burrell
 2380 Sadler Road Suite 201
 Fernandina Beach FL 32034



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Medicaid Reimbursement Per Diem Rates

San Marco Terrace Rehabilitation and Care
 189 San Marco Avenue
 St. Augustine FL 32084

Provider Number: 0 316601-00
 Date: 8/22/2013
 Fiscal Year End: 4/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	134.34	97.01	1/1/2007
	Level H: Aids	263.94	226.61	1/1/2007

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
- Field Audit #NH10-006C FYE 4/30/07**
- Rate Semester Change
- On FRV [2] as of 09/01/1987

Distribution:

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- No Change in Rate

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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 Kathy Chudow
 1240 Marbella Plaza Drive
 Tampa FL 33619



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

San Marco Terrace Rehabilitation and Care
 189 San Marco Avenue
 St. Augustine FL 32084

Provider Number: 0 316601-00
 Date: 8/22/2013
 Fiscal Year End: 4/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	134.34	101.34	2/1/2007
	Level H: Aids	263.94	230.94	2/1/2007

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 #NH10-006C FYE 4/30/07

Rate Semester Change

On FRV [2] as of 09/01/1987

Distribution:

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No Change in Rate

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Kathy Chudow

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

San Marco Terrace Rehabilitation and Care
 189 San Marco Avenue
 St. Augustine FL 32084

Provider Number: 0 316601-00
 Date: 8/22/2013
 Fiscal Year End: 4/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	134.34	97.01	3/1/2007
	Level H: Aids	263.94	226.61	3/1/2007

Rate Type :

- | | |
|---|---|
| <input checked="" type="checkbox"/> Interim | <input type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input checked="" 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
- Field Audit #NH10-006C FYE 4/30/07**
- Rate Semester Change
- On FRV [2] as of 09/01/1987

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

San Marco Terrace Rehabilitation and Care
 189 San Marco Avenue
 St. Augustine FL 32084

Provider Number: 0 316601-00
 Date: 8/22/2013
 Fiscal Year End: 4/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	135.62	98.30	5/1/2007
	Level H: Aids	265.22	227.90	5/1/2007

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 #NH10-006C FYE 4/30/07**
- Rate Semester Change
- On FRV [2] as of 09/01/1987

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

San Marco Terrace Rehabilitation and Care
 189 San Marco Avenue
 St. Augustine FL 32084

Provider Number: 0 316601-00
 Date: 8/22/2013
 Fiscal Year End: 4/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>140.72</u>	<u>98.89</u>	<u>7/1/2007</u>
	Level H: Aids	<u>272.66</u>	<u>230.83</u>	<u>7/1/2007</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 #NH10-006C FYE 4/30/07**
- Rate Semester Change
- On FRV [2] as of 09/01/1987

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Medicaid Reimbursement Per Diem Rates

San Marco Terrace Rehabilitation and Care
 189 San Marco Avenue
 St. Augustine FL 32084

Provider Number: 0 316601-00
 Date: 8/22/2013
 Fiscal Year End: 4/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	139.75	98.29	1/1/2008
	Level H: Aids	273.75	232.29	1/1/2008

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 #NH10-006C FYE 4/30/07**
- Rate Semester Change
- On FRV [2] as of 09/01/1987

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Medicaid Reimbursement Per Diem Rates

San Marco Terrace Rehabilitation and Care
 189 San Marco Avenue
 St. Augustine FL 32084

Provider Number: 0 316601-00
 Date: 8/22/2013
 Fiscal Year End: 4/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	141.38	99.62	7/1/2008
	Level H: Aids	277.66	235.90	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 #NH10-006C FYE 4/30/07
 Rate Semester Change
 On FRV [2] as of 09/01/1987

Distribution:

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Medicaid Reimbursement Per Diem Rates

San Marco Terrace Rehabilitation and Care
 189 San Marco Avenue
 St. Augustine FL 32084

Provider Number: 0 316601-00
 Date: 8/22/2013
 Fiscal Year End: 4/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	142.68	100.59	1/1/2009
	Level H: Aids	281.03	238.94	1/1/2009

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
 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 #NH10-006C FYE 4/30/07
 Rate Semester Change
 On FRV [2] as of 09/01/1987

Distribution:

Contract Management / Fiscal Agent
 Permanent File
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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

San Marco Terrace Rehabilitation and Care
 189 San Marco Avenue
 St. Augustine FL 32084

Provider Number: 0 316601-00
 Date: 8/22/2013
 Fiscal Year End: 4/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	130.72	92.16	3/1/2009
	Level H: Aids	269.07	230.51	3/1/2009

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
- Field Audit #NH10-006C FYE 4/30/07
- Rate Semester Change
- On FRV [2] as of 09/01/1987

Distribution:

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Medicaid Reimbursement Per Diem Rates

San Marco Terrace Rehabilitation and Care
 189 San Marco Avenue
 St. Augustine FL 32084

Provider Number: 0 316601-00
 Date: 8/22/2013
 Fiscal Year End: 4/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	163.79	119.25	4/1/2009
	Level H: Aids	302.14	257.60	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
 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 #NH10-006C FYE 4/30/07
 Rate Semester Change
 On FRV [2] as of 09/01/1987

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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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Zephyr Haven Health & Rehab Center, Inc.
 38250 A Avenue
 Zephyrhills FL 33542

Provider Number: 0 320391-00
 Date: 10/28/2013
 Fiscal Year End: 2/28/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.80	195.02	1/1/2010
	Level H: Aids	334.72	336.94	1/1/2010

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
 Interest Rate Correction for 1/10 R/S
 Rate Semester Change
 On FRV [2] as of 06/28/1989

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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 602 Courtland Street, Suite 200
 Orlando FL 32804



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 2727 Mahan Drive - Mail Stop 23
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Medicaid Reimbursement Per Diem Rates

Zephyr Haven Health & Rehab Center, Inc.
 38250 A Avenue
 Zephyrhills FL 33542

Provider Number: 0 320391-00
 Date: 10/28/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.94	205.18	7/1/2010
	Level H: Aids	346.28	348.52	7/1/2010

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
 Effects of Interest Rate Correction for 1/10 R/S
 Rate Semester Change
 On FRV [2] as of 06/28/1989

Distribution:

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Medicaid Cost Reimbursement Planning and Finance

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Zephyr Haven Health & Rehab Center, Inc.
 38250 A Avenue
 Zephyrhills FL 33542

Provider Number: 0320391-00
 Date: 10/28/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.38	207.65	1/1/2011
	Level H: Aids	350.24	352.51	1/1/2011

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
- Effects of Interest Rate Correction for 1/10 R/S
- Rate Semester Change
- On FRV [2] as of 06/28/1989

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Medicaid Reimbursement Per Diem Rates

Zephyr Haven Health & Rehab Center, Inc.
 38250 A Avenue
 Zephyrhills FL 33542

Provider Number: 0 320391-00
 Date: 10/28/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.35	200.48	7/1/2011
	Level H: Aids	344.55	346.68	7/1/2011

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
 Effects of Interest Rate Correction for 1/10 R/S
 Rate Semester Change
 On FRV [2] as of 06/28/1989

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Medicaid Reimbursement Per Diem Rates

Zephyr Haven Health & Rehab Center, Inc.
 38250 A Avenue
 Zephyrhills FL 33542

Provider Number: 0 320391-00
 Date: 10/28/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.42	197.60	1/1/2012
	Level H: Aids	343.03	345.21	1/1/2012

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
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- Desk Audit - Prospective portion

Changes:

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Zephyr Haven Health & Rehab Center, Inc.
 38250 A Avenue
 Zephyrhills FL 33542

Provider Number: 0 320391-00
 Date: 10/28/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.13	203.36	7/1/2012
	Level H: Aids	350.34	352.57	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
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- Desk Audit - Prospective portion

Changes:

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- Usual and Customary Limitation
- Target Rate limitation change
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 38250 A Avenue
 Zephyrhills FL 33542

Provider Number: 0 320391-00
 Date: 10/28/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.23	199.46	1/1/2013
	Level H: Aids	348.04	350.27	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:

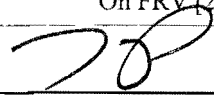
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

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- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
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 Zephyrhills FL 33542

Provider Number: 0 320391-00
 Date: 10/28/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	201.88	204.16	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
- Effects of Interest Rate Correction for 1/10 R/S
- Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Sunbelt Health & Rehab Center - Apopka, Inc.
 305 E. Oak Street
 Apopka FL 32703

Provider Number: 0 320412-00
 Date: 10/28/2013
 Fiscal Year End: 7/31/2009
 Audit Status: Revised Field Audit [5]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	197.11	199.12	7/1/2010
	Level H: Aids	340.45	342.46	7/1/2010

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
- Interest Rate Correction for 7/10 R/S
- Rate Semester Change
- On FRV [2] as of 02/09/1993

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Medicaid Reimbursement Per Diem Rates

Sunbelt Health & Rehab Center - Apopka, Inc.
 305 E. Oak Street
 Apopka FL 32703

Provider Number: 0 320412-00
 Date: 10/28/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.53	204.57	1/1/2011
	Level H: Aids	347.39	349.43	1/1/2011

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
- Effects of Interest Rate Correction for 7/10 R/S
- Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Sunbelt Health & Rehab Center - Apopka, Inc.
 305 E. Oak Street
 Apopka FL 32703

Provider Number: 0 320412-00
 Date: 10/28/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.96	197.88	7/1/2011
	Level H: Aids	342.16	344.08	7/1/2011

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
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- Rate Semester Change
- On FRV [2] as of 02/09/1993

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Medicaid Reimbursement Per Diem Rates

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 305 E. Oak Street
 Apopka FL 32703

Provider Number: 0 320412-00
 Date: 10/28/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.21	200.14	1/1/2012
	Level H: Aids	345.82	347.75	1/1/2012

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
- Effects of Interest Rate Correction for 7/10 R/S
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Sunbelt Health & Rehab Center - Apopka, Inc.
 305 E. Oak Street
 Apopka FL 32703

Provider Number: 0 320412-00
 Date: 10/28/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.32</u>	<u>204.30</u>	<u>7/1/2012</u>
	Level H: Aids	<u>351.53</u>	<u>353.51</u>	<u>7/1/2012</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:

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- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Interest Rate Correction for 7/10 R/S**
- Rate Semester Change
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 305 E. Oak Street
 Apopka FL 32703

Provider Number: 0 320412-00
 Date: 10/28/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.68	206.67	1/1/2013
	Level H: Aids	355.49	357.48	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
- Effects of Interest Rate Correction for 7/10 R/S
- Rate Semester Change
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 305 E. Oak Street
 Apopka FL 32703

Provider Number: 0 320412-00
 Date: 10/28/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.95	207.98	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
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- Desk Audit - Prospective portion

Changes:

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- Target Rate limitation change
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Medicaid Reimbursement Per Diem Rates

East Orlando Health & Rehab Center, Inc.
 250 S. Chickasaw Trail
 Orlando FL 32825

Provider Number: 0 320421-00
 Date: 10/25/2013
 Fiscal Year End: 7/31/2009
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.09	225.61	7/1/2010
	Level H: Aids	367.43	368.95	7/1/2010

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:

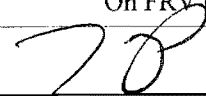
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
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- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Interest Rate Correction for 7/10 Rate Semester
- Rate Semester Change
- On FRV [2] as of 02/08/1993

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Medicaid Reimbursement Per Diem Rates

East Orlando Health & Rehab Center, Inc.
 250 S. Chickasaw Trail
 Orlando FL 32825

Provider Number: 0320421-00
 Date: 10/25/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	227.81	229.38	1/1/2011
	Level H: Aids	372.67	374.24	1/1/2011

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:

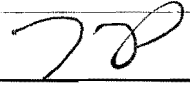
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- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

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- Usual and Customary Limitation
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Medicaid Reimbursement Per Diem Rates

East Orlando Health & Rehab Center, Inc.
 250 S. Chickasaw Trail
 Orlando FL 32825

Provider Number: 0 320421-00
 Date: 10/25/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.40	220.88	7/1/2011
	Level H: Aids	365.60	367.08	7/1/2011

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
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- Field audit - interim portion
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- Desk Audit - Prospective portion

Changes:

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- Rate Semester Change
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East Orlando Health & Rehab Center, Inc.
 250 S. Chickasaw Trail
 Orlando FL 32825

Provider Number: 0 320421-00
 Date: 10/25/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	220.62	222.10	1/1/2012
	Level H: Aids	368.23	369.71	1/1/2012

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:

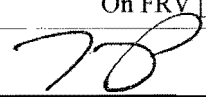
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Interest Rate Correction for 7/10 RS**
- Rate Semester Change
- On FRV [2] as of 02/08/1993

Distribution:

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- No Change in Rate


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Sunbelt Health Care Centers, Inc.
 Kevin Sadler
 602 Courtland Street
 Orlando FL 32804



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

East Orlando Health & Rehab Center, Inc.
 250 S. Chickasaw Trail
 Orlando FL 32825

Provider Number: 0 320421-00
 Date: 10/25/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	227.73	229.26	7/1/2012
	Level H: Aids	376.94	378.47	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:

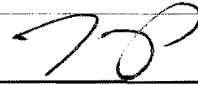
- Budget
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Changes:

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Medicaid Reimbursement Per Diem Rates

East Orlando Health & Rehab Center, Inc.
 250 S. Chickasaw Trail
 Orlando FL 32825

Provider Number: 0 320421-00
 Date: 10/25/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	230.50	232.04	1/1/2013
	Level H: Aids	381.31	382.85	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
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- Desk Audit - Prospective portion

Changes:

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Medicaid Reimbursement Per Diem Rates

East Orlando Health & Rehab Center, Inc.
 250 S. Chickasaw Trail
 Orlando FL 32825

Provider Number: 0 320421-00
 Date: 10/25/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	232.25	233.86	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
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Changes:

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Medicaid Reimbursement Per Diem Rates

Moosehaven, Inc.
 1701 Park Avenue
 Orange Park FL 32073

Provider Number: 0 326011-00
 Date: 9/6/2013
 Fiscal Year End: 4/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	182.14	180.87	4/17/2008
	Level H: Aids	316.14	314.87	4/17/2008

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 NH12- 006L FYE 4/30/2009

Rate Semester Change

On FRV [2] as of 04/17/2008

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Moosehaven, Inc.
 1701 Park Avenue
 Orange Park FL 32073

Provider Number: 0 326011-00
 Date: 9/6/2013
 Fiscal Year End: 4/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	183.38	182.10	7/1/2008
	Level H: Aids	319.66	318.38	7/1/2008

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
- Field Audit NH12- 006L FYE 4/30/2009**
- Rate Semester Change
- On FRV [2] as of 04/17/2008

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Home Office:

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Moosehaven, Inc.
 1701 Park Avenue
 Orange Park FL 32073

Provider Number: 0 326011-00
 Date: 9/6/2013
 Fiscal Year End: 4/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	182.61	181.38	1/1/2009
	Level H: Aids	320.96	319.73	1/1/2009

Rate Type :

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

Basis:

- Budget
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Changes:

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- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH12- 006L FYE 4/30/2009
- Rate Semester Change
- On FRV [2] as of 04/17/2008

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 1701 Park Avenue
 Orange Park FL 32073

Provider Number: 0 326011-00
 Date: 9/6/2013
 Fiscal Year End: 4/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	167.31	166.18	3/1/2009
	Level H: Aids	305.66	304.53	3/1/2009

Rate Type :

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

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Changes:

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Provider Number: 0 326011-00
 Date: 9/6/2013
 Fiscal Year End: 4/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.45	196.14	4/1/2009
	Level H: Aids	335.80	334.49	4/1/2009

Rate Type :

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

Basis:

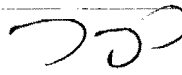
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Changes:

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Provider Number: 0 326011-00
 Date: 9/6/2013
 Fiscal Year End: 4/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.66	200.36	5/1/2009
	Level H: Aids	340.01	338.71	5/1/2009

Rate Type :

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

Basis:

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Provider Number: 0 326011-00
 Date: 9/6/2013
 Fiscal Year End: 4/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.02	204.72	7/1/2009
	Level H: Aids	346.37	345.07	7/1/2009

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

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Provider Number: 0 326011-00
 Date: 9/6/2013
 Fiscal Year End: 4/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.44	206.13	1/1/2010
	Level H: Aids	349.36	348.05	1/1/2010

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
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Basis:

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Provider Number: 0 326011-00
 Date: 9/6/2013
 Fiscal Year End: 4/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.61	205.31	7/1/2010
	Level H: Aids	349.95	348.65	7/1/2010

Rate Type :

- | | |
|---|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
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