

RICK SCOTT GOVERNOR ELIZABETH DUDEK SECRETARY

#### MEMORANDUM

**Date:** October 28, 2013

To: Gay Munyon, Bureau Chief, Medicaid Contract Management

From: Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement

Subject: Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

	Provider Name	Provider Number	Number of Rate Change Notices
1.	The Health Center of Plant City	0 030484-00	1
2.	The Rohr Home	0 202533-00	2
3.	Pines of Sarasota	0 202703-00	1
4.	Miracle Hill Nursing and Convalescent Center	0 202941-00	5
5.	Taylor Home for The Aged, Inc	0 204536-00	12
6.	Hardee Manor Healthcare Center	0 211435-00	2
7.	The Manor At Blue Water Bay	0 226041-00	3
8.	The Health Center of Lake City	0 226173-00	3
9.	Royal Oak Nusing Center	0 228575-00	1
10.	The Health Center of Daytona Beach	0 229091-00	3
11.	Orchard Ridge Care & Rehabilitation Center	0 252689-00	1
12.	The Park Summit at Coral Springs	0 254134-00	2
13.	Surrey Place Covalescent Center of Bradenton	0 256277-00	3
14.	Clifford Chester Sims State Veterans' Nursing Home	0 264491-00	2
15.	Douglas Jacobson State Veterans' Nursing Home	0 269492-00	2
		Total	43

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

TP/ab Attachments



		Single Level	Level H: AIDS	Single Level	Single Level		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
003048400	20130101	235.33	386.14	235.33	235.33	74224-13	
020253300	20110701	227.71	373.91	227.71	227.71	74224-13	NH12-067W
020253300	20120101	229.86	377.47	229.86	229.86	74224-13	NH12-067W
020270300	20130701	255.25	0.00	255.25	255.25	74224-13	
020294100	20080101	160.59	294.59	160.59	160.59	74224-13	NH09-101L
020294100	20080701	162.08	298.36	162.08	162.08	74224-13	NH09-101L
020294100	20090101	162.92	301.27	162.92	162.92	74224-13	NH09-101L
020294100	20090301	149.26	287.61	149.26	149.26	74224-13	NH09-101L
020294100	20090401	186.03	324.38	186.03	186.03	74224-13	NH09-101L
020453600	20070101	169.74	299.34	169.74	169.74	74224-13	NH11-098L
020453600	20070701	192.23	324.17	192.23	192.23	74224-13	NH11-098L
020453600	20080101	190.54	324.54	190.54	190.54	74224-13	NH11-098L
020453600	20080701	188.46	324.74	188.46	188.46	74224-13	NH11-098L
020453600	20090101	190.65	329.00	190.65	190.65	74224-13	NH11-098L
020453600	20090301	174.67	313.02	174.67	174.67	74224-13	NH11-098L
020453600	20090401	205.95	344.30	205.95	205.95	74224-13	NH11-098L
020453600	20090701	207.06	347.41	207.06	207.06	74224-13	NH11-098L
020453600	20100701	201.08	344.42	201.08	201.08	74224-13	NH11-098L
020453600	20110101	204.01	348.87	204.01	204.01	74224-13	NH11-098L
020453600	20110701	205.68	351.88	205.68	205.68	74224-13	NH11-098L
020453600	20120701	212.50	361.71	212.50	212.50	74224-13	NH11-098L
021143500	20130101	191.30	342.11	191.30	191.30	74224-13	
021143500	20130701	196.36	0.00	196.36	196.36	74224-13	
022604100	20070101	161.77	291.37	161.77	161.77	74224-13	NH03-206J
022604100	20070201	166.26	295.86	166.26	166.26	74224-13	NH03-206J
022604100	20070301	161.77	291.37	161.77	161.77	74224-13	NH03-206J
022617300	20070101	161.73	291.33	161.73	161.73	74224-13	NH03-203J
022617300	20070201	163.73	293.33	163.73	163.73	74224-13	NH03- 203J
022617300	20070301	161.73	291.33	161.73	161.73	74224-13	NH03-203J
022857500	20130101	200.74	351.55	200.74	200.74	74224-13	
022909100	20070101	174.21	303.81	174.21	174.21	74224-13	NH03- 208J
022909100	20070201	175.83	305.43	175.83	175.83	74224-13	NH03- 208J
022909100	20070301	174.21	303.81	174.21	174.21	74224-13	NH03- 208J
025268900	20130701	214.71	0.00	214.71	214.71	74224-13	
025413400	20070701	203.45	335.39	203.45	203.45	74224-13	NH10 - 053W
025413400	20080101	200.91	334.91	200.91	200.91	74224-13	NH10 - 053W
025627700	20070101	171.43	301.03	171.43	171.43	74224-13	NH06-162C
025627700	20070201	174.55	304.15	174.55	174.55	74224-13	NH06-162C
025627700	20070301	171.43	301.03	171.43	171.43	74224-13	NH06-162C
026449100	20090701	200.53	340.88	200.53	200.53	74224-13	NH11-053L
026449100	20100101	200.30	342.22	200.30	200.30	74224-13	NH11-053L
026949200	20090701	208.89	349.24	208.89	208.89	74224-13	NH11-057L
026949200	20100101	209.57	351.49	209.57	209.57	74224-13	NH11-057L



The Health Center of	Plant City		Provider Number:	0 030484-00
701 North Wilder Ro	ad		Date:	10/3/2013
Plant City FL 33566			Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
<b>Provider Type:</b>				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	235.64	235.33	1/1/2013
	Level H: Aids	386.45	386.14	1/1/2013

Interim		X Prospective
Te	otal Interim	Total Prospective
In	terim Component	Prospective Adjusted for New Costs
X Se	ttlement based on costs	Total Prospective with Interim Component
Pr	or Provider Prospective data	
Basis:		Changes:
Budget		Licensure Rating Change
X Unaudited co	sts	Usual and Customary Limitation
Field audited	costs	Target Rate limitation change
Field audit -	interim portion	FRVS Change
Desk audited		X Rating Days Correction for 1/13 Rate Semester
	Interim Portion	Rate Semester Change
	Prospective portion	On FRV [2] as of 10/01/2000
<u>Distribution:</u>		Thomas Parker
Contract Managen	nent / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File		medicard cost reminutoment i ianning and i manoe
For information	tion Only	
No Change	in Rate	
Home Office:	1 - No Home Office	
nome onice.	;	



#### Medicaid Reimbursement Per Diem Rates

The Rohr Home			Provider Number:	0 202533-00
2120 Marshall Edwards Drive			Date:	10/16/2013
Bartow FL 33830			Fiscal Year End:	9/30/2010
			Audit Status:	Field Audited [2]
Provider Type:				
		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		232.16		7/1/2011
Level H: Aids	• •	378.36	373.91	7/1/2011
Rate Type :	A			annan annan annan a marainn a marainn a
Interim	X	Prospecti	ve	
Total Interim		X	Total Prospective	
Interim Component			Prospective Adjusted f	
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				<ul> <li>A 12</li></ul>
Basis:	Change	s:		
Budget	, ,	Licensur	e Rating Change	
Unaudited costs			d Customary Limitation	n
X Field audited costs		FRVS C	ate limitation change	
Field audit - interim portion Desk audited costs			nange adit NH12-067W FYE	00/20/2010
Desk audit - Interim Portion	<u> </u>		nester Change	09/30/2010
Desk Audit - Prospective portion			[2] as of 01/01/1989	
Distribution:		M	Thomas Parker	
Contract Management / Fiscal Agent	<u></u>	Ledicaid Cos	t Reimbursement Plann	ing and Finance
Permanent File	1*	icultura Cos	a remioursement i tam	ing and I manee
For information Only				
No Change in Rate				
Home Office: I - No Home Office		A NOT OF A		

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# Medicaid Reimbursement Per Diem Rates

	Date:	10/16/2013
	Fiscal Year End:	9/30/2010
	Audit Status:	Field Audited [2]
Current	New	Effective
		Date
		1/1/2012
381.97	377.47	1/1/2012
	-	
	• •	
To	tal Prospective with	n Interim Component
nges:		
Licensure R	lating Change	
Usual and C	Customary Limitatio	n
Target Rate	limitation change	
FRVS Char	nge	
		2 09/30/2010
	as of 01/01/1989	
' M	Thomas Parker	
-20		ning and Finance
moulould Cost R	ennoursement i lau	and and i manee
	Rate         234.36         381.97         381.97         X       Prospective         X       To         Prime       To         Inges:       Iticensure R         Usual and O       Target Rate         FRVS Char       Field Audit         Rate Semes       On FRV [2]	Audit Status:         Current Rate       New Rate         234.36       229.86         381.97       377.47         X       Prospective         X       Total Prospective         Prospective       Prospective Adjusted         Total Prospective with       Total Prospective adjusted         Imges:       Licensure Rating Change         Usual and Customary Limitation       Target Rate limitation change         FRVS Change       FRVS Change

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	Date:	10/1/2013
	Fiscal Year End:	7/31/2012
-	Audit Status:	Unaudited [3]
Current	New	Effective
Rate	Rate	Date
257.20	255.25	7/1/2013
	Current Rate	Fiscal Year End: Audit Status: Current New Rate Rate

Interim		X	Prospec	tive	
	otal Interim		X	Total Prospective	
	terim Component			Prospective Adjusted for New Costs	
	ttlement based on costs			_ Total Prospective with Interim Component	
Pr	ior Provider Prospective data				
Basis:		Changes:			
Budget			Licens	ure Rating Change	
X Unaudited costs			Usual and Customary Limitation		
Field audited costs			Target Rate limitation change		
Field audit -	interim portion		FRVS Change		
Desk audited		X Retro for 7/13 using FYE 07/31/12 C/R			
	Interim Portion			emester Change	
	Prospective portion		Onre	V [2] as of 10/01/1985	
<u>istribution:</u>			7-	Thomas Parker	
ontract Managen	nent / Fiscal Agent	Med	ticaid Co	ost Reimbursement Planning and Finance	
ermanent File					
For informa	tion Only				
No Change	in Rate				
ome Office:	1 - No Home Office				



IRACLE HILL NURSING AND CONVALESCENT (	F	Provider Number:	0 202941-00	
29 ABRAHAM STREET		Date:	9/4/2013	
Ilahassee FL 32304	1	Fiscal Year End:	6/30/2007	
		Audit Status:	Field Audited [2]	
rovider Type:		N		
	Current Rate	New Rate	Effective Date	
ursing Home Single Level	166.97	160.59	1/1/2008	
Level H: Aids	300.97	294.59	1/1/2008	
Rate Type :				
Interim	X Prospective			
Total Interim		al Prospective		
Interim Component		spective Adjusted	for New Costs	
Settlement based on costs	Tot	al Prospective with	Interim Component	
Prior Provider Prospective data				
Basis: Ch	anges:			
Budget	Licensure Ra	ting Change		
Unaudited costs		istomary Limitatio	n	
X Field audited costs		imitation change		
Field audit - interim portion	FRVS Chang	ge		
Desk audited costs		#NH09-101L FYI	E 6/30/2007	
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Change On FRV [2] as of 10/01/1985			
Distribution:	$\neg $	Thomas Parker		
Contract Management / Fiscal Agent	<u> </u>		·	
Permanent File	Medicaid Cost Re	impursement Plani	ing and Finance	
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office	Annone A	]		
Home Office: 1 - No Home Office	5000 /	3		



MIRACLE HILL NU	RSING AND CONVALESCENT (		Provider Number:	0 202941-00
1329 ABRAHAM ST	REET		Date:	9/4/2013
Tallahassee FL 32304	4		Fiscal Year End:	6/30/2007
			Audit Status:	Field Audited [2]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>168.50</u>	162.08	7/1/2008
	T .17T 473			<b>.</b>
	Level H: Aids	304.78		7/1/2008

Interim		X	Prospective		
To	al Interim		X Total Prospective		
Interim Component Settlement based on costs			Prospective Adjusted for New Costs		
			Total Prospective with Interim Component		
Prie	or Provider Prospective data				
Basis:		Change	25:		
Budget		-	Licensure Rating Change		
Unaudited cos			Usual and Customary Limitation		
<b>X</b> Field audited	costs	1	Target Rate limitation change		
Field audit - interim portion		FRVS Change			
Desk audited		X Field Audit #NH09-101L FYE 6/30/2007			
Desk audit - In	respective portion	r	Rate Semester Change       On FRV [2] as of 10/01/1985		
Distribution:			$\neg \mathcal{D}$		
Contract Managem	ent / Fiscal Agent		Thomas Parker		
Permanent File		1	Medicaid Cost Reimbursement Planning and Finance		
For informati	on Only				
	-				
No Change i	n Rate				
Home Office:	1 - No Home Office				



MIRACLE HILL NUR	SING AND CONVALESCENT (			Provider Number:	0 202941-00
1329 ABRAHAM STR	EET			Date:	9/4/2013
Tallahassee FL 32304				Fiscal Year End:	6/30/2007
				Audit Status:	Field Audited [2]
Provider Type:					
			Current	New	Effective
N	Circula I and		Rate	Rate	Date
Nursing Home	Single Level		169.33	162.92	1/1/2009
	Level H: Aids	_	307.68	301.27	1/1/2009
Int	tal Interim erim Component	<u> </u>		e Total Prospective Prospective Adjusted f Total Prospective with	
	tlement based on costs or Provider Prospective data			rotar riospective with	interim Component
Basis:		Changes:	1		
	н 		<b></b>		
Budget			-	e Rating Change	
Unaudited cos X Field audited				d Customary Limitation ate limitation change	n
	nterim portion		FRVS Ch	-	
Desk audited Desk audit - In	costs	<u> </u>	Field Au Rate Sem	dit #NH09-101L FYE ester Change [2] as of 10/01/1985	6/30/2007
Distribution:		$\sim$	P	Thomas Parker	A de Vermanne et Management et en europe a contractement Management et
Contract Managem	ent / Fiscal Agent		dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File					
For informati	-				
No Change i	n Rate				
Home Office:	1 - No Home Office	· · · · · · · · · · · · · · · · · · ·		,	
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#### Medicaid Reimbursement Per Diem Rates

RACLE HILL NURSING AND CONVALESCENT (		Provider Number:	0 202941-00
29 ABRAHAM STREET		Date:	9/4/2013
lahassee FL 32304		Fiscal Year End:	6/30/2007
		Audit Status:	Field Audited [2]
ovider Type:			
	Current	New	Effective
	Rate	Rate	Date
arsing Home Single Level	155.13		3/1/2009
Level H: Aids	293.48	287.61	3/1/2009
Rate Type :			
Interim	X Prospective	2	
Total Interim		- Fotal Prospective	
Interim Component	*******	Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		-	-
Basis:	Changes:		
Budget		Rating Change	
Unaudited costs X Field audited costs		Customary Limitatio te limitation change	n
Field audited costs	FRVS Ch	•	
Desk audited costs		lit #NH09-101L FYH	E 6/30/2007
Desk audit - Interim Portion		ester Change	
Desk Audit - Prospective portion	On FRV [	2] as of 10/01/1985	
Distribution:	76	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plann	ning and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office			
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RACLE HILL NURSING AND CONVALESCENT (			Provider Number:	0 202941-00
29 ABRAHAM STREET			Date:	9/4/2013
llahassee FL 32304			Fiscal Year End:	6/30/2007
			Audit Status:	Field Audited [2]
ovider Type:				
		Current	New	Effective
		Rate	Rate	Date
Irsing Home Single Level		192.84	186.03	4/1/2009
Level H: Aids		331.19	324.38	4/1/2009
	v z synthesisten a			·
Rate Type :				
Interim	<u> </u>	Prospectiv		
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted	
Settlement based on costs			Total Prospective with	i Interim Component
Prior Provider Prospective data				
Basis:	Change	s:		
Budget		Licensure	Rating Change	
Unaudited costs			l Customary Limitatio	n
X Field audited costs		Target Ra	te limitation change	
Field audit - interim portion		FRVS Ch	ange	
Desk audited costs	X		dit #NH09-101L FYI	E 6/30/2007
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion		On FRV	2] as of 10/01/1985	
Distribution:	•	10-	Thomas Parker	
Contract Management / Fiscal Agent	N	fedicaid Cost	Reimbursement Plan	ning and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office		the second		



## Medicaid Reimbursement Per Diem Rates

	OR THE AGED, INC.	_		Provider Number:	0 204536-00
3937 Spring Park Ro				Date:	9/25/2013
acksonville FL 322(	<i>37</i>			Fiscal Year End:	8/31/2006
				Audit Status:	Field Audited [2]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	171.66	169.74	1/1/2007
	Level H: Aids		301.26	299.34	1/1/2007
Rate Type :	Fotal Interim	<u> </u>	Prospectiv X	e Total Prospective	
1	interim Component			Prospective Adjusted f	
	bettlement based on costs			Total Prospective with	Interim Component
P	Prior Provider Prospective data				an o array and a second se
Basis:		Changes			
Budget	1	1	Licensure	Rating Change	
Unaudited of				Customary Limitation	1
X Field audite			-	te limitation change	
	- interim portion		FRVS Ch	-	0 (04 (0.7
Desk audite Desk audit -	d costs Interim Portion	<u> </u>		lit #NH11-098L FYE ester Change	8/31/00
	- Prospective portion			2] as of 10/01/1985	
<b>Distribution</b> :			$\mathcal{A}$	Thomas Parker	
Contract Manage	ment / Fiscal Agent		Jingid Cast		ing and Fingman
Permanent File For inform	ation Only	Ме	uicaiu Cost	Reimbursement Plann	ing and r mance
No Change	·				
		_			
Home Office:	Taylor Foundation Services	i, Inc.			
	James T. Price 6601 Chester Avenue				

Jacksonville FL 32217



TAYLOR HOME FOR THE AGED, INC.		Provider Number:	0 204536-00
3937 Spring Park Road		Date:	9/25/2013
acksonville FL 32207		Fiscal Year End:	8/31/2006
		Audit Status:	Field Audited [2]
Provider Type:			
	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>194.25</u>	<u> </u>	7/1/2007
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Level H: Aids	326.19	324.17	7/1/2007
Rate Type :	· · · · · · · · · · · · · · · · · · ·		
Interim	X Prospective		
Total Interim	*	otal Prospective	
Interim Component		rospective Adjusted f	or New Costs
Settlement based on costs	T	otal Prospective with	Interim Component
Prior Provider Prospective data			
Basis: C	hanges:		
Budget	Licensure l	Rating Change	
Unaudited costs		Customary Limitation	l
X Field audited costs		e limitation change	
Field audit - interim portion	FRVS Cha	e	
Desk audited costs Desk audit - Interim Portion	X Field Audi Rate Semes	t #NH11-098L FYE	8/31/06
Desk Audit - Prospective portion		as of 10/01/1985	
Distribution:	R	-	
Contract Management / Fiscal Agent	10	Thomas Parker	
Permanent File	Medicaid Cost R	eimbursement Planni	ing and Finance
For information Only			
No Change in Rate			
Home Office: I aylor Foundation Services, Inc. James T. Price		i	
6601 Chester Avenue		!	
Jacksonville FL 32217			



### Medicaid Reimbursement Per Diem Rates

AYLOR HOME FOR	THE AGED, INC.			Provider Number:	0 204536-00
937 Spring Park Road	· · · · · ·			Date:	9/25/2013
acksonville FL 32207				Fiscal Year End:	8/31/2006
				Audit Status:	Field Audited [2]
Provider Type:				Audit Status:	
riovider Type.			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	-	192.54		1/1/2008
	Level H: Aids		326.54	324.54	1/1/2008
	Level II. Adds		520.34		1/1/2008
Rate Type :					<b>F</b>
			D d		
Interim	tal Interim	X	Prospective X	e Total Prospective	
	erim Component			Prospective Adjusted f	or New Costs
	tlement based on costs			Total Prospective with	
	or Provider Prospective data				<b>r</b>
Basis:		Changes	:		
		ļ			
Budget				Rating Change	
Unaudited cos X Field audited				Customary Limitation te limitation change	<u>l</u>
	nterim portion		- FRVS Ch	-	
Pield audit - 1 Desk audited	-	X		lit #NH11-098L FYE	8/31/06
Desk audit - In		¥	-	ester Change	
Desk Audit - I	Prospective portion		On FRV [	2] as of 10/01/1985	
Distribution:			26	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Me	edicaid Cost	Reimbursement Planni	ng and Finance
Permanent File					-
For informati					
No Change in	n Rate				
Home Office:	Taylor Foundation Services, In	ic.		i	
	James T. Price			i !	
	6601 Chester Avenue			1	

Jacksonville FL 32217



TAYLOR HOME FO	DR THE AGED, INC.		Provider Number:	0 204536-00
3937 Spring Park Ro			Date:	9/25/2013
Jacksonville FL 3220	7		Fiscal Year End:	8/31/2007
	•		Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	188.36	188.46	7/1/2008
	Level H: Aids	324.64	324.74	7/1/2008

Rate Type :				
Interim		X	Prospectiv	e
T	otal Interim		<b>X</b> . 7	Total Prospective
Iı	nterim Component			Prospective Adjusted for New Costs
S	ettlement based on costs			Total Prospective with Interim Component
P	rior Provider Prospective data			
Basis:		Changes:		
Budget			Licensure	Rating Change
X Unaudited c	osts			Customary Limitation
Field audite	d costs		Target Ra	te limitation change
Field audit -	interim portion		FRVS Ch	ange
Desk audited		<u> </u>		Field Audit #NH11-098L FYE 8/31/06
	Interim Portion			ester Change
	Prospective portion		On FRV [	2] as of 10/01/1985
<b>Distribution:</b>		- ).	イノ	Thomas Parker
Contract Manager	nent / Fiscal Agent	Med	icaid Cost	Reimbursement Planning and Finance
Permanent File		IVICU	icald Cost	Reinburschicht i faining and i filance
For informa	tion Only			
No Change	in Rate			
Home Office:	Taylor Foundation Services, I	nc.		
	James T. Price			
	6601 Chester Avenue			
	Jacksonville FL 32217			



	Provider Number:	0 204536-00
	Date:	9/25/2013
	Fiscal Year End:	8/31/2008
	Audit Status:	Unaudited [3]
Current	New	Effective
Rate	Rate	Date
190.40	190.65	1/1/2009
328.75	329.00	1/1/2009
	Rate	Date: Fiscal Year End: Audit Status: Current New Rate Rate 190.40 190.65

Interim		X	Prospec	tive
To	tal Interim		X	Total Prospective
Int	erim Component			Prospective Adjusted for New Costs
Se	ttlement based on costs			Total Prospective with Interim Component
Pri	or Provider Prospective data			
Basis:		Changes:	]	
Budget			Licensu	ure Rating Change
X Unaudited co				and Customary Limitation
Field audited			-	Rate limitation change
	nterim portion	FRVS Change		6
Desk audited		X Effects of Field Audit #NH11-098L FYE 8/31		
	nterim Portion Prospective portion			mester Change { [2] as of 10/01/1985
Distribution:			P	Thomas Parker
Contract Managem	ent / Fiscal Agent	Med	licaid Co	est Reimbursement Planning and Finance
Permanent File				
For information	ion Only			
No Change i	n Rate			
Home Office:	Taylor Foundation Services, Ind	C.		
	James T. Price 6601 Chester Avenue			
	Jacksonville FL 32217			



TAYLOR HOME FO	DR THE AGED, INC.		Provider Number:	0 204536-00
3937 Spring Park Ro		· · ·	Date:	9/25/2013
Jacksonville FL 3220	)7		Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	174.44	174.67	3/1/2009
	Level H: Aids	312.79	313.02	3/1/2009

Rate Type :			
Interim		X	Prospective
T	otal Interim		X Total Prospective
Ir	iterim Component		Prospective Adjusted for New Costs
Se	ettlement based on costs		Total Prospective with Interim Component
Pr	ior Provider Prospective data		
Basis:		Changes	:
Budget			Licensure Rating Change
X Unaudited co	osts		Usual and Customary Limitation
Field audited	l costs		Target Rate limitation change
Field audit -	interim portion		FRVS Change
Desk audited	costs	X	Effects of Field Audit #NH11-098L FYE 8/31/06
	Interim Portion		Rate Semester Change
Desk Audit -	Prospective portion	_	On FRV [2] as of 10/01/1985
Distribution:			Thomas Parker
Contract Managen	nent / Fiscal Agent		edicaid Cost Reimbursement Planning and Finance
Permanent File			
For information	tion Only		
No Change	in Rate		
Home Office:	Taylor Foundation Services, Inc.		
	James T. Price		
	6601 Chester Avenue		:
	Jacksonville FL 32217		



TAYLOR HOME FO	OR THE AGED, INC.		Provider Number:	0 204536-00
3937 Spring Park Ro	ad	•	Date:	9/25/2013
Jacksonville FL 3220	)7		Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.68	205.95	4/1/2009
	Level H: Aids	344.03	344.30	4/1/2009

Interim		Х	Prospect	live
Т	otal Interim		x	Total Prospective
Iı	nterim Component			Prospective Adjusted for New Costs
	ettlement based on costs			Total Prospective with Interim Component
P	rior Provider Prospective data			
Basis:		Changes:		
Budget			Licensu	re Rating Change
X Unaudited c	osts			nd Customary Limitation
Field audite	d costs	· · · · · · · · · · · · · · · · · · ·	•	Rate limitation change
Field audit -	interim portion		FRVS (	Change
Desk audited		X	Effects	of Field Audit #NH11-098L FYE 8/31/06
	Interim Portion			mester Change
Desk Audit -	Prospective portion	I	On FRV	[2] as of 10/01/1985
Distribution:		7	1-	/ Thomas Parker
Contract Manager	nent / Fiscal Agent		$\underline{\mathcal{O}}$	
Permanent File	2	Med	icaid Co	st Reimbursement Planning and Finance
For informa	tion Only			
	•			
No Change	in kale			
Home Office:	Taylor Foundation Services, Inc	c.		
	James T. Price			
	6601 Chester Avenue			
	Jacksonville FL 32217			



TAYLOR HOME FO	OR THE AGED, INC.		Provider Number:	0 204536-00
3937 Spring Park Roa		_	Date:	9/25/2013
Jacksonville FL 3220	7		Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
<b>Provider Type:</b>				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.80	207.06	7/1/2009
	Level H: Aids	347.15	347.41	7/1/2009

Interim		X Pros	spective	
	otal Interim		-	tal Prospective
In	terim Component			ospective Adjusted for New Costs
	ttlement based on costs			tal Prospective with Interim Component
Pr	or Provider Prospective data	_		
Basis:	,	Changes:		
Budget		Lic	ensure Ra	ating Change
X Unaudited co	sts			ustomary Limitation
Field audited	costs	Tai	get Rate	limitation change
Field audit -	interim portion	F <b>R</b>	VS Chang	ge
Desk audited	costs	X Eff	ects of Fi	ield Audit #NH11-098L FYE 8/31/06
	nterim Portion			er Change
Desk Audit -	Prospective portion	On	FRV [2] ;	as of 10/01/1985
Distribution:		71	$\langle \cdot \rangle_1$	Thomas Parker
Contract Managem	ent / Fiscal Agent		Cost Do	imbursement Planning and Finance
Permanent File		Medical	I COSI RE	inibursement Flaming and Finance
For informat	ion Only			
No Change	•			
Home Office:	Taylor Foundation Services, I	nc.		
nome onnee.	James T. Price			
	6601 Chester Avenue			



TAYLOR HOME FOR 3937 Spring Park Road			Provider Number:	0 204536-00
Jacksonville FL 32207			Date: Fiscal Year End:	9/25/2013 8/31/2009
Provider Type:			Audit Status:	Unaudited [3]
riovaer rype.		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.81	201.08	7/1/2010
-	Level H: Aids	344.15	344.42	7/1/2010
		• •		
Rate Type :				
Interim		X Prospective		
	al Interim		otal Prospective	
	rim Component		ospective Adjusted f	
	lement based on costs or Provider Prospective data	10	otal Prospective with	Interim Component
Basis:	Ch	anges:		
		Liconsum D	lating Change	
Budget X Unaudited cos	to		Customary Limitation	•
Field audited of			limitation change	1
Field audit - ir		FRVS Char	•	
Desk audited c		X Effects of F	` ield Audit #NH11-	098L FYE 8/31/06
Desk audit - In	terim Portion	Rate Semes		
Desk Audit - P	rospective portion	On FRV [2]	as of 10/01/1985	
Distribution:		76	Thomas Parker	
Contract Manageme	ent / Fiscal Agent –	Medicaid Cost R	eimbursement Plann	ing and Finance
Permanent File				
For information	•			
No Change in	Rate			
Home Office:	Taylor Foundation Services, Inc.			
-ionio omoo.	James T. Price		1	
	6601 Chester Avenue		,	
	Jacksonville FL 32217		i	



TAYLOR HOME FO	OR THE AGED, INC.		Provider Number:	0 204536-00
3937 Spring Park Ro	ad		Date:	9/25/2013
Jacksonville FL 3220	)7		Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
Provider Type:	·			
		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	203.73	204.01	1/1/2011
	Level H: Aids	348.59	348.87	1/1/2011

Interim		X Prosp	ective
Total	Interim	X	Total Prospective
Inter	m Component		Prospective Adjusted for New Costs
Settle	ment based on costs		Total Prospective with Interim Component
Prior	Provider Prospective data		
Basis:		Changes:	
Budget		Licer	nsure Rating Change
X Unaudited costs			l and Customary Limitation
Field audited co			et Rate limitation change
Field audit - inte	-		S Change
Desk audited co			ts of Field Audit #NH11-098L FYE 8/31/06
Desk audit - Inte	spective portion		Semester Change RV [2] as of 10/01/1985
Distribution:			7
		- 70	Thomas Parker
Contract Managemen	t / Fiscal Agent	Medicaid	Cost Reimbursement Planning and Finance
Permanent File			-
For information	Only		
No Change in I	Rate		
Home Office:	Taylor Foundation Services, In	C	
	James T. Price		
	6601 Chester Avenue		
	Jacksonville FL 32217		



TAYLOR HOME FO	OR THE AGED, INC.		Provider Number:	0 204536-00
3937 Spring Park Ro			Date:	9/25/2013
Jacksonville FL 3220	)7		Fiscal Year End:	8/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.41	205.68	7/1/2011
	Level H: Aids	351.61	351.88	7/1/2011

Rate Type :			
Interim		X	Prospective
T	otal Interim	······	X Total Prospective
In	terim Component		Prospective Adjusted for New Costs
Se	ettlement based on costs		Total Prospective with Interim Component
Pr	rior Provider Prospective data		
Basis:		Changes	s:
Budget			Licensure Rating Change
X Unaudited co	osts		Usual and Customary Limitation
Field audited	d costs		Target Rate limitation change
Field audit -	interim portion		FRVS Change
Desk audited		X	Effects of Field Audit #NH11-098L FYE 8/31/06
	Interim Portion		Rate Semester Change
Desk Audit -	Prospective portion		On FRV [2] as of 10/01/1985
Distribution:		1	Thomas Parker
Contract Managen	nent / Fiscal Agent		Iedicaid Cost Reimbursement Planning and Finance
Permanent File			
For information	tion Only		
No Change	in Rate		
Home Office:	Taylor Foundation Services, I	nc.	
	James T. Price 6601 Chester Avenue		
	Jacksonville FL 32217		



TAYLOR HOME FO	OR THE AGED, INC.		Provider Number:	0 204536-00
3937 Spring Park Ro			Date:	9/25/2013
Jacksonville FL 3220	7		Fiscal Year End:	8/31/2011
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.61	212.50	7/1/2012
	Level H: Aids	361.82	361.71	7/1/2012

Interim		Х	Prospectiv	e
T	otal Interim		X	Total Prospective
Ir	nterim Component			Prospective Adjusted for New Costs
S	ettlement based on costs			Total Prospective with Interim Component
P	rior Provider Prospective data			
Basis:		Changes:		· · · · · · · · · · · · · · · · · · ·
Budget			Licensure	Rating Change
X Unaudited co	osts			I Customary Limitation
Field audited	i costs		-	te limitation change
	interim portion		FRVS Ch	ange
Desk audited		<u> </u>		Field Audit #NH11-098L FYE 8/31/06
	Interim Portion			ester Change 2] as of 10/01/1985
	Prospective portion			
<u>Distribution:</u>	•		$\mathcal{D}^{-}$	Thomas Parker
Contract Manager	nent / Fiscal Agent	Med	ficaid Cost	Reimbursement Planning and Finance
Permanent File				
For informa	tion Only			
No Change	in Rate			
Home Office:	Taylor Foundation Services, Inc	<b>D.</b>		
	James T. Price			
	6601 Chester Avenue			
	Jacksonville FL 32217			



Hardee Manor Health	ncare Center	_	Provider Number:	0 211435-00
401 Orange Place		-	Date:	10/1/2013
Wauchula FL 33873			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	194.52	191.30	1/1/2013
	Level H: Aids	345.33	342.11	1/1/2013

Interim		<u> </u>	Prospective
Т	otal Interim		X Total Prospective
In	terim Component		Prospective Adjusted for New Costs
Se	ttlement based on costs		Total Prospective with Interim Component
Pr	ior Provider Prospective data		
Basis:		Change	
Budget			Licensure Rating Change
X Unaudited co			Usual and Customary Limitation
Field audited			Target Rate limitation change
	interim portion		FRVS Change
Desk audited		<u> </u>	Late Test FYE 12/31/2011
	nterim Portion Prospective portion		Rate Semester Change On FRV [2] as of 10/01/1989
	riospective portion		
Distribution:			Thomas Parker
Contract Managen	nent / Fiscal Agent	M	edicaid Cost Reimbursement Planning and Finance
Permanent File			
For information	ion Only		
No Change	in Rate		
Home Office:	Advocat Inc. & Subsidiaries		
	Walt McCullough		
	1621 Galleria Blvd		
	Brentwood TN 37027		



	Provider Number:	0 211435-00
·	Date:	10/1/2013
	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited [3]
Current	New	Effective
Rate		Date 7/1/2013
	Rate	Date: Fiscal Year End: Audit Status: Current New Rate Rate

Rate Type :	
Interim	X Prospective
Total Interim	X Total Prospective
Interim Component	Prospective Adjusted for New Costs
Settlement based on costs	Total Prospective with Interim Component
Prior Provider Prospective data	
Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	X Late Test FYE 12/31/2011
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Change On FRV [2] as of 10/01/1989
Distribution:	Thomas Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	
For information Only	
No Change in Rate	
Home Office: Advocat Inc. & Subsidiaries	
Walt McCullough	
1621 Galleria Blvd	
Brentwood TN 37027	



# Medicaid Reimbursement Per Diem Rates

e Manor At Blue Water Bay			Provider Number:	0 226041-00
00 North White Point Rd.			Date:	10/11/2013
ceville FL 32578			Fiscal Year End:	8/31/2006
			Audit Status:	Unaudited [3]
ovider Type:				
		Current	New	Effective
ursing Home Single Level		Rate 163.11	Rate	Date
arsing nome Single Level		103.11		1/1/2007
Level H: Aids		292.71	291.37	1/1/2007
Rate Type :				
Interim	X	Prospect	ive	
Total Interim	X Total Prospective Prospective Adjusted for New Costs			
Interim Component				
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data	F			
Basis:	Changes:	]		
Budget	,	Licensu	re Rating Change	
X Unaudited costs			nd Customary Limitatio	n
Field audited costs		-	Rate limitation change	
Field audit - interim portion		FRVS (	-	< T TT TT 0 /04 /04
Desk audited costs Desk audit - Interim Portion	<u> </u>		of FA RFA #NH03-200 mester Change	DJ FYE 8/31/01
Desk Audit - Prospective portion			/ [2] as of 02/02/1993	
Distribution:		26	Thomas Parker	
Contract Management / Fiscal Agent	Ma	diggid Co	st Reimbursement Planr	ing and Finance
Permanent File	IVIC		st Reinibursement Flam	ing and i mance
For information Only				
No Change in Rate				



e Manor At Blue				Provider Number:	0 226041-00	
00 North White				Date:	10/11/2013	
ceville FL 32578				Fiscal Year End:	8/31/2006	
				Audit Status:	Unaudited [3]	
ovider Type:						
			Current Rate	New Rate	Effective Date	
ursing Home	Single Level		167.59	166.26	2/1/2007	
	Level H: Aids		297.19	295.86	2/1/2007	
Rate Type :						
Interio	n	X	Prospective	e		
	Total Interim		X         Total Prospective           Prospective Adjusted for New Costs			
	Interim Component					
	Settlement based on costs		7	Fotal Prospective with	Interim Component	
	Prior Provider Prospective data				·	
Basis:		Change	s:			
Dealast		! ,	Licensure	Rating Change		
Budget X Unaudite	d costs			Customary Limitatio	n	
	lited costs	1		te limitation change		
	lit - interim portion		FRVS Cha	+		
Desk aud		X	- Effects of	FA RFA #NH03-20	6J FYE 8/31/01	
	it - Interim Portion			ester Change		
	lit - Prospective portion		On FRV [	2] as of 02/02/1993		
Distribution	_		10-	Thomas Parker		
	gement / Fiscal Agent	N	ledicaid Cost	Reimbursement Plann	ning and Finance	
Permanent File						
	rmation Only					
No Chai	nge in Rate					
Home Office:	1 - No Home Office					



e Manor At Blue Water Bay		Provider Number:	0 226041-00		
00 North White Point Rd.		Date:	10/11/2013		
ceville FL 32578		Fiscal Year End:	8/31/2006		
		Audit Status:	Unaudited [3]		
ovider Type:					
	Current Rate	New Rate	Effective Date		
Irsing Home Single Level	<u></u> 163.11	<u>161.77</u> _	3/1/2007		
and and a single level			5/1/2007		
Level H: Aids	292.71	291.37	3/1/2007		
Rate Type :					
Interim	X Prospectiv	e			
Total Interim	<u> </u>	Total Prospective			
Interim Component	Prospective Adjusted for New Costs				
Settlement based on costs		Total Prospective with Interim Component			
Prior Provider Prospective data					
Basis:	Changes:				
	Licensure	Rating Change			
Budget		Customary Limitatio	'n		
Field audited costs		te limitation change			
Field audit - interim portion	FRVS Ch	ange			
Desk audited costs	X Effects of	f FA RFA #NH03-20	6J FYE 8/31/01		
Desk audit - Interim Portion		ester Change			
Desk Audit - Prospective portion	On FRV [	2] as of 02/02/1993			
Distribution:	76	Thomas Parker			
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance		
Permanent File					
For information Only					
No Change in Rate					
Home Office: 1 - No Home Office		· · · · · · · · · · · ·			
		1			
:					



The Health Center of	Lake City		Provider Number:	0 226173-00
560 S.W. McFarlane	Ave.		Date:	8/29/2013
Lake City FL 32025			Fiscal Year End:	9/30/2005
			Audit Status:	Unaudited [3]
<b>Provider Type:</b>				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	163.47	161.73	1/1/2007
	Level H: Aids	293.07	291.33	1/1/2007

Interim	X Prospective
Total Interim	X Total Prospective
Interim Component	Prospective Adjusted for New Costs
Settlement based on costs	Total Prospective with Interim Component
Prior Provider Prospective data	
Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	X Effects of FA & RFA #NH03- 203J FYE 9/30/2001
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Change On FRV [2] as of 05/01/1999
<u>Distribution:</u>	Thomas Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
• •	
• •	
Permanent File	
Permanent File For information Only No Change in Rate	
Permanent File For information Only No Change in Rate	· ·



The Health Center of	Lake City		Provider Number:	0 226173-00
560 S.W. McFarlane	Ave.		Date:	8/29/2013
Lake City FL 32025			Fiscal Year End:	9/30/2005
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 165.47	New Rate 163.73	Effective Date 2/1/2007
	Level H: Aids	295.07	293.33	2/1/2007

Interim		X	Prospective	e
T	otal Interim		X	Total Prospective
In	terim Component		1	Prospective Adjusted for New Costs
Se	ettlement based on costs			Total Prospective with Interim Component
Pr	ior Provider Prospective data			
Basis:		Changes:		
Budget			Licensure	Rating Change
Unaudited co				l Customary Limitation
Field audited	i costs			te limitation change
Field audit -	interim portion		FRVS Ch	ange
Desk audited		X	_	f FA & RFA #NH03- 203J FYE 9/30/200
	Interim Portion			ester Change
Desk Audit -	Prospective portion		On FRV [	2] as of 05/01/1999
<u>istribution:</u>			カノ	Thomas Parker
Contract Manager	nent / Fiscal Agent		diggid Coat	Reimbursement Planning and Finance
ermanent File		Me	uicalu Cost	Remoursement Flamming and Finance
For informa	tion Only			
No Change	in Rate			
lome Office:	1 - No Home Office	- / Annual IV		i
				4



The Health Center of	Lake City		Provider Number:	0 226173-00
560 S.W. McFarlane	Ave.	• •	Date:	8/29/2013
Lake City FL 32025		· ``	Fiscal Year End:	9/30/2005
			Audit Status:	Unaudited [3]
<b>Provider Type:</b>				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	163.47	161.73	3/1/2007
	Level H: Aids	293.07	291.33	3/1/2007

X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Total Prospective with Interim Component
Changes:
Licensure Rating Change
Usual and Customary Limitation
Target Rate limitation change
FRVS Change
X Effects of FA & RFA #NH03- 203J FYE 9/30/2001
Rate Semester Change
On FRV [2] as of 05/01/1999
Thomas Parker
Medicaid Cost Reimbursement Planning and Finance
medicale cost remoursement i familing and i manee
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al Oak Nursing Cen	ter		Provider Number:	0 228575-00
00 Royal Oak Lane			Date:	9/30/2013
le City FL 33525			Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
ovider Type:				-
		Current	New	Effective
rsing Home	Single Level	Rate	Rate	Date 1/1/2013
I sing Home	Single Level		200.74	1/1/2013
	Level H: Aids	351.09	351.55	1/1/2013
Rate Type :				
Interim		X Prospective		
То	tal Interim	*	otal Prospective	
Int	erim Component	P	rospective Adjusted	for New Costs
Set	tlement based on costs	T	otal Prospective with	Interim Component
Pri	or Provider Prospective data			
Basis:		hanges:	andahar om og anger og handen og anger og h	
Budget			Rating Change	
X Unaudited con Field audited			Customary Limitatio e limitation change	n
	interim portion	FRVS Cha	-	
Desk audited			ays Correction	
	nterim Portion		ster Change	
Desk Audit -	Prospective portion		] as of 01/01/2000	
<b>Distribution:</b>			Thomas Parker	
Contract Managem	ent / Fiscal Agent	Medicaid Cost F	Reimbursement Plan	ning and Finance
Permanent File				
For informat	ion Only			
No Change	in Rate			
Home Office:	Health Services Mgt., Inc.			
	Preston Sweeney			
	206 Fortress Blvd. Murfreesboro TN 37128			
	IVITITEESDOTO I IN 3/128			



The Health Center of Daytona Beach		Provider Number:	0 229091-00		
550 National Healthcare Drive		Date:	10/14/2013		
Daytona Beach FL 32114		Fiscal Year End:	6/30/2005		
		Audit Status:	Unaudited [3]		
Provider Type:			L_ J		
	Current Rate	New Rate	Effective Date		
Nursing Home Single Level	175.67	174.21	1/1/2007		
Level H: Aids	305.27	303.81	1/1/2007		
Rate Type :					
Interim	X Prospectiv	e			
Total Interim		Total Prospective			
Interim Component		Prospective Adjusted 1			
Settlement based on costs	Total Prospective with Interim Component				
Prior Provider Prospective data					
Basis: Cha	anges:				
Budget	Licensure	Rating Change			
X Unaudited costs	Usual and	Customary Limitation	n		
Field audited costs	-	ate limitation change			
Field audit - interim portion	FRVS Ch	•			
Desk audited costs Desk audit - Interim Portion		f FA & RFA #NH03- ester Change	208J FYE 6/30/2001		
Desk Audit - Prospective portion		[2] as of 07/11/1996			
<u>Distribution:</u>	72	) Thomas Parker			
Contract Management / Fiscal Agent -	/ O	Reimbursement Planr	ning and Einanga		
Permanent File	Medicald Cost	Reinbursement Flam	ing and r mance		
For information Only					
No Change in Rate					
Home Office: 1 - No Home Office		s manana . Hereney com and t			



e Health Center of Daytona Beach	Pro	ovider Number:	0 229091-00
0 National Healthcare Drive		Date:	10/14/2013
ytona Beach FL 32114	Fi	scal Year End:	6/30/2005
		Audit Status:	Unaudited [3]
ovider Type:			L
	Current	New	Effective
	Rate	Rate	Date
ursing Home Single Level	177.28	175.83	2/1/2007
Level H: Aids	306.88	305.43	2/1/2007
Interim	Prosp	Prospective pective Adjusted Prospective with	for New Costs 1 Interim Component
Prior Provider Prospective data Basis:	Changes:		
Budget	Licensure Rati	ng Change	
X Unaudited costs		tomary Limitatio	n
Field audited costs	FRVS Change	nitation change	
Field audit - interim portion Desk audited costs	· •		208J FYE 6/30/2001
Desk audit - Interim Portion	Rate Semester	Change	
Desk Audit - Prospective portion	On FRV [2] as	of 07/11/1996	
Distribution:	- Th	omas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Rein	nbursement Plann	ning and Finance
Permanent File For information Only			
No Change in Rate			
TIC CHARLES HI THING	. ////////////////////////////////////		
Home Office: 1 - No Home Office			



e Health Center of Daytona Beach		Provider Number:	0 229091-00
National Healthcare Drive		Date:	10/14/2013
ytona Beach FL 32114		Fiscal Year End:	6/30/2005
		Audit Status:	Unaudited [3]
ovider Type:			
	Current Rate	New Rate	Effective Date
rsing Home Single Level	175.67	<u> </u>	3/1/2007
		1/7021	
Level H: Aids	305.27	303.81	3/1/2007
Rate Type :			
Interim	X Prospectiv		
Total Interim		Total Prospective	fer Nerre Canta
Interim Component Settlement based on costs		Prospective Adjusted Total Prospective with	
Prior Provider Prospective data		rotar rospective with	i mermi component
Basis:	anges:	namenina (stationistic (s. V. V. Hondaldina) (s.	in and a substitution of the substitution of t
Budget		Rating Change	
X Unaudited costs Field audited costs		l Customary Limitation the limitation change	n
Field audited costs	FRVS Ch	-	
Desk audited costs		-	208J FYE 6/30/2001
Desk audit - Interim Portion		ester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 07/11/1996	
Distribution:	17	Thomas Parker	
Contract Management / Fiscal Agent -	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File For information Only			
No Change in Rate			
Home Office: 1 - No Home Office	namen na i distan i distante di distante di di		



	Provider Number:	0 252689-00
	Date:	9/30/2013
	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited [3]
Current	New	Effective
Rate	Rate	Date
213.68		7/1/2013
	Rate	Date: Fiscal Year End: Audit Status: Current New Rate Rate

Rate Type :				
Interim		X	Prospec	tive
	Total Interim		X	Total Prospective
	Interim Component			Prospective Adjusted for New Costs
	Settlement based on costs			Total Prospective with Interim Component
1	Prior Provider Prospective data			
Basis:		Changes	•	n and and an
Budget		er en	Licens	ure Rating Change
X Unaudited	costs			and Customary Limitation
Field audite	ed costs		_	Rate limitation change
	- interim portion		_ FRVS	Change
Desk audite		<u> </u>		for 7/13 R/S using 7/31/12 C/R
	- Interim Portion		_ Rate Se	emester Change
	- Prospective portion	i	~ /	)
Distribution:			10-	Thomas Parker
Contract Manage	ement / Fiscal Agent	M	edicaid Co	ost Reimbursement Planning and Finance
Permanent File				
For inform	ation Only			
No Chang	e in Rate			
Home Office:	Sun Healthcare Group, Inc.			
	Reimbursement Department			
	101 Sun Avenue NE			, 1
	Albuquerque NM 87109			



e Park Summit at Coral Springs		Provider Number:	0 254134-00
00 Royal Palm Blvd.		Date:	8/28/2013
ral Springs FL 33065		Fiscal Year End:	6/30/2006
		Audit Status:	Field Audited [2]
ovider Type:			
	Current Rate	New Rate	Effective Date
Irsing Home Single Level	204.36	203.45	7/1/2007
in single bever	204.50	203.45	//1/200/
Level H: Aids	336.30	335.39	7/1/2007
Rate Type :			
Interim	X Prospective		
Total Interim	with the party of	otal Prospective	Gen New Casta
Interim Component Settlement based on costs		rospective Adjusted	Interim Component
Prior Provider Prospective data	1	otal riospective with	i interim Component
Basis:	hanges:		
Budget	Licensure I	Rating Change	
Unaudited costs		Customary Limitatio	n
X Field audited costs	Target Rate	e limitation change	
Field audit - interim portion	FRVS Cha	nge	
Desk audited costs		t #NH10- 053W FY	'E 6/30/2006
Desk audit - Interim Portion Desk Audit - Prospective portion	Alexandra and a second s	ster Change ] as of 06/01/1986	
Distribution:	$\bigcap_{i=1}^{n} \prod_{j=1}^{n} \sum_{i=1}^{n} \prod_{j=1}^{n} \prod_{j$		
Contract Management / Fiscal Agent	10	Thomas Parker	
Permanent File	Medicaid Cost R	Reimbursement Planr	ning and Finance
For information Only			
No Change in Rate			
		No sufficient table 1 (2 ) is a complete the sub-field of an index.	
Home Office: FiveStar Quality Care Inc			
400 Centre Street		-	
Newton MA 02458			



e Park Summit at Coral Springs		Provider Number:	0 254134-00
00 Royal Palm Blvd.		Date:	8/28/2013
oral Springs FL 33065		Fiscal Year End:	6/30/2006
		Audit Status:	Field Audited [2]
ovider Type:			
	Current Rate	New Rate	Effective Date
ursing Home Single Level	201.79	<u>200.91</u>	1/1/2008
arong nome single hever			1,1,2000
Level H: Aids	335.79	334.91	1/1/2008
Rate Type :	· · · · · · · · · · · · · · · · · · ·		
Interim	X Prospective		
Total Interim		tal Prospective	Gen Marris Chanta
Interim Component Settlement based on costs		ospective Adjusted :	Interim Costs
Prior Provider Prospective data		an i rospective with	i interim component
	nanges:		
	langes.		
Budget	Licensure R	ating Change	
Unaudited costs		Customary Limitatio	n
X Field audited costs		limitation change	
Field audit - interim portion	FRVS Char	•	
Desk audited costs Desk audit - Interim Portion	X Field Audit Rate Semes	t #NH10- 053W FY ter Change	E 6/30/2006
Desk Audit - Prospective portion		as of 06/01/1986	
Distribution:	70	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost R	eimbursement Planr	ung and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: FiveStar Quality Care Inc	a maa faanka a ay fa ahaan ahaa ahaa ahaa ahaan ahaa ahaa	nanona ban 197 - Yanana Su Yang Tagar Gragger Y Yang	
400 Centre Street		1	
Newton MA 02458			



Surrey Place Convale	escent Center of Bradenton		Provider Number:	0 256277-00
5525 21st Avenue W			Date:	4/17/2013
Bradenton FL 34209			Fiscal Year End:	12/31/2005
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	171.92	171.43	1/1/2007
	Level H: AIDS	301.52	301.03	1/1/2007

Rate Type :		х	Prospec	tive
Total ]	aterim		X	Total Prospective
	Component		A	Prospective Adjusted for New Costs
	ent based on costs			Total Prospective with Interim Component
	ovider Prospective data			
Basis:		Changes:		
Budget			Licens	ure Rating Change
X Unaudited costs			Usual a	and Customary Limitation
Field audited cost	6			Rate limitation change
Field audit - interi	m portion		FRVS	Change
Desk audited costs		X	Effects	of FA & RFA #NH06-162C FYE 10/31/03
Desk audit - Interi				emester Change
Desk Audit - Pros	ective portion		On FRV	V [2] as of 02/08/1989
<b>Distribution:</b>			75-	Thomas Parker
Contract Management /	Fiscal Agent	Me	dicaid Co	ost Reimbursement Planning and Finance
Permanent File		1410		set Rennoursement i faining and i manee
For information (	Dnly			
No Change in Ra	te			
Home Office:	Summit Care II, Inc			
1	Guy Farmer			
	2851 Remington Green Circl	le, Ste. D		
,	Fallahassee FL 32308			



Surrey Place Convale	escent Center of Bradenton		Provider Number:	0 256277-00
5525 21st Avenue W	/est		Date:	4/17/2013
Bradenton FL 34209			Fiscal Year End:	12/31/2005
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	175.04	174.55	2/1/2007
	Level H: AIDS	304.64	304.15	2/1/2007

Interim		X	Prospective
-	otal Interim		X Total Prospective
	iterim Component		Prospective Adjusted for New Costs
	ettlement based on costs		Total Prospective with Interim Component
P1	rior Provider Prospective data		
Basis:		Changes:	
Budget			Licensure Rating Change
X Unaudited co	osts		Usual and Customary Limitation
Field audited	1 costs		Target Rate limitation change
Field audit -	interim portion		FRVS Change
Desk audited		<u> </u>	Effects of FA & RFA #NH06-162C FYE 10/31/03
	Interim Portion Prospective portion		Rate Semester Change On FRV [2] as of 02/08/1989
	Prospective portion		011 FRV [2] as 01 02/08/1989
Distribution:			Thomas Parker
Contract Manager	nent / Fiscal Agent	<u>~</u>	icaid Cost Reimbursement Planning and Finance
Permanent File			
For informa	tion Only		
No Change	in Rate		
Home Office:	Summit Care II, Inc		
	Guy Farmer		
	2851 Remington Green Circle, Ste	e. D	
	Tallahassee FL 32308		t i



Surrey Place Convale	escent Center of Bradenton		Provider Number:	0 256277-00
5525 21st Avenue W			Date:	4/17/2013
Bradenton FL 34209	naaraan ayaa ahaan ayaa ahaan ahaana		Fiscal Year End:	12/31/2005
			Audit Status:	Unaudited [3]
Provider Type:				<u> </u>
		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	171.92	171.43	3/1/2007
	Level H: AIDS	301.52	301.03	3/1/2007

Interim		<u> </u>	Prospective	
T	otal Interim		X Total Prospective	
In	terim Component		Prospective Adjusted for New Costs	
Se	ettlement based on costs		Total Prospective with Interim Component	
Pr	ior Provider Prospective data			
Basis:		Changes:		
Budget			Licensure Rating Change	
X Unaudited co	osts	Usual and Customary Limitation Target Rate limitation change		
Field audited	l costs			
	interim portion	FRVS Change		
Desk audited	1	<u> </u>	Effects of FA & RFA #NH06-162C FYE 10/31/03	
	Interim Portion Prospective portion	Con FRV-FZ] as of 02/08/1989		
	Prospective portion		OII FR ( 1) as of 02/08/1989	
Distribution:		/	Thomas Parker	
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance		
Permanent File		We cost remoti series i and i manee		
For informa	tion Only			
No Change	in Rate			
Home Office:	Summit Care II, Inc	·		
	Guy Farmer			
	2851 Remington Green Circl	le, Ste. D		
	Tallahassee FL 32308			



#### Medicaid Reimbursement Per Diem Rates

-

Clifford Chester Sims State Veterans' Nursing H	Iome	Provider Number:	0 264491-00
4419 Tram Road		Date:	8/20/2013
Springfield FL 32404		Fiscal Year End:	6/30/2008
		Audit Status:	Field Audited [2]
Provider Type:			
	Curr		Effective
	Rat		Date
Nursing Home Single Level	206	.61 200.53 _	7/1/2009
Level H: Aids	346.	96340.88	7/1/2009
Rate Type :			
Interim	X Pros	pective	
Total Interim		X Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective	data		
Basis:	Changes:		
Budget	Lice	ensure Rating Change	
Unaudited costs		al and Customary Limitatio	n
X Field audited costs		get Rate limitation change	
Field audit - interim portion	FRV	/S Change	
Desk audited costs		d Audit #NH11-053L FYB	C 06/08/2008
Desk audit - Interim Portion		Semester Change	
Desk Audit - Prospective portion Distribution:		FRV [2] as of 11/05/2003	
Contract Management / Fiscal Agent		<u> </u>	
Permanent File	Medicaid	Cost Reimbursement Plann	ing and Finance
For information Only			
No Change in Rate			
	terans Affairs	and the second sec	
Home Office: Florida Dept. of Ve Walter Gilchrist			
11351 Ulmerton Ro	ad, Room 332-I		
Largo Fl 33778-163			
-		i	



lifford Chester Sims State Veterans' Nursing Home		Provider Number:	0 264491-00
419 Tram Road		Date:	8/20/2013
pringfield FL 32404		Fiscal Year End:	6/30/2008
		Audit Status:	Field Audited [2]
rovider Type:			
	Current	New	Effective
	Rate	Rate	Date
ursing Home Single Level	206.62		1/1/2010
Level H: Aids	348.54	342.22	1/1/2010
Rate Type :			
Interim	X Prospect	tive	
Total Interim	X Total Prospective		
Interim Component		Prospective Adjusted 1	for New Costs
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget		re Rating Change	
Unaudited costs	Usual and Customary Limitation		
X Field audited costs	Target Rate limitation change FRVS Change		
Field audit - interim portion		-	AC (00 (2000
Desk audited costs Desk audit - Interim Portion		udit #NH11-053L FYE mester Change	00/08/2008
Desk Audit - Prospective portion		$\lfloor 2 \rfloor$ as of 11/05/2003	
Distribution:	75	Thomas Parker	
Contract Management / Fiscal Agent	Madiavid Ca	st Reimbursement Plann	ing and Eingange
Permanent File	Medicaid Co	st Reimbursement Plann	ing and Finance
For information Only			
No Change in Rate			
Home Office: Florida Dept. of Veterans Affairs			
Walter Gilchrist			
11351 Ulmerton Road, Room 332	·I		
Largo Fl 33778-1630		Ì	



Douglas Jacobson St	ate Veterans Nursing Home		Provider Number:	0 269492-00
21281 Grayton Terra	nce		Date:	8/20/2013
Port Charlotte FL 33954			Fiscal Year End:	6/30/2008
			Audit Status:	Field Audited [2]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.35	208.89	7/1/2009
	Level H: Aids	358.70	349.24	7/1/2009

Interim	-	X Prospective	
T	otal Interim	X Total Prospective	
Ir	terim Component	Prospective Adjusted for New Costs	
Se	ettlement based on costs	Total Prospective with Interim Componen	
Pr	ior Provider Prospective data		
Basis:		Changes:	
Budget		Licensure Rating Change	
Unaudited costs		Usual and Customary Limitation	
X Field audited	l costs	Target Rate limitation change FRVS Change	
	interim portion		
Desk audited costs		X Field Audit #NH11- 057L FYE 6/30/2008	
Desk audit - Interim Portion Desk Audit - Prospective portion		Rate Semester Change           On FRV [2] as of 06/07/2004	
	Trospective portion		
Distribution:		Thomas Parker	
<b>u</b>	nent / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance	
Permanent File			
For informa	tion Only		
No Change	in Rate		
Home Office:	Florida Dept. of Veterans Affairs		
	Walter Gilchrist 11351 Ulmerton Road, Room 332-	I	
	Largo Fl 33778-1630	·	



Douglas Jacobson Sta	te Veterans Nursing Home		Provider Number:	0 269492-00
21281 Grayton Terran	nce		Date:	8/20/2013
Port Charlotte FL 33954			Fiscal Year End:	6/30/2008
			Audit Status:	Field Audited [2]
<b>Provider Type:</b>				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.12	209.57	1/1/2010
	Level H: Aids	361.04	351.49	1/1/2010

Rate Type :			
Interim	X Prospective		
Total Interim	X Total Prospective		
Interim Component	Prospective Adjusted for New Costs		
Settlement based on costs	Total Prospective with Interim Component		
Prior Provider Prospective data			
Basis:	hanges:		
Budget	Licensure Rating Change		
Unaudited costs	Usual and Customary Limitation		
X Field audited costs	Target Rate limitation change		
Field audit - interim portion	FRVS Change		
Desk audited costs	X Field Audit #NH11- 057L FYE 6/30/2008		
Desk audit - Interim Portion	Rate Semester Change		
Desk Audit - Prospective portion	On FRV [2] as of 06/07/2004		
Distribution:	Thomas Parker		
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance		
Permanent File			
For information Only			
No Change in Rate			
Home Office: Florida Dept. of Veterans Affairs			
Walter Gilchrist			
11351 Ulmerton Road, Room 332-I			
Largo Fl 33778-1630			