

RICK SCOTT **GOVERNOR**

ELIZABETH DUDEK SECRETARY

MEMORANDUM

Date:

October 2, 2012

To:

Alan Strowd, Chief, Medicaid Contract Management

From: Thomas Parker, Medicaid Cost Reimbursement Planning Administrator

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</u> Number	Number of Rate Change Notices
4	The O		
1.	The Crossroads	0 001306-00	13
2.	Bay Village of Sarasota	0 018777-00	7
3.	The Manor at Blue Water Bay	0 226041-00	5
4.	The Health Center of Lake City	0 226173-00	1
5.	The Health Center of Pensacola	0 229571-00	1
6.			
7.	-		
8.			
		Total	27

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

TP/dm Attachments



\$ N		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MCM number	Audit Number
000130600	20071228	202.79	334.73	202.79	202.79	440.59	71553-12	
000130600	20080101	201.65	335.65	201.65	201,65	443.17	71553-12	
000130600	20080701	203.79	340.07	203.79	203.79	449.42	71553-12	
000130600	20090101	203.32	341.67	203.32	203.32	452.68	71553-12	
000130600	20090301	186.28	324.63	186.28	186.28	435.64	71553-12	
000130600	20090401	227.10	365.45	227.10	227.10	476.46	71553-12	
000130600	20090701	235.71	376.06	235.71	235.71	488.68	71553-12	
000130600	20100101	237.36	379.28	237.36	237.36	493.16	71553-12	
000130600	20100701	239.35	382.69	239.35	239.35	497.72	71553-12	
000130600	20110101	242.53	387.39	242.53	242.53	503.64	71553-12	
000130600	20110701	234.16	380.36	234.16	234.16	497.69	71553-12	
000130600	20120101	237.16	384.77	237.16	237.16	503.23	71553-12	
000130600	20120701	247.25	396.46	247.25	247.25	516,21	71553-12	
001877700	20100222	225.87	367.79	225.87	225.87	481.67	71553-12	
001877700	20100701	226.36	369.70	226.36	226.36	484.73	71553-12	
001877700	20110101	229.52	374.38	229.52	229.52	490.63	71553-12	
001877700	20110701	219.28	365.48	219.28	219.28	482.81	71553-12	
001877700	20111101	219.28	365.48	219.28	219.28	482.81	71553-12	
001877700	20120101	221.57	369.18	221.57	221.57	487.64	71553-12	
001877700	20120701	232.70	381.91	232.70	232.70	501.66	71553-12	
022604100	20100701	196.76	340.10	196.76	196.76	455.13	71553-12	NH11-032C
022604100	20110101	199.37	344.23	199.37	199.37	460.48	71553-12	NH11-032C
022604100	20110701	195.74	341.94	195.74	195.74	459.27	71553-12	NH11-032C
022604100	20120101	197.94	345.55	197.94	197.94	464.01	71553-12	NH11-032C
022604100	20120701	202.12	351.33	202.12	202.12	471.08	71553-12	NH11-032C
022617300	20100701	197.74	341.08	197.74	197.74	456.11	71553-12	NH11-018C
022957100	20100701	199.52	342.86	199.52	199.52	457,89	71553-12	NH11-016C



The Crossroads			Provider Number:	0 001306-00			
206 West Orange Stre			Date:	8/29/2012			
Davenport FL 33837		-		Fiscal Year End:	6/30/2008		
				Audit Status:	Unaudited [3]		
Provider Type:							
· -			Current	New	Effective		
N	C'I-TI		Rate	Rate	Date		
Nursing Home	Single Level	•	203.19	202.79	12/28/2007		
	Level H: AIDS		335.13	334.73	12/28/2007		
	Level U: Fragile Under 21		440.99	440.59	12/28/2007		
Rate Type :		***************************************					
X Interim			Prospective	e			
	Total Interim		***************************************	Total Prospective			
	nterim Component			Prospective Adjusted			
	Settlement based on costs			Total Prospective wit	h Interim Component		
	Prior Provider Prospective data						
Basis:		Changes:					
Budget			Licensure	Rating Change			
X Unaudited	costs		-	l Customary Limitati	on		
Field audite	ed costs		Target Rate limitation change				
Field audit	- interim portion		FRVS Change				
Desk audite	1	X					
	- Interim Portion - Prospective portion			ester Change [2] as of 07/01/1988			
Distribution:	Trospective portion	·	0	Thomas Parker			
Contract Manage	ement / Fiscal Agent		dissid Cost	Reimbursement Plan	ning and Finance		
Permanent File		Me	dicaid Cost	Remibursement Flat	ining and Finance		
For inform	ation Only						
No Chang	e in Rate						
Home Office:	1 - No Home Office						
•							



The Crossroads				Provider Number:	0 001306-00
206 West Orange Street			Date:	8/29/2012	
Davenport FL 33837				Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 202.03	New Rate 201.65	Effective Date 1/1/2008
Nursing frome Sh	igic Level	_	202.03		1/1/2008
Lev	vel H: AIDS		336.03	335.65	1/1/2008
Lev	rel U: Fragile Under 21	_	443.55	443.17	1/1/2008
X Settlem	a Component nent based on costs rovider Prospective data is im portion s im Portion	Changes:	Licensur Usual and Target Ra FRVS Cl Cost Sett Rate Sem	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Management	/ Fiscal Agent	Med) licaid Cost	t Reimbursement Plan	ning and Finance
Permanent FileFor informationNo Change in R	•				
Home Office:	1 - NO HOME OTHER				



The Crossroads				Provider Number:	0 001306-00
206 West Orange Street			Date:	8/29/2012	
Davenport FL 33837				Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Single Lo	evel		203.64		7/1/2008
Level H: A	IDS		339.92	340.07	7/1/2008
Level U: Fr	agile Under 21		449.27	449.42	7/1/2008
Rate Type: InterimTotal InterimInterim CompoX Settlement basePrior Provider Basis: BudgetBudgetX Unaudited costsField audit- interim porti	ed on costs Prospective data	Changes:	Licensure Usual and	Total Prospective Prospective Adjusted Total Prospective wit Rating Change I Customary Limitation change	h Interim Component
Desk audited costs Desk audit - Interim Porti Desk Audit - Prospective		X	Rate Sem	lement FYE 6/30/08 ester Change [2] as of 07/01/1988	
Distribution:		$\overline{}$	2 2	Thomas Parker	
Contract Management / Fiscal Permanent FileFor information OnlyNo Change in Rate	Agent	Med	ر ب licaid Cost	Reimbursement Plan	ning and Finance
Home Office:	Home Office				



The Crossroads		Provider Number:	0 001306-00	
206 West Orange Street		Date:	8/29/2012	
Davenport FL 33837		Fiscal Year End:	6/30/2008	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 202.17	New Rate 203.32	Effective Date 1/1/2009	
Level H: AIDS	340.52	341.67	1/1/2009	
Level U: Fragile Under 21	451.53	452.68	1/1/2009	
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes: Licensure F Usual and C Target Rate FRVS Char X Cost Settle Rate Semes	Rating Change Customary Limitatio Ilimitation change nge ment FYE 6/30/08	Interim Component	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		Thomas Parker eimbursement Plann	ning and Finance	



The Crossroads				Provider Number:	0 001306-00	
206 West Orange Stree	•		Date:	8/29/2012		
Davenport FL 33837		-		Fiscal Year End:	6/30/2008	
				Audit Status:	Unaudited [3]	
Provider Type:						
• •		•	Current	New	Effective	
	~		Rate	Rate	Date	
Nursing Home	Single Level		185.22		3/1/2009	
	Level H: AIDS		323.57	324.63	3/1/2009	
	Level U: Fragile Under 21		434.58	435.64	3/1/2009	
Rate Type :			·····			
Interim		X	Prospectiv	ve		
	otal Interim		- 100p 0011	Total Prospective		
In	terim Component		***************************************	Prospective Adjusted	for New Costs	
X Se	ttlement based on costs			Total Prospective with	Interim Component	
Pr	ior Provider Prospective data					
Basis:		Changes:				
			-			
Budget				e Rating Change		
X Unaudited co		Usual and Customary Limitation				
Field audited		Target Rate limitation change				
	interim portion	FRVS Change				
Desk audited	Costs Interim Portion	Cost Settlement FYE 6/30/08 Rate Semester Change				
	Prospective portion			[2] as of 07/01/1988		
<u>Distribution:</u>		P. Sammeron	2.0	Thomas Parker		
Contract Managen	nent / Fiscal Agent	May	dissid Cos	t Reimbursement Plan	ning and Finance	
Permanent File		IVICO	iicaiu Cos	t Kennouisement Flan	ning and rinance	
For informa	tion Only					
No Change	in Rate					
Home Office:	1 - No Home Office					
AND OTHER						



The Crossroads				Provider Number:	0 001306-00	
206 West Orange Street		-		Date:	8/29/2012	
Davenport FL 33837		-		Fiscal Year End:	6/30/2008	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Sing	le Level		Current Rate 226.42	New Rate	Effective	
Nursing frome Sing	ie Levei		220.42	<u>227.10</u> _	4/1/2009	
Level	H: AIDS	<u>.</u> ;	364.77	365.45	4/1/2009	
Level	U: Fragile Under 21		475.78	476.46	4/1/2009	
Basis: Budget X Unaudited costs Field audited costs Field audit - interim Desk audit - Interim Desk Audit - Prospe	portion Portion City portion	Changes:	Licensur Usual and Target R FRVS CI Cost Set Rate Sem	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Contract Management / F Permanent File	iscal Agent	Med	icaid Cos	t Reimbursement Plan	ning and Finance	
For information On	ly					
No Change in Rate	•					
Home Office:	- No Home Office					



The Crossroads				Provider Number:	0 001306-00
206 West Orange Street			Date:	8/29/2012	
Davenport FL 33837				Fiscal Year End:	6/30/2008
		,		Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 234.75	New Rate 235.71	Effective Date 7/1/2009
·	evel H: AIDS		375.10	376.06	7/1/2009
L	evel U: Fragile Under 21		487.72	488.68	7/1/2009
Basis: Budget X Unaudited costs Field audited co Field audited co Desk audited co	terim portion	Changes:	Licensure Usual and Target Ra FRVS Ch Cost Sett Rate Sem	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation the limitation change	n Interim Component
Distribution: Contract Management Permanent File	-	Me	dicaid Cost	Thomas Parker Reimbursement Plant	ning and Finance
For informatio No Change in	*				
Home Office:	1 - No Home Office				



The Crossroads			Provider Number:	0 001306-00		
206 West Orange Str	eet	•		Date:	8/29/2012	
Davenport FL 33837		•		Fiscal Year End:	6/30/2008	
				Audit Status:	Unaudited [3]	
Provider Type:						
· -			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	236.33		1/1/2010	
	Level H: AIDS		378.25	379.28	1/1/2010	
	Level U: Fragile Under 21	_	492.13	493.16	1/1/2010	
Rate Type :			**************************************			
Interim		X	Prospectiv	re		
	Total Interim			Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
<u> </u>	Settlement based on costs			Total Prospective with	Interim Component	
1	Prior Provider Prospective data					
Basis:		Changes:				
Budget			Licensure	e Rating Change		
X Unaudited	costs		•	d Customary Limitatio	on	
Field audit	ed costs	Target Rate limitation change				
Field audit	: - interim portion		FRVS Cl	nange		
Desk audite		X		tlement FYE 6/30/08		
	- Interim Portion			ester Change		
	t - Prospective portion		On FRV	[2] as of 07/01/1988		
Distribution:		.**************************************	7-6/	Thomas Parker		
_	ement / Fiscal Agent	Me	dicaid Cost	Reimbursement Plans	ning and Finance	
Permanent File						
	nation Only					
No Chang	ge in Rate					
Home Office:	1 - No Home Office					



The Crossroads			Provider Number:	0 001306-00		
206 West Orange Street			Date:	8/29/2012		
Davenport FL 33837			Fiscal Year End:	6/30/2008		
			Audit Status:	Unaudited [3]		
Provider Type: Nursing Home Single Level	_	Current Rate 239.33	New Rate 239.35	Effective Date 7/1/2010		
Level H: AIDS		382.67	382.69	7/1/2010		
Level U: Fragile Under 21	_	497.70	497.72	7/1/2010		
Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costsPrior Provider Prospective data Basis: Budget	Changes		e Total Prospective Prospective Adjusted Total Prospective with			
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual and Customary Limitation Target Rate limitation change FRVS Change X Cost Settlement FYE 6/30/08 Rate Semester Change On FRV [2] as of 07/01/1988				
Distribution: Contract Management / Fiscal Agent		75)	Thomas Parker	ning and Finance		
Permanent FileFor information OnlyNo Change in Rate	Me	cuicaid Cost	Reimbursement Plan	ning and Finance		
Home Office: 1 - No Home Office						



The Crossroads]	Provider Number:	0 001306-00
206 West Orange Street			Date:	8/29/2012
Davenport FL 33837			Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	R	rent ate 2.11	New Rate	Effective Date 1/1/2011
Level H: AIDS		6.97	387.39	1/1/2011
Level U: Fragile Under 21		3.22	503.64	1/1/2011
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data	X Pro	Pro	tal Prospective ospective Adjusted tal Prospective wit	for New Costs h Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	UF	sual and Carget Rate RVS Chan ost Settlen ate Semes	ating Change Customary Limitation limitation change age ment FYE 6/30/08 ter Change as of 07/01/1988	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medica	-	Thomas Parker eimbursement Plan	nning and Finance
Home Office: 1 - No Home Office				



The Crossroads			Provider Number:	0 001306-00
206 West Orange Street	-		Date:	8/29/2012
Davenport FL 33837	_		Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type:				L. J
• •		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		232.12		7/1/2011
Level H: AIDS		378.32	380.36	7/1/2011
Level U: Fragile Under 21	-	495.65	497.69	7/1/2011
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	X		e Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes:	Licensure Usual and Target Ra FRVS Ch Cost Sett	e Rating Change d Customary Limitation the limitation change nange ttement FYE 6/30/08 tester Change [2] as of 07/01/1988	on
<u>Distribution:</u>		22	Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Me	dicaid Cost	Reimbursement Plan	ning and Finance
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				



The Crossroads				Provider Number:	0 001306-00
206 West Orange Stre	eet			Date:	8/29/2012
Davenport FL 33837		_		Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:					<u> </u>
		•	Current	New	Effective
Name - Hama	Cimala I areal		Rate	Rate	Date 1/1/2012
Nursing Home	Single Level	_	231.84		1/1/2012
	Level H: AIDS		379.45	384.77	1/1/2012
	Level U: Fragile Under 21	_	497.91	503.23	1/1/2012
Rate Type :					
Interim		X	Prospectiv	re	
	Total Interim		_	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
<u>X</u> S	Settlement based on costs			Total Prospective with	Interim Component
F	Prior Provider Prospective data				
Basis:		Changes:			
Dudant			Licensur	e Rating Change	
Budget X Unaudited	costs			d Customary Limitatio	nn
Field audite				ate limitation change	•••
Field audit	- interim portion		FRVS C	nange	
Desk audite		X		tlement FYE 6/30/08	
	- Interim Portion - Prospective portion			ester Change [2] as of 07/01/1988	
· · · · · · · · · · · · · · · · · · ·	- Prospective portion		On TRV)	
Distribution:			15	Thomas Parker	
-	ement / Fiscal Agent	Med	licaid Cos	Reimbursement Plan	ning and Finance
Permanent File	ontion Only				
	nation Only				
No Chang	e in Rate				
Home Office:	1 - No Home Office				



The Crossroads				Provider Number:	0 001306-00
206 West Orange Stre	eet			Date:	8/29/2012
Davenport FL 33837	· · · · · · · · · · · · · · · · · · ·			Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NT	Cim ale I and	_	Rate	Rate	Date
Nursing Home	Single Level		236.86		7/1/2012
	Level H: AIDS		386.07	396.46	7/1/2012
	Level U: Fragile Under 21	-	505.82	516.21	7/1/2012
Rate Type:					
Interim		x	Prospectiv	e	
	Total Interim			Total Prospective	
I	nterim Component			Prospective Adjusted	for New Costs
<u> </u>	settlement based on costs			Total Prospective with	Interim Component
P	rior Provider Prospective data				
Basis:		Changes	:		
Dudant			Licensure	e Rating Change	
Budget X Unaudited of	costs			d Customary Limitation	an
Field audite	•			ate limitation change	•
Field audit	- interim portion		FRVS Ch	nange	
Desk audite		X		tlement FYE 6/30/08	
	- Interim Portion - Prospective portion			ester Change [2] as of 07/01/1988	
Distribution:	- Trospective portion				
	ement / Fiscal Agent		5	Thomas Parker	
Permanent File		Me	edicaid Cost	Reimbursement Plan	ning and Finance
For inform	ation Only				
No Chang	•				
Home Office:	1 - No Home Office				



V7.004.1.2:RUUD2

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

Bay Village of Saraso	ota			Provider Number:	0 018777-00
8400 Vamo Road				Date:	9/6/2012
Sarasota FL 34231-78	899	•		Fiscal Year End:	10/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
** * ***			Rate	Rate	Date
Nursing Home	Single Level	-	225.34		2/22/2010
	Level H: AIDS		367.26	367.79	2/22/2010
	Level U: Fragile Under 21	-	481.14	481.67	2/22/2010
Rate Type :					, , , , , , , , , , , , , , , , , , ,
X Interim	,		Prospectiv	re	
X	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	h Interim Component
	Prior Provider Prospective data				2000
Basis:		Changes	<u>:</u>		
Budget			Licensur	e Rating Change	
X Unaudited	costs		Usual and	d Customary Limitation	on
Field audit	ed costs			ate limitation change	
	- interim portion		FRVS C	-	
Desk audite	ed costs - Interim Portion	X	_	tlement FYE 10/31/1	1
	- Prospective portion	-	_	nester Change [2] as of 02/22/2010	
Distribution:			アコン	Thomas Parker	
Contract Manag	ement / Fiscal Agent	M	edicaid Cost	t Reimbursement Plan	ning and Finance
Permanent File					
For inform	nation Only				
No Chang	e in Rate				
Home Office:	1 - No Home Office				
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Medicaid Reimbursement Per Diem Rates

Bay Village of Sarasota		Provider Number:	0 018777-00
8400 Vamo Road	Date: 9/6/		9/6/2012
Sarasota FL 34231-7899		Fiscal Year End:	10/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 225.55	New Rate 226.36	Effective Date 7/1/2010
Level H: AIDS Level U: Fragile Under 21	368.89 483.92	369.70 484.73	7/1/2010 7/1/2010
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:		e Total Prospective Prospective Adjusted: Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Cl X Cost Sett	e Rating Change d Customary Limitation ate limitation change mange tlement FYE 10/31/11 tester Change [2] as of 02/22/2010	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicaid Cost	Thomas Parker Reimbursement Plant	ning and Finance

V7.004.1.2:RUUD2



Bay Village of Sarasota		Provider Number:	0 018777-00
8400 Vamo Road		Date:	9/6/2012
Sarasota FL 34231-7899		Fiscal Year End:	10/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 225.83	New Rate 229.52	Effective Date 1/1/2011
Level H: AIDS	370.69	374.38	1/1/2011
Level U: Fragile Under 21	486.94	490.63	1/1/2011
Rate Type: X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target F FRVS C X Cost Se Rate Ser	Total Prospective Prospective Adjusted if Total Prospective with re Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicaid Cos	Thomas Parker st Reimbursement Plant	ning and Finance



Bay Village of Saraso	ta	Provider Number: 0 01877		0 018777-00	
8400 Vamo Road				Date:	9/6/2012
Sarasota FL 34231-78	399			Fiscal Year End:	10/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 213.29	New Rate 219.28	Effective Date 7/1/2011
	Level H: AIDS		359.49	365.48	7/1/2011
	Level U: Fragile Under 21		476.82	482.81	7/1/2011
I	Total Interim Interim Component Interim Componen	Changes:		re Total Prospective Prospective Adjusted Total Prospective with	
X Unaudited of Field audite Field audite Desk audite	ed costs - interim portion	X	Target Ra	d Customary Limitation ate limitation change nange tlement FYE 10/31/11	
Desk audit -	Interim Portion - Prospective portion		Rate Sem	nester Change [2] as of 02/22/2010	•
Distribution:		7	J	Thomas Parker	
Contract Manage Permanent File For inform No Change	-	Med	dicaid Cost	t Reimbursement Plan	ning and Finance
Home Office:	1 - No Home Office				



Bay Village of Saraso	ta			Provider Number:	0 018777-00
8400 Vamo Road				Date:	9/6/2012
Sarasota FL 34231-78	399			Fiscal Year End:	10/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
• •		•	Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		213.29	219.28	11/1/2011
	Level H: AIDS		359.49	365.48	11/1/2011
	Level U: Fragile Under 21		476.82	482.81	11/1/2011
Rate Type :					
Interim		<u> </u>	Prospectiv	е	
	Total Interim			Total Prospective	
	nterim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	h Interim Component
F	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	e Rating Change	
X Unaudited	costs			d Customary Limitation	on
Field audite	1			ate limitation change	
Field audit	- interim portion		FRVS CI	nange	
Desk audite	!	X		tlement FYE 10/31/1	1 .
	- Interim Portion - Prospective portion			ester Change [2] as of 02/22/2010	
	- Frospective portion		Ontre)	
<u>Distribution:</u>	. (77)		15-1	Thomas Parker	
_	ement / Fiscal Agent	Med	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File	ation Only				
For inform	<u>-</u>				
No Chang	e in Rate				
Home Office:	1 - No Home Office				
		4			
		The second secon			



Bay Village of Sarasota			Provider Number:	0 018777-00
8400 Vamo Road			Date:	9/6/2012
Sarasota FL 34231-7899			Fiscal Year End:	10/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 213.02	New Rate 221.57	Effective Date 1/1/2012
			-	
Level H: AIDS		360.63	369.18	1/1/2012
Level U: Fragile Under 21		479.09	487.64	1/1/2012
Rate Type: InterimX Total InterimInterim ComponentSettlement based on costsPrior Provider Prospective data Basis: Budget	X Changes:		e Fotal Prospective Prospective Adjusted Fotal Prospective with	
X Unaudited costs Field audited costs			l Customary Limitation the limitation change	on
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	FRVS Ch Cost Sett Rate Sem		.
Distribution:	g - marine construction and an	7/	Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate	Med	dicaid Cost	Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office				



Bay Village of Saraso	ota			Provider Number:	0 018777-00
8400 Vamo Road				Date:	9/6/2012
Sarasota FL 34231-78	899			Fiscal Year End:	10/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
	~	***************************************	Rate	Rate	Date
Nursing Home	Single Level	·	219.16		7/1/2012
	Level H: AIDS	_	368.37	381.91	7/1/2012
	Level U: Fragile Under 21	_	488.12	501.66	7/1/2012
Rate Type: Interim X	Fotal Interim	X	Prospectiv	re Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
F	Prior Provider Prospective data				
Basis:		Changes:			
Desk audite Desk audit	ed costs - interim portion	X	Usual and Target Ra FRVS Cl Cost Sett Rate Sem	e Rating Change d Customary Limitation ate limitation change hange tlement FYE 10/31/11 nester Change [2] as of 02/22/2010	
Distribution:		1	2/) Thomas Parker	
Permanent File	ement / Fiscal Agent nation Only se in Rate	Me	dicaid Cost	t Reimbursement Plan	ning and Finance
Home Office:	I - No Home Office				



The Manor At Blue Water Bay		Provider Number:	0 226041-00
1500 North White Point Rd.		Date:	9/11/2012
Niceville FL 32578		Fiscal Year End:	8/31/2009
		Audit Status:	Field Audited [2]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	198.95	<u> 196.76</u> -	7/1/2010
Level H: AIDS	342.29	340.10	7/1/2010
Level U: Fragile Under 2	457.32	455.13	7/1/2010
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective da Basis: Budget Unaudited costs X Field audited costs	Changes: Licen Usual	Total Prospective Prospective Adjusted	th Interim Component
Field audit - interim portion Desk audited costs	FRVS	Change Audit NH11-032C FYI	7 8/31/09
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate S	Semester Change RV [2] as of 02/02/1993	3 6/31/07
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid C	Cost Reimbursement Plan	nning and Finance
Home Office: 1 - No Home Office			



The Manor At Blue W	/ater Bay			Provider Number:	0 226041-00
1500 North White Poi	int Rd.			Date:	9/11/2012
Niceville FL 32578				Fiscal Year End:	8/31/2009
				Audit Status:	Field Audited [2]
Provider Type:			irrent Rate	New Rate	Effective Date
Nursing Home	Single Level	20)1.43	199.37	1/1/2011
	Level H: AIDS	34	16.29	344.23	1/1/2011
	Level U: Fragile Under 21	40	52.54	460.48	1/1/2011
I	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	Licensure	e Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change	n Interim Component
X Field audite Field audit Desk audite	ed costs - interim portion	X	Farget Ra FRVS Ch Field Aud Rate Sem	ate limitation change lange dit NH11-032C FYE ester Change	
Desk Audit Distribution:	- Prospective portion		On FRV	2] as of 02/02/1993	
	_	Media	caid Cost	Thomas Parker Reimbursement Plan	ning and Finance



The Manor At Blue Water Bay 1500 North White Point Rd.				Provider Number:	0 226041-00		
		•		Date:	9/11/2012 8/31/2010		
Niceville FL 32578				Fiscal Year End:			
				Audit Status:	Unaudited [3]		
Provider Type:					<u> </u>		
• •			Current	New	Effective		
			Rate	Rate	Date		
Nursing Home	Single Level	-	197.35		7/1/2011		
	Level H: AIDS		343.55	341.94	7/1/2011		
	Level U: Fragile Under 21		460.88	459.27	7/1/2011		
Rate Type :							
Interim		X	Prospectiv	ve			
	Total Interim		X Total Prospective				
	Interim Component		Prospective Adjusted for New Costs				
	Settlement based on costs			Total Prospective with	1 Interim Component		
	Prior Provider Prospective data						
Basis:		Changes	:				
_				Dating Change			
Budget X Unaudited	acets		Licensure Rating Change				
Field audit	į.		Usual and Customary Limitation Target Rate limitation change				
	- interim portion		FRVS Change				
Desk audit	-	X	X Effects of FA NH11-032C FYE 8/31/09				
Desk audit - Interim Portion			Rate Semester Change				
Desk Audit - Prospective portion			On FRV	[2] as of 02/02/1993			
Distribution:		المتوسعينيية. سم	2,2	Thomas Parker			
Contract Management / Fiscal Agent		M	edicaid Cos	t Reimbursement Plan	ning and Finance		
Permanent File					•		
For inform	nation Only						
No Chang	ge in Rate						
Home Office:	1 - No Home Office						
Home Office.	-						



The Manor At Blue Water Bay 1500 North White Point Rd.				Provider Number:	0 226041-00	
				Date:	9/11/2012 8/31/2010	
Niceville FL 32578				Fiscal Year End:		
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 197.94	Effective Date 1/1/2012	
ruising Home	Single Level		177.50		1/1/2012	
	Level H: AIDS	_	347.17	345.55	1/1/2012	
	Level U: Fragile Under 21	_	465.63	464.01	1/1/2012	
Rate Type: InterimTIrScPi	X	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component				
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		Changes:	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change			
Distribution:		and the same of th	25)	Thomas Parker		
Contract Manager Permanent File For informa No Change Home Office:	·	Me	edicaid Cos	t Reimbursement Plan	ning and Finance	



The Manor At Blue Water Bay 1500 North White Point Rd.				Provider Number:	0 226041-00		
				Date:	9/11/2012		
Niceville FL 32578		•		Fiscal Year End:	8/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
Nuveine Home	Single Level	-	Rate	Rate	Date 7/1/2012		
Nursing Home	Single Level	-	203.77		7/1/2012		
	Level H: AIDS		352.98	351.33	7/1/2012		
	Level U: Fragile Under 21		472.73	471.08	7/1/2012		
Rate Type:	*						
Interim		X	_ Prospectiv	ve			
	Total Interim		X Total Prospective				
	Interim Component		Prospective Adjusted for New Costs				
	Settlement based on costs			Total Prospective with	n Interim Component		
	Prior Provider Prospective data						
Basis:		Changes	s:				
			I :	a Datina Chausa			
Budget X Unaudited			Licensure Rating Change Licensure Rating Change				
	1		Usual and Customary Limitation Target Rate limitation change				
Field audited costs Field audit - interim portion			FRVS C				
Desk audite	-	X	X Effects of FA NH11-032C FYE 8/31/09				
Desk audited costs Desk audit - Interim Portion			Rate Semester Change				
Desk Audit - Prospective portion			On FRV	[2] as of 02/02/1993			
Distribution:			32	Thomas Parker			
_	ement / Fiscal Agent	M	ledicaid Cos	t Reimbursement Plan	ning and Finance		
Permanent File							
	nation Only						
No Chang	ge in Rate						
Home Office:	1 - No Home Office						
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The Health Center of Lake City	_	Provider Number:	0 226173-00		
560 S.W. McFarlane Ave.	_	Date:	9/10/2012 9/30/2009		
Lake City FL 32025	-	Fiscal Year End:			
		Audit Status:	Field Audited [2]		
Provider Type: Nursing Home Single Level	Current Rate 199.44	New Rate 197.74	Effective Date 7/1/2010		
Level H: AIDS	342.78	341.08	7/1/2010		
Level U: Fragile Under 21	457.81	456.11	7/1/2010		
Rate Type:					
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component				
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	Usual a Target FRVS G X Field A Rate Se	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change			
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Co	Thomas Parker ost Reimbursement Plan	ning and Finance		
Home Office: 1 - No Home Office					



The Health Center of Pensacola 8475 University Pkwy Pensacola FL 32514		_		Provider Number:	0 229571-00	
		_		Date:	9/5/2012	
				Fiscal Year End:	9/30/2009	
				Audit Status:	Field Audited [2]	
Provider Type:						
• •			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level		199.64	199.52	7/1/2010	
	Level H: AIDS	_	342.98	342.86	7/1/2010	
	Level U: Fragile Under 21	_	458.01	457.89	7/1/2010	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X		ve Total Prospective Prospective Adjusted Total Prospective with		
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Field Audit NH11-016C FYE 9/30/2009 Rate Semester Change On FRV [2] as of 05/28/1987				
Distribution:		,,	30	Thomas Parker		
Contract Management / Fiscal Agent		Me	dicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File						
For inform	nation Only					
No Chan	ge in Rate					
Home Office:	1 - No Home Office			•		