



RICK SCOTT  
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK  
SECRETARY

**MEMORANDUM**

**Date:** October 2, 2012

**To:** Alan Strowd, Chief, Medicaid Contract Management

**From:** *TP* 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 Number</u> | <u>Number of Rate Change Notices</u> |
|----|--------------------------------|------------------------|--------------------------------------|
| 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



| Provider Number | Effective Date Format YYYYMMDD | Single Level         | Level H: AIDS      | Single Level          | Single Level  | Peds under 21 | MCM number | Audit Number |
|-----------------|--------------------------------|----------------------|--------------------|-----------------------|---------------|---------------|------------|--------------|
|                 |                                | Intermediate I (IN1) | Skilled AIDS (SKA) | Intermediate II (IN2) | Skilled (SKD) | Level U       |            |              |
| 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    |



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

**Medicaid Reimbursement Per Diem Rates**

The Crossroads  
 206 West Orange Street  
 Davenport FL 33837

Provider Number: 0 001306-00  
 Date: 8/29/2012  
 Fiscal Year End: 6/30/2008  
 Audit Status: Unaudited [3]

**Provider Type:**

|                     |                           | Current Rate  | New Rate      | Effective Date    |
|---------------------|---------------------------|---------------|---------------|-------------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <u>203.19</u> | <u>202.79</u> | <u>12/28/2007</u> |
|                     | Level H: AIDS             | <u>335.13</u> | <u>334.73</u> | <u>12/28/2007</u> |
|                     | Level U: Fragile Under 21 | <u>440.99</u> | <u>440.59</u> | <u>12/28/2007</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  
 **Cost Settlement FYE 6/30/08**  
 Rate Semester Change  
 On FRV [2] as of 07/01/1988

**Distribution:**

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

*TP*

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

1 - No Home Office



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 Davenport FL 33837

Provider Number: 0 001306-00  
 Date: 8/29/2012  
 Fiscal Year End: 6/30/2008  
 Audit Status: Unaudited [3]

**Provider Type:**

|                                       | Current Rate  | New Rate      | Effective Date  |
|---------------------------------------|---------------|---------------|-----------------|
| <b>Nursing Home      Single Level</b> | <b>202.03</b> | <b>201.65</b> | <b>1/1/2008</b> |
| Level H: AIDS                         | 336.03        | 335.65        | 1/1/2008        |
| Level U: Fragile Under 21             | 443.55        | 443.17        | 1/1/2008        |

**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  
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 Target Rate limitation change  
 FRVS Change  
 **Cost Settlement FYE 6/30/08**  
 Rate Semester Change  
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 Fiscal Year End: 6/30/2008  
 Audit Status: Unaudited [3]

**Provider Type:**

|                                     | Current Rate  | New Rate      | Effective Date  |
|-------------------------------------|---------------|---------------|-----------------|
| <b>Nursing Home    Single Level</b> | <b>203.64</b> | <b>203.79</b> | <b>7/1/2008</b> |
| Level H: AIDS                       | 339.92        | 340.07        | 7/1/2008        |
| Level U: Fragile Under 21           | 449.27        | 449.42        | 7/1/2008        |

**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:**

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

**Cost Settlement FYE 6/30/08**

Rate Semester Change

On FRV [2] as of 07/01/1988

**Distribution:**

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Permanent File

For information Only

No Change in Rate

*TP*  
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Home Office:  I - No Home Office



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Davenport FL 33837

Provider Number: 0 001306-00  
Date: 8/29/2012  
Fiscal Year End: 6/30/2008  
Audit Status: Unaudited [3]

**Provider Type:**

|                     |                           | <u>Current<br/>Rate</u> | <u>New<br/>Rate</u> | <u>Effective<br/>Date</u> |
|---------------------|---------------------------|-------------------------|---------------------|---------------------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <u>202.17</u>           | <u>203.32</u>       | <u>1/1/2009</u>           |
|                     | Level H: AIDS             | <u>340.52</u>           | <u>341.67</u>       | <u>1/1/2009</u>           |
|                     | Level U: Fragile Under 21 | <u>451.53</u>           | <u>452.68</u>       | <u>1/1/2009</u>           |

**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:**

|   |
|---|
| <input type="checkbox"/> Budget                           |
| <input checked="" type="checkbox"/> Unaudited costs       |
| <input type="checkbox"/> Field audited costs              |
| <input type="checkbox"/> Field audit - interim portion    |
| <input type="checkbox"/> Desk audited costs               |
| <input type="checkbox"/> Desk audit - Interim Portion     |
| <input type="checkbox"/> Desk Audit - Prospective portion |

**Changes:**

|  |
|--|
| <input type="checkbox"/> Licensure Rating Change                       |
| <input type="checkbox"/> Usual and Customary Limitation                |
| <input type="checkbox"/> Target Rate limitation change                 |
| <input type="checkbox"/> FRVS Change                                   |
| <input checked="" type="checkbox"/> <b>Cost Settlement FYE 6/30/08</b> |
| <input type="checkbox"/> Rate Semester Change                          |
| <input type="checkbox"/> On FRV [2] as of 07/01/1988                   |

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Provider Number: 0 001306-00  
 Date: 8/29/2012  
 Fiscal Year End: 6/30/2008  
 Audit Status: Unaudited [3]

**Provider Type:**

|                                       | Current Rate  | New Rate      | Effective Date  |
|---------------------------------------|---------------|---------------|-----------------|
| <b>Nursing Home      Single Level</b> | <b>185.22</b> | <b>186.28</b> | <b>3/1/2009</b> |
| 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  
 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:**

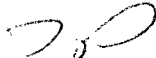
Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Cost Settlement FYE 6/30/08**  
 Rate Semester Change  
 On FRV [2] as of 07/01/1988

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Home Office:

1 - No Home Office



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The Crossroads  
 206 West Orange Street  
 Davenport FL 33837

Provider Number: 0 001306-00  
 Date: 8/29/2012  
 Fiscal Year End: 6/30/2008  
 Audit Status: Unaudited [3]

**Provider Type:**

|                     |                           | Current Rate  | New Rate      | Effective Date  |
|---------------------|---------------------------|---------------|---------------|-----------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <b>226.42</b> | <b>227.10</b> | <b>4/1/2009</b> |
|                     | Level H: AIDS             | 364.77        | 365.45        | 4/1/2009        |
|                     | Level U: Fragile Under 21 | 475.78        | 476.46        | 4/1/2009        |

**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  
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 Fiscal Year End: 6/30/2008  
 Audit Status: Unaudited [3]

**Provider Type:**

|                     |                           | Current Rate  | New Rate      | Effective Date  |
|---------------------|---------------------------|---------------|---------------|-----------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <u>234.75</u> | <u>235.71</u> | <u>7/1/2009</u> |
|                     | Level H: AIDS             | <u>375.10</u> | <u>376.06</u> | <u>7/1/2009</u> |
|                     | Level U: Fragile Under 21 | <u>487.72</u> | <u>488.68</u> | <u>7/1/2009</u> |

**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:**

- 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
- Cost Settlement FYE 6/30/08**
- Rate Semester Change
- On FRV [2] as of 07/01/1988

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Provider Number: 0 001306-00  
 Date: 8/29/2012  
 Fiscal Year End: 6/30/2008  
 Audit Status: Unaudited [3]

**Provider Type:**

|                                      | Current Rate  | New Rate      | Effective Date  |
|--------------------------------------|---------------|---------------|-----------------|
| <b>Nursing Home     Single Level</b> | <b>236.33</b> | <b>237.36</b> | <b>1/1/2010</b> |
| Level H: AIDS                        | 378.25        | 379.28        | 1/1/2010        |
| Level U: Fragile Under 21            | 492.13        | 493.16        | 1/1/2010        |

**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       |
| <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  
 **Cost Settlement FYE 6/30/08**  
 Rate Semester Change  
 On FRV [2] as of 07/01/1988

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 206 West Orange Street  
 Davenport FL 33837

Provider Number: 0 001306-00  
 Date: 8/29/2012  
 Fiscal Year End: 6/30/2008  
 Audit Status: Unaudited [3]

**Provider Type:**

| Nursing Home | Single Level              | Current Rate  | New Rate      | Effective Date  |
|--------------|---------------------------|---------------|---------------|-----------------|
|              |                           | <u>239.33</u> | <u>239.35</u> | <u>7/1/2010</u> |
|              | Level H: AIDS             | <u>382.67</u> | <u>382.69</u> | <u>7/1/2010</u> |
|              | Level U: Fragile Under 21 | <u>497.70</u> | <u>497.72</u> | <u>7/1/2010</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

**Cost Settlement FYE 6/30/08**

Rate Semester Change

On FRV [2] as of 07/01/1988

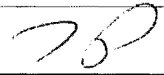
**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For information Only

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

Home Office:  1 - No Home Office



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 Date: 8/29/2012  
 Fiscal Year End: 6/30/2008  
 Audit Status: Unaudited [3]

**Provider Type:**

|                     |                           | Current Rate  | New Rate      | Effective Date  |
|---------------------|---------------------------|---------------|---------------|-----------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <u>242.11</u> | <u>242.53</u> | <u>1/1/2011</u> |
|                     | Level H: AIDS             | <u>386.97</u> | <u>387.39</u> | <u>1/1/2011</u> |
|                     | Level U: Fragile Under 21 | <u>503.22</u> | <u>503.64</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  
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**Changes:**

Licensure Rating Change  
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**Provider Type:**

|                     |                           | Current Rate  | New Rate      | Effective Date  |
|---------------------|---------------------------|---------------|---------------|-----------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <b>232.12</b> | <b>234.16</b> | <b>7/1/2011</b> |
|                     | Level H: AIDS             | 378.32        | 380.36        | 7/1/2011        |
|                     | Level U: Fragile Under 21 | 495.65        | 497.69        | 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:**

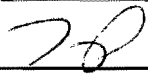
Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Cost Settlement FYE 6/30/08  
 Rate Semester Change  
 On FRV [2] as of 07/01/1988

**Distribution:**

Contract Management / Fiscal Agent  
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 No Change in Rate

  
 Thomas Parker  
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Home Office:

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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

The Crossroads  
 206 West Orange Street  
 Davenport FL 33837

Provider Number: 0 001306-00  
 Date: 8/29/2012  
 Fiscal Year End: 6/30/2008  
 Audit Status: Unaudited [3]

**Provider Type:**

|                     |                           | Current Rate  | New Rate      | Effective Date  |
|---------------------|---------------------------|---------------|---------------|-----------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <b>231.84</b> | <b>237.16</b> | <b>1/1/2012</b> |
|                     | 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  
 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  
 **Cost Settlement FYE 6/30/08**  
 Rate Semester Change  
 On FRV [2] as of 07/01/1988

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

The Crossroads  
 206 West Orange Street  
 Davenport FL 33837

Provider Number: 0 001306-00  
 Date: 8/29/2012  
 Fiscal Year End: 6/30/2008  
 Audit Status: Unaudited [3]

**Provider Type:**

|                     |                           | Current Rate  | New Rate      | Effective Date  |
|---------------------|---------------------------|---------------|---------------|-----------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <b>236.86</b> | <b>247.25</b> | <b>7/1/2012</b> |
|                     | Level H: AIDS             | 386.07        | 396.46        | 7/1/2012        |
|                     | Level U: Fragile Under 21 | 505.82        | 516.21        | 7/1/2012        |

|  |  |   |  |
|--|--|---|--|
| <b>Rate Type :</b><br><input type="checkbox"/> Interim<br><input type="checkbox"/> Total Interim<br><input type="checkbox"/> Interim Component<br><input checked="" type="checkbox"/> Settlement based on costs<br><input type="checkbox"/> Prior Provider Prospective data  |  | <input checked="" type="checkbox"/> Prospective<br><input type="checkbox"/> Total Prospective<br><input type="checkbox"/> Prospective Adjusted for New Costs<br><input type="checkbox"/> Total Prospective with Interim Component |  |
| <b>Basis:</b><br><input type="checkbox"/> Budget<br><input checked="" type="checkbox"/> Unaudited costs<br><input type="checkbox"/> Field audited costs<br><input type="checkbox"/> Field audit - interim portion<br><input type="checkbox"/> Desk audited costs<br><input type="checkbox"/> Desk audit - Interim Portion<br><input type="checkbox"/> Desk Audit - Prospective portion | <b>Changes:</b><br><input type="checkbox"/> Licensure Rating Change<br><input type="checkbox"/> Usual and Customary Limitation<br><input type="checkbox"/> Target Rate limitation change<br><input type="checkbox"/> FRVS Change<br><input checked="" type="checkbox"/> Cost Settlement FYE 6/30/08<br><input type="checkbox"/> Rate Semester Change<br><input type="checkbox"/> On FRV [2] as of 07/01/1988 |   |  |

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**Medicaid Reimbursement Per Diem Rates**

Bay Village of Sarasota  
 8400 Vamo Road  
 Sarasota FL 34231-7899

Provider Number: 0 018777-00  
 Date: 9/6/2012  
 Fiscal Year End: 10/31/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

|                     |                           | Current Rate  | New Rate      | Effective Date   |
|---------------------|---------------------------|---------------|---------------|------------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <u>225.34</u> | <u>225.87</u> | <u>2/22/2010</u> |
|                     | Level H: AIDS             | <u>367.26</u> | <u>367.79</u> | <u>2/22/2010</u> |
|                     | Level U: Fragile Under 21 | <u>481.14</u> | <u>481.67</u> | <u>2/22/2010</u> |

**Rate Type :**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Interim              | <input type="checkbox"/> Prospective                              |
| <input checked="" type="checkbox"/> Total Interim        | <input 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  
 **Cost Settlement FYE 10/31/11**  
 Rate Semester Change  
 On FRV [2] as of 02/22/2010

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

Bay Village of Sarasota  
 8400 Vamo Road  
 Sarasota FL 34231-7899

Provider Number: 0 018777-00  
 Date: 9/6/2012  
 Fiscal Year End: 10/31/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

|                     |                           | Current Rate  | New Rate      | Effective Date  |
|---------------------|---------------------------|---------------|---------------|-----------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <b>225.55</b> | <b>226.36</b> | <b>7/1/2010</b> |
|                     | Level H: AIDS             | 368.89        | 369.70        | 7/1/2010        |
|                     | Level U: Fragile Under 21 | 483.92        | 484.73        | 7/1/2010        |

**Rate Type :**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Interim              | <input type="checkbox"/> Prospective                              |
| <input checked="" type="checkbox"/> Total Interim        | <input 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  
 **Cost Settlement FYE 10/31/11**  
 Rate Semester Change  
 On FRV [2] as of 02/22/2010

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**Medicaid Reimbursement Per Diem Rates**

Bay Village of Sarasota  
 8400 Vamo Road  
 Sarasota FL 34231-7899

Provider Number: 0 018777-00  
 Date: 9/6/2012  
 Fiscal Year End: 10/31/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

|                     |                           | Current Rate  | New Rate      | Effective Date  |
|---------------------|---------------------------|---------------|---------------|-----------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <b>225.83</b> | <b>229.52</b> | <b>1/1/2011</b> |
|                     | Level H: AIDS             | 370.69        | 374.38        | 1/1/2011        |
|                     | Level U: Fragile Under 21 | 486.94        | 490.63        | 1/1/2011        |

**Rate Type :**

|  |   |
|--|---|
| <input checked="" type="checkbox"/> Interim              | <input type="checkbox"/> Prospective                              |
| <input checked="" type="checkbox"/> Total Interim        | <input 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  
 **Cost Settlement FYE 10/31/11**  
 Rate Semester Change  
 On FRV [2] as of 02/22/2010

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**Medicaid Reimbursement Per Diem Rates**

Bay Village of Sarasota  
 8400 Vamo Road  
 Sarasota FL 34231-7899

Provider Number: 0 018777-00  
 Date: 9/6/2012  
 Fiscal Year End: 10/31/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

|                     |                           | Current<br>Rate | New<br>Rate   | Effective<br>Date |
|---------------------|---------------------------|-----------------|---------------|-------------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <b>213.29</b>   | <b>219.28</b> | <b>7/1/2011</b>   |
|                     | Level H: AIDS             | 359.49          | 365.48        | 7/1/2011          |
|                     | Level U: Fragile Under 21 | 476.82          | 482.81        | 7/1/2011          |

**Rate Type :**

|  |   |
|--|---|
| <input checked="" type="checkbox"/> Interim              | <input type="checkbox"/> Prospective                              |
| <input checked="" type="checkbox"/> Total Interim        | <input 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  
 **Cost Settlement FYE 10/31/11**  
 Rate Semester Change  
 On FRV [2] as of 02/22/2010

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**Medicaid Reimbursement Per Diem Rates**

Bay Village of Sarasota  
 8400 Vamo Road  
 Sarasota FL 34231-7899

Provider Number: 0 018777-00  
 Date: 9/6/2012  
 Fiscal Year End: 10/31/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

|                     |                           | Current Rate  | New Rate      | Effective Date   |
|---------------------|---------------------------|---------------|---------------|------------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <b>213.29</b> | <b>219.28</b> | <b>11/1/2011</b> |
|                     | Level H: AIDS             | 359.49        | 365.48        | 11/1/2011        |
|                     | Level U: Fragile Under 21 | 476.82        | 482.81        | 11/1/2011        |

**Rate Type :**

- |  |   |
|--|---|
| <input type="checkbox"/> Interim                         | <input checked="" type="checkbox"/> Prospective                   |
| <input checked="" type="checkbox"/> Total Interim        | <input 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
- Cost Settlement FYE 10/31/11**
- Rate Semester Change
- On FRV [2] as of 02/22/2010

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**Medicaid Reimbursement Per Diem Rates**

Bay Village of Sarasota  
 8400 Vamo Road  
 Sarasota FL 34231-7899

Provider Number: 0 018777-00  
 Date: 9/6/2012  
 Fiscal Year End: 10/31/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

|                     |                           | Current<br>Rate | New<br>Rate   | Effective<br>Date |
|---------------------|---------------------------|-----------------|---------------|-------------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <b>213.02</b>   | <b>221.57</b> | <b>1/1/2012</b>   |
|                     | Level H: AIDS             | 360.63          | 369.18        | 1/1/2012          |
|                     | Level U: Fragile Under 21 | 479.09          | 487.64        | 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  
 **Cost Settlement FYE 10/31/11**  
 Rate Semester Change  
 On FRV [2] as of 02/22/2010

**Distribution:**

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 No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

Bay Village of Sarasota  
 8400 Vamo Road  
 Sarasota FL 34231-7899

Provider Number: 0 018777-00  
 Date: 9/6/2012  
 Fiscal Year End: 10/31/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

|                     |                           | Current Rate  | New Rate      | Effective Date  |
|---------------------|---------------------------|---------------|---------------|-----------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <b>219.16</b> | <b>232.70</b> | <b>7/1/2012</b> |
|                     | 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  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

Cost Settlement FYE 10/31/11

Rate Semester Change

On FRV [2] as of 02/22/2010

**Distribution:**

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 No Change in Rate

**Thomas Parker**  
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**Medicaid Reimbursement Per Diem Rates**

The Manor At Blue Water Bay  
 1500 North White Point Rd.  
 Niceville FL 32578

Provider Number: 0 226041-00  
 Date: 9/11/2012  
 Fiscal Year End: 8/31/2009  
 Audit Status: Field Audited [2]

**Provider Type:**

|                     |                           | Current Rate  | New Rate      | Effective Date  |
|---------------------|---------------------------|---------------|---------------|-----------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <u>198.95</u> | <u>196.76</u> | <u>7/1/2010</u> |
|                     | Level H: AIDS             | <u>342.29</u> | <u>340.10</u> | <u>7/1/2010</u> |
|                     | Level U: Fragile Under 21 | <u>457.32</u> | <u>455.13</u> | <u>7/1/2010</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 NH11-032C FYE 8/31/09

Rate Semester Change

On FRV [2] as of 02/02/1993

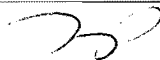
**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

  
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Home Office:

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**Medicaid Reimbursement Per Diem Rates**

The Manor At Blue Water Bay  
 1500 North White Point Rd.  
 Niceville FL 32578

Provider Number: 0 226041-00  
 Date: 9/11/2012  
 Fiscal Year End: 8/31/2009  
 Audit Status: Field Audited [2]

**Provider Type:**

|                                       | Current Rate  | New Rate      | Effective Date  |
|---------------------------------------|---------------|---------------|-----------------|
| <b>Nursing Home      Single Level</b> | <b>201.43</b> | <b>199.37</b> | <b>1/1/2011</b> |
| Level H: AIDS                         | 346.29        | 344.23        | 1/1/2011        |
| Level U: Fragile Under 21             | 462.54        | 460.48        | 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:**

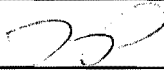
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH11-032C FYE 8/31/09
- Rate Semester Change
- On FRV [2] as of 02/02/1993

**Distribution:**

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

  
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**Medicaid Reimbursement Per Diem Rates**

The Manor At Blue Water Bay  
 1500 North White Point Rd.  
 Niceville FL 32578

Provider Number: 0 226041-00  
 Date: 9/11/2012  
 Fiscal Year End: 8/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

|                     |                           | Current Rate         | New Rate             | Effective Date         |
|---------------------|---------------------------|----------------------|----------------------|------------------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <u><b>197.35</b></u> | <u><b>195.74</b></u> | <u><b>7/1/2011</b></u> |
|                     | Level H: AIDS             | <u>343.55</u>        | <u>341.94</u>        | <u>7/1/2011</u>        |
|                     | Level U: Fragile Under 21 | <u>460.88</u>        | <u>459.27</u>        | <u>7/1/2011</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 NH11-032C FYE 8/31/09**

Rate Semester Change

On FRV [2] as of 02/02/1993

**Distribution:**

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- For information Only
- No Change in Rate

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Home Office: 1 - No Home Office



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**Medicaid Reimbursement Per Diem Rates**

The Manor At Blue Water Bay  
 1500 North White Point Rd.  
 Niceville FL 32578

Provider Number: 0 226041-00  
 Date: 9/11/2012  
 Fiscal Year End: 8/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

|                     |                           | Current Rate  | New Rate      | Effective Date  |
|---------------------|---------------------------|---------------|---------------|-----------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <b>199.56</b> | <b>197.94</b> | <b>1/1/2012</b> |
|                     | Level H: AIDS             | 347.17        | 345.55        | 1/1/2012        |
|                     | Level U: Fragile Under 21 | 465.63        | 464.01        | 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 NH11-032C FYE 8/31/09  
 Rate Semester Change  
 On FRV [2] as of 02/02/1993

**Distribution:**

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

Home Office:

1 - No Home Office

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance



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

**Medicaid Reimbursement Per Diem Rates**

The Manor At Blue Water Bay  
 1500 North White Point Rd.  
 Niceville FL 32578

Provider Number: 0 226041-00  
 Date: 9/11/2012  
 Fiscal Year End: 8/31/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

|                     |                           | Current Rate  | New Rate      | Effective Date  |
|---------------------|---------------------------|---------------|---------------|-----------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <u>203.77</u> | <u>202.12</u> | <u>7/1/2012</u> |
|                     | Level H: AIDS             | <u>352.98</u> | <u>351.33</u> | <u>7/1/2012</u> |
|                     | Level U: Fragile Under 21 | <u>472.73</u> | <u>471.08</u> | <u>7/1/2012</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 NH11-032C FYE 8/31/09  
 Rate Semester Change  
 On FRV [2] as of 02/02/1993

**Distribution:**

Contract Management / Fiscal Agent  
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 No Change in Rate

Home Office:

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**Medicaid Reimbursement Per Diem Rates**

The Health Center of Lake City  
 560 S.W. McFarlane Ave.  
 Lake City FL 32025

Provider Number: 0 226173-00  
 Date: 9/10/2012  
 Fiscal Year End: 9/30/2009  
 Audit Status: Field Audited [2]

**Provider Type:**

|                     |                           | Current Rate  | New Rate      | Effective Date  |
|---------------------|---------------------------|---------------|---------------|-----------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <b>199.44</b> | <b>197.74</b> | <b>7/1/2010</b> |
|                     | 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  
 Prospective  
 Total Interim  
 Total Prospective  
 Interim Component  
 Prospective Adjusted for New Costs  
 Settlement based on costs  
 Total Prospective with Interim Component  
 Prior Provider Prospective data

**Basis:**


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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Field Audit NH11-018C FYE 9/30/2009**  
 Rate Semester Change  
 On FRV [2] as of 05/01/1999

**Distribution:**

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 No Change in Rate

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

Home Office:

1 - No Home Office



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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

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 Rate  | New Rate      | Effective Date  |
|---------------------|---------------------------|---------------|---------------|-----------------|
| <b>Nursing Home</b> | <b>Single Level</b>       | <b>199.64</b> | <b>199.52</b> | <b>7/1/2010</b> |
|                     | Level H: AIDS             | 342.98        | 342.86        | 7/1/2010        |
|                     | Level U: Fragile Under 21 | 458.01        | 457.89        | 7/1/2010        |

**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 NH11-016C FYE 9/30/2009**  
 Rate Semester Change  
 On FRV [2] as of 05/28/1987

**Distribution:**

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

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

I - No Home Office