

RICK SCOTT GOVERNOR

# Better Health Care for all Floridians ELIZABETH DUDEK SECRETARY

#### **MEMORANDUM**

**Date:** March 21, 2012

To: Alan Strowd, Chief, Medicaid Contract Management

From: Stephen Russell, 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 of Rate
		Number	Change Notices
1.	Surrey Place Care Center	0 001135-00	1
2.	Signature Healthcare of Palm Beach	0 001136-00	1
3.	HHCC Boca Raton	0 011997-00	6
4.	Whitehall Boca Raton	0 016016-00	6
5.	Vienna Square	0 023255-00	6
6.	The Palms at Maitland, Inc.	0 263117-00	1
7.	Chautauqua Rehab & Nursing Center	0 324361-00	1
8.	Signature Healthcare of Gainesville	0 324388-00	1
9.	Signature Healthcare Center of Waterford	0 324400-00	1
10.	Signature Healthcare at the Courtyard	0 324426-00	1
11.	Signature Healthcare of Orange Park	0 324434-00	1
12.	Signature Healthcare of Ormond	0 324442-00	1
13.	Anchor Care & Rehab Center	0 324451-00	1
14.	Winter Park Care & Rehab Center	0 324515-00	1
		Total	29

If you have any questions regarding the above contact Stephen Russell at 412-4106.

SR/dm Attachments



		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
	Effective Date							
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II			MCM	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	Level U	number	Number
000113500	20120101	207.04	354.65	207.04	207.04	473.11	69990-12	
000113600	20120101	210.04	357,65	210.04	210.04	476.11	69990-12	
001199700	20090805	210.57	350.92	210.57	210.57	463.54	69990-12	
001199700	20100101	212.09	354.01	212.09	212.09	467.89	69990-12	
001199700	20100701	213.60	356.94	213.60	213.60	471.97	69990-12	
001199700	20110101	217.54	362.40	217.54	217.54	478.65	69990-12	
001199700	20110701	208.49	354.69	208.49	208.49	472.02	69990-12	
001199700	20120101	210.88	358.49	210.88	210.88	476.95	69990-12	
001601600	20091201	212.89	353,24	212.89	212.89	465.86	69990-12	
001601600	20100101	214.19	356.11	214.19	214.19	469.99	69990-12	
001601600	20100701	214.33	357.67	214.33	214.33	472.70	69990-12	
001601600	20110101	217.45	362.31	217.45	217.45	478.56	69990-12	
001601600	20110701	208.61	354.81	208.61	208.61	472.14	69990-12	
001601600	20120101	210.34	357.95	210.34	210.34	476.41	69990-12	
002325500	20101104	228.38	371.72	228.38	228,38	486.75	69990-12	
002325500	20110101	231.62	376.48	231.62	231.62	492.73	69990-12	
002325500	20110603	231.62	376.48	231.62	231.62	492.73	69990-12	
002325500	20110701	221.87	368.07	221.87	221.87	485.40	69990-12	
002325500	20111104	220.02	366.22	220.02	220.02	483.55	69990-12	
002325500	20120101	221.83	369.44	221.83	221.83	487.90	69990-12	
026311700	20050701	165.39	288.67	165.39	165.39	387.58	69990-12	NH07-120C
032436100	20120101	194.76	342.37	194.76	194.76	460.83	69990-12	
032438800	20120101	192.08	339.69	192.08	192.08	458.15	69990-12	
032440000	20120101	190.35	337.96	190.35	190.35	456.42	69990-12	
032442600	20120101	189.44	337.05	189,44	189.44	455.51	69990-12	
032443400	20120101	202.51	350.12	202.51	202.51	468.58	69990-12	
032444200	20120101	210.70	358.31	210.70	210.70	476.77	69990-12	
032445100	20120101	193.30	340.91	193.30	193.30	459.37	69990-12	
032451500	20120101	200.48	348.09	200.48	200.48	466.55	69990-12	



V6.998.1.2:QUCOC

#### State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Surrey Place Care Cen	iter			Provider Number:	0 001135-00
110 Southeast Lee Ave	enue			Date:	3/8/2012
Live Oak FL 32060				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	_	Current Rate 205.35	New Rate 207.04	Effective Date 1/1/2012
Nursing Home	Single Devel	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	203.33	207.04	1/1/2012
	Level H: AIDS	_	352.96	354.65	1/1/2012
	Level U: Fragile Under 21	_	471.42	473.11	1/1/2012
Basis:	Total Interim Interim Component Ettlement based on costs The Provider Prospective data	Changes		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		X	Usual an Target R FRVS C Retro for	e Rating Change d Customary Limitatio ate limitation change hange or RS 01/2012 FYE 9/2 nester Change [2] as of 01/21/1988	
	ment / Fiscal Agent	<b></b>	<i>A</i> Medicai	Stephen Russell	Analysis
Permanent File For inform					
No Change	e in Rate				
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299	3444			



Signature HealthCARE of 4405 Lakewood Road Lake Worth FL 33461	Palm Beach			Provider Number:  Date: Fiscal Year End:	0 001136-00 3/8/2012 9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Si	ingle Level		Current Rate 206.64	New Rate 210.04	Effective Date 1/1/2012
	vel H: AIDS vel U: Fragile Under 21	-	354.25 472.71	<u>357.65</u> <u>476.11</u>	1/1/2012 1/1/2012
Interin Settler	Interim n Component ment based on costs Provider Prospective data	X		e Fotal Prospective Prospective Adjusted : Fotal Prospective with	
Basis:  Budget X Unaudited costs Field audited cost Field audit - inte Desk audited cost Desk Audit - Inte Desk Audit - Pro	rim portion ets rim Portion	Changes	Licensure Usual and Target Ra FRVS Ch Retro for Rate Sem	Rating Change Customary Limitatio te limitation change ange R/S 01/12 FYE 9/30 ester Change 2] as of 07/01/1988	
Distribution:  Contract Management Permanent File For information No Change in H Home Office:	Only		Medicaid	Stephen Russell Cost Reimbursement	Analysis



HHCC Boca Raton				Provider Number:	0 011997-00
7225 Boca Del Mar Drive			Date:	3/6/2012	
Boca Raton FL 33433				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Sin	igle Level	***************************************	Current Rate 205.53	New Rate 210.57	Effective Date 8/5/2009
ruising frome	igic Devel		203.33		0/3/2007
Leve	el H: AIDS	3	345.88	350.92	8/5/2009
Leve	el U: Fragile Under 21		458.50	463.54	8/5/2009
	_				
Rate Type :					
X Interim		]	Prospectiv	e	
Total Ir	nterim			Total Prospective	
Interim	Component			Prospective Adjusted	
X Settlem	ent based on costs			Total Prospective with	Interim Component
Prior Pr	rovider Prospective data				
Basis:		Changes:			
			Licomove	Dating Change	
Budget				Rating Change I Customary Limitatio	
X Unaudited costs Field audited cost	5			te limitation change	211
Field audited cost			FRVS C	-	
Desk audited costs	•	<u> </u>		lement FYE 12/31/2	010
Desk audit - Interi			Rate Sem	ester Change	
Desk Audit - Pros	pective portion		On FRV	[2] as of 08/05/2009	
Distribution:			11	Stephen Russell	
Contract Management	Fiscal Agent	***************************************	Medicaid	Cost Reimbursement	Analysis
Permanent File					
For information (	Only				
No Change in Ra	ate				
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



HHCC Boca Raton				Provider Number:	0 011997-00		
7225 Boca Del Mar Di	rive			Date:	3/6/2012		
Boca Raton FL 33433				Fiscal Year End:	12/31/2010		
				Audit Status:	Unaudited [3]		
Provider Type: Nursing Home	Single Level		Current Rate 206.92	New Rate 212.09	Effective Date 1/1/2010		
	Level H: AIDS		348.84	354.01	1/1/2010		
	Level U: Fragile Under 21		462.72	467.89	1/1/2010		
Basis:  Budget X Unaudited of Field audited	1	Changes:	Licensure Usual and	Total Prospective Prospective Adjusted Total Prospective with Rating Change d Customary Limitatio ate limitation change	n Interim Component		
Desk audit - Interim Portion  Desk Audit - Interim Portion  Desk Audit - Prospective portion			Cost Settlement FYE 12/31/2010 Rate Semester Change On FRV [2] as of 08/05/2009				
Distribution:			£1	Stephen Russell			
Contract Manager Permanent File For informa No Change			Medicaio	Cost Reimbursement	Analysis		
Home Office:	HCR Manor Care  Julie Yoxtheimer  333 North Summit Street  Toledo OH 43604						



HHCC Boca Raton				Provider Number:	0 011997-00
7225 Boca Del Mar Drive			Date:	3/6/2012	
Boca Raton FL 33433				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 208.68	New Rate 213.60	Effective Date 7/1/2010
L	evel H: AIDS		352.02	356.94	7/1/2010
Ĺ	evel U: Fragile Under 21		467.05	471.97	7/1/2010
Inter X Settl	osts	Changes	Licensure Usual and	Total Prospective Prospective Adjusted Total Prospective with Rating Change I Customary Limitatio ate limitation change	n Interim Component
Desk audited co	osts	X	Cost Sett	tlement FYE 12/31/20 tester Change [2] as of 08/05/2009	010
Distribution:			pK	I Stephen Russell	
Contract Manageme Permanent File For information No Change in	on Only Rate		Medicaid	Cost Reimbursement	Analysis
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



HHCC Boca Raton				Provider Number:	0 011997-00
7225 Boca Del Mar Di	rive			Date:	3/6/2012
Boca Raton FL 33433				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		urrent Rate	New Rate 217.54	Effective
	Level H: AIDS	_ 3	54.28	362.40	1/1/2011
	Level U: Fragile Under 21	4	70.53	478.65	1/1/2011
Basis:  Budget X Unaudited c Field audite Field audite Desk audited	d costs - interim portion	Changes:	Licensur Usual an Target R FRVS C Cost Set Rate Sen	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change hange tlement FYE 12/31/20 nester Change	n Interim Component
Desk Audit Distribution:	- Prospective portion		On FRV	[2] as of 08/05/2009	
	ment / Fiscal Agent	***************************************	17	Stephen Russell	
Permanent File For inform			Medicai	i Cost Reimbursement	Analysis
No Change	e in Rate				
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604	-			



HHCC Boca Raton				Provider Number:	0 011997-00
7225 Boca Del Mar Dri			Date:	3/6/2012	
Boca Raton FL 33433				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		200.82	208.49	7/1/2011
	Level H: AIDS		347.02	354.69	7/1/2011
	Level U: Fragile Under 21	-	464.35	472.02	7/1/2011
Basis:  Budget X Unaudited cos Field audited	costs nterim portion costs	Changes  X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  Rating Change d Customary Limitation ate limitation change	n Interim Component
Desk Audit - I  Distribution:	Prospective portion		On FRV	[2] as of 08/05/2009 Stephen Russell	
Contract Managem Permanent File For informat No Change i	ion Only		Medicaio	Stephen Russell	Analysis
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



HHCC Boca Raton				Provider Number:	0 011997-00
7225 Boca Del Mar Dri	ve			Date:	3/6/2012
Boca Raton FL 33433				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New	Effective Date 1/1/2012
Titlising Irome		_			
	Level H: AIDS	_	350.23	358.49	1/1/2012
	Level U: Fragile Under 21		468.69	476.95	1/1/2012
Int X Set	tal Interim erim Component tlement based on costs or Provider Prospective data	X		e Total Prospective Prospective Adjusted Total Prospective witl	
Basis:  Budget X Unaudited completed audited Field audited Desk audited Desk audited Desk Audit - I Desk Audit - I	Changes	Licensur Usual an Target R FRVS C Cost Set Rate Sen	e Rating Change  d Customary Limitation ate limitation change nange tlement FYE 12/31/2 nester Change [2] as of 08/05/2009		
Distribution:		L	Ħ	Stephen Russell	
Contract Managem Permanent File For informat No Change	tion Only		Medicaio	l Cost Reimbursement	Analysis
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Whitehall Boca Raton		•		Provider Number:	0 016016-00
7300 Del Prado South			Date:	3/7/2012	
Boca Raton FL 33433				Fiscal Year End:	12/31/2010
			,	Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 212.89	Effective Date 12/1/2009
	Level H: AIDS	-	362.16	353.24	12/1/2009
	Level U: Fragile Under 21	-	474.78	465.86	12/1/2009
Basis:  Budget X Unaudited control Field audited audit	d costs - interim portion	Changes	Licensur Usual an Target R FRVS C Cost Set Rate Sen	Total Prospective Prospective Adjusted Total Prospective with  Re Rating Change and Customary Limitation at a limitation change	h Interim Component
Permanent FileFor inform			<i>f]]</i> Medicai	Š Stephen Russell d Cost Reimbursement	Analysis
No Change Home Office:	7 - No Home Office				



Whitehall Boca Raton		Provider Number:	0 016016-00
7300 Del Prado South		Date:	3/7/2012
Boca Raton FL 33433		Fiscal Year End:	12/31/2010
•		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 223.10	New Rate 214.19	Effective Date 1/1/2010
Level H: AIDS	365.02	356.11	1/1/2010
Level U: Fragile Under 21	478.90	469.99	1/1/2010
Rate Type:  X Interim  Total Interim  Interim Component  X Settlement based on costs  Prior Provider Prospective data		e Fotal Prospective Prospective Adjusted Fotal 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 Ch X Cost Sett Rate Sem	Rating Change I Customary Limitation the limitation change lange lement FYE 12/31/10 ester Change [2] as of 12/01/2009	
Distribution:	Ŋ	Stephen Russell	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid	Cost Reimbursement	Analysis



Whitehall Boca Raton				Provider Number:	0 016016-00
7300 Del Prado South		-		Date:	3/7/2012
Boca Raton FL 33433		-		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Ü	Single Level Level H: AIDS	_ _	Current Rate 223.40	New Rate 214.33	Effective Date 7/1/2010
1	Level U: Fragile Under 21		481.77	472.70	7/1/2010
Inte X Sett Prio  Basis:  Budget	al Interim rim Component lement based on costs or Provider Prospective data	Changes	Licensure	Total Prospective Prospective Adjusted Total Prospective with	n Interim Component
X Unaudited cos Field audited of Field audit - in Desk audited of Desk audit - In Desk Audit - F	costs nterim portion costs	X	Target Ra FRVS Ch Cost Sett Rate Sem	d Customary Limitation the limitation change than the limitation change the limitation of the limitation change the limitation change [2] as of 12/01/2009	
Distribution:  Contract Manageme Permanent File For informati No Change in Home Office:	on Only		Medicaid	Stephen Russell Cost Reimbursement	Analysis



Whitehall Boca Raton			Provider Number:	0 016016-00
7300 Del Prado South			Date:	3/7/2012
Boca Raton FL 33433	OCCUPATION OF THE PROPERTY OF		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single L	evel	Current Rate 224.33	New Rate 217.45	Effective
Level H: A	IDS	369.19	362.31	1/1/2011
Level U: Fr	agile Under 21	485.44	478.56	1/1/2011
Interim  Total Interim Interim Compo X Settlement bas Prior Provider  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim port Desk audited costs Desk audit - Interim Port	on costs  Prospective data  Ch	Licensure Usual and Target Ra FRVS Ch X Cost Sett Rate Sem	Prospective Adjusted Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation the limitation change lange lement FYE 12/31/10 ester Change	n Interim Component
Desk Audit - Prospective  Distribution:	portion	On FRV [	2] as of 12/01/2009 Stephen Russell	, , , , , , , , , , , , , , , , , , , ,
Contract Management / Fiscal  Permanent File  For information Only  No Change in Rate  Home Office:	Agent  Home Office	Medicaid	Cost Reimbursement	Analysis



Whitehall Boca Raton		Provider Number:	0 016016-00
7300 Del Prado South		Date:	3/7/2012
Boca Raton FL 33433		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 215.21	New Rate 208.61	Effective Date 7/1/2011
Level H: AIDS	361.41	354.81	7/1/2011
Level U: Fragile Under 21	478.74	472.14	7/1/2011
Interim  Total Interim  Interim Component  X Settlement based on costs  Prior Provider Prospective data  Basis:		re 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 R. FRVS CI X Cost Set Rate Sem	e Rating Change d Customary Limitation ate limitation change mange tlement FYE 12/31/10 nester Change [2] as of 12/01/2009	
Distribution:	Ŋ	Stephen Russell	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaio	l Cost Reimbursement	: Analysis



Whitehall Boca Raton			Provider Number:	0 016016-00
7300 Del Prado South			Date:	3/7/2012
Boca Raton FL 33433			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	-	Current Rate 216.96	New Rate 210.34	Effective Date 1/1/2012
Level H: AIDS		364.57	357.95	1/1/2012
Level U: Fragile Under 21		483.03	476.41	1/1/2012
Interim  Total Interim  Interim Component  X Settlement based on costs  Prior Provider Prospective data	X		re 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	Change	Licensur Usual an Target R FRVS C Cost Set Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange tlement FYE 12/31/16 nester Change [2] as of 12/01/2009	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate		Ja] Medicaid	Stephen Russell  Cost Reimbursement	Analysis
Home Office: 1 - No Home Office				



Vienna Square				Provider Number:	0 023255-00
701 Overlook Drive		Date: 3/21/		3/21/2012	
Winter Haven FL 33844	4			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	***************************************	Current Rate 241.88	New Rate 228.38	Effective Date 11/4/2010
	Level H: AIDS		385.22	371.72	11/4/2010
	Level U: Fragile Under 21		500.25	486.75	11/4/2010
Int X Set Pri	tal Interim erim Component ttlement based on costs or Provider Prospective data		I	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audited Desk audit - I	costs interim portion	Changes:	Usual and Target Ra FRVS Ch Cost Sett Rate Sem	Rating Change Customary Limitation te limitation change ange lement FYE 6/30/20 ester Change 2] as of 11/04/2010	
Distribution:  Contract Managerre Permanent File For informat No Change	tion Only		A Medicaid	Stephen Russell Cost Reimbursemen	t Analysis
Home Office:	TLC Management  1800 North Wabash Ave Marion IN 46952				



Vienna Square		,		Provider Number:	0 023255-00
701 Overlook Drive				Date:	3/21/2012
Winter Haven FL 33844				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Sin	igle Level		Current Rate 245.07	New Rate	Effective Date 1/1/2011
Leve	el H: AIDS		389.93	376.48	1/1/2011
Leve	el U: Fragile Under 21		506.18	492.73	1/1/2011
X Settlem	nterim Component ent based on costs rovider Prospective data	Changes:		re Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Pros	im portion s m Portion	X	Usual an Target R FRVS C Cost Set Rate Sen	e Rating Change d Customary Limitation ate limitation change hange tlement FYE 6/30/20 nester Change [2] as of 11/04/2010	
Distribution:	(m: 1.4 .		12	Stephen Russell	
Contract Management A Permanent File For information O No Change in Ra Home Office:	Only		Medicaio	d Cost Reimbursement	Analysis
доше Ощее.	1800 North Wabash Ave Marion IN 46952				



Vienna Square				Provider Number:	0 023255-00	
701 Overlook Drive				Date:	3/21/2012	
Winter Haven FL 33844				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home S	ingle Level		Current Rate 243.11	New Rate 231.62	Effective Date 6/3/2011	
				-		
Le	evel H: AIDS		387.97	376.48	6/3/2011	
Le	evel U: Fragile Under 21		504.22	492.73	6/3/2011	
Interi X Settle	erim portion	Changes:	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation change	h Interim Component	
	ospective portion			2] as of 11/04/2010		
Distribution:			131	Stephen Russell		
Contract Managemen Permanent File For information No Change in 1	n Only		Medicaid	Cost Reimbursement	t Analysis	
Home Office:	TLC Management  1800 North Wabash Ave  Marion IN 46952					



Vienna Square	Provider Number: 0 02		0 023255-00		
701 Overlook Drive				Date:	3/21/2012
Winter Haven FL 33844				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Si	ingle Level		Current Rate 233.65	New	Effective Date 7/1/2011
	3			***************************************	
Le	vel H: AIDS		379.85	368.07	7/1/2011
Le	vel U: Fragile Under 21	-	497.18	485.40	7/1/2011
Interir X Settler	Interim n Component nent based on costs Provider Prospective data	X		Total Prospective Prospective Adjusted	I for New Costs th Interim Component
Basis:  Budget X Unaudited costs Field audited cost Field audit - inte Desk audit - Inte Desk Audit - Pro	rim portion sts rim Portion	Changes:	Usual and Target Ra FRVS Ch Cost Sett Rate Sem	e Rating Change I Customary Limitation change hange Lement FYE 6/30/20 ester Change [2] as of 11/04/2010	
Distribution:	t / Final Agent		IK	Stephen Russell	
Contract Management Permanent File For information No Change in F	Only	·	Medicaid	Cost Reimbursemer	ıt Analysis
Home Office:	TLC Management  1800 North Wabash Ave Marion IN 46952				



Vienna Square				Provider Number:	0 023255-00
701 Overlook Drive				Date:	3/21/2012
Winter Haven FL 33844				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 233.65	New Rate 220.02	Effective
	Level H: AIDS		379.85	366.22	11/4/2011
	Level U: Fragile Under 21		497.18	483.55	11/4/2011
Inte	costs nterim portion costs	Changes:	Licensure Usual and Target R FRVS Cl Cost Set Rate Sem	Total Prospective Prospective Adjusted Total Prospective with Read Rating Change d Customary Limitation ate limitation change mange thement FYE 6/30/20 mester Change	n Interim Component
Desk Audit - P	Prospective portion		OHERV	[2] as of 11/04/2010  RStephen Russell	
Contract Managemer Permanent File For informati No Change in	ion Only		Medicaio	Cost Reimbursement	Analysis
Home Office:	TLC Management  1800 North Wabash Ave Marion IN 46952				



Vienna Square				Provider Number:	0 023255-00
701 Overlook Drive				Date:	3/21/2012
Winter Haven FL 33844	A Market Control of the Control of t		Fiscal Year End:		6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Sin	ngle Level	Philippine .	235.39		1/1/2012
Lev	rel H: AIDS		383.00	369.44	1/1/2012
Lev	el U: Fragile Under 21	_	501.46	487.90	1/1/2012
X Settlen	nterim  Component  nent based on costs  rovider Prospective data	X Changes:	]	e Total Prospective Prospective Adjusted Total Prospective with	
X Unaudited costs Field audited cos Field audit - inter Desk audited cost	rim portion	X	Target R FRVS C Cost Set	d Customary Limitation thange mange tlement FYE 6/30/20 mester Change	
Desk Audit - Pros			On FRV	[2] as of 11/04/2010	
Distribution:	/Einel Apont		M	Stephen Russell	
Contract Management Permanent FileFor information	Only		Medicaio	Cost Reimbursement	Analysis
No Change in R	ate				
Home Office:	TLC Management  1800 North Wabash Ave  Marion IN 46952				



The Palms at Maitland, Inc.				Provider Number:	0 263117-00
1301 West Maitland	Blvd.			Date:	3/5/2012
Maitland FL 32751		-		Fiscal Year End:	2/28/2005
				Audit Status:	Revised Field Audit [5]
Provider Type: Nursing Home	Single Level	alla reserve	Current Rate 169.51	New Rate 165.39	Effective Date 7/1/2005
	Level H: AIDS		292.79	288.67	7/1/2005
	Level U: Fragile Under 21		391.70	387.58	7/1/2005
	Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data	X		re Total Prospective Prospective Adjusted Total Prospective with	
Basis:	110) Howard Hospeetive data	Changes:			
Desk audite Desk audit	ed costs - interim portion	X	Usual and Target Ra FRVS Cl FA & Re Rate Sem	e Rating Change d Customary Limitatio ate limitation change hange evised FA # NH07-12 nester Change [2] as of 06/16/1995	
<u>Distribution:</u>			Ħ	Stephen Russell	
Permanent File	ement / Fiscal Agent nation Only e in Rate  1 - No Home Office		Medicaio	l Cost Reimbursement	Analysis



V6.998.1.2:3I1AB

### State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

### Medicaid Reimbursement Per Diem Rates

Chautauqua Rehabilitation and Nursing Center			Provider Number:	0 324361-00
785 South 2nd Street			Date:	3/9/2012
Defuniak Springs FL 32435			Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		185.32		1/1/2012
Level H: AIDS		332.93	342.37	1/1/2012
Level U: Fragile Under 21		451.39	460.83	1/1/2012
Rate Type:				
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs	Changes:	Licensure Usual and Target R	Total Prospective Prospective Adjusted Total Prospective with Rating Change I Customary Limitation ate limitation change	n Interim Component
Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	X	Rate Sem	nange r <b>1/12 Rate Semester</b> lester Change [2] as of 03/01/1989	
Distribution:		İst	Stephen Russell	
Contract Management / Fiscal Agent Permanent File For information Only	War war mining a state of the s	Medicaid	Cost Reimbursement	Analysis
No Change in Rate				
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				

Report Calculated: 3/9/2012 Report Printed: 3/9/2012 Book:0 ID:554333243612012010120120309122209



Signature HealthCARE of Gainesville 4000 South West 20th Avenue				Provider Number:	0 324388-00
				Date:	3/8/2012 9/30/2011
Gainesville FL 32607				Fiscal Year End:	
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 192.08	Effective Date 1/1/2012
	Level H: AIDS		335.25	339.69	1/1/2012
	Level U: Fragile Under 21	-	453.71	458.15	1/1/2012
Int Set	etal Interim terim Component ttlement based on costs or Provider Prospective data	Changes		e Total Prospective Prospective Adjusted Total Prospective with	
Desk audited Desk audit - I	costs interim portion	X	Licensure Usual and Target R FRVS CI Retro fo Rate Sen	e Rating Change d Customary Limitation ate limitation change hange r 01/2012 RS using F nester Change [2] as of 03/08/2004	
Distribution:		language and the second	81	Stephen Russell	
Contract Managen Permanent File For informa No Change Home Office:	tion Only		Medicaid	l Cost Reimbursement	Analysis



Signature HealthCARE Center of Waterford 8333 W. Okeechobee Road				Provider Number	0 324400-00
		•		Date	3/8/2012
Hialeah Gardens FL 33016				Fiscal Year End:	7/31/2011
Provider Type:  Nursing Home Single Level				Audit Status	: Unaudited [3]
			Current Rate	New Rate 190.35	Effective
Level H: A	IDS	3	333.07	337.96	1/1/2012
Level U: F	ragile Under 21		451.53	456.42	1/1/2012
			F	otal Prospective rospective Adjuste	ed for New Costs with Interim Component
Basis:  Budget X Unaudited costs Field audited costs Field audit - interim por Desk audited costs Desk audit - Interim Por Desk Audit - Prospective	ion	Changes:	Usual and Target Ra FRVS Ch Retro for Rate Seme	Rating Change Customary Limitate limitation chang ange 1/12 using FYE 7 ester Change 2] as of 01/01/200	e /31/11 C/R
Julie 1	Agent  Agent  Agent  Agent  LC  Kleiser  Bluegrass Parkway  ville KY 40299		Medicaid	Stephen Russell Cost Reimburseme	



Signature Healthcare at the Courtyard 2600 Forest Glen Trail Marianna FL 32446				Provider Number:	0 324426-00	
				Date:	3/9/2012	
				Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level			Current Rate 188.15	New Rate 189.44	Effective Date 1/1/2012	
Le	vel H: AIDS		335.76	337.05	1/1/2012	
Le	vel U: Fragile Under 21		454.22	455.51	1/1/2012	
Intering Settler Prior I  Basis:  Budget	Interim n Component ment based on costs Provider Prospective data	Changes:	Licensur	Total Prospective Prospective Adjusted: Total Prospective with	Interim Component	
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Distribution:  Contract Management Permanent File  For information  No Change in F	Only		<i>Ps</i> /Medicaid	Stephen Russell Cost Reimbursement	Analysis	
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299					



Signature Healthcare of Orange Park 2029 Professional Center Drive Orange Park FL 32073				Provider Number:	0 324434-00
				Date:	3/14/2012
				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level		-	Current Rate 200.28	Rate	Effective Date 1/1/2012
Level H	: AIDS		347.89	350.12	1/1/2012
Level U	: Fragile Under 21		466.35	468.58	1/1/2012
		X Changes:		e Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim p Desk audited costs Desk Audit - Interim P Desk Audit - Prospect	ortion	X	Usual and Target Ra FRVS Cl Retro for Rate Sem	e Rating Change d Customary Limitation ate limitation change mange r 1/12 using FYE 9/3 mester Change [2] as of 09/01/1994	
Distribution:	ool A cont		M	Stephen Russell	
Juli 122			Medicaid	Cost Reimbursemen	t Analysis



Signature Healthcare of Ormond  103 N. Clyde Morris Blvd  Ormond Beach FL 32074				Provider Number:	0 324442-00
				Date:	3/14/2012
				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 207.00	New Rate 210.70	Effective Date 1/1/2012
	Level H: AIDS Level U: Fragile Under 21	_	354.61 473.07	358.31 476.77	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - Interest and Interest audited	costs nterim portion	Changes	Licensur- Usual and Target R FRVS CI Retro fo	Total Prospective Prospective Adjusted Total Prospective with  Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Managem  Permanent File  For informat	ion Only		<i>Jeff</i> Medicaid	Stephen Russell I Cost Reimbursement	Analysis
Mo Change i Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Anchor Care & Rehabilitation Center 1515 Port Malabar Blvd. NE				Provider Number:	0 324451-00
				Date:	3/14/2012 9/30/2011
Palm Bay FL 32905				Fiscal Year End:	
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	lingle Level		192.55		1/1/2012
L	evel H: AIDS		340.16	340.91	1/1/2012
. Le	evel U: Fragile Under 21		458.62	459.37	1/1/2012
			- Announce		
Rate Type :					
Interi Settle	1	Changes:	Licensure Usual and	e  Total Prospective  Prospective Adjusted f  Total Prospective with  Rating Change  Customary Limitation  te limitation change	Interim Component
Field audit - into  Desk audited co  Desk audit - Inte  Desk Audit - Pro	sts	X	Rate Sem-	ange 1/12 Rate Semester ester Change [2] as of 08/31/1994	
Distribution:			J.A	Stephen Russell	
Contract Managemen Permanent File For information No Change in I	n Only		Medicaid	Cost Reimbursement	Analysis
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Winter Park Care and Rehabilitation Center 2970 Scarlet Road Winter Park FL 32792				Provider Number:	0 324515-00
				Date:	3/19/2012
				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	ingle Level	_	Current Rate 195.98	New Rate 200.48	Effective Date 1/1/2012
Le	evel H: AIDS		343.59	348.09	1/1/2012
Le	evel U: Fragile Under 21	_	462.05	466.55	1/1/2012
Interi Settle	Interim m Component ment based on costs Provider Prospective data	X		e Total Prospective Prospective Adjusted Total Prospective with	
Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audit - Into Desk Audit - Pr	erim portion ests	Changes  X	Licensure Usual and Target Re FRVS Cl Retro fo Rate Sem	e Rating Change d Customary Limitation ate limitation change hange r 1/12 rate semester nester Change [2] as of 08/31/1994	on
Distribution:			M	Stephen Russell	
Contract Managemer Permanent File For informatio No Change in Home Office:	n Only		Medicaio	l Cost Reimbursement	Analysis
Alonio Ollivo.	Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				