

RICK SCOTT GOVERNOR ELIZABETH DUDEK SECRETARY

MEMORANDUM

Date:

August 15, 2013

To:

Gay Munyon, Bureau Chief, Medicaid Contract Management

From:

Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement

Subject:

Retroactive Nursing Facility Per Diem Rates

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

	<u>Provider Name</u>	<u>Provider</u> <u>Number</u>	Number of Rate Change Notices
1.	Vienna Square	0 023255-00	1
2.	Fort Walton Rehabilitation Center	0 044888-00	4
3.	MK of Haines City LLC	0 224341-00	1
4.	MK of North Port, LLC	0 225053-00	1
5.	The Inn at Sarasota Bay Club	0 228621-00	2
6.	Bay Tree Care & Rehabilitation Center	0 253448-00	12
7.	Terra Vista Rehabilitation and Health Center	0 261611-00	1
8.	Rehabilitation and Healthcare Center of Tampa	0 263940-00	1
9.	The Abbey Rehabilitation and Nursing Center	0 263958-00	1
10.	Titusville Rehabilitation and Nursing Center	0 263974-00	1
11.	Melbourne Terrace Restorative Care Center	0 264547-00	1
12.	Whispering Oaks	0 266612-00	1
13.	Jacaranda Manor	0 281743-00	1
14.	Coral Reef Nursing and Rehabilitation Center	0 282529-00	1
15.	Aventura Plaza Rehabilitation and Nursing Center	0 284823-00	1
16.	Watercrest Care Center	0 310409-00	1
17.	Hollywood Hills Rehabilitation Center, LLC	0 313424-00	1
18.	Parklands Rehabilitation and Nursing Center	0 317578-00	1
19.	Consulate Health Care of Jacksonville	0 319503-00	1
20.	Franco Nursing and Rehab	0 319554-00	1
21.	Consulate Health Care of Brandon	0 319660-00	1
22.	Consulate Health Care of Lake Parker	0 319678-00	1
23.	Consulate Health Care of North Ft. Myers	0 320111-00	1
24.	The Palms Rehabilitation and Nursing Center	0 321532-00	1
25.	Bayside Rehabilitation & Health Center	0 324108-00	1



Page 2 Retroactive Nursing Facility Per Diem Rates

	<u>Provider Name</u>	<u>Provider</u>	Number of Rate
		<u>Number</u>	Change Notices
26.	Terraces of Lake Worth Rehab and Health Center	0 325031-00	1
27.	North Lake Rehabilitation and Health Center	0 325163-00	1
		Total	42

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

TP/sp Attachments



Vienna Square		Provider Number:	0 023255-00
701 Overlook Drive		Date:	8/9/2013
Winter Haven FL 33844		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	R	rrent New Rate 8.57 222.10	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on cost	 -	ospective X Total Prospective Prospective Adjusted Total Prospective wi	I for New Costs th Interim Component
Prior Provider Prospective			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	L	Licensure Rating Change Usual and Customary Limitati Carget Rate limitation change CRVS Change Retro for 7/13 using FYE 6/3 Late Semester Change On FRV [2] as of 11/04/2010	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medic	aid Cost Reimbursement Plan	nning and Finance
Home Office: TLC Manageme 1800 North Wab Marion IN 46952	ash Ave		



Fort Walton Rehabilitation Center		Provider Number:	0 044888-00
1 LBJ Sr. Drive		Date:	8/8/2013
Ft. Walton Beach FL 32547		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:			
••	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	213.40		2/1/2012
Level H: Aids	361.01	361.44	2/1/2012
Rate Type:			
X Interim	Prospectiv	ve	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
X Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:	***************************************	
Budget	Licensur	e Rating Change	
X Unaudited costs	***************************************	d Customary Limitation	n
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs		tlement FYE 7/31/201	2
Desk audit - Interim Portion	1	nester Change	
Desk Audit - Prospective portion Distribution:	On FRV	[2] as of 12/08/1987	
Contract Management / Fiscal Agent	_/()_	Thomas Parker	
Permanent File	Medicaid Cos	t Reimbursement Planr	ning and Finance
For information Only			
No Change in Rate			
Home Office: Southern HealthCare Manager	nent, LLC		
R. Mark Cronquist	y	; ; ;	
5887 Glenridge Drive, Suite 15	0	1	
Atlanta GA 30328		} 	



Fort Walton Rehabilitation Cente	r			Provider Number:	0 044888-00
1 LBJ Sr. Drive				Date:	8/8/2013
Ft. Walton Beach FL 32547				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Single	Levei	-	219.81		7/1/2012
Level H:	Aids	-	369.02	370.97	7/1/2012
Rate Type :					
X Interim		,	Prospective	.	
Total Interim	1		_	Total Prospective	
Interim Com				Prospective Adjusted f	for New Costs
X Settlement ba				Total Prospective with	
Prior Provide	er Prospective data		***************************************	·	-
Basis:		Changes:			,
Budget			Licensure	Rating Change	
X Unaudited costs				Customary Limitation	1
Field audited costs				te limitation change	_
Field audit - interim por	tion		FRVS Ch	ange	
Desk audited costs		<u> </u>	Cost Settl	ement FYE 7/31/201	2
Desk audit - Interim Por	1			ester Change	
Desk Audit - Prospectiv	e portion		On FRV [2] as of 12/08/1987	
Distribution:			J)	Thomas Parker	
Contract Management / Fisca	1 Agent	Med	icaid Cost	Reimbursement Plann	ing and Finance
Permanent File					_
For information Only					
No Change in Rate					
Home Office: South	hern HealthCare Managemen	nt, LLC		, j	
R. Ma	ark Cronquist Glenridge Drive, Suite 150				
Atlan	ta GA 30328				



Fort Walton Rehabilitation Center		٠	Provider Number:	0 044888-00
1 LBJ Sr. Drive			Date:	8/8/2013
Ft. Walton Beach FL 32547			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		urrent Rate	New Rate 223.49	Effective Date 8/1/2012
Level H: Aids	3	69.02	372.70	8/1/2012
Interim Total Interim Interim Component X Settlement based on costs	XPi	P	otal Prospective rospective Adjusted otal Prospective wit	for New Costs th Interim Component
Prior Provider Prospective data Basis:	Changes:		-	<u> </u>
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X G	Usual and (Farget Rate FRVS Cha Cost Settle Rate Semes	Rating Change Customary Limitation change inge ment FYE 7/31/20 ster Change as of 12/08/1987	
Distribution:	7	P	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medic	caid Cost R	eimbursement Plan	ning and Finance
Home Office: Southern HealthCare Managem R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328				



Fort Walton Rehabilitation Center			Provider Number:	0 044888-00
1 LBJ Sr. Drive			Date:	8/8/2013
Ft. Walton Beach FL 32547			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
•	(Current	New	Effective
	***************************************	Rate	Rate	Date
Nursing Home Single Level	-	219.56		1/1/2013
Level H: Aids		370.37	376.61	1/1/2013
Rate Type:				
Interim	X 1	Prospective	Δ.	
Total Interim			Fotal Prospective	
Interim Component			Prospective Adjusted f	For New Costs
X Settlement based on costs			Total Prospective with	
Prior Provider Prospective data				
Basis:	Changes:	***************************************		
Dudon		I icensure	Rating Change	i
BudgetUnaudited costs	-		Customary Limitation	1
Field audited costs			te limitation change	_
Field audit - interim portion		FRVS Ch	ange	
Desk audited costs	1		lement FYE 7/31/201	2
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion Distribution:			2] as of 12/08/1987	
Contract Management / Fiscal Agent		0	Thomas Parker	
Permanent File	Medi	icaid Cost	Reimbursement Plann	ing and Finance
For information Only				
No Change in Rate				
Home Office: Southern HealthCare Managem	ent, LLC	The second secon	i	
R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328	•			



MK of Haines City LLC				Provider Number:	0 224341-00
409 10TH STREET				Date:	8/12/2013
Haines City FL 33844				Fiscal Year End:	11/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level			Current Rate 212.72	New Rate 209.20	Effective Date 7/1/2013
Rate Type :					
Interi Settle	Interim m Component ment based on costs Provider Prospective data	<u> </u>		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited co Field audit - into Desk audit - Into Desk Audit - Pro	sts erim portion sts	X	Usual and Target Ra FRVS Ch Retro for Rate Sem	•	n 11/30/12 Cost Report
Distribution:		7	8	Thomas Parker	
Contract Managemen Permanent File For information No Change in	n Only	Med	dicaid Cost	Reimbursement Plann	ning and Finance
Home Office:	M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633				



MK of North Port LLC				Provider Number:	0 225053-00
6940 Outreach Way				Date:	8/9/2013
North Port FL 34287				Fiscal Year End:	2/28/2013
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 230.30	New Rate 231.75	Effective Date 7/1/2013
Rate Type :			/ Notice T What		
Interim		<u>X</u>	Prospective		
	al Interim			Fotal Prospective	Com Marry Coasta
	erim Component element based on costs			Prospective Adjusted for Total Prospective with	
	or Provider Prospective data			tour rospective with	mem component
Basis:		Changes:			
	:	8	I		
Budget			Licensure	Rating Change	
X Unaudited cos	į į			Customary Limitation	n
Field audited of	i e		-	te limitation change	
Field audit - in Desk audited of	- (<u> </u>	FRVS Ch	Č	1/12 Coat Domant
Desk audit - In		X Retro for 7/13 using FYE 2/28/13 Cost Report Rate Semester Change			
	rospective portion			2] as of 11/01/1997	
Distribution:	**************************************		7	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ning and Finance
Permanent File		14100	nouid Coor	TOTAL STATE OF THE	ang and I manie
For informati	on Only				
No Change in	n Rate				
Home Office:	M-K Management, LLC			· — · · · · · · · · · · · · · · · · · ·	
GARVV.	Mark D. Hickman				
	1181 Vickery Lane, Suite 200			· 	
	Cordova TN 38016-0633				



The Inn at Sarasota Bay Club			Provider Number:	0 228621-00
1303 N Tamiami Trail			Date:	8/12/2013
Sarasota Fl 34236			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	•	Current Rate 252.39	New Rate 265.36	Effective Date 1/1/2013
Level H: Aids		403.20	416.17	1/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	X Changes:	I	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 Distribution:	x	Usual and Target Ra FRVS Ch Amended Rate Seme	Rating Change Customary Limitation te limitation change ange Cost Report FYE 1: ester Change 2] as of 06/20/2001 Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Med	licaid Cost	Reimbursement Plan	ning and Finance



The Inn at Sarasota Bay Club		Provider Number:	0 228621-00
1303 N Tamiami Trail		Date:	8/12/2013
Sarasota Fl 34236		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 256.63	Rate	Effective Date 7/1/2013
Rate Type:	XProspe		
Total Interim Interim Component	X	Total Prospective Prospective Adjusted f	For New Costs
Settlement based on costs	*************	Total Prospective with	
Prior Provider Prospective data			
Basis:	Changes:	sure Rating Change	
X Unaudited costs	Usual	and Customary Limitation	n
Field audited costs		t Rate limitation change	
Field audit - interim portion Desk audited costs		S Change	N/21/2011
Desk audit - Interim Portion		ided Cost Report FYE 12 Semester Change	2/31/2011
Desk Audit - Prospective portion		RV [2] as of 06/20/2001	
Distribution:	76	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid (Cost Reimbursement Plann	ing and Finance
Permanent File			·
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office	-		



Bay Tree Care & Rehabilitation Center		Provider Number:	0 253448-00		
2600 Highlands Boulevard, North		Date:	8/15/2013		
Palm Harbor FL 34684		Fiscal Year End:	7/31/2007		
		Audit Status:	Field Audited [2]		
Provider Type:	Curre Rate		Effective Date		
Nursing Home Single Level	174.	85 171.59	7/1/2008		
Level H: Aids	311.	307.87	- 7/1/2008		
Rate Type:					
Interim	X Prost	ective			
Total Interim		X Total Prospective			
Interim Component		Prospective Adjusted	I for New Costs		
Settlement based on costs	-		th Interim Component		
Prior Provider Prospective data					
Basis:	Changes:				
Budget	Lice	ensure Rating Change			
Unaudited costs		al and Customary Limitati	on		
X Field audited costs	Target Rate limitation change				
Field audit - interim portion	FRV	/S Change			
Desk audited costs	X Field Audit #NH11- 116W FYE 7/31/2007				
Desk audit - Interim Portion	Rate Semester Change On FRV [2] as of 01/01/2007				
Desk Audit - Prospective portion Distribution:	On				
Contract Management / Fiscal Agent	-/0	Thomas Parker			
Permanent File	Medicaid	Cost Reimbursement Plan	nning and Finance		
For information Only					
No Change in Rate					
Home Office: Sun Healthcare Group, Inc.					
Reimbursement Department		***************************************			
101 Sun Avenue NE					
Albuquerque NM 87109		!			



Bay Tree Care & Rehabilitation Center			Provider Number:	0 253448-00
2600 Highlands Boulevard, North			Date:	8/15/2013
Palm Harbor FL 34684			Fiscal Year End:	7/31/2007
			Audit Status:	Field Audited [2]
Provider Type: Nursing Home Single Level		Current Rate 176.99	New Rate	Effective Date 1/1/2009
Level H: Aids	_	315.34	311.75	1/1/2009
Rate Type: InterimTotal InterimInterim Component Settlement based on costs	<u>x</u>]	e Fotal Prospective Prospective Adjusted fotal Prospective with	
Prior Provider Prospective data Basis: Budget	Changes:	Licensure	Rating Change	
Unaudited costs X Field audited costs Field audit - interim portion			Customary Limitation te limitation change ange	n
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X Field Audit #NH11- 116W FYE 7/31/2007 Rate Semester Change On FRV [2] as of 01/01/2007			E 7/31/2007
Distribution:	7	7	Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information Only	Med	licaid Cost	Reimbursement Plann	ing and Finance
No Change in Rate				
Home Office: Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			;	



Bay Tree Care & Rehabili	tation Center			Provider Number:	0 253448-00	
2600 Highlands Boulevard, North				Date:	8/15/2013	
Palm Harbor FL 34684				Fiscal Year End:	7/31/2007	
				Audit Status:	Field Audited [2]	
Provider Type: Nursing Home S	ingle Level		Current Rate 162.16	New Rate 158.87	Effective Date 3/1/2009	
Le	evel H: Aids	_	300.51	297.22	3/1/2009	
Interior Settle	Interim m Component ment based on costs	X	P	otal Prospective Prospective Adjusted for the other transfer of th		
Basis:	Provider Prospective data	Changes:				
Budget Unaudited costs X Field audited co Field audit - inte Desk audited cos Desk audit - Inte Desk Audit - Pro	erim portion sts rim Portion	X	Usual and Target Rat FRVS Cha Field Aud Rate Seme	Rating Change Customary Limitation te limitation change ange lit #NH11- 116W FY ester Change 2] as of 01/01/2007		
Distribution: Contract Management			200	Thomas Parker		
Permanent File For information No Change in F	Only	Мес	licaid Cost	Reimbursement Plann	ing and Finance	
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			:		



Bay Tree Care & Rehabilitation Center		Provider Number:	0 253448-00			
2600 Highlands Boulevard, North		Date:	8/15/2013			
Palm Harbor FL 34684		Fiscal Year End:	7/31/2007			
		Audit Status:	Field Audited [2]			
Provider Type:						
	Current	New	Effective			
Nursing Home Single Level	Rate 200.93	Rate	Date 4/1/2009			
Nursing Home Single Level	200.93		4/1/2009			
Level H: Aids	339.28	335.48	4/1/2009			
		344.				
Rate Type:						
Interim	X Prospecti	ve				
Total Interim	X	Total Prospective				
Interim Component	***************************************	Prospective Adjusted				
Settlement based on costs		Total Prospective with	Interim Component			
Prior Provider Prospective data						
Basis:	Changes:					
Budget	Licensur	re Rating Change				
Unaudited costs		id Customary Limitatio	n			
X Field audited costs		Target Rate limitation change				
Field audit - interim portion	FRVS Change					
Desk audited costs	X Field Audit #NH11- 116W FYE 7/31/2007					
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 01/01/2007				
Distribution:		2 25 25 27 27 2007	· · · · · · · · · · · · · · · · · · ·			
Contract Management / Fiscal Agent		Thomas Parker				
Permanent File	Medicaid Cos	st Reimbursement Plant	ning and Finance			
For information Only						
No Change in Rate						
Home Office: Sun Healthcare Group, Inc. Reimbursement Department		!				
101 Sun Avenue NE						
Albuquerque NM 87109						



Bay Tree Care & Rehabi	litation Center			Provider Number:	0 253448-00
2600 Highlands Bouleva	rd, North			Date:	8/15/2013
Palm Harbor FL 34684				Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		202.43		7/1/2009
1	Level H: Aids		342.78	341.62	7/1/2009
Rate Type :					
Interim		X	Prospectiv	ra.	
	al Interim		_	Total Prospective	
·	rim Component			Prospective Adjusted f	for New Costs
	lement based on costs			Total Prospective with	
Prio	r Provider Prospective data				
Basis:		Changes:			
Budget	ĺ	1	Licensure	e Rating Change	
Budget X Unaudited cos	ts			d Customary Limitation	n
Field audited of				ate limitation change	•
Field audit - ir	nterim portion		FRVS Cl	nange	
Desk audited c	1	<u> </u>			116W FYE 7/31/2007
Desk audit - In	terim Portion rospective portion	•		ester Change [2] as of 01/01/2007	
THE STATE OF THE S	tospective portion	, , , , , , , , , , , , , , , , , , ,		12] as 01 01/01/2007	
Distribution:	out / Dissal A saut		7	Thomas Parker	
Contract Manageme Permanent File	mi / Fiscai Agem	Med	icaid Cost	Reimbursement Plann	ing and Finance
For information	on Only				
No Change in	•				
No Change if					
Home Office:	Sun Healthcare Group, Inc.	A STATE STATE OF STAT			
	Reimbursement Department 101 Sun Avenue NE				
	Albuquerque NM 87109				



Bay Tree Care & Rehabil	itation Center			Provider Number:	0 253448-00	
2600 Highlands Boulevard, North				8/15/2013		
Palm Harbor FL 34684				Fiscal Year End:	7/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:						
V A		•	Current	New	Effective	
NT 1 TH C	, , , , , , , , , , , , , , , , , , ,		Rate	Rate	Date	
Nursing Home S	Single Level		204.51		1/1/2010	
L	evel H: Aids	_	346.43	345.25	1/1/2010	
Rate Type :						
Interim		<u>X</u>	Prospective			
	l Interim			Fotal Prospective	For Now Costs	
	im Component ement based on costs			Prospective Adjusted for Total Prospective with		
	Provider Prospective data		***************************************	total i rospective with	mermi component	
					, a value v	
Basis:		Changes:				
Budget	•	,	Licensure	Rating Change		
X Unaudited costs	S		Usual and	Customary Limitation	n	
Field audited co	osts	Target Rate limitation change				
Field audit - int		:	FRVS Ch	•		
Desk audited co		X			116W FYE 7/31/2007	
	ospective portion			ester Change 2] as of 01/01/2007		
Distribution:			8			
Contract Managemen	nt / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance	
Permanent File					-	
For informatio	·					
No Change in	Rate					
Home Office:	Sun Healthcare Group, Inc.					
	Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<u></u>		



Bay Tree Care & Rehabilitat	ion Center			Provider Number:	0 253448-00
2600 Highlands Boulevard, 1	North			Date:	8/15/2013
Palm Harbor FL 34684				Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
Provider Type:		(Current Rate	New Rate	Effective Date
Nursing Home Sin	gle Level		204.92	203.74	7/1/2010
Leve	el H: Aids		348.26	347.08	7/1/2010
Settleme	terim Component ent based on costs ovider Prospective data	X	P	otal Prospective rospective Adjusted	for New Costs a Interim Component
Basis:	ovider i respective data	Changes:			. 1144
Budget X Unaudited costs Field audited costs Field audit - interi Desk audited costs	m portion	X	Usual and Target Rat FRVS Cha Effects of	Field Audit #NH11-	n - 116W FYE 7/31/2007
Desk audit - Interin				ster Change 2] as of 01/01/2007	
Distribution:			5	Thomas Parker	
Contract Management / Permanent File For information C No Change in Ra	nly	Med	icaid Cost l	Reimbursement Plani	ning and Finance
	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Bay Tree Care & Rehabilitation Center			Provider Number:	0 253448-00
2600 Highlands Boulevard, North			Date:	8/15/2013
Palm Harbor FL 34684			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				L .1
•		Current Rate	New Rate	Effective Date
Nursing Home Single Level		209.05		1/1/2011
Level H: Aids	-	353.91	352.71	1/1/2011
Rate Type:		White and resident them and	44-7-7-	
Interim	X	Prospectiv	re	
Total Interim		~	Total Prospective	
Interim Component			Prospective Adjusted f	for New Costs
Settlement based on costs		,	Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes		**************************************	7-11-1
Budget	1	Licensure	e Rating Change	
X Unaudited costs		Usual and	d Customary Limitation	n
Field audited costs	:	Target Ra	ate limitation change	
Field audit - interim portion		FRVS Ch	nange	
Desk audited costs	X	_		116W FYE 7/31/2007
Desk audit - Interim Portion Desk Audit - Prospective portion			ester Change [2] as of 01/01/2007	
Distribution:)	1546
Contract Management / Fiscal Agent		/ <u> </u>	Thomas Parker	
Permanent File	Me	edicaid Cost	Reimbursement Plann	ning and Finance
For information Only				
No Change in Rate				
Home Office: Sun Healthcare Group, Inc.				
Reimbursement Department 101 Sun Avenue NE			٠.	
Albuquerque NM 87109			* 3	



Bay Tree Care & Rehabilitation Center		-	Provider Number:	0 253448-00	
2600 Highlands Boulevard, North		Date: Fiscal Year End:		8/15/2013	
Palm Harbor FL 34684				7/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level		Current Rate	New Rate	Effective Date	
Nursing Home Single Level		201.64		7/1/2011	
Level H: Aids		347.84	346.71	7/1/2011	
Rate Type :		***************************************		<u> </u>	
Interim	X	Prospective			
Total Interim			otal Prospective		
Interim Component			rospective Adjusted f		
Settlement based on costs		1	otal Prospective with	Interim Component	
Prior Provider Prospective data	p	W			
Basis:	Changes:				
Budget		Licensure	Rating Change		
X Unaudited costs			Customary Limitation	n	
Field audited costs	Target Rate limitation change				
Field audit - interim portion		FRVS Cha	inge		
Desk audited costs	X			116W FYE 7/31/2007	
Desk audit - Interim Portion Desk Audit - Prospective portion			ster Change 2] as of 01/01/2007		
			.j ds 01 01/01/2007		
<u>Distribution:</u>		70/	Thomas Parker		
Contract Management / Fiscal Agent	Med	dicaid Cost I	Reimbursement Plann	ing and Finance	
Permanent File For information Only					
-					
No Change in Rate					
Home Office: Sun Healthcare Group, Inc.					
Reimbursement Department 101 Sun Avenue NE			i.		
Albuquerque NM 87109			and the state of t		



Bay Tree Care & Rehabi	litation Center			Provider Number:	0 253448-00
2600 Highlands Bouleva	rd, North			Date:	8/15/2013
Palm Harbor FL 34684				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		202.91		1/1/2012
I	Level H: Aids		350.52	349.39	1/1/2012
Rate Type :					
Interim		X	Prospectiv	re	
Tota	al Interim	-	<u> X</u>	Total Prospective	
	rim Component			Prospective Adjusted f	
	lement based on costs		***************************************	Total Prospective with	Interim Component
Prior	r Provider Prospective data				
Basis:		Changes:			F
Budget	1	1	Licensure	e Rating Change	
X Unaudited cost	S			d Customary Limitation	n
Field audited c				ate limitation change	
Field audit - in	iterim portion		FRVS C	nange	
Desk audited co		X			116W FYE 7/31/2007
Desk audit - In				ester Change	
	rospective portion		On FRV	[2] as of 01/01/2007	
<u>Distribution:</u>	mt / Eigen 1 A mout		0	Thomas Parker	
Contract Manageme Permanent File	m / Fiscai Agent	Med	licaid Cost	Reimbursement Plann	ning and Finance
For information	on Only				
- Ulusassannin	-				
No Change in	Kale				
Home Office:	Sun Healthcare Group, Inc.	, and 1 annual		1	
	Reimbursement Department			i	
	101 Sun Avenue NE Albuquerque NM 87109			į.	
	1 Mouducidue 14141 0/102				



Bay Tree Care & Rehabili	tation Center			Provider Number:	0 253448-00	
2600 Highlands Boulevard, North				Date:	8/15/2013	
Palm Harbor FL 34684			Fiscal Year End:		7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:			Current	New	Effective Date	
Nursing Home S	ingle Level		Rate 207.24	206.08	7/1/2012	
ĽΧ	evel H: Aids		356.45	355.29	7/1/2012	
Rate Type :						
Interim		X	Prospective	e		
Total	Interim		<u>X</u> 7	Total Prospective		
Interi	m Component	Prospective Adjusted for New Costs				
	ment based on costs			Total Prospective with	Interim Component	
Prior	Provider Prospective data					
Basis:		Changes:				
Budget	1		Licensure	Rating Change		
X Unaudited costs				Customary Limitation	n	
Field audited co	sts			te limitation change		
Field audit - inte	erim portion		FRVS Ch	ange		
Desk audited co		X Effects of Field Audit #NH11- 116W FYE 7/31/2007				
Desk audit - Inte	erim Portion ospective portion			ester Change 2] as of 01/01/2007		
Distribution:			2			
Contract Managemen	t / Fiscal Agent		<u> </u>	Thomas Parker		
Permanent File	V / 1 10 W / 1 5 V 11 V	Med	licaid Cost	Reimbursement Plann	ing and Finance	
For information	n Only					
No Change in I	•					
Home Office:	Sun Healthcare Group, Inc.		distribution to be at accommission to the	-		
Tionic Since.	Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			4		



Bay Tree Care & Rehabilit	ation Center			Provider Number:	0 253448-00
2600 Highlands Boulevard	, North			Date:	8/15/2013
Palm Harbor FL 34684				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Si	ngle Level		209.54	208.38	1/1/2013
Le	vel H: Aids		360.35	359.19	1/1/2013
Pata Tymo y					
Rate Type :					
Interim		X	Prospective		
:	Interim			Fotal Prospective	Son Marry Coata
	n Component nent based on costs			Prospective Adjusted for Foral Prospective with	
	Provider Prospective data			rotar i rospective with	interni component
Basis:		Changes:			
Dasis.		Changes.			
Budget			Licensure	Rating Change	
X Unaudited costs	1			Customary Limitation	n
Field audited cos	its		Target Rate limitation change		
Field audit - inter	- ,		FRVS Ch	•	
Desk audited cos		<u>X</u>		Field Audit #NH11- ester Change	116W FYE 7/31/2007
Desk Audit - Pros				2] as of 01/01/2007	
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Mad	Lingid Cont	Reimbursement Plann	ing and Figures
Permanent File		Med	iicaid Cost	Keimoursement Flann	ing and rmance
For information	Only				
No Change in R	ate				
Home Office:	Sun Healthcare Group, Inc.		- WARF) = Management	
Tromb Gride.	Reimbursement Department))	
	101 Sun Avenue NE				
	Albuquerque NM 87109				



Terra Vista Rehabilita	ation and Health Center			Provider Number:	0 261611-00		
1730 Lucerne Terrace		•		Date:	8/8/2013		
Orlando FL 32806				Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:							
	•		Current	New	Effective		
N'	Charle I and		Rate	Rate	Date		
Nursing Home	Single Level		212.77		1/1/2013		
	Level H: Aids		363.58	353.01	1/1/2013		
Rate Type:							
Interim		X	Prospectiv	e			
	Γotal Interim		X	Total Prospective			
	Interim Component		Prospective Adjusted for New Costs				
	Settlement based on costs			Total Prospective with	Interim Component		
F	Prior Provider Prospective data						
Basis:		Changes:					
		, 1 4 E	Tionmous	Patina Changa			
Budget X Unaudited of	oosts			e Rating Change I Customary Limitation	n		
Field audite	1			ite limitation change	11		
Field audit	- interim portion	:	FRVS Ch				
Desk audite	_	X	Late Test	t FYE 12/31/11			
***************************************	- Interim Portion			ester Change			
	- Prospective portion	1 manual a communication and a communication a	On FRV	[2] as of 10/01/1985			
Distribution:			7/5-	Thomas Parker			
_	ement / Fiscal Agent	Med	dicaid Cost	Reimbursement Plann	ning and Finance		
Permanent File For inform	nation Only						
No Chang							
***************************************	1 - No Home Office						
Home Office:	1 130 Home Office						
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				į.			



Rehabilitation and Healthcare Center of Tampa		Provider Number:	0 263940-00
4411 North Habana Ave		Date:	7/29/2013
Tampa FL 33614		Fiscal Year End:	12/31/2011
n m		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	199.24	199.26	7/1/2013
Rate Type :			P
Interim	X Prospective	•	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		-	Interim Component
Prior Provider Prospective data	***************************************		
Basis:	Changes:	1000	1200 1
Budget		Rating Change	
X Unaudited costs		Customary Limitatio	n
Field audited costs		te limitation change	
Field audit - interim portion Desk audited costs	FRVS Ch	ange erim Rate Retro effe	
Desk audit - Interim Portion		erini Kate Ketro ente ester Change	cuve //1/2015
Desk Audit - Prospective portion		2] as of 10/01/1985	
Distribution:	-00	Thomas Parker	100
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent File	Micalcala Cost	Remoursement I tain	ang and I mance
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office			
Home Office: 1 - No Home Office			
		. 1	
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The Abbey Rehabilitation and Nursing Center			Provider Number:	0 263958-00
7101 Martin Luther King Jr. St. N.			Date:	7/29/2013
St. Petersburg FL 33702			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 209.91	New Rate 210.52	Effective Date 7/1/2013
Rate Type:				
Interim	X	Prospective	e.	
Total Interim		-	Γotal Prospective	
Interim Component	<u> </u>		Prospective Adjusted f	or New Costs
Settlement based on costs		,	Total Prospective with	Interim Component
Prior Provider Prospective data		***************************************		
Basis:	Changes:			
Budget		Licensure	Rating Change	
X Unaudited costs			Customary Limitation	n
Field audited costs		-	te limitation change	
Field audit - interim portion	!	FRVS Ch	•	E4 /2012
Desk audited costs Desk audit - Interim Portion	<u>X</u>		erim Rate Retro effe	ctive //1/2013
Desk Audit - Prospective portion			[2] as of 10/01/1985	
Distribution:		7/-	Thomas Parker	
Contract Management / Fiscal Agent	Med	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File				Ü
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office			444	
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1			,	



Titusville FL 32796 Date: 7/29/2013
Fiscal Year End: 12/31/2012 Audit Status: Unaudited [3]
Provider Type: Current New Effective Rate Rate Date
Provider Type: Current New Effective Rate Rate Date
Rate Rate Date
Nursing Home Single Level 215.97 216.83 7/1/2013
Rate Type:
Interim X Prospective
Total Interim X Total Prospective
Interim Component Prospective Adjusted for New Costs
Settlement based on costs Total Prospective with Interim Component
Prior Provider Prospective data
Basis: Changes:
Budget Licensure Rating Change
Budget Licensure Rating Change X Unaudited costs Usual and Customary Limitation
Field audited costs Target Rate limitation change
Field audit - interim portion FRVS Change
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Desk Audit - Prospective portion X AIDS Interim Rate Retro effective 7/1/2013 Rate Semester Change On FRV [2] as of 10/01/1985
Distribution: Thomas Parker
Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance
Permanent File
For information Only
No Change in Rate
Home Office: I - No Home Office



MELBOURNE TERRACE	E RESTORATIVE CARE CE			Provider Number:	0 264547-00
251 Florida Ave				Date:	7/29/2013
Melbourne FL 32901				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ingle Level	-	Current Rate 231.18	New Rate 231.31	Effective Date 7/1/2013
Interir	Interim n Component nent based on costs	X	I	e Fotal Prospective Prospective Adjusted fotal Prospective with	
Prior I Basis:	Provider Prospective data	Changes:			
Budget X Unaudited costs Field audited cos Field audit - inte Desk audit - Inter Desk Audit - Pro	rim portion ts rim Portion	x	Usual and Target Ra FRVS Ch AIDS IRI Rate Seme	Rating Change Customary Limitation te limitation change ange R effective 7/1/13 ester Change 2] as of 02/09/1989	n
Distribution:			2-0	Thomas Parker	
Contract Management Permanent File For information No Change in R	Only	Med	icaid Cost	Reimbursement Plann	ing and Finance
Home Office:	SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest Atlanta GA 30327				



Whispering Oaks		Provider Number:	0 266612-00
1514 East Chelsea Street		Date:	7/29/2013
Tampa FL 33610		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
Nursing Home Single Level	Rate 156.57	Rate	Date 7/1/2013
ruising frome Single Level	150.57		//1/2013
		A. 72	
Rate Type:			
Interim	X Prospecti	ve	
Total Interim	X	Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensus	re Rating Change	
XUnaudited costs		nd Customary Limitatio	n
Field audited costs		Rate limitation change	
Field audit - interim portion	FRVS C	=	
Desk audited costs Desk audit - Interim Portion		RR effective 7/1/13. mester Change	
Desk Audit - Prospective portion		[2] as of 02/01/1989	
Distribution:	-		WATER ADMINISTRATION TO ADMINISTRATION OF THE PROPERTY OF THE
Contract Management / Fiscal Agent	_/	Thomas Parker	
Permanent File	Medicaid Cos	st Reimbursement Plant	ning and Finance
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office	in Managhar de A. Sanagharana, Anadasana, S.A. 1 W. Managharana		



Jacaranda Manor				Provider Number:	0 281743-00
4250 66th Street North				Date:	7/29/2013
St. Petersburg FL 33709				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level		170.70	<u> 171.19</u> _	7/1/2013
Interi Settle	Interim m Component ment based on costs	X		e Total Prospective Prospective Adjusted t Total Prospective with	
Basis:	Provider Prospective data	Changes:			
Budget X Unaudited costs Field audited co Field audit - inte Desk audited co Desk audit - Inte Desk Audit - Pro	sts erim portion sts	X	Licensure Usual and Target Ra FRVS Ch AIDS IR Rate Sem	e Rating Change I Customary Limitation ate limitation change nange R effective 7/1/13. hester Change [2] as of 10/01/1985	n
Distribution:			K)	Thomas Parker	
Contract Managemen Permanent File For information No Change in I	n Only	Me	dicaid Cost	Reimbursement Plann	ing and Finance
Home Office:	Grace Healthcare, Inc Randy Martin 7201 Shallowford Rd, STE 200 Chattanooga TN 37421				



]	Provider Number:	0 282529-00	
	Date:	8/12/2013	
	Fiscal Year End:	12/31/2011	
	Audit Status:	Unaudited [3]	
Current Rate	New Rate	Effective Date	
238.06	232.45	1/1/2013	
388.87	383.26	1/1/2013	
Pro To	ospective Adjusted		
Licensure R Usual and C Target Rate FRVS Chan X Late Test F Rate Semest	fustomary Limitatio limitation change ge YE 12/31/2011 ter Change	n	
	Thomas Parker		
		ning and Finance	
	Current Rate 238.06 388.87 X Prospective X To Pro To Changes: Licensure R Usual and C Target Rate FRVS Chan X Late Test F Rate Semest On FRV [2]	Total Prospective X	



Aventura Plaza Rehabilitation and Nursing Center			Provider Number:	0 284823-00
1800 NE 168TH Street			Date:	7/31/2013
N. Miami Beach FL 33162			Fiscal Year End:	8/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 266.81	New Rate 267.53	Effective Date 7/1/2013
Rate Type:				
Interim	<u>X</u>	Prospective		
Total Interim		***************************************	Total Prospective	Com Novy Costs
Interim Component			Prospective Adjusted f	
Settlement based on costs Prior Provider Prospective data			Total Prospective with	internii Component
Filot Flovider Flospective data				
Basis:	Changes:			
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Budget			Rating Change	
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Field audited costs			te limitation change	
Field audit - interim portion		FRVS Ch		
Desk audited costs Desk audit - Interim Portion	<u>X</u>		R effective 7/1/13 ester Change	
Desk Audit - Prospective portion			2] as of 10/01/1985	
<u>Distribution:</u>				Manager 11111
Contract Management / Fiscal Agent		0	Thomas Parker	
	Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: Hebrew Home Management Ser	vices		B 11	
Steve Beaujon			!	
1800 NE 168th Street, Suite 200			v 4	
Miami Beach FL 33162			•	



Watercrest Care Center			Provider Number:	0 310409-00
16650 West Dixie Hwy			Date:	7/30/2013
North Miami Beach FL 33160			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 238.26	New Rate 239.30	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X	I	e Fotal Prospective Prospective Adjusted f Fotal Prospective with	
Basis:	Changes:			34.6
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual and Target Ra FRVS Ch AIDS IRI Rate Seme	Rating Change Customary Limitation te limitation change ange R effective 7/1/13 ester Change 2] as of 09/01/1999	1
Distribution:		20	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Med	L) licaid Cost	Reimbursement Plann	ing and Finance
Home Office: 1 - No Home Office		. *		



_	Provider Number:	0 313424-00
-	Date:	8/12/2013
-	Fiscal Year End:	6/30/2012
	Audit Status:	Unaudited [3]
Current Rate 223.77	New Rate 224.89	Effective Date 7/1/2013
	Total Prospective Prospective Adjusted f	
Changes:	, , , , , ,	
Usual and Target Ra FRVS Ch X Retro for Rate Seme	Customary Limitation te limitation change ange 7/13 using FYE 6/30 ester Change	
	Thomas Parker	
Medicaid Cost		ting and Finance
The second secon	X Prospective X T X T F Changes: Licensure Usual and Target Ra FRVS Ch X Retro for Rate Seme On FRV [Total Prospective X



Parklands Rehabilitation and	Nursing Center		Provider Number:	0 317578-00
1000 S.W. 16th Avenue			Date:	7/30/2013
Gainesville FL 32601			Fiscal Year End:	3/31/2012
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Sin	gle Level	233.09		7/1/2013
	nterim Component ent based on costs	P	otal Prospective rospective Adjusted f otal Prospective with	
Basis:	ovider Prospective data Ch	anges:		
Budget X Unaudited costs Field audited costs Field audit - interi Desk audit - Interi Desk Audit - Prosp	m portion	Usual and Target Rat FRVS Cha X AIDS IRF Rate Seme	Rating Change Customary Limitation e limitation change ange a effective 7/1/13. ster Change 2] as of 09/01/1987	1
Distribution:		77	Thomas Parker	
Contract Management / Permanent File For information C No Change in Ra	Only	Medicaid Cost	Reimbursement Plann	ing and Finance
Home office.	Hallmark Accounting Jacob Karmel 368 New Hempstead Road #309 New City NY 10956			



Consulate Health Care of	Jacksonville			Provider Number:	0 319503-00
4101 Southpoint Drive E	ast			Date:	7/26/2013
Jacksonville FL 32216				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 203.43	New Rate 203.60	Effective Date 7/1/2013
Rate Type :					
Interim		X	Prospectiv	e	
Tota	al Interim		<u>X</u>	Total Prospective	
	rim Component			Prospective Adjusted f	
	ement based on costs			Total Prospective with	Interim Component
Prior	r Provider Prospective data				
Basis:		Changes:			50
Budget				Rating Change	
X Unaudited cost Field audited c	<u>:</u>			l Customary Limitation te limitation change	1
Field audit - in			FRVS Ch		
Desk audited co	- 1	X		R effective 7/1/13	
Desk audit - In				ester Change	
Desk Audit - Pr	rospective portion	<u></u>	On FRV	2] as of 08/09/1996	
Distribution:			2	Thomas Parker	
Contract Manageme	nt / Fiscal Agent	Med	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File					
For information	•				
No Change in	Rate				
Home Office:	Consulate Health Care, Inc.				
	Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			; 1 !	
				The second secon	



Franco Nursing and Reh	ab			Provider Number:	0 319554-00
800 NW 95th Street				Date:	7/26/2013
Miami FL 33150				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tradit Status.	Ollutation [5]
		•	Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		207.27	208.47	7/1/2013
Rate Type :					
Interim		X	Prospectiv	e	
	al Interim		-	Total Prospective	
Inte	erim Component			Prospective Adjusted f	or New Costs
Sett	element based on costs			Total Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:			
Budget		İ	Licensure	Rating Change	
X Unaudited cos	ts		Usual and	l Customary Limitation	n
Field audited	costs			ate limitation change	
Field audit - in	-		FRVS Cl	•	
Desk audited of	i i	<u> </u>		R effective 7/1/13	
Desk audit - Ir	Prospective portion	1		ester Change [2] as of 01/04/1996	
Distribution:	F		7	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File		Wice	iicaid Cost	Remoursement I tam	mig and i mance
For informati	on Only				
No Change in	n Rate				
Home Office:	Consulate Health Care, Inc.				
	Kathy Urbanovich			ì	
	800 Concourse Parkway South Maitland FL 32751				
	Waitand FL 32/31			,	



Consulate Health Care of B	randon			Provider Number:	0 319660-00
701 Victoria Strees				Date:	7/30/2013
Brandon FL 33510				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 204.86	New Rate	Effective Date 7/1/2013
Rate Type : Interim Total I Interim	interim n Component	X1		otal Prospective	or New Costs
-	nent based on costs		-	otal Prospective with	
Prior P	rovider Prospective data				
Basis:		Changes:			
Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Inter Desk Audit - Pros	im portion s im Portion	X	Usual and Target Rat FRVS Cha AIDs IRR Rate Seme	Rating Change Customary Limitation e limitation change ange effective 7/1/2013 ster Change 2] as of 03/01/1999	1
Distribution:	NAME : NA	77	\mathcal{L}	Thomas Parker	
Contract Management Permanent File For information No Change in R	Only	Med	icaid Cost	Reimbursement Plann	ing and Finance
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751		<u> </u>		



		Provider Number:	0 319678-00
		Date:	7/30/2013
		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
- -	Current Rate 202.80	New Rate 203.16	Effective Date 7/1/2013
		Fotal Prospective Prospective Adjusted f	
Changes	!		
x	Usual and Target Ra FRVS Ch AIDs IRI Rate Sem	Customary Limitation te limitation change ange Reffective 7/1/2013 ester Change	n
	2	Thomas Parker	
ealth Care, Inc. ovich se Parkway South	edicaid Cost		ning and Finance
	costs ective data Changes X	The state of the s	Total Prospective X



Consulate Health Care of N	Jorth Ft. Myers			Provider Number:	0 320111-00
991 Pondella Road			Date:		7/30/2013
North Ft. Myers FL 33903				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level		Current Rate 189.04	New Rate 190.00	Effective Date 7/1/2013
Rate Type :					
Interim		X	Prospectiv	e	
	Interim			Total Prospective	
	n Component			Prospective Adjusted i	
	nent based on costs			Total Prospective with	Interim Component
Prior P	rovider Prospective data				
Basis:		Changes:			
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Budget		; 	Licensure	Rating Change	
X Unaudited costs				l Customary Limitation	n
Field audited cos	ts	·		ate limitation change	
Field audit - inter	rim portion		FRVS Ch	ange	
Desk audited cost	- , ,	X	AIDs IRI	R effective 7/1/2013	
Desk audit - Inter	im Portion			ester Change	
Desk Audit - Pros	spective portion		On FRV	[2] as of 04/01/1998	
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Me:	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File		1410	aicaia Cost	itemiourodifeitti ium.	ang uno i manov
For information	Only				
No Change in R	ate				
Home Office:	Consulate Health Care, Inc.				
	Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751				



		Date:	7/30/2013
		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
	Rate	New Rate 244.32	Effective Date 7/1/2013
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Changes:]		
	Licensure	Rating Change	
		•	n
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<u>X</u>			
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	0_		
Med	licaid Cost	Reimbursement Plann	ing and Finance
09			
	Changes:	X Prospective X X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Audit Status: Current New Rate Rate 241.17 244.32



Bayside Rehabilitation & H	Iealth Center			Provider Number:	0 324108-00		
811 Jackson Street North St. Petersburg FL 33705				Date:	7/30/2013		
			Fiscal Year End:		2/29/2012		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
Nursing Home Si	ngle Level	,	Rate 261.91	Rate	Date 7/1/2013		
rursing Home Si	ngie Levei		201.91	<u> 265.20</u> _	//1/2013		
Rate Type :							
Interim		X	Prospectiv	e			
	Interim			Total Prospective			
	n Component	Prospective Adjusted for New Costs					
	nent based on costs			Total Prospective with	Interim Component		
Prior P	Provider Prospective data						
Basis:		Changes:					
Budget	!		Licensure	e Rating Change			
X Unaudited costs			Usual and	d Customary Limitation	n		
Field audited cos	ts		Target Ra	ate limitation change			
Field audit - inter	rim portion		FRVS C	nange			
Desk audited cos		X		terim Rate Retro effe	ctive 7/1/2013		
Desk audit - Inter				ester Change			
Desk Audit - Pros	spective portion		On FRV	[2] as of 10/01/2001			
Distribution:			フトー	Thomas Parker			
Contract Management	/ Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance		
Permanent File							
For information	Only						
No Change in R	ate						
Home Office:	Hallmark Accounting						
Home Office.	Jacob Karmel						
	368 New Hempstead Road #309			1			
	New City NY 10956						



Terraces of Lake Worth Re	hab and Health Center			Provider Number:	0 325031-00
1711 6th Avenue South				Date:	8/6/2013
Lake Worth FL 33460				Fiscal Year End:	2/29/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate	New Rate	Effective Date
Nursing Home Si	ngie Levei		251.63		7/1/2013
Data Truncal	,				
Rate Type :		% 7	.		
Interim Total I	ntarim	X	Prospectiv X	e Fotal Prospective	
	nerim Component			Prospective Adjusted f	for New Costs
	nent based on costs			Total Prospective with	
	rovider Prospective data		,	•	1
Basis:		Changes:			
Budget	!		Licensure	Rating Change	
X Unaudited costs				Customary Limitation	n
Field audited cos				ite limitation change	
Field audit - inter	_	***	FRVS Ch		
Desk audited cost Desk audit - Inter		<u>X</u>		erim Effective 7/1/13 ester Change	
Desk Audit - Pros				[2] as of 08/01/1986	
Distribution:			2/	Thomas Parker	-4-36
Contract Management	/ Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File					
For information	•				
No Change in Ra	ate				
	Hallmark Accounting Jacob Karmel 368 New Hempstead Road #309 New City NY 10956			:	



North Lake Rehabilitation and Health Center			Provider Number:	0 325163-00	
750 Bayberry Drive			Date:	8/6/2013	
Lake Park FL 33403			Fiscal Year End:	2/29/2012	
			Audit Status:	Unaudited [3]	
Provider Type:				L 1	
· ·	•	Current Rate	New Rate	Effective Date	
Nursing Home Single Level		255.32	257.43	7/1/2013	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Rate Type :					
	v	D	_		
Interim Total Interim	X	Prospectiv X	e Fotal Prospective		
Interim Component			Prospective Adjusted t	for New Costs	
Settlement based on costs	Total Prospective with Interim Component				
Prior Provider Prospective data			- · · · · · · · · · · · · · · · · · · ·		
Basis:	Changes:				
Dasis.	Changes.				
Budget		Licensure	Rating Change		
X Unaudited costs		Usual and	Customary Limitation	n	
Field audited costs		Target Ra	te limitation change		
Field audit - interim portion		FRVS Ch	ange		
Desk audited costs	X		R Effective 7/1/13		
Desk audit - Interim Portion			ester Change		
Desk Audit - Prospective portion		On FRV	2] as of 02/01/2000		
Distribution:		75)	Thomas Parker		
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ning and Finance	
Permanent File					
For information Only					
No Change in Rate					
Home Office: Hallmark Accounting					
Jacob Karmel		÷			
368 New Hempstead Road #309			4		
New City NY 10956			:		