



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: June 13, 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 Number</u>	<u>Number of Rate Change Notices</u>
1.	Royal Manor	0 006489-00	2
2.	The Crossings	0 028100-00	8
3.	Cross Terrace Rehab Center	0 028148-00	8
4.	Grace Healthcare of Lake Wales	0 034504-00	5
5.	Cross Landings Health and Rehab	0 042138-00	6
6.	Crosswinds Health and Rehab	0 042140-00	6
7.	Crestview Rehabilitation Center	0 044886-00	4
8.	River Valley Rehabilitation Center	0 044889-00	4
9.	Homestead Manor A Palace Community	0 046017-00	4
10.	Gulf Coast Village Care Center	0 201120-00	17
11.	South Jacksonville	0 205630-00	2
12.	Morton Plant Rehabilitation Center	0 206431-00	8
14.	John Knox Village Medical Center	0 210285-00	4
15.	Emory L. Bennett Memorial Veterans Nursing Home	0 210889-00	5
16.	Oakhurst Care & Rehab center	0 251721-00	4
17.	Sunset Point Care & Rehab Center	0 253430-00	12
18.	Lakeside Pavillion Care & Rehab Center	0 256846-00	12
19.	MCHS Venice	0 309788-00	2
20.	Zephyrhills Health & Rehab Center Inc.	0 320404-00	6
21.	Sunbelt Health & Rehab Center – Apopka Inc.	0 320412-00	6
22.	Heartland Health Care Center of South Jacksonville	0 325287-00	1
23.	ManorCare Health Services	0 325473-00	2
		Total	128

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

TP/dm
Attachments



	Effective Date	Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
Provider Number	Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MCM number	Audit Number
000648900	20120701	225.14	374.35	225.14	225.14	494.10	73273-13	
000648900	20130101	228.92	379.73	228.92	228.92	500.77	73273-13	
002810000	20100630	246.22	388.14	246.22	246.22	502.02	73273-13	
002810000	20100701	249.41	392.75	249.41	249.41	507.78	73273-13	
002810000	20110101	252.51	397.37	252.51	252.51	513.62	73273-13	
002810000	20110201	257.13	401.99	257.13	257.13	518.24	73273-13	
002810000	20110701	248.25	394.45	248.25	248.25	511.78	73273-13	
002810000	20120101	250.09	397.70	250.09	250.09	516.16	73273-13	
002810000	20120701	259.01	408.22	259.01	259.01	527.97	73273-13	
002810000	20130101	254.85	405.66	254.85	254.85	526.70	73273-13	
002814800	20100630	214.61	356.53	214.61	214.61	470.41	73273-13	
002814800	20100701	217.66	361.00	217.66	217.66	476.03	73273-13	
002814800	20110101	219.34	364.20	219.34	219.34	480.45	73273-13	
002814800	20110201	225.41	370.27	225.41	225.41	486.52	73273-13	
002814800	20110701	217.61	363.81	217.61	217.61	481.14	73273-13	
002814800	20120101	218.98	366.59	218.98	218.98	485.05	73273-13	
002814800	20120701	226.76	375.97	226.76	226.76	495.72	73273-13	
002814800	20130101	213.13	363.94	213.13	213.13	484.98	73273-13	
003450400	20110309	200.93	345.79	200.93	200.93	462.04	73273-13	
003450400	20110701	192.45	338.65	192.45	192.45	455.98	73273-13	
003450400	20120101	195.35	342.96	195.35	195.35	461.42	73273-13	
003450400	20120701	201.27	350.48	201.27	201.27	470.23	73273-13	
003450400	20130101	203.58	354.39	203.58	203.58	475.43	73273-13	
004213800	20110628	228.30	373.16	228.30	228.30	489.41	73273-13	
004213800	20110701	221.32	367.52	221.32	221.32	484.85	73273-13	
004213800	20120101	224.80	372.41	224.80	224.80	490.87	73273-13	
004213800	20120201	227.81	375.42	227.81	227.81	493.88	73273-13	
004213800	20120701	235.53	384.74	235.53	235.53	504.49	73273-13	
004213800	20130101	238.29	389.10	238.29	238.29	510.14	73273-13	
004214000	20110628	225.59	370.45	225.59	225.59	486.70	73273-13	
004214000	20110701	218.96	365.16	218.96	218.96	482.49	73273-13	
004214000	20120101	222.45	370.06	222.45	222.45	488.52	73273-13	
004214000	20120201	228.24	375.85	228.24	228.24	494.31	73273-13	
004214000	20120701	236.07	385.28	236.07	236.07	505.03	73273-13	
004214000	20130101	238.14	388.95	238.14	238.14	509.99	73273-13	
004488600	20120201	206.84	354.45	206.84	206.84	472.91	73273-13	
004488600	20120701	214.59	363.80	214.59	214.59	483.55	73273-13	
004488600	20120801	217.55	366.76	217.55	217.55	486.51	73273-13	
004488600	20130101	219.80	370.61	219.80	219.80	491.65	73273-13	
004488900	20120201	208.80	356.41	208.80	208.80	474.87	73273-13	
004488900	20120701	215.64	364.85	215.64	215.64	484.60	73273-13	
004488900	20120801	220.85	370.06	220.85	220.85	489.81	73273-13	
004488900	20130101	222.36	373.17	222.36	222.36	494.21	73273-13	
004601700	20111101	236.04	382.24	236.04	236.04	499.57	73273-13	
004601700	20120101	238.25	385.86	238.25	238.25	504.32	73273-13	
004601700	20120701	248.34	397.55	248.34	248.34	517.30	73273-13	
004601700	20130101	251.54	402.35	251.54	251.54	523.39	73273-13	
020112000	20070101	186.36	315.96	186.36	186.36	419.95	73273-13	NH11-097W
020112000	20070201	192.39	321.99	192.39	192.39	425.98	73273-13	NH11-097W
020112000	20070301	186.36	315.96	186.36	186.36	419.95	73273-13	NH11-097W
020112000	20070701	186.95	318.89	186.95	186.95	424.75	73273-13	NH11-097W
020112000	20080101	190.62	324.62	190.62	190.62	432.14	73273-13	NH11-097W
020112000	20080701	188.71	324.99	188.71	188.71	434.34	73273-13	NH11-097W
020112000	20090101	188.67	327.02	188.67	188.67	438.03	73273-13	NH11-097W
020112000	20090301	172.86	311.21	172.86	172.86	422.22	73273-13	NH11-097W
020112000	20090401	203.85	342.20	203.85	203.85	453.21	73273-13	NH11-097W
020112000	20090701	206.26	346.61	206.26	206.26	459.23	73273-13	NH11-097W
020112000	20100101	205.51	347.43	205.51	205.51	461.31	73273-13	NH11-097W
020112000	20100701	206.73	350.07	206.73	206.73	465.10	73273-13	NH11-097W
020112000	20110101	205.85	350.71	205.85	205.85	466.96	73273-13	NH11-097W
020112000	20110701	202.82	349.02	202.82	202.82	466.35	73273-13	NH11-097W
020112000	20120101	204.85	352.46	204.85	204.85	470.92	73273-13	NH11-097W
020112000	20120701	215.56	364.77	215.56	215.56	484.52	73273-13	NH11-097W
020112000	20130101	219.02	369.83	219.02	219.02	490.87	73273-13	NH11-097W
020563000	20070101	155.67	285.27	155.67	155.67	389.26	73273-13	NH11-120C
020563000	20070701	164.51	296.45	164.51	164.51	402.31	73273-13	NH11-120C

Provider Number	Effective Date Format YYYYMMDD	Single Level Intermediate I (IN1)	Level H: AIDS Skilled AIDS (SKA)	Single Level Intermediate II (IN2)	Single Level Skilled (SKD)	Peds under 21 Level U	MCM number	Audit Number
020643100	20090101	192.80	331.15	192.80	192.80	442.16	73273-13	
020643100	20090301	176.64	314.99	176.64	176.64	426.00	73273-13	
020643100	20090401	212.63	350.98	212.63	212.63	461.99	73273-13	
020643100	20090701	217.91	358.26	217.91	217.91	470.88	73273-13	
020643100	20100101	220.04	361.96	220.04	220.04	475.84	73273-13	
020643100	20100701	221.63	364.97	221.63	221.63	480.00	73273-13	
020643100	20110101	226.12	370.98	226.12	226.12	487.23	73273-13	
020643100	20110701	216.98	363.18	216.98	216.98	480.51	73273-13	
021028500	20100101	203.56	345.48	203.56	203.56	459.36	73273-13	
021028500	20100701	204.18	347.52	204.18	204.18	462.55	73273-13	
021028500	20110101	214.77	359.63	214.77	214.77	475.88	73273-13	
021028500	20110701	204.35	350.55	204.35	204.35	467.88	73273-13	
021088900	20090701	216.90	357.25	216.90	216.90	469.87	73273-13	NH11-059L
021088900	20100101	217.08	359.00	217.08	217.08	472.88	73273-13	NH11-059L
021088900	20100701	217.88	361.22	217.88	217.88	476.25	73273-13	NH11-059L
021088900	20110701	215.67	361.87	215.67	215.67	479.20	73273-13	NH11-059L
021088900	20120701	226.48	375.69	226.48	226.48	495.44	73273-13	NH11-059L
025172100	20080701	163.48	299.76	163.48	163.48	409.11	73273-13	NH11-115W
025172100	20090101	163.44	301.79	163.44	163.44	412.80	73273-13	NH11-115W
025172100	20090301	149.74	288.09	149.74	149.74	399.10	73273-13	NH11-115W
025172100	20090401	182.80	321.15	182.80	182.80	432.16	73273-13	NH11-115W
025343000	20080701	167.89	304.17	167.89	167.89	413.52	73273-13	NH11-110W
025343000	20090101	169.64	307.99	169.64	169.64	419.00	73273-13	NH11-110W
025343000	20090301	155.42	293.77	155.42	155.42	404.78	73273-13	NH11-110W
025343000	20090401	192.36	330.71	192.36	192.36	441.72	73273-13	NH11-110W
025343000	20090701	193.30	333.65	193.30	193.30	446.27	73273-13	NH11-110W
025343000	20100101	195.28	337.20	195.28	195.28	451.08	73273-13	NH11-110W
025343000	20100701	192.79	336.13	192.79	192.79	451.16	73273-13	NH11-110W
025343000	20110101	195.23	340.09	195.23	195.23	456.34	73273-13	NH11-110W
025343000	20110701	183.01	329.21	183.01	183.01	446.54	73273-13	NH11-110W
025343000	20120101	186.02	333.63	186.02	186.02	452.09	73273-13	NH11-110W
025343000	20120701	191.39	340.60	191.39	191.39	460.35	73273-13	NH11-110W
025343000	20130101	193.49	344.30	193.49	193.49	465.34	73273-13	NH11-110W
025684600	20080701	182.90	319.18	182.90	182.90	428.53	73273-13	NH11-112W
025684600	20090101	183.41	321.76	183.41	183.41	432.77	73273-13	NH11-112W
025684600	20090301	168.04	306.39	168.04	168.04	417.40	73273-13	NH11-112W
025684600	20090401	206.98	345.33	206.98	206.98	456.34	73273-13	NH11-112W
025684600	20090701	204.23	344.58	204.23	204.23	457.20	73273-13	NH11-112W
025684600	20100101	206.32	348.24	206.32	206.32	462.12	73273-13	NH11-112W
025684600	20100701	209.31	352.65	209.31	209.31	467.68	73273-13	NH11-112W
025684600	20110101	212.34	357.20	212.34	212.34	473.45	73273-13	NH11-112W
025684600	20110701	197.09	343.29	197.09	197.09	460.62	73273-13	NH11-112W
025684600	20120101	198.33	345.94	198.33	198.33	464.40	73273-13	NH11-112W
025684600	20120701	203.04	352.25	203.04	203.04	472.00	73273-13	NH11-112W
025684600	20130101	205.31	356.12	205.31	205.31	477.16	73273-13	NH11-112W
030978800	20070101	169.41	299.01	169.41	169.41	403.00	73273-13	NH11-124C
030978800	20070701	183.47	315.41	183.47	183.47	421.27	73273-13	NH11-124C
032040400	20100701	207.77	351.11	207.77	207.77	466.14	73273-13	NH11-010W
032040400	20110101	211.07	355.93	211.07	211.07	472.18	73273-13	NH11-010W
032040400	20110701	198.59	344.79	198.59	198.59	462.12	73273-13	NH11-010W
032040400	20120101	199.90	347.51	199.90	199.90	465.97	73273-13	NH11-010W
032040400	20120701	202.47	351.68	202.47	202.47	471.43	73273-13	NH11-010W
032040400	20130101	204.82	355.63	204.82	204.82	476.67	73273-13	NH11-010W
032041200	20100701	197.11	340.45	197.11	197.11	455.48	73273-13	NH11-009W
032041200	20110101	202.53	347.39	202.53	202.53	463.64	73273-13	NH11-009W
032041200	20110701	195.96	342.16	195.96	195.96	459.49	73273-13	NH11-009W
032041200	20120101	198.21	345.82	198.21	198.21	464.28	73273-13	NH11-009W
032041200	20120701	202.32	351.53	202.32	202.32	471.28	73273-13	NH11-009W
032041200	20130101	204.68	355.49	204.68	204.68	476.53	73273-13	NH11-009W
032528700	20071220	164.51	296.45	164.51	164.51	402.31	73273-13	NH11-120C
032547300	20071220	183.47	315.41	183.47	183.47	421.27	73273-13	NH11-124C
032547300	20080101	181.62	315.62	181.62	181.62	423.14	73273-13	NH11-124C



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

Royal Manor
 600 Business Parkway
 Royal Palm Beach FL 33411

Provider Number: 0 006489-00
 Date: 6/12/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.33</u>	<u>225.14</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>372.54</u>	<u>374.35</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>492.29</u>	<u>494.10</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
 Amended Cost Report FYE 12/31/2011
 Rate Semester Change
 On FRV [2] as of 01/01/1999

Distribution:

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

Home Office:

Pensacola Administrative Services, LLC
 2 North Palafox Street
 Pensacola Fl 32502

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

Royal Manor
 600 Business Parkway
 Royal Palm Beach FL 33411

Provider Number: 0 006489-00
 Date: 6/12/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	226.54	228.92	1/1/2013
	Level H: AIDS	377.35	379.73	1/1/2013
	Level U: Fragile Under 21	498.39	500.77	1/1/2013

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
 Amended Cost Report FYE 12/31/2011
 Rate Semester Change
 On FRV [2] as of 01/01/1999

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Pensacola Administrative Services, LLC
 2 North Palafox Street
 Pensacola Fl 32502



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 Crossings
4445 Pine Forest Drive
Lake Worth FL 33463

Provider Number: 0 028100-00
 Date: 5/22/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	241.26	246.22	6/30/2010
	Level H: AIDS	383.18	388.14	6/30/2010
	Level U: Fragile Under 21	497.06	502.02	6/30/2010

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

Cost Settlement FYE 1/31/2011

Rate Semester Change

On FRV [2] as of 11/01/1988

Distribution:

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

Home Office:

I - 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 Crossings
4445 Pine Forest Drive
Lake Worth FL 33463

Provider Number: 0 028100-00
 Date: 5/22/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	243.68	249.41	7/1/2010
	Level H: AIDS	387.02	392.75	7/1/2010
	Level U: Fragile Under 21	502.05	507.78	7/1/2010

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
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 1/31/2011**
- Rate Semester Change
- On FRV [2] as of 11/01/1988

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



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 Crossings
 4445 Pine Forest Drive
 Lake Worth FL 33463

Provider Number: 0 028100-00
 Date: 5/22/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	244.02	252.51	1/1/2011
	Level H: AIDS	388.88	397.37	1/1/2011
	Level U: Fragile Under 21	505.13	513.62	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

Cost Settlement FYE 1/31/2011

Rate Semester Change

On FRV [2] as of 11/01/1988

Distribution:

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

Home Office:

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 Crossings
4445 Pine Forest Drive
Lake Worth FL 33463

Provider Number: 0 028100-00
 Date: 5/22/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	244.02	257.13	2/1/2011
	Level H: AIDS	388.88	401.99	2/1/2011
	Level U: Fragile Under 21	505.13	518.24	2/1/2011

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 1/31/2011**
- Rate Semester Change
- On FRV [2] as of 11/01/1988

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Thomas Parker
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Crossings
 4445 Pine Forest Drive
 Lake Worth FL 33463

Provider Number: 0 028100-00
 Date: 5/22/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	232.87	248.25	7/1/2011
	Level H: AIDS	379.07	394.45	7/1/2011
	Level U: Fragile Under 21	496.40	511.78	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

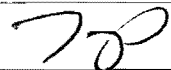
Cost Settlement FYE 1/31/2011

Rate Semester Change

On FRV [2] as of 11/01/1988

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Thomas Parker
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Medicaid Reimbursement Per Diem Rates

The Crossings
 4445 Pine Forest Drive
 Lake Worth FL 33463

Provider Number: 0 028100-00
 Date: 5/22/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	232.73	250.09	1/1/2012
	Level H: AIDS	380.34	397.70	1/1/2012
	Level U: Fragile Under 21	498.80	516.16	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 1/31/2011

Rate Semester Change

On FRV [2] as of 11/01/1988


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Medicaid Reimbursement Per Diem Rates

The Crossings
4445 Pine Forest Drive
Lake Worth FL 33463

Provider Number: 0 028100-00
 Date: 5/22/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>240.07</u>	<u>259.01</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>389.28</u>	<u>408.22</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>509.03</u>	<u>527.97</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
 Cost Settlement FYE 1/31/2011
 Rate Semester Change
 On FRV [2] as of 11/01/1988

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Medicaid Reimbursement Per Diem Rates

The Crossings
 4445 Pine Forest Drive
 Lake Worth FL 33463

Provider Number: 0 028100-00
 Date: 5/22/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	240.26	254.85	1/1/2013
	Level H: AIDS	391.07	405.66	1/1/2013
	Level U: Fragile Under 21	512.11	526.70	1/1/2013

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
 Retro for 01/13 RS using FYE 1/31/2012
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Cross Terrace Rehabilitation Center
 1351 San Christopher Drive
 Dunedin FL 34698

Provider Number: 0 028148-00
 Date: 5/29/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	213.28	214.61	6/30/2010
Level H: AIDS	355.20	356.53	6/30/2010
Level U: Fragile Under 21	469.08	470.41	6/30/2010

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

Cost Settlement FYE 1/31/2011

Rate Semester Change

On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Cross Terrace Rehabilitation Center
 1351 San Christopher Drive
 Dunedin FL 34698

Provider Number: 0 028148-00
 Date: 5/29/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.16	217.66	7/1/2010
	Level H: AIDS	358.50	361.00	7/1/2010
	Level U: Fragile Under 21	473.53	476.03	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

Cost Settlement FYE 1/31/2011

Rate Semester Change

On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Cross Terrace Rehabilitation Center
 1351 San Christopher Drive
 Dunedin FL 34698

Provider Number: 0 028148-00
 Date: 5/29/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.34	219.34	1/1/2011
	Level H: AIDS	363.20	364.20	1/1/2011
	Level U: Fragile Under 21	479.45	480.45	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

Cost Settlement FYE 1/31/2011

Rate Semester Change

On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Cross Terrace Rehabilitation Center
1351 San Christopher Drive
Dunedin FL 34698

Provider Number: 0 028148-00
 Date: 5/29/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>218.34</u>	<u>225.41</u>	<u>2/1/2011</u>
	Level H: AIDS	<u>363.20</u>	<u>370.27</u>	<u>2/1/2011</u>
	Level U: Fragile Under 21	<u>479.45</u>	<u>486.52</u>	<u>2/1/2011</u>

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 1/31/2011**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Cross Terrace Rehabilitation Center
 1351 San Christopher Drive
 Dunedin FL 34698

Provider Number: 0 028148-00
 Date: 5/29/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.97	217.61	7/1/2011
	Level H: AIDS	357.17	363.81	7/1/2011
	Level U: Fragile Under 21	474.50	481.14	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
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- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Cross Terrace Rehabilitation Center
 1351 San Christopher Drive
 Dunedin FL 34698

Provider Number: 0 028148-00
 Date: 5/29/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.10	218.98	1/1/2012
	Level H: AIDS	359.71	366.59	1/1/2012
	Level U: Fragile Under 21	478.17	485.05	1/1/2012

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 1/31/2011**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Cross Terrace Rehabilitation Center
 1351 San Christopher Drive
 Dunedin FL 34698

Provider Number: 0 028148-00
 Date: 5/29/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.70	226.76	7/1/2012
	Level H: AIDS	368.91	375.97	7/1/2012
	Level U: Fragile Under 21	488.66	495.72	7/1/2012

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 1/31/2011
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Cross Terrace Rehabilitation Center
 1351 San Christopher Drive
 Dunedin FL 34698

Provider Number: 0 028148-00
 Date: 5/29/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	220.37	213.13	1/1/2013
	Level H: AIDS	371.18	363.94	1/1/2013
	Level U: Fragile Under 21	492.22	484.98	1/1/2013

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
 Retro for 01/13 RS using FYE 1/31/2012 CR
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Grace Healthcare of Lake Wales
 730 North Scenic Highway
 Lake Wales FL 33853

Provider Number: 0 034504-00
 Date: 5/29/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	211.52	200.93	3/9/2011
	Level H: AIDS	356.38	345.79	3/9/2011
	Level U: Fragile Under 21	472.63	462.04	3/9/2011

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 12/31/2011

Rate Semester Change

On FRV [2] as of 03/09/2011

Distribution:

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Home Office:

Grace Healthcare, Inc
 Randy Martin
 7201 Shallowford Rd, STE 200
 Chattanooga TN 37421

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

Grace Healthcare of Lake Wales
 730 North Scenic Highway
 Lake Wales FL 33853

Provider Number: 0 034504-00
 Date: 5/29/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.36	192.45	7/1/2011
	Level H: AIDS	348.56	338.65	7/1/2011
	Level U: Fragile Under 21	465.89	455.98	7/1/2011

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
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 12/31/2011**
- Rate Semester Change
- On FRV [2] as of 03/09/2011

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Medicaid Reimbursement Per Diem Rates

Grace Healthcare of Lake Wales
 730 North Scenic Highway
 Lake Wales FL 33853

Provider Number: 0 034504-00
 Date: 5/29/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	202.08	195.35	1/1/2012
	Level H: AIDS	349.69	342.96	1/1/2012
	Level U: Fragile Under 21	468.15	461.42	1/1/2012

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:

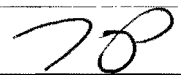
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 12/31/2011**
- Rate Semester Change
- On FRV [2] as of 03/09/2011

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Medicaid Reimbursement Per Diem Rates

Grace Healthcare of Lake Wales
 730 North Scenic Highway
 Lake Wales FL 33853

Provider Number: 0 034504-00
 Date: 5/29/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.83	201.27	7/1/2012
	Level H: AIDS	356.04	350.48	7/1/2012
	Level U: Fragile Under 21	475.79	470.23	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 12/31/2011
 Rate Semester Change
 On FRV [2] as of 03/09/2011

Distribution:

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 No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Grace Healthcare, Inc
 Randy Martin
 7201 Shallowford Rd, STE 200
 Chattanooga TN 37421



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

Grace Healthcare of Lake Wales
 730 North Scenic Highway
 Lake Wales FL 33853

Provider Number: 0 034504-00
 Date: 5/29/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.99	203.58	1/1/2013
	Level H: AIDS	357.80	354.39	1/1/2013
	Level U: Fragile Under 21	478.84	475.43	1/1/2013

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 12/31/2011
- Rate Semester Change
- On FRV [2] as of 03/09/2011

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

Cross Landings Health and Rehab
 1780 N Jefferson Street
 Monticello FL 32344

Provider Number: 0 042138-00
 Date: 5/24/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>228.97</u>	<u>228.30</u>	<u>6/28/2011</u>
	Level H: AIDS	<u>373.83</u>	<u>373.16</u>	<u>6/28/2011</u>
	Level U: Fragile Under 21	<u>490.08</u>	<u>489.41</u>	<u>6/28/2011</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

Cost Settlement FYE 1/31/2012

Rate Semester Change

On FRV [2] as of 04/01/2009

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Cross Landings Health and Rehab
 1780 N Jefferson Street
 Monticello FL 32344

Provider Number: 0 042138-00
 Date: 5/24/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>222.04</u>	<u>221.32</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>368.24</u>	<u>367.52</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>485.57</u>	<u>484.85</u>	<u>7/1/2011</u>

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
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 1/31/2012
 Rate Semester Change
 On FRV [2] as of 04/01/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

Cross Landings Health and Rehab
 1780 N Jefferson Street
 Monticello FL 32344

Provider Number: 0 042138-00
 Date: 5/24/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	223.73	224.80	1/1/2012
Level H: AIDS	371.34	372.41	1/1/2012
Level U: Fragile Under 21	489.80	490.87	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 1/31/2012

Rate Semester Change

On FRV [2] as of 04/01/2009

Distribution:

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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

Cross Landings Health and Rehab
 1780 N Jefferson Street
 Monticello FL 32344

Provider Number: 0 042138-00
 Date: 5/24/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	223.73	227.81	2/1/2012
	Level H: AIDS	371.34	375.42	2/1/2012
	Level U: Fragile Under 21	489.80	493.88	2/1/2012

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 1/31/2012
- Rate Semester Change
- On FRV [2] as of 04/01/2009

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

Cross Landings Health and Rehab
 1780 N Jefferson Street
 Monticello FL 32344

Provider Number: 0 042138-00
 Date: 5/24/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	228.79	235.53	7/1/2012
	Level H: AIDS	378.00	384.74	7/1/2012
	Level U: Fragile Under 21	497.75	504.49	7/1/2012

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 1/31/2012
- Rate Semester Change
- On FRV [2] as of 04/01/2009

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Medicaid Reimbursement Per Diem Rates

Cross Landings Health and Rehab
 1780 N Jefferson Street
 Monticello FL 32344

Provider Number: 0 042138-00
 Date: 5/24/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	228.96	238.29	1/1/2013
	Level H: AIDS	379.77	389.10	1/1/2013
	Level U: Fragile Under 21	500.81	510.14	1/1/2013

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 1/31/2012
- Rate Semester Change
- On FRV [2] as of 04/01/2009

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Medicaid Reimbursement Per Diem Rates

Crosswinds Health and Rehab
 13455 West US Highway 90
 Greenville FL 33231

Provider Number: 0 042140-00
 Date: 6/5/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

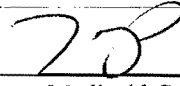
		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	225.89	225.59	6/28/2011
	Level H: AIDS	370.75	370.45	6/28/2011
	Level U: Fragile Under 21	487.00	486.70	6/28/2011

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:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input checked="" type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> Cost Settlement FYE 1/31/2012
<input type="checkbox"/> Desk audit - Interim Portion	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Desk Audit - Prospective portion	<input type="checkbox"/> On FRV [2] as of 10/01/1985

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 Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: I - No Home Office



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Crosswinds Health and Rehab
 13455 West US Highway 90
 Greenville FL 33231

Provider Number: 0 042140-00
 Date: 6/5/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.23	218.96	7/1/2011
	Level H: AIDS	365.43	365.16	7/1/2011
	Level U: Fragile Under 21	482.76	482.49	7/1/2011

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 1/31/2012

Rate Semester Change

On FRV [2] as of 10/01/1985

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Crosswinds Health and Rehab
 13455 West US Highway 90
 Greenville FL 33231

Provider Number: 0 042140-00
 Date: 6/10/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	220.97	222.45	1/1/2012
	Level H: AIDS	368.58	370.06	1/1/2012
	Level U: Fragile Under 21	487.04	488.52	1/1/2012

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
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 1/31/2012
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Crosswinds Health and Rehab
 13455 West US Highway 90
 Greenville FL 33231

Provider Number: 0 042140-00
 Date: 6/10/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>220.97</u>	<u>228.24</u>	<u>2/1/2012</u>
	Level H: AIDS	<u>368.58</u>	<u>375.85</u>	<u>2/1/2012</u>
	Level U: Fragile Under 21	<u>487.04</u>	<u>494.31</u>	<u>2/1/2012</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
 Cost Settlement FYE 1/31/2012
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Crosswinds Health and Rehab
 13455 West US Highway 90
 Greenville FL 33231

Provider Number: 0 042140-00
 Date: 6/5/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	226.01	236.07	7/1/2012
	Level H: AIDS	375.22	385.28	7/1/2012
	Level U: Fragile Under 21	494.97	505.03	7/1/2012

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 1/31/2012
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Crosswinds Health and Rehab
 13455 West US Highway 90
 Greenville FL 33231

Provider Number: 0 042140-00
 Date: 6/5/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	226.18	238.14	1/1/2013
	Level H: AIDS	376.99	388.95	1/1/2013
	Level U: Fragile Under 21	498.03	509.99	1/1/2013

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 1/31/2012**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Crestview Rehabilitation Center
 1849 First Avenue East
 Crestview FL 32539

Provider Number: 0 044886-00
 Date: 5/30/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>207.04</u>	<u>206.84</u>	<u>2/1/2012</u>
	Level H: AIDS	<u>354.65</u>	<u>354.45</u>	<u>2/1/2012</u>
	Level U: Fragile Under 21	<u>473.11</u>	<u>472.91</u>	<u>2/1/2012</u>

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:

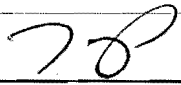
Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/12
 Rate Semester Change
 On FRV [2] as of 10/30/1987

Distribution:

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 No Change in Rate


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 Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

Crestview Rehabilitation Center
 1849 First Avenue East
 Crestview FL 32539

Provider Number: 0 044886-00
 Date: 5/30/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	214.74	214.59	7/1/2012
	Level H: AIDS	363.95	363.80	7/1/2012
	Level U: Fragile Under 21	483.70	483.55	7/1/2012

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
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/12
 Rate Semester Change
 On FRV [2] as of 10/30/1987

Distribution:

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Medicaid Reimbursement Per Diem Rates

Crestview Rehabilitation Center
 1849 First Avenue East
 Crestview FL 32539

Provider Number: 0 044886-00
 Date: 5/30/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.74</u>	<u>217.55</u>	<u>8/1/2012</u>
	Level H: AIDS	<u>363.95</u>	<u>366.76</u>	<u>8/1/2012</u>
	Level U: Fragile Under 21	<u>483.70</u>	<u>486.51</u>	<u>8/1/2012</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

Cost Settlement FYE 7/31/12

Rate Semester Change

On FRV [2] as of 10/30/1987


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Medicaid Reimbursement Per Diem Rates

Crestview Rehabilitation Center
 1849 First Avenue East
 Crestview FL 32539

Provider Number: 0 044886-00
 Date: 5/30/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.80	219.80	1/1/2013
Level H: AIDS	365.61	370.61	1/1/2013
Level U: Fragile Under 21	486.65	491.65	1/1/2013

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 7/31/12
- Rate Semester Change
- On FRV [2] as of 10/30/1987

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Medicaid Reimbursement Per Diem Rates

River Valley Rehabilitation Center
 17884 N.E. Crozier Center
 Blountstown FL 32424

Provider Number: 0 044889-00
 Date: 5/31/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>209.75</u>	<u>208.80</u>	<u>2/1/2012</u>
	Level H: AIDS	<u>357.36</u>	<u>356.41</u>	<u>2/1/2012</u>
	Level U: Fragile Under 21	<u>475.82</u>	<u>474.87</u>	<u>2/1/2012</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

Cost Settlement FYE 7/31/2012

Rate Semester Change

On FRV [2] as of 01/01/1987

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Medicaid Reimbursement Per Diem Rates

River Valley Rehabilitation Center
 17884 N.E. Crozier Center
 Blountstown FL 32424

Provider Number: 0 044889-00
 Date: 5/31/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.91	215.64	7/1/2012
	Level H: AIDS	366.12	364.85	7/1/2012
	Level U: Fragile Under 21	485.87	484.60	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 7/31/2012

Rate Semester Change

On FRV [2] as of 01/01/1987

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Medicaid Reimbursement Per Diem Rates

River Valley Rehabilitation Center
 17884 N.E. Crozier Center
 Blountstown FL 32424

Provider Number: 0 044889-00
 Date: 5/31/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.91	220.85	8/1/2012
	Level H: AIDS	366.12	370.06	8/1/2012
	Level U: Fragile Under 21	485.87	489.81	8/1/2012

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 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 01/01/1987

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Medicaid Reimbursement Per Diem Rates

River Valley Rehabilitation Center
 17884 N.E. Crozier Center
 Blountstown FL 32424

Provider Number: 0 044889-00
 Date: 5/31/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.67</u>	<u>222.36</u>	<u>1/1/2013</u>
	Level H: AIDS	<u>367.48</u>	<u>373.17</u>	<u>1/1/2013</u>
	Level U: Fragile Under 21	<u>488.52</u>	<u>494.21</u>	<u>1/1/2013</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 7/31/2012
 Rate Semester Change
 On FRV [2] as of 01/01/1987

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Medicaid Reimbursement Per Diem Rates

Homestead Manor A Palace Community
 1330 NW First Avenue
 Homestead FL 33030

Provider Number: 0 046017-00
 Date: 5/30/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>237.24</u>	<u>236.04</u>	<u>11/1/2011</u>
	Level H: AIDS	<u>383.44</u>	<u>382.24</u>	<u>11/1/2011</u>
	Level U: Fragile Under 21	<u>500.77</u>	<u>499.57</u>	<u>11/1/2011</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
 Cost Settlement using FYE 6/30/12 C/R
 Rate Semester Change
 On FRV [2] as of 11/01/2011

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Medicaid Reimbursement Per Diem Rates

Homestead Manor A Palace Community
 1330 NW First Avenue
 Homestead FL 33030

Provider Number: 0 046017-00
 Date: 5/30/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	239.44	238.25	1/1/2012
Level H: AIDS	387.05	385.86	1/1/2012
Level U: Fragile Under 21	505.51	504.32	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 using FYE 6/30/12 C/R

Rate Semester Change

On FRV [2] as of 11/01/2011

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Medicaid Reimbursement Per Diem Rates

Homestead Manor A Palace Community
 1330 NW First Avenue
 Homestead FL 33030

Provider Number: 0 046017-00
 Date: 5/30/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	248.01	248.34	7/1/2012
	Level H: AIDS	397.22	397.55	7/1/2012
	Level U: Fragile Under 21	516.97	517.30	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 using FYE 6/30/12 C/R
 Rate Semester Change
 On FRV [2] as of 11/01/2011

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Medicaid Reimbursement Per Diem Rates

Gulf Coast Village Care Center
 1333 Santa Barbara Blvd.
 Cape Coral FL 33991

Provider Number: 0 201120-00
 Date: 3/29/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	194.77	186.36	1/1/2007
	Level H: AIDS	324.37	315.96	1/1/2007
	Level U: Fragile Under 21	428.36	419.95	1/1/2007

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 NH11-097W FYE 12/31/2005
- Rate Semester Change
- On FRV [2] as of 08/28/1989

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Medicaid Reimbursement Per Diem Rates

Gulf Coast Village Care Center
 1333 Santa Barbara Blvd.
 Cape Coral FL 33991

Provider Number: 0 201120-00
 Date: 3/29/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>197.82</u>	<u>192.39</u>	<u>2/1/2007</u>
	Level H: AIDS	<u>327.42</u>	<u>321.99</u>	<u>2/1/2007</u>
	Level U: Fragile Under 21	<u>431.41</u>	<u>425.98</u>	<u>2/1/2007</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
 Field Audit NH11-097W FYE 12/31/2005
 Rate Semester Change
 On FRV [2] as of 08/28/1989

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Medicaid Reimbursement Per Diem Rates

Gulf Coast Village Care Center
 1333 Santa Barbara Blvd.
 Cape Coral FL 33991

Provider Number: 0 201120-00
 Date: 3/29/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>194.77</u>	<u>186.36</u>	<u>3/1/2007</u>
	Level H: AIDS	<u>324.37</u>	<u>315.96</u>	<u>3/1/2007</u>
	Level U: Fragile Under 21	<u>428.36</u>	<u>419.95</u>	<u>3/1/2007</u>

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
- Field Audit NH11-097W FYE 12/31/2005
- Rate Semester Change
- On FRV [2] as of 08/28/1989

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Medicaid Reimbursement Per Diem Rates

Gulf Coast Village Care Center
 1333 Santa Barbara Blvd.
 Cape Coral FL 33991

Provider Number: 0 201120-00
 Date: 3/29/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.19	186.95	7/1/2007
	Level H: AIDS	334.13	318.89	7/1/2007
	Level U: Fragile Under 21	439.99	424.75	7/1/2007

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 NH11-097W FYE 12/31/2005
 Rate Semester Change
 On FRV [2] as of 08/28/1989

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Medicaid Reimbursement Per Diem Rates

Gulf Coast Village Care Center
 1333 Santa Barbara Blvd.
 Cape Coral FL 33991

Provider Number: 0 201120-00
 Date: 3/29/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	191.12	190.62	1/1/2008
Level H: AIDS	325.12	324.62	1/1/2008
Level U: Fragile Under 21	432.64	432.14	1/1/2008

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
- Effects of FA NH11-097W FYE 12/31/05
- Rate Semester Change
- On FRV [2] as of 08/28/1989

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Gulf Coast Village Care Center
 1333 Santa Barbara Blvd.
 Cape Coral FL 33991

Provider Number: 0 201120-00
 Date: 3/29/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.81	188.71	7/1/2008
	Level H: AIDS	330.09	324.99	7/1/2008
	Level U: Fragile Under 21	439.44	434.34	7/1/2008

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
- Effects of FA NH11-097W FYE 12/31/05
- Rate Semester Change
- On FRV [2] as of 08/28/1989

Distribution:

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Gulf Coast Village Care Center
 1333 Santa Barbara Blvd.
 Cape Coral FL 33991

Provider Number: 0 201120-00
 Date: 3/29/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	195.34	188.67	1/1/2009
Level H: AIDS	333.69	327.02	1/1/2009
Level U: Fragile Under 21	444.70	438.03	1/1/2009

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
- Effects of FA NH11-097W FYE 12/31/05**
- Rate Semester Change
- On FRV [2] as of 08/28/1989

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Medicaid Reimbursement Per Diem Rates

Gulf Coast Village Care Center
 1333 Santa Barbara Blvd.
 Cape Coral FL 33991

Provider Number: 0 201120-00
 Date: 3/29/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	178.97	172.86	3/1/2009
	Level H: AIDS	317.32	311.21	3/1/2009
	Level U: Fragile Under 21	428.33	422.22	3/1/2009

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 NH11-097W FYE 12/31/05
 Rate Semester Change
 On FRV [2] as of 08/28/1989

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Gulf Coast Village Care Center
 1333 Santa Barbara Blvd.
 Cape Coral FL 33991

Provider Number: 0 201120-00
 Date: 3/29/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.91	203.85	4/1/2009
	Level H: AIDS	349.26	342.20	4/1/2009
	Level U: Fragile Under 21	460.27	453.21	4/1/2009

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" 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:


<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" 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"/> Effects of FA NH11-097W FYE 12/31/05
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 08/28/1989

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Medicaid Reimbursement Per Diem Rates

Gulf Coast Village Care Center
 1333 Santa Barbara Blvd.
 Cape Coral FL 33991

Provider Number: 0 201120-00
 Date: 3/29/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.34	206.26	7/1/2009
	Level H: AIDS	349.69	346.61	7/1/2009
	Level U: Fragile Under 21	462.31	459.23	7/1/2009

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
- Effects of FA NH11-097W FYE 12/31/05
- Rate Semester Change
- On FRV [2] as of 08/28/1989

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Medicaid Reimbursement Per Diem Rates

Gulf Coast Village Care Center
 1333 Santa Barbara Blvd.
 Cape Coral FL 33991

Provider Number: 0 201120-00
 Date: 3/29/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	207.65	205.51	1/1/2010
	Level H: AIDS	349.57	347.43	1/1/2010
	Level U: Fragile Under 21	463.45	461.31	1/1/2010

Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" 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:
<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"/> Effects of FA NH11-097W FYE 12/31/05
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 08/28/1989

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Medicaid Reimbursement Per Diem Rates

Gulf Coast Village Care Center
 1333 Santa Barbara Blvd.
 Cape Coral FL 33991

Provider Number: 0 201120-00
 Date: 3/29/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.53	206.73	7/1/2010
	Level H: AIDS	352.87	350.07	7/1/2010
	Level U: Fragile Under 21	467.90	465.10	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
 Effects of FA NH11-097W FYE 12/31/05
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Gulf Coast Village Care Center
 1333 Santa Barbara Blvd.
 Cape Coral FL 33991

Provider Number: 0 201120-00
 Date: 3/29/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>206.84</u>	<u>205.85</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>351.70</u>	<u>350.71</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>467.95</u>	<u>466.96</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
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH11-097W FYE 12/31/05
 Rate Semester Change
 On FRV [2] as of 08/28/1989

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Medicaid Reimbursement Per Diem Rates

Gulf Coast Village Care Center
 1333 Santa Barbara Blvd.
 Cape Coral FL 33991

Provider Number: 0 201120-00
 Date: 3/29/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.56	202.82	7/1/2011
	Level H: AIDS	350.76	349.02	7/1/2011
	Level U: Fragile Under 21	468.09	466.35	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
- Effects of FA NH11-097W FYE 12/31/05
- Rate Semester Change
- On FRV [2] as of 08/28/1989

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Medicaid Reimbursement Per Diem Rates

Gulf Coast Village Care Center
 1333 Santa Barbara Blvd.
 Cape Coral FL 33991

Provider Number: 0 201120-00
 Date: 3/29/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.94	204.85	1/1/2012
	Level H: AIDS	353.55	352.46	1/1/2012
	Level U: Fragile Under 21	472.01	470.92	1/1/2012

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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:

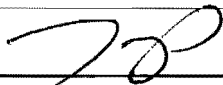
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH11-097W FYE 12/31/05
- Rate Semester Change
- On FRV [2] as of 08/28/1989

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Medicaid Reimbursement Per Diem Rates

Gulf Coast Village Care Center
 1333 Santa Barbara Blvd.
 Cape Coral FL 33991

Provider Number: 0 201120-00
 Date: 3/29/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.98	215.56	7/1/2012
Level H: AIDS	365.19	364.77	7/1/2012
Level U: Fragile Under 21	484.94	484.52	7/1/2012

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
- Effects of FA NH11-097W FYE 12/31/05
- Rate Semester Change
- On FRV [2] as of 08/28/1989

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Medicaid Reimbursement Per Diem Rates

Gulf Coast Village Care Center
 1333 Santa Barbara Blvd.
 Cape Coral FL 33991

Provider Number: 0 201120-00
 Date: 3/29/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	218.70	219.02	1/1/2013
Level H: AIDS	369.51	369.83	1/1/2013
Level U: Fragile Under 21	490.55	490.87	1/1/2013

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
- Effects of FA NH11-097W FYE 12/31/05
- Rate Semester Change
- On FRV [2] as of 08/28/1989

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Medicaid Reimbursement Per Diem Rates

South Jacksonville
 3648 University Blvd
 Jacksonville FL 32216

Provider Number: 0 205630-00
 Date: 2/18/2013
 Fiscal Year End: 5/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	156.48	155.67	1/1/2007
	Level H: AIDS	286.08	285.27	1/1/2007
	Level U: Fragile Under 21	390.07	389.26	1/1/2007

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 NH11-120C FYE 5/31/2006
 Rate Semester Change

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

HCR Manor Care
 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

South Jacksonville
 3648 University Blvd
 Jacksonville FL 32216

Provider Number: 0 205630-00
 Date: 2/18/2013
 Fiscal Year End: 5/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	165.32	164.51	7/1/2007
	Level H: AIDS	297.26	296.45	7/1/2007
	Level U: Fragile Under 21	403.12	402.31	7/1/2007

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
- Field Audit NH11-120C FYE 5/31/2006
- Rate Semester Change

Distribution:

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Home Office:

HCR Manor Care
 Julie Yoxtheimer
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 Toledo OH 43604



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Medicaid Reimbursement Per Diem Rates

Morton Plant Rehabilitation Center
 400 Corbett Street
 Clearwater FL 33756

Provider Number: 0 206431-00
 Date: 6/11/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>192.27</u>	<u>192.80</u>	<u>1/1/2009</u>
Level H: AIDS	<u>330.62</u>	<u>331.15</u>	<u>1/1/2009</u>
Level U: Fragile Under 21	<u>441.63</u>	<u>442.16</u>	<u>1/1/2009</u>

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component
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"/> Retro for FYE 12/31/2007 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 10/01/1985	

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Home Office:

Baycare Health System

 16331 Bay Vista Drive
 Clearwater Fl 33760

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

Morton Plant Rehabilitation Center
400 Corbett Street
Clearwater FL 33756

Provider Number: 0 206431-00
 Date: 6/11/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>176.15</u>	<u>176.64</u>	<u>3/1/2009</u>
	Level H: AIDS	<u>314.50</u>	<u>314.99</u>	<u>3/1/2009</u>
	Level U: Fragile Under 21	<u>425.51</u>	<u>426.00</u>	<u>3/1/2009</u>

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
 Retro for FYE 12/31/2007
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Morton Plant Rehabilitation Center
 400 Corbett Street
 Clearwater FL 33756

Provider Number: 0 206431-00
 Date: 6/11/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.79</u>	<u>212.63</u>	<u>4/1/2009</u>
	Level H: AIDS	<u>350.14</u>	<u>350.98</u>	<u>4/1/2009</u>
	Level U: Fragile Under 21	<u>461.15</u>	<u>461.99</u>	<u>4/1/2009</u>

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" 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:

<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"/> Retro for FYE 12/31/2007
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/1985

Distribution:

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Thomas Parker
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Medicaid Reimbursement Per Diem Rates

Morton Plant Rehabilitation Center
 400 Corbett Street
 Clearwater FL 33756

Provider Number: 0 206431-00
 Date: 6/11/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.94</u>	<u>217.91</u>	<u>7/1/2009</u>
	Level H: AIDS	<u>357.29</u>	<u>358.26</u>	<u>7/1/2009</u>
	Level U: Fragile Under 21	<u>469.91</u>	<u>470.88</u>	<u>7/1/2009</u>

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
- Retro for FYE 12/31/2007**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Baycare Health System
 16331 Bay Vista Drive
 Clearwater FL 33760



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

Morton Plant Rehabilitation Center
400 Corbett Street
Clearwater FL 33756

Provider Number: 0 206431-00
 Date: 6/11/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>217.68</u>	<u>220.04</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>359.60</u>	<u>361.96</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>473.48</u>	<u>475.84</u>	<u>1/1/2010</u>

Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" 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:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input checked="" type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> Retro for FYE 12/31/2008
<input type="checkbox"/> Desk audit - Interim Portion	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Desk Audit - Prospective portion	<input type="checkbox"/> On FRV [2] as of 10/01/1985

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Thomas Parker
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Medicaid Reimbursement Per Diem Rates

Morton Plant Rehabilitation Center
 400 Corbett Street
 Clearwater FL 33756

Provider Number: 0 206431-00
 Date: 6/11/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.99	221.63	7/1/2010
	Level H: AIDS	362.33	364.97	7/1/2010
	Level U: Fragile Under 21	477.36	480.00	7/1/2010

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
- Retro for FYE 12/31/2008**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Morton Plant Rehabilitation Center
 400 Corbett Street
 Clearwater FL 33756

Provider Number: 0 206431-00
 Date: 6/11/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>221.79</u>	<u>226.12</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>366.65</u>	<u>370.98</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>482.90</u>	<u>487.23</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
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Retro for FYE 12/31/2009
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

Morton Plant Rehabilitation Center
 400 Corbett Street
 Clearwater FL 33756

Provider Number: 0 206431-00
 Date: 6/11/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.40	216.98	7/1/2011
	Level H: AIDS	358.60	363.18	7/1/2011
	Level U: Fragile Under 21	475.93	480.51	7/1/2011

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
 Retro for FYE 12/31/2009
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

John Knox Village Medical Center
 4100 E. FLETCHER AVENUE
 Tampa FL 33613

Provider Number: 0 210285-00
 Date: 6/12/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.01	203.56	1/1/2010
	Level H: AIDS	342.93	345.48	1/1/2010
	Level U: Fragile Under 21	456.81	459.36	1/1/2010

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

Retro using FYE 12/31/2008

Rate Semester Change

On FRV [2] as of 12/01/1987

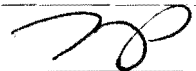
Distribution:

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No Change in Rate


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Medicaid Reimbursement Per Diem Rates

John Knox Village Medical Center
 4100 E. FLETCHER AVENUE
 Tampa FL 33613

Provider Number: 0 210285-00
 Date: 6/12/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.65	204.18	7/1/2010
	Level H: AIDS	345.99	347.52	7/1/2010
	Level U: Fragile Under 21	461.02	462.55	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

Retro using FYE 12/31/2008

Rate Semester Change

On FRV [2] as of 12/01/1987

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Medicaid Reimbursement Per Diem Rates

John Knox Village Medical Center
 4100 E. FLETCHER AVENUE
 Tampa FL 33613

Provider Number: 0 210285-00
 Date: 6/12/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.95	214.77	1/1/2011
	Level H: AIDS	351.81	359.63	1/1/2011
	Level U: Fragile Under 21	468.06	475.88	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
 Retro using FYE 12/31/2009
 Rate Semester Change
 On FRV [2] as of 12/01/1987

Distribution:

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Medicaid Reimbursement Per Diem Rates

John Knox Village Medical Center
 4100 E. FLETCHER AVENUE
 Tampa FL 33613

Provider Number: 0 210285-00
 Date: 6/12/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.04	204.35	7/1/2011
	Level H: AIDS	343.24	350.55	7/1/2011
	Level U: Fragile Under 21	460.57	467.88	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
- Retro using FYE 12/31/2009**
- Rate Semester Change
- On FRV [2] as of 12/01/1987

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Medicaid Reimbursement Per Diem Rates

Emory L. Bennett Memorial Veterans Nursing Home
1920 Mason Avenue
Daytona Beach FL 32117

Provider Number: 0 210889-00
 Date: 5/15/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.89</u>	<u>216.90</u>	<u>7/1/2009</u>
	Level H: AIDS	<u>357.24</u>	<u>357.25</u>	<u>7/1/2009</u>
	Level U: Fragile Under 21	<u>469.86</u>	<u>469.87</u>	<u>7/1/2009</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:

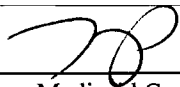
Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11-059L FYE 6/30/08
 Rate Semester Change
 On FRV [2] as of 01/19/1994

Distribution:

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 Walter Gilchrist
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Emory L. Bennett Memorial Veterans Nursing Home
 1920 Mason Avenue
 Daytona Beach FL 32117

Provider Number: 0 210889-00
 Date: 5/15/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>217.07</u>	<u>217.08</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>358.99</u>	<u>359.00</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>472.87</u>	<u>472.88</u>	<u>1/1/2010</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 #NH11-059L FYE 6/30/08
 Rate Semester Change
 On FRV [2] as of 01/19/1994

Distribution:

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Medicaid Reimbursement Per Diem Rates

Emory L. Bennett Memorial Veterans Nursing Home
 1920 Mason Avenue
 Daytona Beach FL 32117

Provider Number: 0 210889-00
 Date: 5/15/2013
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>217.87</u>	<u>217.88</u>	<u>7/1/2010</u>
	Level H: AIDS	<u>361.21</u>	<u>361.22</u>	<u>7/1/2010</u>
	Level U: Fragile Under 21	<u>476.24</u>	<u>476.25</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
 Effects of Field Audit #NH11-059L FYE 6/30/08
 Rate Semester Change
 On FRV [2] as of 01/19/1994

Distribution:

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1920 Mason Avenue
Daytona Beach FL 32117

Provider Number: 0 210889-00
 Date: 5/15/2013
 Fiscal Year End: 6/30/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>215.66</u>	<u>215.67</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>361.86</u>	<u>361.87</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>479.19</u>	<u>479.20</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 Field Audit #NH11-059L FYE 6/30/08
 Rate Semester Change
 On FRV [2] as of 01/19/1994

Distribution:

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1920 Mason Avenue
Daytona Beach FL 32117

Provider Number: 0 210889-00
 Date: 5/15/2013
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>226.47</u>	<u>226.48</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>375.68</u>	<u>375.69</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>495.43</u>	<u>495.44</u>	<u>7/1/2012</u>

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
 Effects of Field Audit #NH11-059L FYE 6/30/08
 Rate Semester Change
 On FRV [2] as of 01/19/1994

Distribution:

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 Largo FL 33778-1630



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Medicaid Reimbursement Per Diem Rates

Oakhurst Care & Rehabilitation Center
 1501 SE 24th Road
 Ocala FL 34471

Provider Number: 0 251721-00
 Date: 6/10/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	167.41	163.48	7/1/2008
	Level H: AIDS	303.69	299.76	7/1/2008
	Level U: Fragile Under 21	413.04	409.11	7/1/2008

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 - 115W FYE 7/31/2007
 Rate Semester Change

Distribution:

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 No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 Reimbursement Department
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 Albuquerque NM 87109



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Medicaid Reimbursement Per Diem Rates

Oakhurst Care & Rehabilitation Center
 1501 SE 24th Road
 Ocala FL 34471

Provider Number: 0 251721-00
 Date: 6/10/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>168.77</u>	<u>163.44</u>	<u>1/1/2009</u>
	Level H: AIDS	<u>307.12</u>	<u>301.79</u>	<u>1/1/2009</u>
	Level U: Fragile Under 21	<u>418.13</u>	<u>412.80</u>	<u>1/1/2009</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 - 115W FYE 7/31/2007
- Rate Semester Change

Distribution:

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 Albuquerque NM 87109



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Oakhurst Care & Rehabilitation Center
 1501 SE 24th Road
 Ocala FL 34471

Provider Number: 0 251721-00
 Date: 6/10/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>154.62</u>	<u>149.74</u>	<u>3/1/2009</u>
	Level H: AIDS	<u>292.97</u>	<u>288.09</u>	<u>3/1/2009</u>
	Level U: Fragile Under 21	<u>403.98</u>	<u>399.10</u>	<u>3/1/2009</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 - 115W FYE 7/31/2007
 Rate Semester Change

Distribution:

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 No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 Reimbursement Department
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Medicaid Reimbursement Per Diem Rates

Oakhurst Care & Rehabilitation Center
 1501 SE 24th Road
 Ocala FL 34471

Provider Number: 0 251721-00
 Date: 6/10/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	188.44	182.80	4/1/2009
	Level H: AIDS	326.79	321.15	4/1/2009
	Level U: Fragile Under 21	437.80	432.16	4/1/2009

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 - 115W FYE 7/31/2007
- Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

Sunset Point Care & Rehabilitation Center
 1980 Sunset Point Road
 Clearwater FL 33765

Provider Number: 0 253430-00
 Date: 6/10/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	168.58	167.89	7/1/2008
	Level H: AIDS	304.86	304.17	7/1/2008
	Level U: Fragile Under 21	414.21	413.52	7/1/2008

Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" 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:
<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" 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"/> Field Audit #NH11- 110W FYE 7/31/2007
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

Sunset Point Care & Rehabilitation Center
 1980 Sunset Point Road
 Clearwater FL 33765

Provider Number: 0 253430-00
 Date: 6/10/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	169.95	169.64	1/1/2009
	Level H: AIDS	308.30	307.99	1/1/2009
	Level U: Fragile Under 21	419.31	419.00	1/1/2009

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- 110W FYE 7/31/2007
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Sunset Point Care & Rehabilitation Center
 1980 Sunset Point Road
 Clearwater FL 33765

Provider Number: 0 253430-00
 Date: 6/10/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	155.70	155.42	3/1/2009
	Level H: AIDS	294.05	293.77	3/1/2009
	Level U: Fragile Under 21	405.06	404.78	3/1/2009

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
- Field Audit #NH11- 110W FYE 7/31/2007
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Sunset Point Care & Rehabilitation Center
 1980 Sunset Point Road
 Clearwater FL 33765

Provider Number: 0 253430-00
 Date: 6/10/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.68	192.36	4/1/2009
	Level H: AIDS	331.03	330.71	4/1/2009
	Level U: Fragile Under 21	442.04	441.72	4/1/2009

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- 110W FYE 7/31/2007
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Sunset Point Care & Rehabilitation Center
 1980 Sunset Point Road
 Clearwater FL 33765

Provider Number: 0 253430-00
 Date: 6/10/2013
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.58	193.30	7/1/2009
	Level H: AIDS	333.93	333.65	7/1/2009
	Level U: Fragile Under 21	446.55	446.27	7/1/2009

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 Field Audit #NH11- 110W FYE 7/31/2007
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Sunset Point Care & Rehabilitation Center
 1980 Sunset Point Road
 Clearwater FL 33765

Provider Number: 0 253430-00
 Date: 6/10/2013
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	195.56	195.28	1/1/2010
Level H: AIDS	337.48	337.20	1/1/2010
Level U: Fragile Under 21	451.36	451.08	1/1/2010

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
 Effects of Field Audit #NH11- 110W FYE 7/31/2007
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Sunset Point Care & Rehabilitation Center
 1980 Sunset Point Road
 Clearwater FL 33765

Provider Number: 0 253430-00
 Date: 6/10/2013
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.07	192.79	7/1/2010
	Level H: AIDS	336.41	336.13	7/1/2010
	Level U: Fragile Under 21	451.44	451.16	7/1/2010

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
 Effects of Field Audit #NH11- 110W FYE 7/31/2007
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

Sunset Point Care & Rehabilitation Center
 1980 Sunset Point Road
 Clearwater FL 33765

Provider Number: 0 253430-00
 Date: 6/10/2013
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.51	195.23	1/1/2011
	Level H: AIDS	340.37	340.09	1/1/2011
	Level U: Fragile Under 21	456.62	456.34	1/1/2011

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
- Effects of Field Audit #NH11- 110W FYE 7/31/2007
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

Sunset Point Care & Rehabilitation Center
 1980 Sunset Point Road
 Clearwater FL 33765

Provider Number: 0 253430-00
 Date: 6/10/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	183.27	183.01	7/1/2011
Level H: AIDS	329.47	329.21	7/1/2011
Level U: Fragile Under 21	446.80	446.54	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
- Effects of Field Audit #NH11- 110W FYE 7/31/2007
- Rate Semester Change
- On FRY [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

Sunset Point Care & Rehabilitation Center
 1980 Sunset Point Road
 Clearwater FL 33765

Provider Number: 0 253430-00
 Date: 6/10/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	186.28	186.02	1/1/2012
Level H: AIDS	333.89	333.63	1/1/2012
Level U: Fragile Under 21	452.35	452.09	1/1/2012

Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" 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:
<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"/> Effects of Field Audit #NH11- 110W FYE 7/31/2007
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Sunset Point Care & Rehabilitation Center
 1980 Sunset Point Road
 Clearwater FL 33765

Provider Number: 0 253430-00
 Date: 6/10/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	191.65	191.39	7/1/2012
	Level H: AIDS	340.86	340.60	7/1/2012
	Level U: Fragile Under 21	460.61	460.35	7/1/2012

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
- Effects of Field Audit #NH11- 110W FYE 7/31/2007
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Sunset Point Care & Rehabilitation Center
 1980 Sunset Point Road
 Clearwater FL 33765

Provider Number: 0 253430-00
 Date: 6/10/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.75	193.49	1/1/2013
	Level H: AIDS	344.56	344.30	1/1/2013
	Level U: Fragile Under 21	465.60	465.34	1/1/2013

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 Field Audit #NH11- 110W FYE 7/31/2007
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

Lakeside Pavillion Care & Rehabilitation Center
 2900 Twelfth Street
 Naples FL 33940

Provider Number: 0 256846-00
 Date: 4/16/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>181.51</u>	<u>182.90</u>	<u>7/1/2008</u>
Level H: AIDS	<u>317.79</u>	<u>319.18</u>	<u>7/1/2008</u>
Level U: Fragile Under 21	<u>427.14</u>	<u>428.53</u>	<u>7/1/2008</u>

Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" 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:
<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" 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"/> Field Audit NH11-112W FYE 7/31/2007
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 01/01/2005

Distribution:

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Medicaid Reimbursement Per Diem Rates

Lakeside Pavillion Care & Rehabilitation Center
2900 Twelfth Street
Naples FL 33940

Provider Number: 0 256846-00
 Date: 4/16/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>182.66</u>	<u>183.41</u>	<u>1/1/2009</u>
	Level H: AIDS	<u>321.01</u>	<u>321.76</u>	<u>1/1/2009</u>
	Level U: Fragile Under 21	<u>432.02</u>	<u>432.77</u>	<u>1/1/2009</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 NH11-112W FYE 7/31/2007
 Rate Semester Change
 On FRV [2] as of 01/01/2005

Distribution:

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 No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Sun Healthcare Group, Inc.
 Reimbursement Department
 101 Sun Avenue NE
 Albuquerque NM 87109



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

Lakeside Pavillion Care & Rehabilitation Center
2900 Twelfth Street
Naples FL 33940

Provider Number: 0 256846-00
 Date: 4/16/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>167.35</u>	<u>168.04</u>	<u>3/1/2009</u>
	Level H: AIDS	<u>305.70</u>	<u>306.39</u>	<u>3/1/2009</u>
	Level U: Fragile Under 21	<u>416.71</u>	<u>417.40</u>	<u>3/1/2009</u>


Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" 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:
<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" 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"/> Field Audit NH11-112W FYE 7/31/2007
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 01/01/2005

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Medicaid Reimbursement Per Diem Rates

Lakeside Pavillion Care & Rehabilitation Center
 2900 Twelfth Street
 Naples FL 33940

Provider Number: 0 256846-00
 Date: 4/16/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	206.20	206.98	4/1/2009
	Level H: AIDS	344.55	345.33	4/1/2009
	Level U: Fragile Under 21	455.56	456.34	4/1/2009

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
 Field Audit NH11-112W FYE 7/31/2007
 Rate Semester Change
 On FRV [2] as of 01/01/2005

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Medicaid Reimbursement Per Diem Rates

Lakeside Pavillion Care & Rehabilitation Center
 2900 Twelfth Street
 Naples FL 33940

Provider Number: 0 256846-00
 Date: 4/16/2013
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>204.30</u>	<u>204.23</u>	<u>7/1/2009</u>
	Level H: AIDS	<u>344.65</u>	<u>344.58</u>	<u>7/1/2009</u>
	Level U: Fragile Under 21	<u>457.27</u>	<u>457.20</u>	<u>7/1/2009</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 NH11-112W FYE 7/31/2007
- Rate Semester Change
- On FRV [2] as of 01/01/2005

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Thomas Parker
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Medicaid Reimbursement Per Diem Rates

Lakeside Pavillion Care & Rehabilitation Center
 2900 Twelfth Street
 Naples FL 33940

Provider Number: 0 256846-00
 Date: 4/16/2013
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.40	206.32	1/1/2010
Level H: AIDS	348.32	348.24	1/1/2010
Level U: Fragile Under 21	462.20	462.12	1/1/2010

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" 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:

<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"/> Effects of FA NH11-112W FYE 7/31/2007
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 01/01/2005

Distribution:

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Medicaid Reimbursement Per Diem Rates

Lakeside Pavillion Care & Rehabilitation Center
 2900 Twelfth Street
 Naples FL 33940

Provider Number: 0 256846-00
 Date: 4/16/2013
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>209.39</u>	<u>209.31</u>	<u>7/1/2010</u>
	Level H: AIDS	<u>352.73</u>	<u>352.65</u>	<u>7/1/2010</u>
	Level U: Fragile Under 21	<u>467.76</u>	<u>467.68</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
 Effects of FA NH11-112W FYE 7/31/2007
 Rate Semester Change
 On FRV [2] as of 01/01/2005

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Lakeside Pavillion Care & Rehabilitation Center
 2900 Twelfth Street
 Naples FL 33940

Provider Number: 0 256846-00
 Date: 4/16/2013
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	212.41	212.34	1/1/2011
Level H: AIDS	357.27	357.20	1/1/2011
Level U: Fragile Under 21	473.52	473.45	1/1/2011

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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:

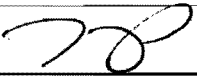
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH11-112W FYE 7/31/2007
- Rate Semester Change
- On FRV [2] as of 01/01/2005

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Medicaid Reimbursement Per Diem Rates

Lakeside Pavillion Care & Rehabilitation Center
 2900 Twelfth Street
 Naples FL 33940

Provider Number: 0 256846-00
 Date: 4/16/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home			
Single Level	<u>197.16</u>	<u>197.09</u>	<u>7/1/2011</u>
Level H: AIDS	<u>343.36</u>	<u>343.29</u>	<u>7/1/2011</u>
Level U: Fragile Under 21	<u>460.69</u>	<u>460.62</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 NH11-112W FYE 7/31/2007
 Rate Semester Change
 On FRV [2] as of 01/01/2005

Distribution:

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Medicaid Reimbursement Per Diem Rates

Lakeside Pavillion Care & Rehabilitation Center
 2900 Twelfth Street
 Naples FL 33940

Provider Number: 0 256846-00
 Date: 4/16/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	198.40	198.33	1/1/2012
Level H: AIDS	346.01	345.94	1/1/2012
Level U: Fragile Under 21	464.47	464.40	1/1/2012

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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:

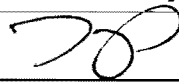
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH11-112W FYE 7/31/2007
- Rate Semester Change
- On FRV [2] as of 01/01/2005

Distribution:

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 Medicaid Cost Reimbursement Planning and Finance

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Sun Healthcare Group, Inc.
 Reimbursement Department
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 Albuquerque NM 87109



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Lakeside Pavillion Care & Rehabilitation Center
 2900 Twelfth Street
 Naples FL 33940

Provider Number: 0 256846-00
 Date: 4/16/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.11	203.04	7/1/2012
	Level H: AIDS	352.32	352.25	7/1/2012
	Level U: Fragile Under 21	472.07	472.00	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
 Effects of FA NH11-112W FYE 7/31/2007
 Rate Semester Change
 On FRV [2] as of 01/01/2005

Distribution:

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 Albuquerque NM 87109



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Lakeside Pavillion Care & Rehabilitation Center
 2900 Twelfth Street
 Naples FL 33940

Provider Number: 0 256846-00
 Date: 4/16/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.38	205.31	1/1/2013
	Level H: AIDS	356.19	356.12	1/1/2013
	Level U: Fragile Under 21	477.23	477.16	1/1/2013

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 NH11-112W FYE 7/31/2007
- Rate Semester Change
- On FRV [2] as of 01/01/2005

Distribution:

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 Reimbursement Department
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 Albuquerque NM 87109



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Medicaid Reimbursement Per Diem Rates

MCHS Venice
 1450 E. Venice
 Venice FL 34292

Provider Number: 0 309788-00
 Date: 2/19/2013
 Fiscal Year End: 5/31/2006
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>169.35</u>	<u>169.41</u>	<u>1/1/2007</u>
Level H: AIDS	<u>298.95</u>	<u>299.01</u>	<u>1/1/2007</u>
Level U: Fragile Under 21	<u>402.94</u>	<u>403.00</u>	<u>1/1/2007</u>

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
- Field Audit NH11-124C FYE 5/31/2006
- Rate Semester Change
- On FRV [2] as of 06/05/1997

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: HCR Manor Care
 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604





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Medicaid Reimbursement Per Diem Rates

MCHS Venice
1450 E. Venice
Venice FL 34292

Provider Number: 0 309788-00
 Date: 2/19/2013
 Fiscal Year End: 5/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>184.05</u>	<u>183.47</u>	<u>7/1/2007</u>
	Level H: AIDS	<u>315.99</u>	<u>315.41</u>	<u>7/1/2007</u>
	Level U: Fragile Under 21	<u>421.85</u>	<u>421.27</u>	<u>7/1/2007</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
 Field Audit NH11-124C FYE 5/31/2006
 Rate Semester Change
 On FRV [2] as of 06/05/1997

Distribution:

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Thomas Parker

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 333 North Summit Street
 Toledo OH 43604



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Medicaid Reimbursement Per Diem Rates

Zephyrhills Health & Rehab Center, Inc.
 7350 Dairy Road
 Zephyrhills FL 33540

Provider Number: 0 320404-00
 Date: 4/18/2013
 Fiscal Year End: 7/31/2009
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.51</u>	<u>207.77</u>	<u>7/1/2010</u>
	Level H: AIDS	<u>354.85</u>	<u>351.11</u>	<u>7/1/2010</u>
	Level U: Fragile Under 21	<u>469.88</u>	<u>466.14</u>	<u>7/1/2010</u>

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" 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:


<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" 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"/> Field Audit & Revised FA NH11-010W FYE 7/31/09
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 06/23/1998

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Sunbelt Health Care Centers, Inc.
 Kevin Sadler
 602 Courtland Street
 Orlando FL 32804

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Medicaid Reimbursement Per Diem Rates

Zephyrhills Health & Rehab Center, Inc.
 7350 Dairy Road
 Zephyrhills FL 33540

Provider Number: 0 320404-00
 Date: 4/18/2013
 Fiscal Year End: 7/31/2009
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.93	211.07	1/1/2011
	Level H: AIDS	359.79	355.93	1/1/2011
	Level U: Fragile Under 21	476.04	472.18	1/1/2011

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
- Field Audit & Revised FA NH11-010W FYE 7/31/09**
- Rate Semester Change
- On FRV [2] as of 06/23/1998

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Medicaid Reimbursement Per Diem Rates

Zephyrhills Health & Rehab Center, Inc.
 7350 Dairy Road
 Zephyrhills FL 33540

Provider Number: 0 320404-00
 Date: 4/18/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.61	198.59	7/1/2011
	Level H: AIDS	344.81	344.79	7/1/2011
	Level U: Fragile Under 21	462.14	462.12	7/1/2011

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
- Effects of FA & RFA NH11-010W FYE 7/31/09
- Rate Semester Change
- On FRV [2] as of 06/23/1998

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Medicaid Reimbursement Per Diem Rates

Zephyrhills Health & Rehab Center, Inc.
 7350 Dairy Road
 Zephyrhills FL 33540

Provider Number: 0 320404-00
 Date: 4/18/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	199.91	199.90	1/1/2012
	Level H: AIDS	347.52	347.51	1/1/2012
	Level U: Fragile Under 21	465.98	465.97	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 & RFA NH11-010W FYE 7/31/09
- Rate Semester Change
- On FRV [2] as of 06/23/1998

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Medicaid Reimbursement Per Diem Rates

Zephyrhills Health & Rehab Center, Inc.
 7350 Dairy Road
 Zephyrhills FL 33540

Provider Number: 0 320404-00
 Date: 4/18/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.48	202.47	7/1/2012
	Level H: AIDS	351.69	351.68	7/1/2012
	Level U: Fragile Under 21	471.44	471.43	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

Effects of FA & RFA NH11-010W FYE 7/31/09

Rate Semester Change

On FRV [2] as of 06/23/1998

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Medicaid Reimbursement Per Diem Rates

Zephyrhills Health & Rehab Center, Inc.
 7350 Dairy Road
 Zephyrhills FL 33540

Provider Number: 0 320404-00
 Date: 4/18/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.83	204.82	1/1/2013
	Level H: AIDS	355.64	355.63	1/1/2013
	Level U: Fragile Under 21	476.68	476.67	1/1/2013

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
 Effects of FA & RFA NH11-010W FYE 7/31/09
 Rate Semester Change
 On FRV [2] as of 06/23/1998

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Medicaid Reimbursement Per Diem Rates

Sunbelt Health & Rehab Center - Apopka, Inc.
 305 E. Oak Street
 Apopka FL 32703

Provider Number: 0 320412-00
 Date: 4/16/2013
 Fiscal Year End: 7/31/2009
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>200.28</u>	<u>197.11</u>	<u>7/1/2010</u>
Level H: AIDS	<u>343.62</u>	<u>340.45</u>	<u>7/1/2010</u>
Level U: Fragile Under 21	<u>458.65</u>	<u>455.48</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
 FA & RFA #NH11-009W FYE 7/31/09
 Rate Semester Change
 On FRV [2] as of 02/09/1993

Distribution:

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Medicaid Reimbursement Per Diem Rates

Sunbelt Health & Rehab Center - Apopka, Inc.
 305 E. Oak Street
 Apopka FL 32703

Provider Number: 0 320412-00
 Date: 4/16/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.71</u>	<u>202.53</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>348.57</u>	<u>347.39</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>464.82</u>	<u>463.64</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
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH11-009W FYE 7/31/09
 Rate Semester Change
 On FRV [2] as of 02/09/1993

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Medicaid Reimbursement Per Diem Rates

Sunbelt Health & Rehab Center - Apopka, Inc.
 305 E. Oak Street
 Apopka FL 32703

Provider Number: 0 320412-00
 Date: 4/16/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>197.07</u>	<u>195.96</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>343.27</u>	<u>342.16</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>460.60</u>	<u>459.49</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 & RFA #NH11-009W FYE 7/31/09
 Rate Semester Change
 On FRV [2] as of 02/09/1993

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Sunbelt Health & Rehab Center - Apopka, Inc.
 305 E. Oak Street
 Apopka FL 32703

Provider Number: 0 320412-00
 Date: 4/16/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	199.33	198.21	1/1/2012
	Level H: AIDS	346.94	345.82	1/1/2012
	Level U: Fragile Under 21	465.40	464.28	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 & RFA #NH11-009W FYE 7/31/09
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Medicaid Reimbursement Per Diem Rates

Sunbelt Health & Rehab Center - Apopka, Inc.
305 E. Oak Street
Apopka FL 32703

Provider Number: 0 320412-00
 Date: 4/16/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>203.59</u>	<u>202.32</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>352.80</u>	<u>351.53</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>472.55</u>	<u>471.28</u>	<u>7/1/2012</u>

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
- Effects of FA & RFA #NH11-009W FYE 7/31/09
- Rate Semester Change
- On FRV [2] as of 02/09/1993

Distribution:

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Medicaid Reimbursement Per Diem Rates

Sunbelt Health & Rehab Center - Apopka, Inc.
 305 E. Oak Street
 Apopka FL 32703

Provider Number: 0 320412-00
 Date: 4/16/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.95	204.68	1/1/2013
	Level H: AIDS	356.76	355.49	1/1/2013
	Level U: Fragile Under 21	477.80	476.53	1/1/2013

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" 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
 Effects of FA & RFA #NH11-009W FYE 7/31/09
 Rate Semester Change
 On FRV [2] as of 02/09/1993

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Medicaid Reimbursement Per Diem Rates

Heartland Health Care Center of South Jacksonville
3648 University Boulevard
Jacksonville FL 32216

Provider Number: 0 325287-00
Date: 2/18/2013
Fiscal Year End: 5/31/2006
Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>165.32</u>	<u>164.51</u>	<u>12/20/2007</u>
Level H: AIDS	<u>297.26</u>	<u>296.45</u>	<u>12/20/2007</u>
Level U: Fragile Under 21	<u>403.12</u>	<u>402.31</u>	<u>12/20/2007</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:

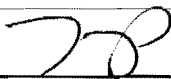
Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 FA NH11-120C FYE 5/31/06 for prior prov 205630
 Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

ManorCare Health Services
 1450 E. Venice
 Venice FL 34292

Provider Number: 0 325473-00
 Date: 2/19/2013
 Fiscal Year End: 5/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	184.05	183.47	12/20/2007
	Level H: AIDS	315.99	315.41	12/20/2007
	Level U: Fragile Under 21	421.85	421.27	12/20/2007

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

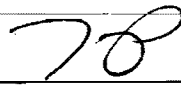
FA NH11-124C FYE 5/31/06 for prior prov 309788

Rate Semester Change

On FRV [2] as of 06/05/1997

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Medicaid Reimbursement Per Diem Rates

ManorCare Health Services
 1450 E. Venice
 Venice FL 34292

Provider Number: 0 325473-00
 Date: 2/19/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	181.69	181.62	1/1/2008
	Level H: AIDS	315.69	315.62	1/1/2008
	Level U: Fragile Under 21	423.21	423.14	1/1/2008

Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" 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:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input checked="" type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> Effects of FA NH11-124C for prior prov 309788
<input type="checkbox"/> Desk audit - Interim Portion	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Desk Audit - Prospective portion	<input type="checkbox"/> On FRV [2] as of 06/05/1997

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