




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: September 26, 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.	Unity Health & Rehab Center	0 032482-00	6
2.	Lady Lake Specialty Care Center	0 032486-00	6
3.	Sunset Lake Health & Rehab Center	0 032551-00	5
4.	Unity Health & Rehab Center	0 227544-00	2
5.	Lady Lake Specialty Care Center	0 227561-00	3
6.	Wilton Manors Health and Rehab Center	0 227579-00	1
7.	Ridgecrest Nursing & Rehabilitation Center	0 282464-00	12
8.	Sunset Lake Health & Rehab Center	0 308501-00	2
9.	Lehigh Acres Health & Rehabilitation Center	0 320978-00	7
		Total	44

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

TP/ab
Attachments



Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
003248200	20110513	202.03	346.89	202.03	202.03	74028-13	
003248200	20110701	202.70	348.90	202.70	202.70	74028-13	
003248200	20120101	204.55	352.16	204.55	204.55	74028-13	
003248200	20120701	212.35	361.56	212.35	212.35	74028-13	
003248200	20130101	216.13	366.94	216.13	216.13	74028-13	
003248200	20130701	227.67	0.00	227.67	227.67	74028-13	
003248600	20110513	216.93	361.79	216.93	216.93	74028-13	
003248600	20110701	215.02	361.22	215.02	215.02	74028-13	
003248600	20120101	216.87	364.48	216.87	216.87	74028-13	
003248600	20120701	223.58	372.79	223.58	223.58	74028-13	
003248600	20130101	226.30	377.11	226.30	226.30	74028-13	
003248600	20130701	232.21	0.00	232.21	232.21	74028-13	
003255100	20110513	232.96	377.82	232.96	232.96	74028-13	
003255100	20110701	223.95	370.15	223.95	223.95	74028-13	
003255100	20120101	224.38	371.99	224.38	224.38	74028-13	
003255100	20130101	237.33	388.14	237.33	237.33	74028-13	
003255100	20130701	243.09	0.00	243.09	243.09	74028-13	
022754400	20100701	202.73	346.07	202.73	202.73	74028-13	
022754400	20110101	202.03	346.89	202.03	202.03	74028-13	
022756100	20100101	210.89	352.81	210.89	210.89	74028-13	
022756100	20100701	214.63	357.97	214.63	214.63	74028-13	
022756100	20110101	216.93	361.79	216.93	216.93	74028-13	
022757900	20130101	229.87	380.68	229.87	229.87	74028-13	
028246400	20090101	176.98	315.33	176.98	176.98	74028-13	
028246400	20090301	162.15	300.50	162.15	162.15	74028-13	
028246400	20090401	200.02	338.37	200.02	200.02	74028-13	
028246400	20090701	202.43	342.78	202.43	202.43	74028-13	
028246400	20100101	202.57	344.49	202.57	202.57	74028-13	
028246400	20100701	205.95	349.29	205.95	205.95	74028-13	
028246400	20110101	207.96	352.82	207.96	207.96	74028-13	
028246400	20110701	200.91	347.11	200.91	200.91	74028-13	
028246400	20120101	197.18	344.79	197.18	197.18	74028-13	
028246400	20120701	202.91	352.12	202.91	202.91	74028-13	
028246400	20130101	205.22	356.03	205.22	205.22	74028-13	
028246400	20130701	216.20	0.00	216.20	216.20	74028-13	
030850100	20100701	230.34	373.68	230.34	230.34	74028-13	
030850100	20110101	232.96	377.82	232.96	232.96	74028-13	
032097800	20100701	235.33	378.67	235.33	235.33	74028-13	
032097800	20110101	238.59	383.45	238.59	238.59	74028-13	
032097800	20110701	229.83	376.03	229.83	229.83	74028-13	
032097800	20120101	230.87	378.48	230.87	230.87	74028-13	
032097800	20120701	240.30	389.51	240.30	240.30	74028-13	
032097800	20130101	243.68	394.49	243.68	243.68	74028-13	
032097800	20130701	249.87	0.00	249.87	249.87	74028-13	



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

Unity Health & Rehab Center
 1404 NW 22nd Street
 Miami FL 33142

Provider Number: 0 032482-00
 Date: 8/30/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.98	202.03	5/13/2011
	Level H: Aids	346.84	346.89	5/13/2011

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 Asset Correction
- 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:

Greystone Healthcare Management, LLC
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Unity Health & Rehab Center
 1404 NW 22nd Street
 Miami FL 33142

Provider Number: 0 032482-00
 Date: 8/30/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.65	202.70	7/1/2011
	Level H: Aids	348.85	348.90	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
 Asset Correction FYE 12/31/2010
 Rate Semester Change
 On FRV [2] as of 11/01/1988

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 Miami FL 33142

Provider Number: 0 032482-00
 Date: 8/30/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.50	204.55	1/1/2012
	Level H: Aids	352.11	352.16	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
- Effects of Asset Correction
- Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Unity Health & Rehab Center
 1404 NW 22nd Street
 Miami FL 33142

Provider Number: 0 032482-00
 Date: 8/30/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.30	212.35	7/1/2012
	Level H: Aids	361.51	361.56	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 Asset Correction
- Rate Semester Change
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Unity Health & Rehab Center
 1404 NW 22nd Street
 Miami FL 33142

Provider Number: 0 032482-00
 Date: 8/30/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.08	216.13	1/1/2013
	Level H: Aids	366.89	366.94	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 Asset Correction**
- Rate Semester Change
- On FRV [2] as of 11/01/1988

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Unity Health & Rehab Center
 1404 NW 22nd Street
 Miami FL 33142

Provider Number: 0 032482-00
 Date: 8/30/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	227.61	227.67	7/1/2013

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 Asset Correction
- Rate Semester Change
- On FRV [2] as of 11/01/1988

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Medicaid Reimbursement Per Diem Rates

Lady Lake Specialty Care Center
 630 Griffin Avenue
 Lady Lake FL 32159

Provider Number: 0 032486-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.77	216.93	5/13/2011
	Level H: Aids	361.63	361.79	5/13/2011

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 Prior Provider #227561 Asset Correction
- Rate Semester Change
- On FRV [2] as of 03/30/1999

Distribution:

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Medicaid Reimbursement Per Diem Rates

Lady Lake Specialty Care Center
 630 Griffin Avenue
 Lady Lake FL 32159

Provider Number: 0 032486-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.73	215.02	7/1/2011
	Level H: Aids	360.93	361.22	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
- Asset Correction for 7/11 Rate Semester
- Rate Semester Change
- On FRV [2] as of 03/30/1999

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Medicaid Reimbursement Per Diem Rates

Lady Lake Specialty Care Center
630 Griffin Avenue
Lady Lake FL 32159

Provider Number: 0 032486-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.58</u>	<u>216.87</u>	<u>1/1/2012</u>
	Level H: Aids	<u>364.19</u>	<u>364.48</u>	<u>1/1/2012</u>

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Asset Correction for 7/11 R/S
 Rate Semester Change
 On FRV [2] as of 03/30/1999

Distribution:

Contract Management / Fiscal Agent
 Permanent File
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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Lady Lake Specialty Care Center
630 Griffin Avenue
Lady Lake FL 32159

Provider Number: 0 032486-00
 Date: 9/4/2013
 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	<u>223.28</u>	<u>223.58</u>	<u>7/1/2012</u>
	Level H: Aids	<u>372.49</u>	<u>372.79</u>	<u>7/1/2012</u>

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Asset Correction for 7/11 R/S
- Rate Semester Change
- On FRV [2] as of 03/30/1999

Distribution:

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Medicaid Reimbursement Per Diem Rates

Lady Lake Specialty Care Center
 630 Griffin Avenue
 Lady Lake FL 32159

Provider Number: 0 032486-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	226.01	226.30	1/1/2013
	Level H: Aids	376.82	377.11	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 Asset Correction for 7/11 R/S
 Rate Semester Change
 On FRV [2] as of 03/30/1999

Distribution:

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Lady Lake Specialty Care Center
630 Griffin Avenue
Lady Lake FL 32159

Provider Number: 0 032486-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>231.91</u>	<u>232.21</u>	<u>7/1/2013</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 Asset Correction for 7/11 R/S**
- Rate Semester Change
- On FRV [2] as of 03/30/1999

Distribution:

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Medicaid Reimbursement Per Diem Rates

Sunset Lake Health & Rehab Center
 832 Sunset Lake Blvd
 Venice FL 34292

Provider Number: 0 032551-00
 Date: 8/28/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	232.95	232.96	5/13/2011
	Level H: Aids	377.81	377.82	5/13/2011

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 Asset Change for 7/2010 R/S
 Rate Semester Change
 On FRV [2] as of 03/17/1992

Distribution:

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Sunset Lake Health & Rehab Center
 832 Sunset Lake Blvd
 Venice FL 34292

Provider Number: 0 032551-00
 Date: 8/28/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>223.94</u>	<u>223.95</u>	<u>7/1/2011</u>
Level H: Aids	<u>370.14</u>	<u>370.15</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 Asset Change for 7/2010 R/S
- Rate Semester Change
- On FRV [2] as of 03/17/1992

Distribution:

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- No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Sunset Lake Health & Rehab Center
 832 Sunset Lake Blvd
 Venice FL 34292

Provider Number: 0 032551-00
 Date: 8/28/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>224.37</u>	<u>224.38</u>	<u>1/1/2012</u>
	Level H: Aids	<u>371.98</u>	<u>371.99</u>	<u>1/1/2012</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 Asset Change for 7/2010 R/S
- Rate Semester Change
- On FRV [2] as of 03/17/1992

Distribution:

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Medicaid Reimbursement Per Diem Rates

Sunset Lake Health & Rehab Center
 832 Sunset Lake Blvd
 Venice FL 34292

Provider Number: 0 032551-00
 Date: 8/28/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	237.32	237.33	1/1/2013
	Level H: Aids	388.13	388.14	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 Asset Change for 7/2010 R/S**
- Rate Semester Change
- On FRV [2] as of 03/17/1992

Distribution:

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Medicaid Reimbursement Per Diem Rates

Sunset Lake Health & Rehab Center
 832 Sunset Lake Blvd
 Venice FL 34292

Provider Number: 0 032551-00
 Date: 8/28/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
243.08	243.09	7/1/2013

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 Asset Change for 7/2010 R/S
 Rate Semester Change
 On FRV [2] as of 03/17/1992

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Medicaid Reimbursement Per Diem Rates

Unity Health & Rehab Center
 1404 NW 22nd Street
 Miami FL 33142

Provider Number: 0 227544-00
 Date: 8/30/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.68	202.73	7/1/2010
	Level H: Aids	346.02	346.07	7/1/2010

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"/> Asset Correction FYE 12/31/2009 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 11/01/1988	

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Medicaid Reimbursement Per Diem Rates

Unity Health & Rehab Center
 1404 NW 22nd Street
 Miami FL 33142

Provider Number: 0 227544-00
 Date: 8/30/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.98	202.03	1/1/2011
	Level H: Aids	346.84	346.89	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
 Effects of Asset Correction
 Rate Semester Change
 On FRV [2] as of 11/01/1988

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Medicaid Reimbursement Per Diem Rates

Lady Lake Specialty Care Center
 630 Griffen Avenue
 Lady Lake FL 32159

Provider Number: 0 227561-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.81	210.89	1/1/2010
	Level H: Aids	352.73	352.81	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
- Asset Correction for 1/10 Rate Semester**
- Rate Semester Change
- On FRV [2] as of 03/30/1999

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Medicaid Reimbursement Per Diem Rates

Lady Lake Specialty Care Center
 630 Griffen Avenue
 Lady Lake FL 32159

Provider Number: 0 227561-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.46	214.63	7/1/2010
	Level H: Aids	357.80	357.97	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
- Asset Correction for 7/10 Rate Semester**
- Rate Semester Change
- On FRV [2] as of 03/30/1999

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Medicaid Reimbursement Per Diem Rates

Lady Lake Specialty Care Center
 630 Griffen Avenue
 Lady Lake FL 32159

Provider Number: 0 227561-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.77	216.93	1/1/2011
	Level H: Aids	361.63	361.79	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
- Effects of Asset Correction for 7/10 R/S
- Rate Semester Change
- On FRV [2] as of 03/30/1999

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Medicaid Reimbursement Per Diem Rates

Wilton Manors Health and Rehab Center
 2675 North Andrews Ave
 Wilton Manors FL 33311

Provider Number: 0 227579-00
 Date: 9/3/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>230.05</u>	<u>229.87</u>	<u>1/1/2013</u>
	Level H: Aids	<u>380.86</u>	<u>380.68</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
- Rating Days Retro for 1/13 rate semester
- Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

Ridgecrest Nursing & Rehabilitation Center
 1200 North Stone Street
 Deland FL 32720

Provider Number: 0 282464-00
 Date: 9/6/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	176.95	176.98	1/1/2009
	Level H: Aids	315.30	315.33	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
- Asset Correction for 1/09 Rate Semester**
- Rate Semester Change
- On FRV [2] as of 11/03/2004

Distribution:

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Medicaid Reimbursement Per Diem Rates

Ridgecrest Nursing & Rehabilitation Center
1200 North Stone Street
Deland FL 32720

Provider Number: 0 282464-00
 Date: 9/6/2013
 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>162.12</u>	<u>162.15</u>	<u>3/1/2009</u>
	Level H: Aids	<u>300.47</u>	<u>300.50</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
 Asset Correction for 1/09 Rate Semester
 Rate Semester Change
 On FRV [2] as of 11/03/2004

Distribution:

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Medicaid Reimbursement Per Diem Rates

Ridgecrest Nursing & Rehabilitation Center
1200 North Stone Street
Deland FL 32720

Provider Number: 0 282464-00
 Date: 9/6/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.99</u>	<u>200.02</u>	<u>4/1/2009</u>
	Level H: Aids	<u>338.34</u>	<u>338.37</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:

- 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
 Asset Correction for 1/09 Rate Semester
 Rate Semester Change
 On FRV [2] as of 11/03/2004

Distribution:

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Ridgecrest Nursing & Rehabilitation Center
 1200 North Stone Street
 Deland FL 32720

Provider Number: 0 282464-00
 Date: 9/6/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.40	202.43	7/1/2009
	Level H: Aids	342.75	342.78	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 Asset Correction for 1/09 R/S
- Rate Semester Change
- On FRV [2] as of 11/03/2004

Distribution:

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- No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Ridgecrest Nursing & Rehabilitation Center
 1200 North Stone Street
 Deland FL 32720

Provider Number: 0 282464-00
 Date: 9/6/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.54	202.57	1/1/2010
	Level H: Aids	344.46	344.49	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
- Asset Correction for 1/10 Rate Semester**
- Rate Semester Change
- On FRV [2] as of 11/03/2004

Distribution:

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- No Change in Rate

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Ridgecrest Nursing & Rehabilitation Center
 1200 North Stone Street
 Deland FL 32720

Provider Number: 0 282464-00
 Date: 9/6/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	205.89	205.95	7/1/2010
Level H: Aids	349.23	349.29	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
- Asset Correction for 7/10 Rate Semester**
- Rate Semester Change
- On FRV [2] as of 11/03/2004

Distribution:

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Medicaid Reimbursement Per Diem Rates

Ridgecrest Nursing & Rehabilitation Center
 1200 North Stone Street
 Deland FL 32720

Provider Number: 0 282464-00
 Date: 9/6/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.90	207.96	1/1/2011
	Level H: Aids	352.76	352.82	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
- Effects of Asset Correction for 7/10 R/S
- Rate Semester Change
- On FRV [2] as of 11/03/2004

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Greystone Healthcare Management, LLC

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Ridgecrest Nursing & Rehabilitation Center
 1200 North Stone Street
 Deland FL 32720

Provider Number: 0 282464-00
 Date: 9/6/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.85	200.91	7/1/2011
	Level H: Aids	347.05	347.11	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 Asset Correction for 7/10 R/S
- Rate Semester Change
- On FRV [2] as of 11/03/2004

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Medicaid Reimbursement Per Diem Rates

Ridgecrest Nursing & Rehabilitation Center
 1200 North Stone Street
 Deland FL 32720

Provider Number: 0 282464-00
 Date: 9/6/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.13	197.18	1/1/2012
	Level H: Aids	344.74	344.79	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 Asset Correction for 7/10 R/S
- Rate Semester Change
- On FRV [2] as of 11/03/2004

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Medicaid Reimbursement Per Diem Rates

Ridgecrest Nursing & Rehabilitation Center
 1200 North Stone Street
 Deland FL 32720

Provider Number: 0 282464-00
 Date: 9/6/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.85	202.91	7/1/2012
	Level H: Aids	352.06	352.12	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 Asset Correction for 7/10 R/S
- Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Ridgecrest Nursing & Rehabilitation Center
 1200 North Stone Street
 Deland FL 32720

Provider Number: 0 282464-00
 Date: 9/6/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.16	205.22	1/1/2013
	Level H: Aids	355.97	356.03	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 Asset Correction for 7/10 R/S
- Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Ridgecrest Nursing & Rehabilitation Center
 1200 North Stone Street
 Deland FL 32720

Provider Number: 0 282464-00
 Date: 9/6/2013
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	216.13	216.20	7/1/2013

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 Asset Correction for 7/10 R/S
- Rate Semester Change
- On FRV [2] as of 11/03/2004

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Medicaid Reimbursement Per Diem Rates

Sunset Lake Health & Rehab Center
 832 Sunset Lake Blvd
 Venice FL 34292

Provider Number: 0 308501-00
 Date: 8/28/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	230.33	230.34	7/1/2010
	Level H: Aids	373.67	373.68	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:

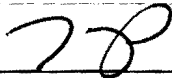
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Asset Change for 7/2010 R/S
- Rate Semester Change
- On FRV [2] as of 03/17/1992

Distribution:

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Medicaid Reimbursement Per Diem Rates

Sunset Lake Health & Rehab Center
 832 Sunset Lake Blvd
 Venice FL 34292

Provider Number: 0 308501-00
 Date: 8/28/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>232.95</u>	<u>232.96</u>	<u>1/1/2011</u>
	Level H: Aids	<u>377.81</u>	<u>377.82</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 Asset Change for 7/2010 R/S
 Rate Semester Change
 On FRV [2] as of 03/17/1992

Distribution:

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Medicaid Reimbursement Per Diem Rates

Lehigh Acres Health & Rehabilitation Center
1550 Lee Boulevard
Lehigh Acres FL 33936

Provider Number: 0 320978-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>235.29</u>	<u>235.33</u>	<u>7/1/2010</u>
	Level H: Aids	<u>378.63</u>	<u>378.67</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
 Asset Correction FYE 12/31/2009
 Rate Semester Change
 On FRV [2] as of 05/01/1995

Distribution:

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Medicaid Reimbursement Per Diem Rates

Lehigh Acres Health & Rehabilitation Center
 1550 Lee Boulevard
 Lehigh Acres FL 33936

Provider Number: 0 320978-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	238.56	238.59	1/1/2011
	Level H: Aids	383.42	383.45	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:

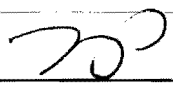
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Asset Correction
- Rate Semester Change
- On FRV [2] as of 05/01/1995

Distribution:

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Lehigh Acres Health & Rehabilitation Center
 1550 Lee Boulevard
 Lehigh Acres FL 33936

Provider Number: 0 320978-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	229.80	229.83	7/1/2011
	Level H: Aids	376.00	376.03	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 Asset Correction**
- Rate Semester Change
- On FRV [2] as of 05/01/1995

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Lehigh Acres Health & Rehabilitation Center
 1550 Lee Boulevard
 Lehigh Acres FL 33936

Provider Number: 0 320978-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	230.78	230.87	1/1/2012
	Level H: Aids	378.39	378.48	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
- Asset Correction FYE 12/31/2010**
- Rate Semester Change
- On FRV [2] as of 05/01/1995

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Medicaid Reimbursement Per Diem Rates

Lehigh Acres Health & Rehabilitation Center
1550 Lee Boulevard
Lehigh Acres FL 33936

Provider Number: 0 320978-00
 Date: 9/4/2013
 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	240.28	240.30	7/1/2012
	Level H: Aids	389.49	389.51	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 Asset Correction
 Rate Semester Change
 On FRV [2] as of 05/01/1995

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 1550 Lee Boulevard
 Lehigh Acres FL 33936

Provider Number: 0 320978-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	243.66	243.68	1/1/2013
	Level H: Aids	394.47	394.49	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 Asset Correction
- Rate Semester Change
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 1550 Lee Boulevard
 Lehigh Acres FL 33936

Provider Number: 0 320978-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	249.84	249.87	7/1/2013

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 Asset Correction
- Rate Semester Change
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