




RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

**MEMORANDUM**

**Date:** September 04, 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.	Crossbreeze Care Center	0 046233-00	6
2.	Pines Nursing Home	0 200620-00	3
3.	MK of Winter Garden LLC	0 225410-00	1
4.	Alhambra Health & Rehab Center	0 261254-00	4
5.	The Springs At Boca Ciega Bay	0 267724-00	3
6.	The Springs at Lake Pointe Woods	0 268780-00	3
		Total	20

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)		
004623300	20111001	219.68	365.88	219.68	219.68	73876-13	
004623300	20120101	221.12	368.73	221.12	221.12	73876-13	
004623300	20120401	226.64	374.25	226.64	226.64	73876-13	
004623300	20120701	236.30	385.51	236.30	236.30	73876-13	
004623300	20130101	239.52	390.33	239.52	239.52	73876-13	
004623300	20130701	245.06	0.00	245.06	245.06	73876-13	
020062000	20120701	239.38	388.59	239.38	239.38	73876-13	
020062000	20130101	242.32	393.13	242.32	242.32	73876-13	
020062000	20130701	248.11	0.00	248.11	248.11	73876-13	
022541000	20130701	230.77	0.00	230.77	230.77	73876-13	
026125400	20110701	208.54	354.74	208.54	208.54	73876-13	
026125400	20120701	218.77	367.98	218.77	218.77	73876-13	
026125400	20130101	222.47	373.28	222.47	222.47	73876-13	
026125400	20130701	229.16	0.00	229.16	229.16	73876-13	
026772400	20070101	164.86	294.46	164.86	164.86	73876-13	NH06-207C
026772400	20070201	168.55	298.15	168.55	168.55	73876-13	NH06-207C
026772400	20070301	164.86	294.46	164.86	164.86	73876-13	NH06-207C
026878000	20070101	180.74	310.34	180.74	180.74	73876-13	NH06-208C
026878000	20070201	188.50	318.10	188.50	188.50	73876-13	NH06-208C
026878000	20070301	180.74	310.34	180.74	180.74	73876-13	NH06-208C



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**

Crossbreeze Care Center  
 1755 18th Street  
 Sarasota FL 34234

Provider Number: 0 046233-00  
 Date: 8/13/2013  
 Fiscal Year End: 3/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.77	219.68	10/1/2011
	Level H: Aids	364.97	365.88	10/1/2011

**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 3/31/2012
- Rate Semester Change
- On FRV [2] as of 10/01/1985

**Distribution:**

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

*788*

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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**Medicaid Reimbursement Per Diem Rates**

Crossbreeze Care Center  
 1755 18th Street  
 Sarasota FL 34234

Provider Number: 0 046233-00  
 Date: 8/13/2013  
 Fiscal Year End: 3/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>220.19</b>	<b>221.12</b>	<b>1/1/2012</b>
	Level H: Aids	367.80	368.73	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:**

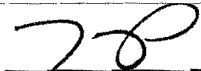
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 3/31/2012**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

**Distribution:**

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- No Change in Rate

  
 Thomas Parker  
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Home Office:

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**Medicaid Reimbursement Per Diem Rates**

Crossbreeze Care Center  
 1755 18th Street  
 Sarasota FL 34234

Provider Number: 0 046233-00  
 Date: 8/13/2013  
 Fiscal Year End: 3/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>220.19</u>	<u>226.64</u>	<u>4/1/2012</u>
	Level H: Aids	<u>367.80</u>	<u>374.25</u>	<u>4/1/2012</u>

<b>Rate Type :</b> <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input checked="" type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data		<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component	
<b>Basis:</b> <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		<b>Changes:</b> <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"/> Cost Settlement FYE 3/31/2012 <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**

Crossbreeze Care Center  
 1755 18th Street  
 Sarasota FL 34234

Provider Number: 0 046233-00  
 Date: 8/13/2013  
 Fiscal Year End: 3/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	229.74	236.30	7/1/2012
	Level H: Aids	378.95	385.51	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 3/31/2012
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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**Medicaid Reimbursement Per Diem Rates**

Crossbreeze Care Center  
 1755 18th Street  
 Sarasota FL 34234

Provider Number: 0 046233-00  
 Date: 8/13/2013  
 Fiscal Year End: 3/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home      Single Level</b>	<b>230.31</b>	<b>239.52</b>	<b>1/1/2013</b>
Level H: Aids	381.12	390.33	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:**

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

**Changes:**

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> <b>Cost Settlement FYE 3/31/2012</b>
<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**

Pines Nursing Home  
 301 NE 141st Street North  
 North Miami Beach FL 33161

Provider Number: 0 200620-00  
 Date: 8/12/2013  
 Fiscal Year End: 12/31/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>247.99</b>	<b>239.38</b>	<b>7/1/2012</b>
	Level H: Aids	397.20	388.59	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  
 **Amended Cost Report FYE 12/31/2011**  
 Rate Semester Change  
 On FRV [2] as of 10/01/1985

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

Pines Nursing Home  
 301 NE 141st Street North  
 North Miami Beach FL 33161

Provider Number: 0 200620-00  
 Date: 8/12/2013  
 Fiscal Year End: 12/31/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>251.05</b>	<b>242.32</b>	<b>1/1/2013</b>
	Level H: Aids	401.86	393.13	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
- Amended Cost Report FYE 12/31/2011
- Rate Semester Change
- On FRV [2] as of 10/01/1985

**Distribution:**

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- No Change in Rate

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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**Medicaid Reimbursement Per Diem Rates**

Pines Nursing Home  
 301 NE 141st Street North  
 North Miami Beach FL 33161

Provider Number: 0 200620-00  
 Date: 8/12/2013  
 Fiscal Year End: 12/31/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
258.57	248.11	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
- Amended Cost Report FYE 12/31/2011
- Rate Semester Change
- On FRV [2] as of 10/01/1985

**Distribution:**

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- For information Only
- No Change in Rate

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Home Office:

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**Medicaid Reimbursement Per Diem Rates**

MK of Winter Garden LLC  
 12751 W Colonial Dr  
 Winter Garden FL 34787

Provider Number: 0 225410-00  
 Date: 8/27/2013  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited [3]

**Provider Type:**

**Nursing Home      Single Level**

Current Rate	New Rate	Effective Date
<b>231.24</b>	<b>230.77</b>	<b>7/1/2013</b>

**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:**

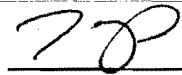
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 using FYE 12/31/2012 Cost Report**
- Rate Semester Change
- On FRV [2] as of 09/01/1999

**Distribution:**

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- Permanent File
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- No Change in Rate

  
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 Medicaid Cost Reimbursement Planning and Finance

Home Office: M-K Management, LLC  
 Mark D. Hickman  
 1181 Vickery Lane, Suite 200  
 Cordova TN 38016-0633



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**Medicaid Reimbursement Per Diem Rates**

Alhambra Health & Rehab Center  
 7501 38th Avenue North  
 St. Petersburg FL 33710

Provider Number: 0 261254-00  
 Date: 8/28/2013  
 Fiscal Year End: 12/31/2009  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>208.53</b>	<b>208.54</b>	<b>7/1/2011</b>
	Level H: Aids	354.73	354.74	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**

Rate Semester Change

On FRV [2] as of 04/13/1994

**Distribution:**

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 No Change in Rate

Thomas Parker  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Greystone Healthcare Management, LLC  
 4042 Park Oaks Blvd, Suite 300  
 Tampa FL 33610



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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

Alhambra Health & Rehab Center  
 7501 38th Avenue North  
 St. Petersburg FL 33710

Provider Number: 0 261254-00  
 Date: 8/28/2013  
 Fiscal Year End: 12/31/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>218.76</b>	<b>218.77</b>	<b>7/1/2012</b>
	Level H: Aids	367.97	367.98	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:**

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

**Changes:**

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> <b>Effects of Asset Correction</b>
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 04/13/1994

**Distribution:**

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 Permanent File  
 For information Only  
 No Change in Rate

Thomas Parker  
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Greystone Healthcare Management, LLC  
 4042 Park Oaks Blvd, Suite 300  
 Tampa FL 33610



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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

Alhambra Health & Rehab Center  
 7501 38th Avenue North  
 St. Petersburg FL 33710

Provider Number: 0 261254-00  
 Date: 8/28/2013  
 Fiscal Year End: 12/31/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>222.46</b>	<b>222.47</b>	<b>1/1/2013</b>
	Level H: Aids	373.27	373.28	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

On FRV [2] as of 04/13/1994

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

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 Tampa FL 33610



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**Medicaid Reimbursement Per Diem Rates**

Alhambra Health & Rehab Center  
 7501 38th Avenue North  
 St. Petersburg FL 33710

Provider Number: 0 261254-00  
 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
<b>229.15</b>	<b>229.16</b>	<b>7/1/2013</b>

**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 04/13/1994

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

The Springs At Boca Ciega Bay  
1255 Pasadena Avenue S.  
St. Petersburg FL 33707

Provider Number: 0 267724-00  
 Date: 4/23/2013  
 Fiscal Year End: 12/31/2005  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>164.33</u></b>	<b><u>164.86</u></b>	<b><u>1/1/2007</u></b>
	Level H: AIDS	<u>293.93</u>	<u>294.46</u>	<u>1/1/2007</u>

<b>Rate Type :</b>	
<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	

<b>Basis:</b>	<b>Changes:</b>
<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 NH06-207C FYE 12/31/2004
<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 07/01/1987

**Distribution:**

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 No Change in Rate

Thomas Parker  
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

Summit Care II, Inc  
 Guy Farmer  
 2851 Remington Green Circle, Ste. D  
 Tallahassee FL 32308



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 Springs At Boca Ciega Bay  
1255 Pasadena Avenue S.  
St. Petersburg FL 33707

Provider Number: 0 267724-00  
 Date: 4/23/2013  
 Fiscal Year End: 12/31/2005  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<u>168.02</u>	<u>168.55</u>	<u>2/1/2007</u>
	Level H: AIDS	<u>297.62</u>	<u>298.15</u>	<u>2/1/2007</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:**

<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 NH06-207C FYE 12/31/2004
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 07/01/1987

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**Medicaid Reimbursement Per Diem Rates**

The Springs At Boca Ciega Bay  
1255 Pasadena Avenue S.  
St. Petersburg FL 33707

Provider Number: 0 267724-00  
 Date: 4/23/2013  
 Fiscal Year End: 12/31/2005  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<u>164.33</u>	<u>164.86</u>	<u>3/1/2007</u>
	Level H: AIDS	<u>293.93</u>	<u>294.46</u>	<u>3/1/2007</u>

<b>Rate Type :</b>	
<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	
<b>Basis:</b>	<b>Changes:</b>
<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 NH06-207C FYE 12/31/2004
<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 07/01/1987

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**Medicaid Reimbursement Per Diem Rates**

The Springs at Lake Pointe Woods  
3280 Lake Pointe Drive  
Sarasota FL 34238

Provider Number: 0 268780-00  
 Date: 4/23/2013  
 Fiscal Year End: 12/31/2005  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<u>181.45</u>	<u>180.74</u>	<u>1/1/2007</u>
	Level H: AIDS	<u>311.05</u>	<u>310.34</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:**

<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 #NH06-208C FYE 12/31/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 11/01/1989

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**Medicaid Reimbursement Per Diem Rates**

The Springs at Lake Pointe Woods  
3280 Lake Pointe Drive  
Sarasota FL 34238

Provider Number: 0 268780-00  
 Date: 4/23/2013  
 Fiscal Year End: 12/31/2005  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<u>189.21</u>	<u>188.50</u>	<u>2/1/2007</u>
	Level H: AIDS	<u>318.81</u>	<u>318.10</u>	<u>2/1/2007</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:**

<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 #NH06-208C FYE 12/31/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 11/01/1989

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Provider Number: 0 268780-00  
 Date: 4/23/2013  
 Fiscal Year End: 12/31/2005  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>181.45</u>	<u>180.74</u>	<u>3/1/2007</u>
	Level H: AIDS	<u>311.05</u>	<u>310.34</u>	<u>3/1/2007</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

Effects of FA #NH06-208C FYE 12/31/04

Rate Semester Change

On FRV [2] as of 11/01/1989

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