

FLORIDA MEDICAID

A Division of the Agency for Health Care Administration

Better Health Care for all Floridians

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: May 30, 2012

To: Alan Strowd, Chief, Medicaid Contract Management

From: Stephen Russell, Medicaid Cost Reimbursement Planning Administrator

Subject: Retroactive Nursing Facility Per Diem Rates

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

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
1.	The Crossings	0 001291-00	12
2.	University Center West	0 212831-00	5
3.	Tarpon Bayou Center	0 212849-00	4
4.	Lakeland Hills Center	0 212865-00	4
5.	University Center East	0 212873-00	5
7.	The Groves Center	0 212881-00	4
8.	Emerald Coast Center	0 212903-00	4
6.	Clearwater Center	0 212911-00	16
9.	Bay Center	0 212989-00	2
10.	Bartow Center	0 212997-00	4
11.	Boca Ciega Center	0 213004-00	4
12.	Oaktree Healthcare	0 252476-00	4
13.	Central Park Healthcare & Rehab Center	0 259900-00	4
14.	Coral Bay Healthcare & Rehab	0 259918-00	4
15.	Wood Lake Nursing & Rehab Center	0 261599-00	4
16.	Peace River Nursing & Rehab Center	0 309028-00	2
17.	Health & Rehab Centre at Dolphins View	0 320528-00	13
		Total	95

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

SR/dm
Attachments



Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U		
000129100	20071228	219.05	350.99	219.05	219.05	456.85	70726-12	
000129100	20080101	218.36	352.36	218.36	218.36	459.88	70726-12	
000129100	20080701	221.07	357.35	221.07	221.07	466.70	70726-12	
000129100	20090101	221.16	359.51	221.16	221.16	470.52	70726-12	
000129100	20090301	202.62	340.97	202.62	202.62	451.98	70726-12	
000129100	20090401	246.81	385.16	246.81	246.81	496.17	70726-12	
000129100	20090701	256.18	396.53	256.18	256.18	509.15	70726-12	
000129100	20100101	254.77	396.69	254.77	254.77	510.57	70726-12	
000129100	20100701	258.77	402.11	258.77	258.77	517.14	70726-12	
000129100	20110101	262.75	407.61	262.75	262.75	523.86	70726-12	
000129100	20110701	251.78	397.98	251.78	251.78	515.31	70726-12	
000129100	20120101	252.83	400.44	252.83	252.83	518.90	70726-12	
021283100	20060101	159.94	285.05	159.94	159.94	385.43	70726-12	NH06-179C
021283100	20060701	162.79	289.92	162.79	162.79	391.92	70726-12	NH06-179C
021283100	20070101	172.42	302.02	172.42	172.42	406.01	70726-12	NH06-179C
021283100	20070201	178.33	307.93	178.33	178.33	411.92	70726-12	NH06-179C
021283100	20070301	172.42	302.02	172.42	172.42	406.01	70726-12	NH06-179C
021284900	20060701	155.84	282.97	155.84	155.84	384.97	70726-12	NH06-182C
021284900	20070101	165.03	294.63	165.03	165.03	398.62	70726-12	NH06-182C
021284900	20070201	170.73	300.33	170.73	170.73	404.32	70726-12	NH06-182C
021284900	20070301	165.03	294.63	165.03	165.03	398.62	70726-12	NH06-182C
021286500	20060701	153.44	280.57	153.44	153.44	382.57	70726-12	NH06-185C
021286500	20070101	162.33	291.93	162.33	162.33	395.92	70726-12	NH06-185C
021286500	20070201	167.29	296.89	167.29	167.29	400.88	70726-12	NH06-185C
021286500	20070301	162.33	291.93	162.33	162.33	395.92	70726-12	NH06-185C
021287300	20060101	161.93	287.04	161.93	161.93	387.42	70726-12	NH06-177C
021287300	20060701	164.56	291.69	164.56	164.56	393.69	70726-12	NH06-177C
021287300	20070101	173.76	303.36	173.76	173.76	407.35	70726-12	NH06-177C
021287300	20070201	178.31	307.91	178.31	178.31	411.90	70726-12	NH06-177C
021287300	20070301	173.76	303.36	173.76	173.76	407.35	70726-12	NH06-177C
021288100	20060701	149.97	277.10	149.97	149.97	379.10	70726-12	NH06-184C
021288100	20070101	157.80	287.40	157.80	157.80	391.39	70726-12	NH06-184C
021288100	20070201	162.52	292.12	162.52	162.52	396.11	70726-12	NH06-184C
021288100	20070301	157.80	287.40	157.80	157.80	391.39	70726-12	NH06-184C
021290300	20060701	144.72	271.85	144.72	144.72	373.85	70726-12	NH06-183C
021290300	20070101	153.18	282.78	153.18	153.18	386.77	70726-12	NH06-183C
021290300	20070201	157.74	287.34	157.74	157.74	391.33	70726-12	NH06-183C
021290300	20070301	153.18	282.78	153.18	153.18	386.77	70726-12	NH06-183C
021291100	20060701	151.08	278.21	151.08	151.08	380.21	70726-12	NH06-187C
021291100	20070101	159.95	289.55	159.95	159.95	393.54	70726-12	NH06-187C
021291100	20070201	164.76	294.36	164.76	164.76	398.35	70726-12	NH06-187C
021291100	20070301	159.95	289.55	159.95	159.95	393.54	70726-12	NH06-187C
021291100	20070701	162.05	293.99	162.05	162.05	399.85	70726-12	NH06-187C
021291100	20080101	160.10	294.10	160.10	160.10	401.62	70726-12	NH06-187C
021291100	20080701	162.11	298.39	162.11	162.11	407.74	70726-12	NH06-187C
021291100	20090101	163.63	301.98	163.63	163.63	412.99	70726-12	NH06-187C
021291100	20090301	149.92	288.27	149.92	149.92	399.28	70726-12	NH06-187C
021291100	20090401	186.68	325.03	186.68	186.68	436.04	70726-12	NH06-187C
021291100	20090701	190.58	330.93	190.58	190.58	443.55	70726-12	NH06-187C
021291100	20100101	202.22	344.14	202.22	202.22	458.02	70726-12	NH06-187C
021291100	20100701	205.77	349.11	205.77	205.77	464.14	70726-12	NH06-187C
021291100	20110101	209.14	354.00	209.14	209.14	470.25	70726-12	NH06-187C
021291100	20110701	202.65	348.85	202.65	202.65	466.18	70726-12	NH06-187C
021291100	20120101	204.90	352.51	204.90	204.90	470.97	70726-12	NH06-187C
021298900	20060101	147.02	272.13	147.02	147.02	372.51	70726-12	NH06-180C
021298900	20060701	149.32	276.45	149.32	149.32	378.45	70726-12	NH06-180C
021299700	20060701	151.71	278.84	151.71	151.71	380.84	70726-12	NH06-181C
021299700	20070101	159.60	289.20	159.60	159.60	393.19	70726-12	NH06-181C
021299700	20070201	164.35	293.95	164.35	164.35	397.94	70726-12	NH06-181C
021299700	20070301	159.60	289.20	159.60	159.60	393.19	70726-12	NH06-181C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MCM number	Audit Number
021300400	20060701	149.92	277.05	149.92	149.92	379.05	70726-12	NH06-186C
021300400	20070101	159.37	288.97	159.37	159.37	392.96	70726-12	NH06-186C
021300400	20070201	164.97	294.57	164.97	164.97	398.56	70726-12	NH06-186C
021300400	20070301	159.37	288.97	159.37	159.37	392.96	70726-12	NH06-186C
025247600	20080701	158.33	294.61	158.33	158.33	403.96	70726-12	NH11-024C
025247600	20090101	158.78	297.13	158.78	158.78	408.14	70726-12	NH11-024C
025247600	20090301	145.47	283.82	145.47	145.47	394.83	70726-12	NH11-024C
025247600	20090401	182.13	320.48	182.13	182.13	431.49	70726-12	NH11-024C
025990000	20090101	159.90	298.25	159.90	159.90	409.26	70726-12	NH11-027C
025990000	20090301	146.49	284.84	146.49	146.49	395.85	70726-12	NH11-027C
025990000	20090401	181.67	320.02	181.67	181.67	431.03	70726-12	NH11-027C
025990000	20090701	188.46	328.81	188.46	188.46	441.43	70726-12	NH11-027C
025991800	20090101	174.44	312.79	174.44	174.44	423.80	70726-12	NH11-025C
025991800	20090301	159.82	298.17	159.82	159.82	409.18	70726-12	NH11-025C
025991800	20090401	195.29	333.64	195.29	195.29	444.65	70726-12	NH11-025C
025991800	20090701	202.79	343.14	202.79	202.79	455.76	70726-12	NH11-025C
026159900	20090101	187.82	326.17	187.82	187.82	437.18	70726-12	NH11-026C
026159900	20090301	172.08	310.43	172.08	172.08	421.44	70726-12	NH11-026C
026159900	20090401	212.38	350.73	212.38	212.38	461.74	70726-12	NH11-026C
026159900	20090701	219.43	359.78	219.43	219.43	472.40	70726-12	NH11-026C
030902800	20050701	140.78	264.06	140.78	140.78	362.97	70726-12	NH09-011W
030902800	20060101	139.31	264.42	139.31	139.31	364.80	70726-12	NH09-011W
032052800	20070501	166.22	295.82	166.22	166.22	399.81	70726-12	NH11-022C
032052800	20070701	193.17	325.11	193.17	193.17	430.97	70726-12	NH11-022C
032052800	20080101	191.05	325.05	191.05	191.05	432.57	70726-12	NH11-022C
032052800	20080701	193.29	329.57	193.29	193.29	438.92	70726-12	NH11-022C
032052800	20090101	192.02	330.37	192.02	192.02	441.38	70726-12	NH11-022C
032052800	20090301	175.92	314.27	175.92	175.92	425.28	70726-12	NH11-022C
032052800	20090401	214.25	352.60	214.25	214.25	463.61	70726-12	NH11-022C
032052800	20090701	219.64	359.99	219.64	219.64	472.61	70726-12	NH11-022C
032052800	20100101	224.91	366.83	224.91	224.91	480.71	70726-12	NH11-022C
032052800	20100701	227.01	370.35	227.01	227.01	485.38	70726-12	NH11-022C
032052800	20110101	229.91	374.77	229.91	229.91	491.02	70726-12	NH11-022C
032052800	20110701	219.56	365.76	219.56	219.56	483.09	70726-12	NH11-022C
032052800	20120101	222.21	369.82	222.21	222.21	488.28	70726-12	NH11-022C



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 Dr.
 Lake Worth FL 33463

Provider Number: 0 001291-00
 Date: 5/15/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	215.08	219.05	12/28/2007
	Level H: AIDS	347.02	350.99	12/28/2007
	Level U: Fragile Under 21	452.88	456.85	12/28/2007

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 6/30/08

Rate Semester Change

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

Distribution:

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

 **Stephen Russell**
 Medicaid Cost Reimbursement Planning and Finance

Home Office: 1 - No Home Office



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Crossings
 4445 Pine Forest Dr.
 Lake Worth FL 33463

Provider Number: 0 001291-00
 Date: 5/15/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.49	218.36	1/1/2008
Level H: AIDS	348.49	352.36	1/1/2008
Level U: Fragile Under 21	456.01	459.88	1/1/2008

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 6/30/08
 Rate Semester Change
 On FRV [2] as of 11/01/1988

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Home Office:

1 - No Home Office

SR Stephen Russell

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

The Crossings
 4445 Pine Forest Dr.
 Lake Worth FL 33463

Provider Number: 0 001291-00
 Date: 5/15/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.52	221.07	7/1/2008
	Level H: AIDS	352.80	357.35	7/1/2008
	Level U: Fragile Under 21	462.15	466.70	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


Cost Settlement FYE 6/30/08

Rate Semester Change

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

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

 Stephen Russell
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Home Office: 1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

The Crossings
 4445 Pine Forest Dr.
 Lake Worth FL 33463

Provider Number: 0 001291-00
 Date: 5/15/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.28</u>	<u>221.16</u>	<u>1/1/2009</u>
	Level H: AIDS	<u>352.63</u>	<u>359.51</u>	<u>1/1/2009</u>
	Level U: Fragile Under 21	<u>463.64</u>	<u>470.52</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
 Cost Settlement FYE 6/30/08
 Rate Semester Change
 On FRV [2] as of 11/01/1988

Distribution:

Contract Management / Fiscal Agent
 Permanent File
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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Planning and Finance

Home Office:

1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

The Crossings
4445 Pine Forest Dr.
Lake Worth FL 33463

Provider Number: 0 001291-00
 Date: 5/15/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>196.32</u>	<u>202.62</u>	<u>3/1/2009</u>
	Level H: AIDS	<u>334.67</u>	<u>340.97</u>	<u>3/1/2009</u>
	Level U: Fragile Under 21	<u>445.68</u>	<u>451.98</u>	<u>3/1/2009</u>

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 6/30/08
 Rate Semester Change
 On FRV [2] as of 11/01/1988

Distribution:

- Contract Management / Fiscal Agent
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 No Change in Rate

Home Office:

1 - No Home Office

 **Stephen Russell**
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Medicaid Reimbursement Per Diem Rates

The Crossings
 4445 Pine Forest Dr.
 Lake Worth FL 33463

Provider Number: 0 001291-00
 Date: 5/15/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	239.22	246.81	4/1/2009
	Level H: AIDS	377.57	385.16	4/1/2009
	Level U: Fragile Under 21	488.58	496.17	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

Cost Settlement FYE 6/30/08

Rate Semester Change

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

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Medicaid Cost Reimbursement Planning and Finance

Home Office: I - No Home Office



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Medicaid Reimbursement Per Diem Rates

The Crossings
4445 Pine Forest Dr.
Lake Worth FL 33463

Provider Number: 0 001291-00
 Date: 5/15/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>247.57</u>	<u>256.18</u>	<u>7/1/2009</u>
	Level H: AIDS	<u>387.92</u>	<u>396.53</u>	<u>7/1/2009</u>
	Level U: Fragile Under 21	<u>500.54</u>	<u>509.15</u>	<u>7/1/2009</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 6/30/08
 Rate Semester Change
 On FRV [2] as of 11/01/1988

Distribution:

Contract Management / Fiscal Agent
 Permanent File
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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Planning and Finance

Home Office:

1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

The Crossings
 4445 Pine Forest Dr.
 Lake Worth FL 33463

Provider Number: 0 001291-00
 Date: 5/15/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>245.98</u>	<u>254.77</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>387.90</u>	<u>396.69</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>501.78</u>	<u>510.57</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

Cost Settlement FYE 6/30/08

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 Dr.
 Lake Worth FL 33463

Provider Number: 0 001291-00
 Date: 5/15/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>250.14</u>	<u>258.77</u>	<u>7/1/2010</u>
	Level H: AIDS	<u>393.48</u>	<u>402.11</u>	<u>7/1/2010</u>
	Level U: Fragile Under 21	<u>508.51</u>	<u>517.14</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


Cost Settlement FYE 6/30/08

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 Dr.
Lake Worth FL 33463

Provider Number: 0 001291-00
 Date: 5/15/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>253.51</u>	<u>262.75</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>398.37</u>	<u>407.61</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>514.62</u>	<u>523.86</u>	<u>1/1/2011</u>

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"/> Cost Settlement FYE 6/30/08
<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

The Crossings
 4445 Pine Forest Dr.
 Lake Worth FL 33463

Provider Number: 0 001291-00
 Date: 5/15/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	242.71	251.78	7/1/2011
	Level H: AIDS	388.91	397.98	7/1/2011
	Level U: Fragile Under 21	506.24	515.31	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 6/30/08

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 Dr.
Lake Worth FL 33463

Provider Number: 0 001291-00
Date: 5/15/2012
Fiscal Year End: 6/30/2008
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	243.73	252.83	1/1/2012
Level H: AIDS	391.34	400.44	1/1/2012
Level U: Fragile Under 21	509.80	518.90	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:
<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"/> Cost Settlement FYE 6/30/08
<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

University Center West
 545 West Euclid Ave
 Deland FL 32720

Provider Number: 0 212831-00
 Date: 4/26/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>160.57</u>	<u>159.94</u>	<u>1/1/2006</u>
	Level H: AIDS	<u>285.68</u>	<u>285.05</u>	<u>1/1/2006</u>
	Level U: Fragile Under 21	<u>386.06</u>	<u>385.43</u>	<u>1/1/2006</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 NH06-179C FYE 8/31/05

Rate Semester Change

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

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Medicaid Reimbursement Per Diem Rates

University Center West
 545 West Euclid Ave
 Deland FL 32720

Provider Number: 0 212831-00
 Date: 4/26/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	163.64	162.79	7/1/2006
Level H: AIDS	290.77	289.92	7/1/2006
Level U: Fragile Under 21	392.77	391.92	7/1/2006

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
 FA RFA NH06-179C FYE 8/31/05
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

University Center West
 545 West Euclid Ave
 Deland FL 32720

Provider Number: 0 212831-00
 Date: 4/26/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	171.47	172.42	1/1/2007
	Level H: AIDS	301.07	302.02	1/1/2007
	Level U: Fragile Under 21	405.06	406.01	1/1/2007

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
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 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

University Center West
 545 West Euclid Ave
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Provider Number: 0 212831-00
 Date: 4/26/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>175.72</u>	<u>178.33</u>	<u>2/1/2007</u>
	Level H: AIDS	<u>305.32</u>	<u>307.93</u>	<u>2/1/2007</u>
	Level U: Fragile Under 21	<u>409.31</u>	<u>411.92</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
 FA RFA NH06-179C FYE 8/31/05
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

University Center West
 545 West Euclid Ave
 Deland FL 32720

Provider Number: 0 212831-00
 Date: 4/26/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	171.47	172.42	3/1/2007
Level H: AIDS	301.07	302.02	3/1/2007
Level U: Fragile Under 21	405.06	406.01	3/1/2007

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
 FA RFA NH06-179C FYE 8/31/05
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Tarpon Bayou Center
 515 Chesapeake Drive
 Tarpon Springs FL 34689

Provider Number: 0 212849-00
 Date: 5/7/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>157.41</u>	<u>155.84</u>	<u>7/1/2006</u>
	Level H: AIDS	<u>284.54</u>	<u>282.97</u>	<u>7/1/2006</u>
	Level U: Fragile Under 21	<u>386.54</u>	<u>384.97</u>	<u>7/1/2006</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
- FA RFA NH06-182C FYE 08/31/05
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Tarpon Bayou Center
 515 Chesapeake Drive
 Tarpon Springs FL 34689

Provider Number: 0 212849-00
 Date: 5/7/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	165.54	165.03	1/1/2007
	Level H: AIDS	295.14	294.63	1/1/2007
	Level U: Fragile Under 21	399.13	398.62	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

FA RFA NH06-182C FYE 08/31/05

Rate Semester Change

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

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Medicaid Reimbursement Per Diem Rates

Tarpon Bayou Center
 515 Chesapeake Drive
 Tarpon Springs FL 34689

Provider Number: 0 212849-00
 Date: 5/7/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	170.04	170.73	2/1/2007
	Level H: AIDS	299.64	300.33	2/1/2007
	Level U: Fragile Under 21	403.63	404.32	2/1/2007

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:
<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"/> FA RFA NH06-182C FYE 08/31/05
<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

Tarpon Bayou Center
 515 Chesapeake Drive
 Tarpon Springs FL 34689

Provider Number: 0 212849-00
 Date: 5/7/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	165.54	165.03	3/1/2007
Level H: AIDS	295.14	294.63	3/1/2007
Level U: Fragile Under 21	399.13	398.62	3/1/2007

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
 FA RFA NH06-182C FYE 08/31/05
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Lakeland Hills Center
610 East Bella Vista Drive
Lakeland FL 33805

Provider Number: 0 212865-00
 Date: 5/11/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>155.41</u>	<u>153.44</u>	<u>7/1/2006</u>
	Level H: AIDS	<u>282.54</u>	<u>280.57</u>	<u>7/1/2006</u>
	Level U: Fragile Under 21	<u>384.54</u>	<u>382.57</u>	<u>7/1/2006</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 NH06-185C FYE 8/31/05
<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

Lakeland Hills Center
610 East Bella Vista Drive
Lakeland FL 33805

Provider Number: 0 212865-00
 Date: 5/11/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>163.80</u>	<u>162.33</u>	<u>1/1/2007</u>
	Level H: AIDS	<u>293.40</u>	<u>291.93</u>	<u>1/1/2007</u>
	Level U: Fragile Under 21	<u>397.39</u>	<u>395.92</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 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 NH06-185C FYE 8/31/05
<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

Lakeland Hills Center
610 East Bella Vista Drive
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Provider Number: 0 212865-00
 Date: 5/11/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>168.05</u>	<u>167.29</u>	<u>2/1/2007</u>
	Level H: AIDS	<u>297.65</u>	<u>296.89</u>	<u>2/1/2007</u>
	Level U: Fragile Under 21	<u>401.64</u>	<u>400.88</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 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 NH06-185C FYE 8/31/05
<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

Lakeland Hills Center
610 East Bella Vista Drive
Lakeland FL 33805

Provider Number: 0 212865-00
 Date: 5/11/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>163.80</u>	<u>162.33</u>	<u>3/1/2007</u>
	Level H: AIDS	<u>293.40</u>	<u>291.93</u>	<u>3/1/2007</u>
	Level U: Fragile Under 21	<u>397.39</u>	<u>395.92</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:


<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 NH06-185C FYE 8/31/05
<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

University Center East
 991 East New York Ave
 Deland FL 32724

Provider Number: 0 212873-00
 Date: 5/10/2012
 Fiscal Year End: 7/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	164.68	161.93	1/1/2006
Level H: AIDS	289.79	287.04	1/1/2006
Level U: Fragile Under 21	390.17	387.42	1/1/2006

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 NH06-177C FYE 7/31/05**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

University Center East
 991 East New York Ave
 Deland FL 32724

Provider Number: 0 212873-00
 Date: 5/10/2012
 Fiscal Year End: 7/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	167.34	164.56	7/1/2006
	Level H: AIDS	294.47	291.69	7/1/2006
	Level U: Fragile Under 21	396.47	393.69	7/1/2006

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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Medicaid Reimbursement Per Diem Rates

University Center East
 991 East New York Ave
 Deland FL 32724

Provider Number: 0 212873-00
 Date: 5/10/2012
 Fiscal Year End: 7/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>175.51</u>	<u>173.76</u>	<u>1/1/2007</u>
	Level H: AIDS	<u>305.11</u>	<u>303.36</u>	<u>1/1/2007</u>
	Level U: Fragile Under 21	<u>409.10</u>	<u>407.35</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 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 NH06-177C FYE 7/31/05
<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

University Center East
 991 East New York Ave
 Deland FL 32724

Provider Number: 0 212873-00
 Date: 5/10/2012
 Fiscal Year End: 7/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	178.66	178.31	2/1/2007
Level H: AIDS	308.26	307.91	2/1/2007
Level U: Fragile Under 21	412.25	411.90	2/1/2007

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
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University Center East
 991 East New York Ave
 Deland FL 32724

Provider Number: 0 212873-00
 Date: 5/10/2012
 Fiscal Year End: 7/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>175.51</u>	<u>173.76</u>	<u>3/1/2007</u>
Level H: AIDS	<u>305.11</u>	<u>303.36</u>	<u>3/1/2007</u>
Level U: Fragile Under 21	<u>409.10</u>	<u>407.35</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 & Revised FA NH06-177C FYE 7/31/05
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

The Groves Center
512 South 11th Street
Lake Wales FL 33853

Provider Number: 0 212881-00
Date: 5/9/2012
Fiscal Year End: 8/31/2005
Audit Status: Revised Field Audit [5]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	151.36	149.97	7/1/2006
	Level H: AIDS	<u>278.49</u>	<u>277.10</u>	<u>7/1/2006</u>
	Level U: Fragile Under 21	<u>380.49</u>	<u>379.10</u>	<u>7/1/2006</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"/> FA and RFA # NH06-184C FYE 8/31/05
<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

The Groves Center
 512 South 11th Street
 Lake Wales FL 33853

Provider Number: 0 212881-00
 Date: 5/9/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	158.02	157.80	1/1/2007
	Level H: AIDS	287.62	287.40	1/1/2007
	Level U: Fragile Under 21	391.61	391.39	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
 FA and RFA # NH06-184C FYE 8/31/05
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

The Groves Center
 512 South 11th Street
 Lake Wales FL 33853

Provider Number: 0 212881-00
 Date: 5/9/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>161.23</u>	<u>162.52</u>	<u>2/1/2007</u>
	Level H: AIDS	<u>290.83</u>	<u>292.12</u>	<u>2/1/2007</u>
	Level U: Fragile Under 21	<u>394.82</u>	<u>396.11</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:

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 and RFA # NH06-184C FYE 8/31/05
 Rate Semester Change
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The Groves Center
 512 South 11th Street
 Lake Wales FL 33853

Provider Number: 0 212881-00
 Date: 5/9/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>158.02</u>	<u>157.80</u>	<u>3/1/2007</u>
	Level H: AIDS	<u>287.62</u>	<u>287.40</u>	<u>3/1/2007</u>
	Level U: Fragile Under 21	<u>391.61</u>	<u>391.39</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
 FA and RFA # NH06-184C FYE 8/31/05
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Emerald Coast Center
114 Third Street South
Ft. Walton Beach FL 32548

Provider Number: 0 212903-00
 Date: 5/22/2012
 Fiscal Year End: 7/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>147.57</u>	<u>144.72</u>	<u>7/1/2006</u>
	Level H: AIDS	<u>274.70</u>	<u>271.85</u>	<u>7/1/2006</u>
	Level U: Fragile Under 21	<u>376.70</u>	<u>373.85</u>	<u>7/1/2006</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 & Revised FA #NH06-183C FYE 7/31/05
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Emerald Coast Center
114 Third Street South
Ft. Walton Beach FL 32548

Provider Number: 0 212903-00
 Date: 5/22/2012
 Fiscal Year End: 7/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>155.04</u>	<u>153.18</u>	<u>1/1/2007</u>
Level H: AIDS	<u>284.64</u>	<u>282.78</u>	<u>1/1/2007</u>
Level U: Fragile Under 21	<u>388.63</u>	<u>386.77</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 & Revised FA #NH06-183C FYE 7/31/05
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Emerald Coast Center
114 Third Street South
Ft. Walton Beach FL 32548

Provider Number: 0 212903-00
 Date: 5/22/2012
 Fiscal Year End: 7/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>158.26</u>	<u>157.74</u>	<u>2/1/2007</u>
	Level H: AIDS	<u>287.86</u>	<u>287.34</u>	<u>2/1/2007</u>
	Level U: Fragile Under 21	<u>391.85</u>	<u>391.33</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 & Revised FA #NH06-183C FYE 7/31/05
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Medicaid Reimbursement Per Diem Rates

Emerald Coast Center
114 Third Street South
Ft. Walton Beach FL 32548

Provider Number: 0 212903-00
 Date: 5/22/2012
 Fiscal Year End: 7/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>155.04</u>	<u>153.18</u>	<u>3/1/2007</u>
	Level H: AIDS	<u>284.64</u>	<u>282.78</u>	<u>3/1/2007</u>
	Level U: Fragile Under 21	<u>388.63</u>	<u>386.77</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 & Revised FA #NH06-183C FYE 7/31/05**
- 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

Clearwater Center
 1270 Turner Street
 Clearwater FL 34616

Provider Number: 0 212911-00
 Date: 5/29/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	152.57	151.08	7/1/2006
	Level H: AIDS	279.70	278.21	7/1/2006
	Level U: Fragile Under 21	381.70	380.21	7/1/2006

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 # NH06-187C FYE 8/31/05
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Clearwater Center
 1270 Turner Street
 Clearwater FL 34616

Provider Number: 0 212911-00
 Date: 5/29/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home			
Single Level	<u>160.77</u>	<u>159.95</u>	<u>1/1/2007</u>
Level H: AIDS	<u>290.37</u>	<u>289.55</u>	<u>1/1/2007</u>
Level U: Fragile Under 21	<u>394.36</u>	<u>393.54</u>	<u>1/1/2007</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
- FA & RFA # NH06-187C FYE 8/31/05**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Clearwater Center
 1270 Turner Street
 Clearwater FL 34616

Provider Number: 0 212911-00
 Date: 5/29/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>164.69</u>	<u>164.76</u>	<u>2/1/2007</u>
	Level H: AIDS	<u>294.29</u>	<u>294.36</u>	<u>2/1/2007</u>
	Level U: Fragile Under 21	<u>398.28</u>	<u>398.35</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:


- 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 # NH06-187C FYE 8/31/05
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Provider Number: 0 212911-00
 Date: 5/29/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>160.77</u>	<u>159.95</u>	<u>3/1/2007</u>
	Level H: AIDS	<u>290.37</u>	<u>289.55</u>	<u>3/1/2007</u>
	Level U: Fragile Under 21	<u>394.36</u>	<u>393.54</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:

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 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 FA & RFA # NH06-187C FYE 8/31/05
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Clearwater Center
 1270 Turner Street
 Clearwater FL 34616

Provider Number: 0 212911-00
 Date: 5/29/2012
 Fiscal Year End: 8/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>162.12</u>	<u>162.05</u>	<u>7/1/2007</u>
	Level H: AIDS	<u>294.06</u>	<u>293.99</u>	<u>7/1/2007</u>
	Level U: Fragile Under 21	<u>399.92</u>	<u>399.85</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
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 Effects of FA & RFA # NH06-187C FYE 8/31/05
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Clearwater Center
 1270 Turner Street
 Clearwater FL 34616

Provider Number: 0 212911-00
 Date: 5/29/2012
 Fiscal Year End: 8/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>160.17</u>	<u>160.10</u>	<u>1/1/2008</u>
	Level H: AIDS	<u>294.17</u>	<u>294.10</u>	<u>1/1/2008</u>
	Level U: Fragile Under 21	<u>401.69</u>	<u>401.62</u>	<u>1/1/2008</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
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Clearwater Center
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Provider Number: 0 212911-00
 Date: 5/29/2012
 Fiscal Year End: 8/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>162.17</u>	<u>162.11</u>	<u>7/1/2008</u>
	Level H: AIDS	<u>298.45</u>	<u>298.39</u>	<u>7/1/2008</u>
	Level U: Fragile Under 21	<u>407.80</u>	<u>407.74</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:

- 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
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 Clearwater FL 34616

Provider Number: 0 212911-00
 Date: 5/29/2012
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>163.69</u>	<u>163.63</u>	<u>1/1/2009</u>
	Level H: AIDS	<u>302.04</u>	<u>301.98</u>	<u>1/1/2009</u>
	Level U: Fragile Under 21	<u>413.05</u>	<u>412.99</u>	<u>1/1/2009</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"/> Effects of FA & RFA # NH06-187C FYE 8/31/05
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/1985

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Provider Number: 0 212911-00
 Date: 5/29/2012
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>149.97</u>	<u>149.92</u>	<u>3/1/2009</u>
	Level H: AIDS	<u>288.32</u>	<u>288.27</u>	<u>3/1/2009</u>
	Level U: Fragile Under 21	<u>399.33</u>	<u>399.28</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 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 & RFA # NH06-187C FYE 8/31/05
<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

Clearwater Center
 1270 Turner Street
 Clearwater FL 34616

Provider Number: 0 212911-00
 Date: 5/29/2012
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	186.74	186.68	4/1/2009
	Level H: AIDS	325.09	325.03	4/1/2009
	Level U: Fragile Under 21	436.10	436.04	4/1/2009

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 FA & RFA # NH06-187C FYE 8/31/05
- Rate Semester Change
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Provider Number: 0 212911-00
 Date: 5/29/2012
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>190.65</u>	<u>190.58</u>	<u>7/1/2009</u>
	Level H: AIDS	<u>331.00</u>	<u>330.93</u>	<u>7/1/2009</u>
	Level U: Fragile Under 21	<u>443.62</u>	<u>443.55</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
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 Clearwater FL 34616

Provider Number: 0 212911-00
 Date: 5/29/2012
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.28</u>	<u>202.22</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>344.20</u>	<u>344.14</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>458.08</u>	<u>458.02</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
 Effects of FA & RFA # NH06-187C FYE 8/31/05
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Clearwater Center
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 Clearwater FL 34616

Provider Number: 0 212911-00
 Date: 5/29/2012
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.83	205.77	7/1/2010
	Level H: AIDS	349.17	349.11	7/1/2010
	Level U: Fragile Under 21	464.20	464.14	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 & RFA # NH06-187C FYE 8/31/05

Rate Semester Change

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

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 Clearwater FL 34616

Provider Number: 0 212911-00
 Date: 5/29/2012
 Fiscal Year End: 8/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>209.20</u>	<u>209.14</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>354.06</u>	<u>354.00</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>470.31</u>	<u>470.25</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 # NH06-187C FYE 8/31/05
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Provider Number: 0 212911-00
 Date: 5/29/2012
 Fiscal Year End: 8/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.71</u>	<u>202.65</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>348.91</u>	<u>348.85</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>466.24</u>	<u>466.18</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
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Provider Number: 0 212911-00
 Date: 5/29/2012
 Fiscal Year End: 8/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.96	204.90	1/1/2012
Level H: AIDS	352.57	352.51	1/1/2012
Level U: Fragile Under 21	471.03	470.97	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:

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- Usual and Customary Limitation
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Medicaid Reimbursement Per Diem Rates

Bay Center
1336 St. Andrew Blvd
Panama City FL 32405

Provider Number: 0 212989-00
Date: 5/22/2012
Fiscal Year End: 8/31/2005
Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>147.86</u>	<u>147.02</u>	<u>1/1/2006</u>
Level H: AIDS	<u>272.97</u>	<u>272.13</u>	<u>1/1/2006</u>
Level U: Fragile Under 21	<u>373.35</u>	<u>372.51</u>	<u>1/1/2006</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"/> FA and RFA #NH06-180C FYE 8/31/05
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/1985

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Medicaid Cost Reimbursement Planning and Finance



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Bay Center

 1336 St. Andrew Blvd

 Panama City FL 32405

Provider Number: 0 212989-00
 Date: 5/22/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>150.18</u>	<u>149.32</u>	<u>7/1/2006</u>
	Level H: AIDS	<u>277.31</u>	<u>276.45</u>	<u>7/1/2006</u>
	Level U: Fragile Under 21	<u>379.31</u>	<u>378.45</u>	<u>7/1/2006</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"/> FA and RFA #NH06-180C FYE 8/31/05
<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

Bartow Center
2055 East Georgia Street
Bartow FL 33830

Provider Number: 0 212997-00
Date: 5/2/2012
Fiscal Year End: 8/31/2005
Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>152.35</u>	<u>151.71</u>	<u>7/1/2006</u>
Level H: AIDS	<u>279.48</u>	<u>278.84</u>	<u>7/1/2006</u>
Level U: Fragile Under 21	<u>381.48</u>	<u>380.84</u>	<u>7/1/2006</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"/> FA & RFA NH06-181C FYE 8/31/05
<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

Bartow Center
 2055 East Georgia Street
 Bartow FL 33830

Provider Number: 0 212997-00
 Date: 5/2/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	159.66	159.60	1/1/2007
	Level H: AIDS	289.26	289.20	1/1/2007
	Level U: Fragile Under 21	393.25	393.19	1/1/2007

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
 FA & RFA NH06-181C FYE 8/31/05
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Bartow Center
 2055 East Georgia Street
 Bartow FL 33830

Provider Number: 0 212997-00
 Date: 5/2/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>159.66</u>	<u>159.60</u>	<u>3/1/2007</u>
	Level H: AIDS	<u>289.26</u>	<u>289.20</u>	<u>3/1/2007</u>
	Level U: Fragile Under 21	<u>393.25</u>	<u>393.19</u>	<u>3/1/2007</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
 FA & RFA NH06-181C FYE 8/31/05
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Boca Ciega Center
1414 59th Street South
Gulfport FL 33707

Provider Number: 0 213004-00
 Date: 5/22/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>152.05</u>	<u>149.92</u>	<u>7/1/2006</u>
	Level H: AIDS	<u>279.18</u>	<u>277.05</u>	<u>7/1/2006</u>
	Level U: Fragile Under 21	<u>381.18</u>	<u>379.05</u>	<u>7/1/2006</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 and RFA #NH06 - 186C FYE 8/31/05

Rate Semester Change

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

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Medicaid Reimbursement Per Diem Rates

Boca Ciega Center
 1414 59th Street South
 Gulfport FL 33707

Provider Number: 0 213004-00
 Date: 5/22/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	160.88	159.37	1/1/2007
	Level H: AIDS	290.48	288.97	1/1/2007
	Level U: Fragile Under 21	394.47	392.96	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


FA and RFA #NH06 - 186C FYE 8/31/05

Rate Semester Change

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

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Medicaid Reimbursement Per Diem Rates

Boca Ciega Center
 1414 59th Street South
 Gulfport FL 33707

Provider Number: 0 213004-00
 Date: 5/22/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>165.60</u>	<u>164.97</u>	<u>2/1/2007</u>
	Level H: AIDS	<u>295.20</u>	<u>294.57</u>	<u>2/1/2007</u>
	Level U: Fragile Under 21	<u>399.19</u>	<u>398.56</u>	<u>2/1/2007</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
- FA and RFA #NH06 - 186C FYE 8/31/05
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Boca Ciega Center
1414 59th Street South
Gulfport FL 33707

Provider Number: 0 213004-00
 Date: 5/22/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>160.88</u>	<u>159.37</u>	<u>3/1/2007</u>
Level H: AIDS	<u>290.48</u>	<u>288.97</u>	<u>3/1/2007</u>
Level U: Fragile Under 21	<u>394.47</u>	<u>392.96</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:

<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"/> FA and RFA #NH06 - 186C FYE 8/31/05
<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

OAKTREE HEALTHCARE
 650 Reed Canal Road
 South Daytona FL 32019

Provider Number: 0 252476-00
 Date: 5/14/2012
 Fiscal Year End: 8/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	158.56	158.33	7/1/2008
	Level H: AIDS	294.84	294.61	7/1/2008
	Level U: Fragile Under 21	404.19	403.96	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 #NH11-024C FYE 8/31/07

Rate Semester Change

On FRV [2] as of 05/21/1993


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Medicaid Reimbursement Per Diem Rates

OAKTREE HEALTHCARE
 650 Reed Canal Road
 South Daytona FL 32019

Provider Number: 0 252476-00
 Date: 5/14/2012
 Fiscal Year End: 8/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	159.01	158.78	1/1/2009
	Level H: AIDS	297.36	297.13	1/1/2009
	Level U: Fragile Under 21	408.37	408.14	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 #NH11-024C FYE 8/31/07

Rate Semester Change

On FRV [2] as of 05/21/1993

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Home Office:

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Medicaid Reimbursement Per Diem Rates

OAKTREE HEALTHCARE
 650 Reed Canal Road
 South Daytona FL 32019

Provider Number: 0 252476-00
 Date: 5/14/2012
 Fiscal Year End: 8/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	145.69	145.47	3/1/2009
	Level H: AIDS	284.04	283.82	3/1/2009
	Level U: Fragile Under 21	395.05	394.83	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

Field Audit #NH11-024C FYE 8/31/07

Rate Semester Change

On FRV [2] as of 05/21/1993


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Medicaid Reimbursement Per Diem Rates

OAKTREE HEALTHCARE
 650 Reed Canal Road
 South Daytona FL 32019

Provider Number: 0 252476-00
 Date: 5/14/2012
 Fiscal Year End: 8/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	182.38	182.13	4/1/2009
	Level H: AIDS	320.73	320.48	4/1/2009
	Level U: Fragile Under 21	431.74	431.49	4/1/2009

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
 Field Audit #NH11-024C FYE 8/31/07
 Rate Semester Change
 On FRV [2] as of 05/21/1993

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Medicaid Reimbursement Per Diem Rates

Central Park Healthcare and Rehabilitation Center
 702 S. Kings Avenue
 Brandon FL 33511

Provider Number: 0 259900-00
 Date: 5/23/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	159.71	159.90	1/1/2009
	Level H: AIDS	298.06	298.25	1/1/2009
	Level U: Fragile Under 21	409.07	409.26	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 # NH11-027C FYE 12/31/07
- Rate Semester Change
- On FRV [2] as of 02/25/1991

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Medicaid Reimbursement Per Diem Rates

Central Park Healthcare and Rehabilitation Center
 702 S. Kings Avenue
 Brandon FL 33511

Provider Number: 0 259900-00
 Date: 5/23/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>146.32</u>	<u>146.49</u>	<u>3/1/2009</u>
	Level H: AIDS	<u>284.67</u>	<u>284.84</u>	<u>3/1/2009</u>
	Level U: Fragile Under 21	<u>395.68</u>	<u>395.85</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 # NH11-027C FYE 12/31/07

Rate Semester Change

On FRV [2] as of 02/25/1991

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Medicaid Reimbursement Per Diem Rates

Central Park Healthcare and Rehabilitation Center
 702 S. Kings Avenue
 Brandon FL 33511

Provider Number: 0 259900-00
 Date: 5/23/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>181.47</u>	<u>181.67</u>	<u>4/1/2009</u>
	Level H: AIDS	<u>319.82</u>	<u>320.02</u>	<u>4/1/2009</u>
	Level U: Fragile Under 21	<u>430.83</u>	<u>431.03</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 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 # NH11-027C FYE 12/31/07
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 02/25/1991

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Home Office:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Central Park Healthcare and Rehabilitation Center
702 S. Kings Avenue
Brandon FL 33511

Provider Number: 0 259900-00
 Date: 5/23/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>188.73</u>	<u>188.46</u>	<u>7/1/2009</u>
	Level H: AIDS	<u>329.08</u>	<u>328.81</u>	<u>7/1/2009</u>
	Level U: Fragile Under 21	<u>441.70</u>	<u>441.43</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 # NH11-027C FYE 12/31/07
 Rate Semester Change
 On FRV [2] as of 02/25/1991

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Medicaid Reimbursement Per Diem Rates

Coral Bay Healthcare and Rehabilitation
 2939 S. Haverhill Road
 West Palm Beach FL 33415

Provider Number: 0 259918-00
 Date: 5/18/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	174.62	174.44	1/1/2009
	Level H: AIDS	312.97	312.79	1/1/2009
	Level U: Fragile Under 21	423.98	423.80	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 NH11-025C FYE 12/31/2007

Rate Semester Change

On FRV [2] as of 05/04/1993

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Medicaid Reimbursement Per Diem Rates

Coral Bay Healthcare and Rehabilitation
 2939 S. Haverhill Road
 West Palm Beach FL 33415

Provider Number: 0 259918-00
 Date: 5/18/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	159.99	159.82	3/1/2009
	Level H: AIDS	298.34	298.17	3/1/2009
	Level U: Fragile Under 21	409.35	409.18	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
 Field Audit NH11-025C FYE 12/31/2007
 Rate Semester Change
 On FRV [2] as of 05/04/1993

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Medicaid Reimbursement Per Diem Rates

Coral Bay Healthcare and Rehabilitation
 2939 S. Haverhill Road
 West Palm Beach FL 33415

Provider Number: 0 259918-00
 Date: 5/18/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.48	195.29	4/1/2009
	Level H: AIDS	333.83	333.64	4/1/2009
	Level U: Fragile Under 21	444.84	444.65	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 NH11-025C FYE 12/31/2007
- Rate Semester Change
- On FRV [2] as of 05/04/1993

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Medicaid Reimbursement Per Diem Rates

Coral Bay Healthcare and Rehabilitation
2939 S. Haverhill Road
West Palm Beach FL 33415

Provider Number: 0 259918-00
 Date: 5/18/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.43</u>	<u>202.79</u>	<u>7/1/2009</u>
	Level H: AIDS	<u>343.78</u>	<u>343.14</u>	<u>7/1/2009</u>
	Level U: Fragile Under 21	<u>456.40</u>	<u>455.76</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:


<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 NH11-025C FYE 12/31/2007
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 05/04/1993

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Medicaid Reimbursement Per Diem Rates

Wood Lake Nursing & Rehabilitation Center
 6414 13th Road South
 West Palm Beach FL 33415

Provider Number: 0 261599-00
 Date: 5/18/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	188.77	187.82	1/1/2009
	Level H: AIDS	327.12	326.17	1/1/2009
	Level U: Fragile Under 21	438.13	437.18	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 #NH11-026C FYE 12/31/2007

Rate Semester Change

On FRV [2] as of 07/11/1988

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Medicaid Reimbursement Per Diem Rates

Wood Lake Nursing & Rehabilitation Center
 6414 13th Road South
 West Palm Beach FL 33415

Provider Number: 0 261599-00
 Date: 5/18/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	172.95	172.08	3/1/2009
	Level H: AIDS	311.30	310.43	3/1/2009
	Level U: Fragile Under 21	422.31	421.44	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 #NH11-026C FYE 12/31/2007
 Rate Semester Change
 On FRV [2] as of 07/11/1988

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Medicaid Reimbursement Per Diem Rates

Wood Lake Nursing & Rehabilitation Center
6414 13th Road South
West Palm Beach FL 33415

Provider Number: 0 261599-00
 Date: 5/18/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>213.38</u>	<u>212.38</u>	<u>4/1/2009</u>
	Level H: AIDS	<u>351.73</u>	<u>350.73</u>	<u>4/1/2009</u>
	Level U: Fragile Under 21	<u>462.74</u>	<u>461.74</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 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 #NH11-026C FYE 12/31/2007
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 07/11/1988

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Medicaid Reimbursement Per Diem Rates

Wood Lake Nursing & Rehabilitation Center
 6414 13th Road South
 West Palm Beach FL 33415

Provider Number: 0 261599-00
 Date: 5/18/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	219.54	219.43	7/1/2009
	Level H: AIDS	359.89	359.78	7/1/2009
	Level U: Fragile Under 21	472.51	472.40	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
- Field Audit #NH11-026C FYE 12/31/2007
- Rate Semester Change
- On FRV [2] as of 07/11/1988

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Medicaid Reimbursement Per Diem Rates

Peace River Nursing & Rehabilitation Center
 2370 Harbor Boulevard
 Port Charlotte FL 33952

Provider Number: 0 309028-00
 Date: 5/11/2012
 Fiscal Year End: 2/13/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	170.39	140.78	7/1/2005
	Level H: AIDS	293.67	264.06	7/1/2005
	Level U: Fragile Under 21	392.58	362.97	7/1/2005

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 #NH09-011W FYE 02/13/06

Rate Semester Change


On FRV [2] as of 09/22/1987

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Medicaid Reimbursement Per Diem Rates

Peace River Nursing & Rehabilitation Center
 2370 Harbor Boulevard
 Port Charlotte FL 33952

Provider Number: 0 309028-00
 Date: 5/11/2012
 Fiscal Year End: 2/13/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	169.65	139.31	1/1/2006
	Level H: AIDS	294.76	264.42	1/1/2006
	Level U: Fragile Under 21	395.14	364.80	1/1/2006

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
 Field Audit #NH09-011W FYE 02/13/06
 Rate Semester Change
 On FRV [2] as of 09/22/1987

Distribution:

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Medicaid Reimbursement Per Diem Rates

Health & Rehab. Centre at Dolphins View
 1820 Shore Drive, South
 St. Petersburg FL 33707

Provider Number: 0 320528-00
 Date: 5/9/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	166.06	166.22	5/1/2007
	Level H: AIDS	295.66	295.82	5/1/2007
	Level U: Fragile Under 21	399.65	399.81	5/1/2007

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
 Field Audit #NH11-022C FYE 12/31/2007
 Rate Semester Change
 On FRV [2] as of 04/01/1991

Distribution:

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Home Office:

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Medicaid Cost Reimbursement Analysis



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Medicaid Reimbursement Per Diem Rates

Health & Rehab. Centre at Dolphins View
 1820 Shore Drive, South
 St. Petersburg FL 33707

Provider Number: 0 320528-00
 Date: 5/9/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.38	193.17	7/1/2007
	Level H: AIDS	325.32	325.11	7/1/2007
	Level U: Fragile Under 21	431.18	430.97	7/1/2007

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
 Field Audit #NH11-022C FYE 12/31/2007
 Rate Semester Change
 On FRV [2] as of 04/01/1991

Distribution:

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Medicaid Reimbursement Per Diem Rates

Health & Rehab. Centre at Dolphins View
 1820 Shore Drive, South
 St. Petersburg FL 33707

Provider Number: 0 320528-00
 Date: 5/9/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	191.26	191.05	1/1/2008
Level H: AIDS	325.26	325.05	1/1/2008
Level U: Fragile Under 21	432.78	432.57	1/1/2008

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 #NH11-022C FYE 12/31/2007**
- Rate Semester Change
- On FRV [2] as of 04/01/1991

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Medicaid Reimbursement Per Diem Rates

Health & Rehab. Centre at Dolphins View
 1820 Shore Drive, South
 St. Petersburg FL 33707

Provider Number: 0 320528-00
 Date: 5/9/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>193.50</u>	<u>193.29</u>	<u>7/1/2008</u>
	Level H: AIDS	<u>329.78</u>	<u>329.57</u>	<u>7/1/2008</u>
	Level U: Fragile Under 21	<u>439.13</u>	<u>438.92</u>	<u>7/1/2008</u>

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
- Field Audit #NH11-022C FYE 12/31/2007
- Rate Semester Change
- On FRV [2] as of 04/01/1991

Distribution:

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- No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Health & Rehab. Centre at Dolphins View
 1820 Shore Drive, South
 St. Petersburg FL 33707

Provider Number: 0 320528-00
 Date: 5/9/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>192.23</u>	<u>192.02</u>	<u>1/1/2009</u>
	Level H: AIDS	<u>330.58</u>	<u>330.37</u>	<u>1/1/2009</u>
	Level U: Fragile Under 21	<u>441.59</u>	<u>441.38</u>	<u>1/1/2009</u>

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 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 #NH11-022C FYE 12/31/2007
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 04/01/1991

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Medicaid Reimbursement Per Diem Rates

Health & Rehab. Centre at Dolphins View
 1820 Shore Drive, South
 St. Petersburg FL 33707

Provider Number: 0 320528-00
 Date: 5/9/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	176.12	175.92	3/1/2009
	Level H: AIDS	314.47	314.27	3/1/2009
	Level U: Fragile Under 21	425.48	425.28	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
 Field Audit #NH11-022C FYE 12/31/2007
 Rate Semester Change
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 1820 Shore Drive, South
 St. Petersburg FL 33707

Provider Number: 0 320528-00
 Date: 5/9/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.47</u>	<u>214.25</u>	<u>4/1/2009</u>
	Level H: AIDS	<u>352.82</u>	<u>352.60</u>	<u>4/1/2009</u>
	Level U: Fragile Under 21	<u>463.83</u>	<u>463.61</u>	<u>4/1/2009</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 #NH11-022C FYE 12/31/2007
 Rate Semester Change
 On FRV [2] as of 04/01/1991

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 1820 Shore Drive, South
 St. Petersburg FL 33707

Provider Number: 0 320528-00
 Date: 5/9/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	219.86	219.64	7/1/2009
	Level H: AIDS	360.21	359.99	7/1/2009
	Level U: Fragile Under 21	472.83	472.61	7/1/2009

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 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 #NH11-022C FYE 12/31/2007
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 04/01/1991

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Health & Rehab. Centre at Dolphins View
 1820 Shore Drive, South
 St. Petersburg FL 33707

Provider Number: 0 320528-00
 Date: 5/9/2012
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>224.79</u>	<u>224.91</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>366.71</u>	<u>366.83</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>480.59</u>	<u>480.71</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
 Effects of Field Audit #NH11-022C FYE 12/31/07
 Rate Semester Change
 On FRV [2] as of 04/01/1991

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 St. Petersburg FL 33707

Provider Number: 0 320528-00
 Date: 5/9/2012
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	226.88	227.01	7/1/2010
	Level H: AIDS	370.22	370.35	7/1/2010
	Level U: Fragile Under 21	485.25	485.38	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 Field Audit #NH11-022C FYE 12/31/07

Rate Semester Change

On FRV [2] as of 04/01/1991

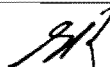
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 St. Petersburg FL 33707

Provider Number: 0 320528-00
 Date: 5/9/2012
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>229.78</u>	<u>229.91</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>374.64</u>	<u>374.77</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>490.89</u>	<u>491.02</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 Field Audit #NH11-022C FYE 12/31/07
 Rate Semester Change
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 1820 Shore Drive, South
 St. Petersburg FL 33707

Provider Number: 0 320528-00
 Date: 5/9/2012
 Fiscal Year End: 6/30/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.94	219.56	7/1/2011
	Level H: AIDS	366.14	365.76	7/1/2011
	Level U: Fragile Under 21	483.47	483.09	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 #NH11-022C FYE 12/31/07

Rate Semester Change

On FRV [2] as of 04/01/1991


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 St. Petersburg FL 33707

Provider Number: 0 320528-00
 Date: 5/11/2012
 Fiscal Year End: 6/30/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>222.60</u>	<u>222.21</u>	<u>1/1/2012</u>
Level H: AIDS	<u>370.21</u>	<u>369.82</u>	<u>1/1/2012</u>
Level U: Fragile Under 21	<u>488.67</u>	<u>488.28</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:
<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 #NH11-022C FYE 12/31/07
<input type="checkbox"/> Rate Semester Change
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