



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

**MEMORANDUM**

**Date:** August 24, 2012

**To:** Alan Strowd, Chief, Medicaid Contract Management

**From:** *TP* Thomas Parker, Medicaid Cost Reimbursement Planning Coordinator

**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.	Village Place Health & Rehab Center	0 002400-00	10
2.	HHCC – Sarasota	0 010453-00	8
3.	Haven of Our Lady of Peace	0 258831-00	1
4.	The Nursing Center at University Village	0 259462-00	1
5.	Sinai Plaza Nursing & Rehab	0 260771-00	16
6.	Savannah Cove of the Palm Beaches	0 312312-00	17
7.	Peace River Nursing & Rehab Center	0 317179-00	5
8.			
		Total	58

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

TP/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		
000240000	20080930	204.70	340.98	204.70	204.70	450.33	71304-12	NH10-050W
000240000	20090101	200.51	338.86	200.51	200.51	449.87	71304-12	NH10-050W
000240000	20090301	183.70	322.05	183.70	183.70	433.06	71304-12	NH10-050W
000240000	20090401	223.19	361.54	223.19	223.19	472.55	71304-12	NH10-050W
000240000	20090701	229.82	370.17	229.82	229.82	482.79	71304-12	NH10-050W
000240000	20100101	233.29	375.21	233.29	233.29	489.09	71304-12	NH10-050W
000240000	20100701	236.11	379.45	236.11	236.11	494.48	71304-12	NH10-050W
000240000	20110101	238.86	383.72	238.86	238.86	499.97	71304-12	NH10-050W
000240000	20110701	229.68	375.88	229.68	229.68	493.21	71304-12	NH10-050W
000240000	20120101	230.50	378.11	230.50	230.50	496.57	71304-12	NH10-050W
001045300	20090710	212.17	352.52	212.17	212.17	465.14	71304-12	
001045300	20100101	213.72	355.64	213.72	213.72	469.52	71304-12	
001045300	20100701	215.80	359.14	215.80	215.80	474.17	71304-12	
001045300	20100710	215.80	359.14	215.80	215.80	474.17	71304-12	
001045300	20110101	219.80	364.66	219.80	219.80	480.91	71304-12	
001045300	20110701	211.41	357.61	211.41	211.41	474.94	71304-12	
001045300	20120101	213.93	361.54	213.93	213.93	480.00	71304-12	
001045300	20120701	220.84	370.05	220.84	220.84	489.80	71304-12	
025883100	20120701	211.71	360.92	211.71	211.71	480.67	71304-12	
025946200	20120701	211.34	360.55	211.34	211.34	480.30	71304-12	
026077100	20060101	175.47	300.58	175.47	175.47	400.96	71304-12	NH09-111C
026077100	20060701	182.08	309.21	182.08	182.08	411.21	71304-12	NH09-111C
026077100	20070101	190.85	320.45	190.85	190.85	424.44	71304-12	NH09-111C
026077100	20070701	199.48	331.42	199.48	199.48	437.28	71304-12	NH09-111C
026077100	20080101	200.18	334.18	200.18	200.18	441.70	71304-12	NH09-111C
026077100	20080701	201.56	337.84	201.56	201.56	447.19	71304-12	NH09-111C
026077100	20090101	201.90	340.25	201.90	201.90	451.26	71304-12	NH09-111C
026077100	20090301	184.98	323.33	184.98	184.98	434.34	71304-12	NH09-111C
026077100	20090401	225.66	364.01	225.66	225.66	475.02	71304-12	NH09-111C
026077100	20090701	234.11	374.46	234.11	234.11	487.08	71304-12	NH09-111C
026077100	20100101	236.73	378.65	236.73	236.73	492.53	71304-12	NH09-111C
026077100	20100701	238.46	381.80	238.46	238.46	496.83	71304-12	NH09-111C
026077100	20110101	241.97	386.83	241.97	241.97	503.08	71304-12	NH09-111C
026077100	20110701	233.24	379.44	233.24	233.24	496.77	71304-12	NH09-111C
026077100	20120101	234.35	381.96	234.35	234.35	500.42	71304-12	NH09-111C
026077100	20120701	242.40	391.61	242.40	242.40	511.36	71304-12	NH09-111C
031231200	20060101	149.63	274.74	149.63	149.63	375.12	71304-12	NH06-161J
031231200	20060701	170.93	298.06	170.93	170.93	400.06	71304-12	NH06-161J
031231200	20070101	175.46	305.06	175.46	175.46	409.05	71304-12	NH06-161J
031231200	20070425	175.46	305.06	175.46	175.46	409.05	71304-12	NH06-161J
031231200	20070701	215.73	347.67	215.73	215.73	453.53	71304-12	NH06-161J
031231200	20080101	213.67	347.67	213.67	213.67	455.19	71304-12	NH06-161J
031231200	20080701	215.73	352.01	215.73	215.73	461.36	71304-12	NH06-161J
031231200	20090101	214.09	352.44	214.09	214.09	463.45	71304-12	NH06-161J
031231200	20090301	196.14	334.49	196.14	196.14	445.50	71304-12	NH06-161J
031231200	20090401	230.73	369.08	230.73	230.73	480.09	71304-12	NH06-161J
031231200	20090701	235.37	375.72	235.37	235.37	488.34	71304-12	NH06-161J
031231200	20100101	204.27	346.19	204.27	204.27	460.07	71304-12	NH06-161J
031231200	20100701	221.01	364.35	221.01	221.01	479.38	71304-12	NH06-161J
031231200	20110101	224.95	369.81	224.95	224.95	486.06	71304-12	NH06-161J
031231200	20110701	216.80	363.00	216.80	216.80	480.33	71304-12	NH06-161J
031231200	20120101	218.23	365.84	218.23	218.23	484.30	71304-12	NH06-161J
031231200	20120701	230.74	379.95	230.74	230.74	499.70	71304-12	NH06-161J
031717900	20060816	173.40	300.53	173.40	173.40	402.53	71304-12	NH10-050W
031717900	20070101	179.82	309.42	179.82	179.82	413.41	71304-12	NH10-050W
031717900	20070701	196.26	328.20	196.26	196.26	434.06	71304-12	NH10-050W
031717900	20080101	193.62	327.62	193.62	193.62	435.14	71304-12	NH10-050W
031717900	20080701	194.79	331.07	194.79	194.79	440.42	71304-12	NH10-050W



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**

Village Place Health and Rehab Center  
 2370 Harbor Blvd.  
 Port Charlotte FL 33952

Provider Number: 0 002400-00  
 Date: 8/23/2012  
 Fiscal Year End: 12/31/2009  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home      Single Level</b>	<b>204.69</b>	<b>204.70</b>	<b>9/30/2008</b>
Level H: AIDS	340.97	340.98	9/30/2008
Level U: Fragile Under 21	450.32	450.33	9/30/2008

**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
- Effects of FA NH10-050W on prior prov 317179**
- Rate Semester Change
- On FRV [2] as of 09/22/1987

**Distribution:**

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

**Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

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 Tallahassee, Florida 32308

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Village Place Health and Rehab Center  
 2370 Harbor Blvd.  
 Port Charlotte FL 33952

Provider Number: 0 002400-00  
 Date: 8/23/2012  
 Fiscal Year End: 12/31/2009  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>200.50</u>	<u>200.51</u>	<u>1/1/2009</u>
	Level H: AIDS	<u>338.85</u>	<u>338.86</u>	<u>1/1/2009</u>
	Level U: Fragile Under 21	<u>449.86</u>	<u>449.87</u>	<u>1/1/2009</u>

**Rate Type :**

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input checked="" type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

<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 NH10-050W on prior prov 317179
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 09/22/1987

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Village Place Health and Rehab Center  
 2370 Harbor Blvd.  
 Port Charlotte FL 33952

Provider Number: 0 002400-00  
 Date: 8/23/2012  
 Fiscal Year End: 12/31/2009  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>183.69</u>	<u>183.70</u>	<u>3/1/2009</u>
	Level H: AIDS	<u>322.04</u>	<u>322.05</u>	<u>3/1/2009</u>
	Level U: Fragile Under 21	<u>433.05</u>	<u>433.06</u>	<u>3/1/2009</u>

**Rate Type :**

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input checked="" type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

<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 NH10-050W on prior prov 317179
<input type="checkbox"/> Rate Semester Change
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Village Place Health and Rehab Center  
 2370 Harbor Blvd.  
 Port Charlotte FL 33952

Provider Number: 0 002400-00  
 Date: 8/23/2012  
 Fiscal Year End: 12/31/2009  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<u>223.17</u>	<u>223.19</u>	<u>4/1/2009</u>
	Level H: AIDS	<u>361.52</u>	<u>361.54</u>	<u>4/1/2009</u>
	Level U: Fragile Under 21	<u>472.53</u>	<u>472.55</u>	<u>4/1/2009</u>

**Rate Type :**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Interim                   | <input type="checkbox"/> Prospective                              |
| <input type="checkbox"/> Total Interim                        | <input type="checkbox"/> Total Prospective                        |
| <input type="checkbox"/> Interim Component                    | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data      |   |

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH10-050W on prior prov 317179
- Rate Semester Change
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Village Place Health and Rehab Center  
 2370 Harbor Blvd.  
 Port Charlotte FL 33952

Provider Number: 0 002400-00  
 Date: 8/23/2012  
 Fiscal Year End: 12/31/2009  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home    Single Level</b>	<b>229.81</b>	<b>229.82</b>	<b>7/1/2009</b>
Level H: AIDS	370.16	370.17	7/1/2009
Level U: Fragile Under 21	482.78	482.79	7/1/2009

**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


**Effects of FA NH10-050W on prior prov 317179**

Rate Semester Change

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

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

Village Place Health and Rehab Center  
2370 Harbor Blvd.  
Port Charlotte FL 33952

Provider Number: 0 002400-00  
 Date: 8/23/2012  
 Fiscal Year End: 12/31/2009  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>233.28</u>	<u>233.29</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>375.20</u>	<u>375.21</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>489.08</u>	<u>489.09</u>	<u>1/1/2010</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"/> Effects of FA NH10-050W on prior prov 317179
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 09/22/1987

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Port Charlotte FL 33952

Provider Number: 0 002400-00  
 Date: 8/23/2012  
 Fiscal Year End: 12/31/2009  
 Audit Status: Unaudited [3]

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b>236.10</b>	<b>236.11</b>	<b>7/1/2010</b>
	Level H: AIDS	379.44	379.45	7/1/2010
	Level U: Fragile Under 21	494.47	494.48	7/1/2010

**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:**

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Village Place Health and Rehab Center  
2370 Harbor Blvd.  
Port Charlotte FL 33952

Provider Number: 0 002400-00  
Date: 8/23/2012  
Fiscal Year End: 12/31/2009  
Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home     Single Level</b>	<b>238.85</b>	<b>238.86</b>	<b>1/1/2011</b>
Level H: AIDS	383.71	383.72	1/1/2011
Level U: Fragile Under 21	499.96	499.97	1/1/2011

**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:**

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 Rate Semester Change  
 On FRV [2] as of 09/22/1987

**Distribution:**

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

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Village Place Health and Rehab Center  
 2370 Harbor Blvd.  
 Port Charlotte FL 33952

Provider Number: 0 002400-00  
 Date: 8/23/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>229.67</b>	<b>229.68</b>	<b>7/1/2011</b>
	Level H: AIDS	375.87	375.88	7/1/2011
	Level U: Fragile Under 21	493.20	493.21	7/1/2011

**Rate Type :**

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

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Effects of FA NH10-050W on prior prov 317179  
 Rate Semester Change  
 On FRV [2] as of 09/22/1987

**Distribution:**

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

Thomas Parker  
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

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



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**

Village Place Health and Rehab Center  
 2370 Harbor Blvd.  
 Port Charlotte FL 33952

Provider Number: 0 002400-00  
 Date: 8/23/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>230.49</b>	<b>230.50</b>	<b>1/1/2012</b>
	Level H: AIDS	378.10	378.11	1/1/2012
	Level U: Fragile Under 21	496.56	496.57	1/1/2012

**Rate Type :**

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

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Effects of FA NH10-050W on prior prov 317179  
 Rate Semester Change  
 On FRV [2] as of 09/22/1987

**Distribution:**

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

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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**Medicaid Reimbursement Per Diem Rates**

HHCC - Sarasota  
 5401 Sawyer Road  
 Sarasota FL 34233

Provider Number: 0 010453-00  
 Date: 8/15/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.37	212.17	7/10/2009
	Level H: AIDS	356.72	352.52	7/10/2009
	Level U: Fragile Under 21	469.34	465.14	7/10/2009

**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  
 **Correction to initial Per Bed Standard**  
 Rate Semester Change  
 On FRV [2] as of 07/10/2009

**Distribution:**

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

  
**Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

HCR Manor Care  
 Julie Yoxtheimer  
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 Toledo OH 43604



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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

HHCC - Sarasota  
 5401 Sawyer Road  
 Sarasota FL 34233

Provider Number: 0 010453-00  
 Date: 8/15/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>217.92</u>	<u>213.72</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>359.84</u>	<u>355.64</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>473.72</u>	<u>469.52</u>	<u>1/1/2010</u>

**Rate Type :**

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input checked="" type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**


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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Correction to initial Per Bed Standard  
 Rate Semester Change  
 On FRV [2] as of 07/10/2009

**Distribution:**

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

  
**Thomas Parker**  
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**Medicaid Reimbursement Per Diem Rates**

HHCC - Sarasota  
 5401 Sawyer Road  
 Sarasota FL 34233

Provider Number: 0 010453-00  
 Date: 8/15/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>220.00</b>	<b>215.80</b>	<b>7/1/2010</b>
	Level H: AIDS	363.34	359.14	7/1/2010
	Level U: Fragile Under 21	478.37	474.17	7/1/2010

**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
- Correction to initial Per Bed Standard
- Rate Semester Change
- On FRV [2] as of 07/10/2009

**Distribution:**

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- For information Only
- No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

HHCC - Sarasota  
 5401 Sawyer Road  
 Sarasota FL 34233

Provider Number: 0 010453-00  
 Date: 8/15/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>218.25</b>	<b>215.80</b>	<b>7/10/2010</b>
	Level H: AIDS	361.59	359.14	7/10/2010
	Level U: Fragile Under 21	476.62	474.17	7/10/2010

**Rate Type :**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Interim                   | <input type="checkbox"/> Prospective                              |
| <input type="checkbox"/> Total Interim                        | <input type="checkbox"/> Total Prospective                        |
| <input type="checkbox"/> Interim Component                    | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data      |   |

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Correction to initial Per Bed Standard
- Rate Semester Change
- On FRV [2] as of 07/10/2009

**Distribution:**

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- Permanent File
- For information Only
- No Change in Rate

Thomas Parker  
 Medicaid Cost Reimbursement Planning and Finance

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**Medicaid Reimbursement Per Diem Rates**

HHCC - Sarasota  
 5401 Sawyer Road  
 Sarasota FL 34233

Provider Number: 0 010453-00  
 Date: 8/15/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>222.25</u>	<u>219.80</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>367.11</u>	<u>364.66</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>483.36</u>	<u>480.91</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  
 **Correction to initial Per Bed Standard**  
 Rate Semester Change  
 On FRV [2] as of 07/10/2009

**Distribution:**

Contract Management / Fiscal Agent  
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 No Change in Rate

**Thomas Parker**

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**Medicaid Reimbursement Per Diem Rates**

HHCC - Sarasota  
 5401 Sawyer Road  
 Sarasota FL 34233

Provider Number: 0 010453-00  
 Date: 8/15/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>213.70</b>	<b>211.41</b>	<b>7/1/2011</b>
	Level H: AIDS	359.90	357.61	7/1/2011
	Level U: Fragile Under 21	477.23	474.94	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  
 Correction to initial Per Bed Standard  
 Rate Semester Change  
 On FRV [2] as of 07/10/2009

**Distribution:**

Contract Management / Fiscal Agent  
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 No Change in Rate

**Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

HHCC - Sarasota  
 5401 Sawyer Road  
 Sarasota FL 34233

Provider Number: 0 010453-00  
 Date: 8/15/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>216.23</u>	<u>213.93</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>363.84</u>	<u>361.54</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>482.30</u>	<u>480.00</u>	<u>1/1/2012</u>

**Rate Type :**

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

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Correction to initial Per Bed Standard**  
 Rate Semester Change  
 On FRV [2] as of 07/10/2009

**Distribution:**

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

**Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

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



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**

HHCC - Sarasota  
 5401 Sawyer Road  
 Sarasota FL 34233

Provider Number: 0 010453-00  
 Date: 8/15/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home      Single Level</b>	<b>223.17</b>	<b>220.84</b>	<b>7/1/2012</b>
Level H: AIDS	372.38	370.05	7/1/2012
Level U: Fragile Under 21	492.13	489.80	7/1/2012

**Rate Type :**

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

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Correction to initial Per Bed Standard  
 Rate Semester Change  
 On FRV [2] as of 07/10/2009

**Distribution:**

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

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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



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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

Haven of Our Lady of Peace  
 1900 Summit Boulevard  
 Pensacola FL 32503

Provider Number: 0 258831-00  
 Date: 7/31/2012  
 Fiscal Year End: 6/30/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>212.70</b>	<b>211.71</b>	<b>7/1/2012</b>
	Level H: AIDS	361.91	360.92	7/1/2012
	Level U: Fragile Under 21	481.66	480.67	7/1/2012

**Rate Type :**

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

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/2012 Rate Semester
- Rate Semester Change
- On FRV [2] as of 11/08/2001

**Distribution:**

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

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

Home Office:

Sacred Heart Hospital  
 Mike Myers  
 5151 North 9th Avenue  
 Pensacola FL 32513-2700



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 Nursing Center at University Village  
12250 North 22nd Street  
Tampa FL 33612

Provider Number: 0 259462-00  
 Date: 8/7/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>229.81</u>	<u>211.34</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>379.02</u>	<u>360.55</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>498.77</u>	<u>480.30</u>	<u>7/1/2012</u>

**Rate Type :**

Interim  
 Total Interim  
 Interim Component  
 Settlement based on costs  
 Prior Provider Prospective data

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Total Prospective with Interim Component

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **NFQA Correction**  
 Rate Semester Change  
 On FRV [2] as of 11/09/1989

**Distribution:**

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

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

Home Office:

John A. Mccoy, Inc.  
 Samuel Sanders  
 3391 Cypress Gardens Road  
 Winter Haven FL 33884



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**

Sinai Plaza Nursing and Rehab  
 201 NE 112th Street  
 Miami FL 33161

Provider Number: 0 260771-00  
 Date: 8/8/2012  
 Fiscal Year End: 11/30/2004  
 Audit Status: Revised Field Audit [5]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>171.39</u>	<u>175.47</u>	<u>1/1/2006</u>
	Level H: AIDS	<u>296.50</u>	<u>300.58</u>	<u>1/1/2006</u>
	Level U: Fragile Under 21	<u>396.88</u>	<u>400.96</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  
 Revised Field Audit #NH09-111C FYE 11/30/04  
 Rate Semester Change  
 On FRV [2] as of 11/02/1990

**Distribution:**

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

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

**Home Office:**

Hebrew Home Management Services  
 Steve Beaujon  
 1800 NE 168th Street, Suite 200  
 Miami Beach FL 33162



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**

Sinai Plaza Nursing and Rehab  
 201 NE 112th Street  
 Miami FL 33161

Provider Number: 0 260771-00  
 Date: 8/8/2012  
 Fiscal Year End: 11/30/2005  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>177.94</u>	<u>182.08</u>	<u>7/1/2006</u>
	Level H: AIDS	<u>305.07</u>	<u>309.21</u>	<u>7/1/2006</u>
	Level U: Fragile Under 21	<u>407.07</u>	<u>411.21</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  
 Effects of RFA # NH09-111C FYE 11/30/04  
 Rate Semester Change  
 On FRV [2] as of 11/02/1990

**Distribution:**

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

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

Home Office:

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 Steve Beaujon  
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 Miami Beach FL 33162











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**

Sinai Plaza Nursing and Rehab  
 201 NE 112th Street  
 Miami FL 33161

Provider Number: 0 260771-00  
 Date: 8/8/2012  
 Fiscal Year End: 7/31/2007  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>197.40</u>	<u>201.56</u>	<u>7/1/2008</u>
	Level H: AIDS	<u>333.68</u>	<u>337.84</u>	<u>7/1/2008</u>
	Level U: Fragile Under 21	<u>443.03</u>	<u>447.19</u>	<u>7/1/2008</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  
 Target Rate limitation change  
 FRVS Change  
 **Effects of RFA # NH09-111C FYE 11/30/04**  
 Rate Semester Change  
 On FRV [2] as of 11/02/1990

**Distribution:**

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

*SR* for **Stephen Russell**  
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 Miami Beach FL 33162



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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

Sinai Plaza Nursing and Rehab  
 201 NE 112th Street  
 Miami FL 33161

Provider Number: 0 260771-00  
 Date: 8/8/2012  
 Fiscal Year End: 7/31/2008  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>197.79</b>	<b>201.90</b>	<b>1/1/2009</b>
	Level H: AIDS	336.14	340.25	1/1/2009
	Level U: Fragile Under 21	447.15	451.26	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  
 **Effects of RFA # NH09-111C FYE 11/30/04**  
 Rate Semester Change  
 On FRV [2] as of 11/02/1990

**Distribution:**

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

Home Office:

Hebrew Home Management Services  
 Steve Beaujon  
 1800 NE 168th Street, Suite 200  
 Miami Beach FL 33162



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**

Sinai Plaza Nursing and Rehab  
 201 NE 112th Street  
 Miami FL 33161

Provider Number: 0 260771-00  
 Date: 8/8/2012  
 Fiscal Year End: 7/31/2008  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>181.21</b>	<b>184.98</b>	<b>3/1/2009</b>
	Level H: AIDS	319.56	323.33	3/1/2009
	Level U: Fragile Under 21	430.57	434.34	3/1/2009

**Rate Type :**

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

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Effects of RFA # NH09-111C FYE 11/30/04  
 Rate Semester Change  
 On FRV [2] as of 11/02/1990

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**Medicaid Reimbursement Per Diem Rates**

Sinai Plaza Nursing and Rehab  
 201 NE 112th Street  
 Miami FL 33161

Provider Number: 0 260771-00  
 Date: 8/8/2012  
 Fiscal Year End: 7/31/2008  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>221.31</b>	<b>225.66</b>	<b>4/1/2009</b>
	Level H: AIDS	359.66	364.01	4/1/2009
	Level U: Fragile Under 21	470.67	475.02	4/1/2009

**Rate Type :**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

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

**Changes:**

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> <b>Effects of RFA # NH09-111C FYE 11/30/04</b>
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 11/02/1990

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Sinai Plaza Nursing and Rehab  
 201 NE 112th Street  
 Miami FL 33161

Provider Number: 0 260771-00  
 Date: 8/8/2012  
 Fiscal Year End: 7/31/2008  
 Audit Status: Unaudited [3]

**Provider Type:**

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		229.74	234.11	7/1/2009
	Level H: AIDS	370.09	374.46	7/1/2009
	Level U: Fragile Under 21	482.71	487.08	7/1/2009

**Rate Type :**

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

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Effects of RFA # NH09-111C FYE 11/30/04  
 Rate Semester Change  
 On FRV [2] as of 11/02/1990

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**Medicaid Reimbursement Per Diem Rates**

Sinai Plaza Nursing and Rehab  
 201 NE 112th Street  
 Miami FL 33161

Provider Number: 0 260771-00  
 Date: 8/8/2012  
 Fiscal Year End: 7/31/2009  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home      Single Level</b>	<u>232.31</u>	<u>236.73</u>	<u>1/1/2010</u>
Level H: AIDS	<u>374.23</u>	<u>378.65</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>488.11</u>	<u>492.53</u>	<u>1/1/2010</u>

**Rate Type :**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**


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 RFA # NH09-111C FYE 11/30/04  
 Rate Semester Change  
 On FRV [2] as of 11/02/1990

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Sinai Plaza Nursing and Rehab  
 201 NE 112th Street  
 Miami FL 33161

Provider Number: 0 260771-00  
 Date: 8/8/2012  
 Fiscal Year End: 7/31/2009  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home    Single Level</b>	<b>234.00</b>	<b>238.46</b>	<b>7/1/2010</b>
Level H: AIDS	377.34	381.80	7/1/2010
Level U: Fragile Under 21	492.37	496.83	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 RFA # NH09-111C FYE 11/30/04
- Rate Semester Change
- On FRV [2] as of 11/02/1990

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Sinai Plaza Nursing and Rehab  
 201 NE 112th Street  
 Miami FL 33161

Provider Number: 0 260771-00  
 Date: 8/8/2012  
 Fiscal Year End: 7/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>237.48</b>	<b>241.97</b>	<b>1/1/2011</b>
	Level H: AIDS	382.34	386.83	1/1/2011
	Level U: Fragile Under 21	498.59	503.08	1/1/2011

**Rate Type :**

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

**Basis:**


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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Effects of RFA # NH09-111C FYE 11/30/04**  
 Rate Semester Change  
 On FRV [2] as of 11/02/1990

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Provider Number: 0 260771-00  
 Date: 8/8/2012  
 Fiscal Year End: 7/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>229.00</u>	<u>233.24</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>375.20</u>	<u>379.44</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>492.53</u>	<u>496.77</u>	<u>7/1/2011</u>

**Rate Type :**

- |  |   |
|--|---|
| <input type="checkbox"/> Interim                         | <input checked="" type="checkbox"/> Prospective                   |
| <input type="checkbox"/> Total Interim                   | <input checked="" type="checkbox"/> Total Prospective             |
| <input type="checkbox"/> Interim Component               | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input type="checkbox"/> Settlement based on costs       | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data |   |

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of RFA # NH09-111C FYE 11/30/04
- Rate Semester Change
- On FRV [2] as of 11/02/1990

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Sinai Plaza Nursing and Rehab  
 201 NE 112th Street  
 Miami FL 33161

Provider Number: 0 260771-00  
 Date: 8/8/2012  
 Fiscal Year End: 7/31/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>230.09</b>	<b>234.35</b>	<b>1/1/2012</b>
	Level H: AIDS	377.70	381.96	1/1/2012
	Level U: Fragile Under 21	496.16	500.42	1/1/2012

**Rate Type :**

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

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Effects of RFA # NH09-111C FYE 11/30/04  
 Rate Semester Change  
 On FRV [2] as of 11/02/1990

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**Medicaid Reimbursement Per Diem Rates**

Sinai Plaza Nursing and Rehab  
 201 NE 112th Street  
 Miami FL 33161

Provider Number: 0 260771-00  
 Date: 8/8/2012  
 Fiscal Year End: 7/31/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>238.04</b>	<b>242.40</b>	<b>7/1/2012</b>
	Level H: AIDS	387.25	391.61	7/1/2012
	Level U: Fragile Under 21	507.00	511.36	7/1/2012

**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 RFA # NH09-111C FYE 11/30/04  
 Rate Semester Change  
 On FRV [2] as of 11/02/1990

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 0 317179-00  
 Date: 8/21/2012  
 Fiscal Year End: 12/31/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>176.87</u>	<u>173.40</u>	<u>8/16/2006</u>
	Level H: AIDS	<u>304.00</u>	<u>300.53</u>	<u>8/16/2006</u>
	Level U: Fragile Under 21	<u>406.00</u>	<u>402.53</u>	<u>8/16/2006</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 NH10-050W FYE 12/31/2007  
 Rate Semester Change  
 On FRV [2] as of 09/22/1987

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**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 0 317179-00  
 Date: 8/21/2012  
 Fiscal Year End: 12/31/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>183.28</b>	<b>179.82</b>	<b>1/1/2007</b>
	Level H: AIDS	312.88	309.42	1/1/2007
	Level U: Fragile Under 21	416.87	413.41	1/1/2007

**Rate Type :**

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

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Field Audit NH10-050W FYE 12/31/2007**  
 Rate Semester Change  
 On FRV [2] as of 09/22/1987

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 0 317179-00  
 Date: 8/21/2012  
 Fiscal Year End: 12/31/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>199.71</u>	<u>196.26</u>	<u>7/1/2007</u>
	Level H: AIDS	<u>331.65</u>	<u>328.20</u>	<u>7/1/2007</u>
	Level U: Fragile Under 21	<u>437.51</u>	<u>434.06</u>	<u>7/1/2007</u>

**Rate Type :**

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input checked="" type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Field Audit NH10-050W FYE 12/31/2007**  
 Rate Semester Change  
 On FRV [2] as of 09/22/1987

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**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 0 317179-00  
 Date: 8/21/2012  
 Fiscal Year End: 12/31/2007  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>196.98</u>	<u>193.62</u>	<u>1/1/2008</u>
	Level H: AIDS	<u>330.98</u>	<u>327.62</u>	<u>1/1/2008</u>
	Level U: Fragile Under 21	<u>438.50</u>	<u>435.14</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:**

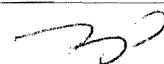
Budget  
 Unaudited costs  
 Field audited costs  
 Field audit - interim portion  
 Desk audited costs  
 Desk audit - Interim Portion  
 Desk Audit - Prospective portion

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 **Field Audit NH10-050W FYE 12/31/2007**  
 Rate Semester Change  
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 Port Charlotte FL 33952

Provider Number: 0 317179-00  
 Date: 8/21/2012  
 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>
<b>Nursing Home</b>	<b>Single Level</b>	<b>198.15</b>	<b>194.79</b>	<b>7/1/2008</b>
	Level H: AIDS	334.43	331.07	7/1/2008
	Level U: Fragile Under 21	443.78	440.42	7/1/2008

**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 NH10-050W FYE 12/31/2007**
- Rate Semester Change
- On FRV [2] as of 09/22/1987

**Distribution:**

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- No Change in Rate

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

1 - No Home Office



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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

Savannah Cove of the Palm Beaches  
 2090 North Congress Avenue  
 West Palm Beach FL 33401

Provider Number: 0 312312-00  
 Date: 7/27/2012  
 Fiscal Year End: 12/31/2006  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	149.65	149.63	1/1/2006
	Level H: AIDS	274.76	274.74	1/1/2006
	Level U: Fragile Under 21	375.14	375.12	1/1/2006

**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

Effects of FA & RFA NH06-161J on prior prov

Rate Semester Change

On FRV [2] as of 01/26/1995

**Distribution:**

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No Change in Rate

*SR* for **Stephen Russell**

Medicaid Cost Reimbursement Planning and Finance

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**Medicaid Reimbursement Per Diem Rates**

Savannah Cove of the Palm Beaches  
 2090 North Congress Avenue  
 West Palm Beach FL 33401

Provider Number: 0 312312-00  
 Date: 7/27/2012  
 Fiscal Year End: 12/31/2006  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>170.95</b>	<b>170.93</b>	<b>7/1/2006</b>
	Level H: AIDS	298.08	298.06	7/1/2006
	Level U: Fragile Under 21	400.08	400.06	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

Effects of FA & RFA NH06-161J on prior prov

Rate Semester Change

On FRV [2] as of 01/26/1995

**Distribution:**

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No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

Savannah Cove of the Palm Beaches  
 2090 North Congress Avenue  
 West Palm Beach FL 33401

Provider Number: 0 312312-00  
 Date: 7/27/2012  
 Fiscal Year End: 12/31/2006  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>175.48</b>	<b>175.46</b>	<b>1/1/2007</b>
	Level H: AIDS	305.08	305.06	1/1/2007
	Level U: Fragile Under 21	409.07	409.05	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  
 **Effects of FA & RFA NH06-161J on prior prov**  
 Rate Semester Change  
 On FRV [2] as of 01/26/1995

**Distribution:**

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Savannah Cove of the Palm Beaches  
 2090 North Congress Avenue  
 West Palm Beach FL 33401

Provider Number: 0 312312-00  
 Date: 7/27/2012  
 Fiscal Year End: 12/31/2006  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>175.48</b>	<b>175.46</b>	<b>4/25/2007</b>
	Level H: AIDS	305.08	305.06	4/25/2007
	Level U: Fragile Under 21	409.07	409.05	4/25/2007

**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
- Effects of FA & RFA NH06-161J on prior prov
- Rate Semester Change
- On FRV [2] as of 01/26/1995

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**Medicaid Reimbursement Per Diem Rates**

Savannah Cove of the Palm Beaches  
 2090 North Congress Avenue  
 West Palm Beach FL 33401

Provider Number: 0 312312-00  
 Date: 7/27/2012  
 Fiscal Year End: 12/31/2006  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>215.74</b>	<b>215.73</b>	<b>7/1/2007</b>
	Level H: AIDS	347.68	347.67	7/1/2007
	Level U: Fragile Under 21	453.54	453.53	7/1/2007

**Rate Type :**

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

**Basis:**

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

**Changes:**

Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Effects of FA & RFA NH06-161J on prior prov  
 Rate Semester Change  
 On FRV [2] as of 01/26/1995

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Savannah Cove of the Palm Beaches  
 2090 North Congress Avenue  
 West Palm Beach FL 33401

Provider Number: 0 312312-00  
 Date: 7/27/2012  
 Fiscal Year End: 12/31/2006  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>213.68</b>	<b>213.67</b>	<b>1/1/2008</b>
	Level H: AIDS	347.68	347.67	1/1/2008
	Level U: Fragile Under 21	455.20	455.19	1/1/2008

**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
- Effects of FA & RFA NH06-161J on prior prov
- Rate Semester Change
- On FRV [2] as of 01/26/1995

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 West Palm Beach FL 33401

Provider Number: 0 312312-00  
 Date: 7/27/2012  
 Fiscal Year End: 12/31/2006  
 Audit Status: Field Audited [2]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.75	215.73	7/1/2008
	Level H: AIDS	352.03	352.01	7/1/2008
	Level U: Fragile Under 21	461.38	461.36	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
- Effects of FA & RFA NH06-161J on prior prov
- Rate Semester Change
- On FRV [2] as of 01/26/1995

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Savannah Cove of the Palm Beaches  
 2090 North Congress Avenue  
 West Palm Beach FL 33401

Provider Number: 0 312312-00  
 Date: 7/27/2012  
 Fiscal Year End: 12/31/2007  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>214.10</b>	<b>214.09</b>	<b>1/1/2009</b>
	Level H: AIDS	352.45	352.44	1/1/2009
	Level U: Fragile Under 21	463.46	463.45	1/1/2009

**Rate Type :**

- |  |   |
|--|---|
| <input type="checkbox"/> Interim                         | <input checked="" type="checkbox"/> Prospective                   |
| <input type="checkbox"/> Total Interim                   | <input checked="" type="checkbox"/> Total Prospective             |
| <input type="checkbox"/> Interim Component               | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input type="checkbox"/> Settlement based on costs       | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data |   |

**Basis:**

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

**Changes:**

- Licensure Rating Change  
 Usual and Customary Limitation  
 Target Rate limitation change  
 FRVS Change  
 Effects of FA & RFA NH06-161J on prior prov  
 Rate Semester Change  
 On FRV [2] as of 01/26/1995

**Distribution:**

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 No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

Savannah Cove of the Palm Beaches  
 2090 North Congress Avenue  
 West Palm Beach FL 33401

Provider Number: 0 312312-00  
 Date: 7/27/2012  
 Fiscal Year End: 12/31/2007  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>196.15</b>	<b>196.14</b>	<b>3/1/2009</b>
	Level H: AIDS	334.50	334.49	3/1/2009
	Level U: Fragile Under 21	445.51	445.50	3/1/2009

**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 NH06-161J on prior prov**  
 Rate Semester Change  
 On FRV [2] as of 01/26/1995

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

Savannah Cove of the Palm Beaches  
 2090 North Congress Avenue  
 West Palm Beach FL 33401

Provider Number: 0 312312-00  
 Date: 7/27/2012  
 Fiscal Year End: 12/31/2007  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>230.75</u>	<u>230.73</u>	<u>4/1/2009</u>
	Level H: AIDS	<u>369.10</u>	<u>369.08</u>	<u>4/1/2009</u>
	Level U: Fragile Under 21	<u>480.11</u>	<u>480.09</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  
 **Effects of FA & RFA NH06-161J on prior prov**  
 Rate Semester Change  
 On FRV [2] as of 01/26/1995

**Distribution:**

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 Permanent File  
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 No Change in Rate

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Savannah Cove of the Palm Beaches  
 2090 North Congress Avenue  
 West Palm Beach FL 33401

Provider Number: 0 312312-00  
 Date: 7/27/2012  
 Fiscal Year End: 12/31/2007  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	235.38	235.37	7/1/2009
	Level H: AIDS	375.73	375.72	7/1/2009
	Level U: Fragile Under 21	488.35	488.34	7/1/2009

**Rate Type :**

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

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA & RFA NH06-161J on prior prov
- Rate Semester Change
- On FRV [2] as of 01/26/1995

**Distribution:**

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- No Change in Rate

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Savannah Cove of the Palm Beaches  
 2090 North Congress Avenue  
 West Palm Beach FL 33401

Provider Number: 0 312312-00  
 Date: 7/27/2012  
 Fiscal Year End: 12/31/2008  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>204.28</b>	<b>204.27</b>	<b>1/1/2010</b>
	Level H: AIDS	346.20	346.19	1/1/2010
	Level U: Fragile Under 21	460.08	460.07	1/1/2010

**Rate Type :**

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

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA & RFA NH06-161J on prior prov
- Rate Semester Change
- On FRV [2] as of 01/26/1995

**Distribution:**

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Savannah Cove of the Palm Beaches  
 2090 North Congress Avenue  
 West Palm Beach FL 33401

Provider Number: 0 312312-00  
 Date: 7/27/2012  
 Fiscal Year End: 12/31/2009  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>221.02</b>	<b>221.01</b>	<b>7/1/2010</b>
	Level H: AIDS	364.36	364.35	7/1/2010
	Level U: Fragile Under 21	479.39	479.38	7/1/2010

**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 NH06-161J on prior prov
- Rate Semester Change
- On FRV [2] as of 01/26/1995

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 2090 North Congress Avenue  
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Provider Number: 0 312312-00  
 Date: 7/27/2012  
 Fiscal Year End: 12/31/2009  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<u>224.97</u>	<u>224.95</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>369.83</u>	<u>369.81</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>486.08</u>	<u>486.06</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 NH06-161J on prior prov**  
 Rate Semester Change  
 On FRV [2] as of 01/26/1995

**Distribution:**

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Provider Number: 0 312312-00  
 Date: 7/27/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>216.81</b>	<b>216.80</b>	<b>7/1/2011</b>
	Level H: AIDS	363.01	363.00	7/1/2011
	Level U: Fragile Under 21	480.34	480.33	7/1/2011

**Rate Type :**

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

**Basis:**

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

**Changes:**

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA & RFA NH06-161J on prior prov
- Rate Semester Change
- On FRV [2] as of 01/26/1995

**Distribution:**

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

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

**Home Office:**

Senior Living Management Corporation  
 John Panskoy  
 4661 Johnson Road, Suite 7  
 Coconut FL 33073



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**

Savannah Cove of the Palm Beaches  
 2090 North Congress Avenue  
 West Palm Beach FL 33401

Provider Number: 0 312312-00  
 Date: 7/27/2012  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited [3]

**Provider Type:**

	Current Rate	New Rate	Effective Date
<b>Nursing Home      Single Level</b>	<b>218.24</b>	<b>218.23</b>	<b>1/1/2012</b>
Level H: AIDS	365.85	365.84	1/1/2012
Level U: Fragile Under 21	484.31	484.30	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
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- Desk Audit - Prospective portion

**Changes:**

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Savannah Cove of the Palm Beaches  
 2090 North Congress Avenue  
 West Palm Beach FL 33401

Provider Number: 0 312312-00  
 Date: 7/27/2012  
 Fiscal Year End: 12/31/2011  
 Audit Status: Unaudited [3]

**Provider Type:**

		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	<b>Single Level</b>	<b>230.75</b>	<b>230.74</b>	<b>7/1/2012</b>
	Level H: AIDS	379.96	379.95	7/1/2012
	Level U: Fragile Under 21	499.71	499.70	7/1/2012

**Rate Type :**

- |  |   |
|--|---|
| <input type="checkbox"/> Interim                         | <input checked="" type="checkbox"/> Prospective                   |
| <input type="checkbox"/> Total Interim                   | <input checked="" type="checkbox"/> Total Prospective             |
| <input type="checkbox"/> Interim Component               | <input type="checkbox"/> Prospective Adjusted for New Costs       |
| <input type="checkbox"/> Settlement based on costs       | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data |   |

**Basis:**

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- Unaudited costs
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- Desk audited costs
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**Changes:**

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