




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: December 11, 2013
To: Gay Munyon, Bureau Chief, Medicaid Contract Management
From:  Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement
Subject: Retroactive Nursing Facility Per Diem Rates

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

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
1.	North Campus Rehabilitation and Health Center	0 031880-00	7
2.	Heron Pointe Health and Rehabilitation	0 043832-00	5
3.	Heritage Healthcare Center	0 043833-00	5
4.	Heritage Health Care Center	0 043835-00	5
5.	Rio Pinar Health Care	0 043846-00	5
6.	The Palms Rehabilitation and Healthcare Center	0 043847-00	5
7.	Coral Trace Health Care	0 043848-00	5
8.	Coral Bay Healthcare and Rehabilitation	0 043851-00	5
9.	Plantation Bay Rehabilitation Center	0 043853-00	5
10.	Colonial Lakes Health Care	0 043854-00	5
11.	Central Park Healthcare and Rehabilitation Center	0 043856-00	5
12.	Beneva Lakes Healthcare and Rehab Center	0 043857-00	5
13.	Bradenton Health Care	0 043859-00	5
14.	Fort Pierce Health Care	0 043861-00	5
15.	Habana Health Care Center	0 043862-00	5
16.	The Health and Rehab Centre at Dolphins View	0 043863-00	5
17.	Grand Oaks Health and Rehabilitation Center	0 043864-00	5
18.	Wedgewood Health Care Center	0 043867-00	5
19.	Deltona Health Care	0 043868-00	5
20.	Lake Mary Health and Rehabilitation Center	0 043871-00	5
21.	Countryside Rehab and Health Center	0 043872-00	5
22.	Health Center at Brentwood	0 043874-00	5
23.	Magnolia Health and Rehabilitation Center	0 043877-00	5
24.	Marshall Health and Rehabilitation Center	0 043878-00	5
25.	The Crossroads	0 045471-00	9



Retroactive Nursing Facility Per Diem Rates

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
26.	Renaissance Health and Rehabilitation	0 047787-00	5
27.	Wood Lake Nursing and Rehabilitation Center	0 047788-00	5
28.	Rosewood Health and Rehabilitation Center	0 059869-00	5
29.	San Jose Health and Rehabilitation Center	0 061102-00	5
30.	Hobe Sound Geriatric Village, Inc.	0 201545-00	4
31.	Taylor Care Center, Inc	0 207446-00	18
32.	The Fountains Nursing Home	0 212393-00	9
33.	Lakeshore Villas Health Care Center	0 218057-00	2
34.	Charlotte Harbor Health Care	0 226327-00	3
35.	Forum at Deer Creek	0 253481-00	6
36.	Sarasota Memorial Nursing & Rehab Facility	0 260355-00	2
37.	Carrollwood Care Center	0 263877-00	3
38.	St. Mark Village, Inc.	0 310841-00	18
39.	Manatee Springs Care & Rehabilitation	0 316610-00	3
40.	Laurellwood Nursing Center, Inc.	0 316628-00	11
41.	HarbourWood Nursing Center, Inc.	0 316636-00	8
42.	BayWood Nursing Center, Inc.	0 316652-00	5
43.	The Court at Palm-Aire	0 318795-00	18
44.	Royal Care of Avon Park	0 324213-00	8
		Total	269

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

TP/ab

Attachments

Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
003188000	20110401	225.19	370.05	225.19	225.19	74502-13	
003188000	20110701	216.26	362.46	216.26	216.26	74502-13	
003188000	20120101	217.79	365.40	217.79	217.79	74502-13	
003188000	20120301	219.33	366.94	219.33	219.33	74502-13	
003188000	20120701	226.81	376.02	226.81	226.81	74502-13	
003188000	20130101	228.99	379.80	228.99	228.99	74502-13	
003188000	20130701	235.00	0.00	235.00	235.00	74502-13	
004383200	20120201	180.84	328.45	180.84	180.84	74502-13	
004383200	20120701	186.17	335.38	186.17	186.17	74502-13	
004383200	20120801	189.55	338.76	189.55	189.55	74502-13	
004383200	20130101	192.00	342.81	192.00	192.00	74502-13	
004383200	20130701	197.05	0.00	197.05	197.05	74502-13	
004383300	20120201	187.14	334.75	187.14	187.14	74502-13	
004383300	20120701	192.09	341.30	192.09	192.09	74502-13	
004383300	20120801	195.39	344.60	195.39	195.39	74502-13	
004383300	20130101	197.61	348.42	197.61	197.61	74502-13	
004383300	20130701	202.29	0.00	202.29	202.29	74502-13	
004383500	20120201	202.69	350.30	202.69	202.69	74502-13	
004383500	20120701	208.21	357.42	208.21	208.21	74502-13	
004383500	20120801	212.98	362.19	212.98	212.98	74502-13	
004383500	20130101	215.19	366.00	215.19	215.19	74502-13	
004383500	20130701	220.28	0.00	220.28	220.28	74502-13	
004384600	20120201	198.09	345.70	198.09	198.09	74502-13	
004384600	20120701	203.37	352.58	203.37	203.37	74502-13	
004384600	20120801	207.68	356.89	207.68	207.68	74502-13	
004384600	20130101	209.68	360.49	209.68	209.68	74502-13	
004384600	20130701	214.51	0.00	214.51	214.51	74502-13	
004384700	20120201	199.80	347.41	199.80	199.80	74502-13	
004384700	20120701	205.13	354.34	205.13	205.13	74502-13	
004384700	20120801	208.04	357.25	208.04	208.04	74502-13	
004384700	20130101	210.15	360.96	210.15	210.15	74502-13	
004384700	20130701	215.13	0.00	215.13	215.13	74502-13	
004384800	20120201	195.49	343.10	195.49	195.49	74502-13	
004384800	20120701	200.24	349.45	200.24	200.24	74502-13	
004384800	20120801	202.08	351.29	202.08	202.08	74502-13	
004384800	20130101	204.08	354.89	204.08	204.08	74502-13	
004384800	20130701	208.85	0.00	208.85	208.85	74502-13	
004385100	20120201	201.01	348.62	201.01	201.01	74502-13	
004385100	20120701	206.58	355.79	206.58	206.58	74502-13	
004385100	20120801	207.90	357.11	207.90	207.90	74502-13	
004385100	20130101	210.70	361.51	210.70	210.70	74502-13	
004385100	20130701	216.21	0.00	216.21	216.21	74502-13	
004385300	20120201	200.05	347.66	200.05	200.05	74502-13	
004385300	20120701	205.73	354.94	205.73	205.73	74502-13	
004385300	20120801	209.05	358.26	209.05	209.05	74502-13	
004385300	20130101	211.53	362.34	211.53	211.53	74502-13	
004385300	20130701	216.54	0.00	216.54	216.54	74502-13	
004385400	20120201	195.10	342.71	195.10	195.10	74502-13	
004385400	20120701	200.74	349.95	200.74	200.74	74502-13	
004385400	20120801	205.72	354.93	205.72	205.72	74502-13	
004385400	20130101	208.32	359.13	208.32	208.32	74502-13	
004385400	20130701	213.74	0.00	213.74	213.74	74502-13	
004385600	20120201	189.79	337.40	189.79	189.79	74502-13	
004385600	20120701	196.31	345.52	196.31	196.31	74502-13	
004385600	20120801	197.78	346.99	197.78	197.78	74502-13	
004385600	20130101	200.89	351.70	200.89	200.89	74502-13	
004385600	20130701	206.16	0.00	206.16	206.16	74502-13	
004385700	20120201	194.98	342.59	194.98	194.98	74502-13	
004385700	20120701	200.56	349.77	200.56	200.56	74502-13	
004385700	20120801	204.65	353.86	204.65	204.65	74502-13	

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
004385700	20130101	207.31	358.12	207.31	207.31	74502-13	
004385700	20130701	212.74	0.00	212.74	212.74	74502-13	
004385900	20120201	200.92	348.53	200.92	200.92	74502-13	
004385900	20120701	207.58	356.79	207.58	207.58	74502-13	
004385900	20120801	208.40	357.61	208.40	208.40	74502-13	
004385900	20130101	211.72	362.53	211.72	211.72	74502-13	
004385900	20130701	216.73	0.00	216.73	216.73	74502-13	
004386100	20120201	208.51	356.12	208.51	208.51	74502-13	
004386100	20120701	214.44	363.65	214.44	214.44	74502-13	
004386100	20120801	220.77	369.98	220.77	220.77	74502-13	
004386100	20130101	223.62	374.43	223.62	223.62	74502-13	
004386100	20130701	229.45	0.00	229.45	229.45	74502-13	
004386200	20120201	198.65	346.26	198.65	198.65	74502-13	
004386200	20120701	204.41	353.62	204.41	204.41	74502-13	
004386200	20120801	210.37	359.58	210.37	210.37	74502-13	
004386200	20130101	210.63	361.44	210.63	210.63	74502-13	
004386200	20130701	218.04	0.00	218.04	218.04	74502-13	
004386300	20120201	215.05	362.66	215.05	215.05	74502-13	
004386300	20120701	220.87	370.08	220.87	220.87	74502-13	
004386300	20120801	222.14	371.35	222.14	222.14	74502-13	
004386300	20130101	225.21	376.02	225.21	225.21	74502-13	
004386300	20130701	231.11	0.00	231.11	231.11	74502-13	
004386400	20120201	185.69	333.30	185.69	185.69	74502-13	
004386400	20120701	190.63	339.84	190.63	190.63	74502-13	
004386400	20120801	191.72	340.93	191.72	191.72	74502-13	
004386400	20130101	194.29	345.10	194.29	194.29	74502-13	
004386400	20130701	199.26	0.00	199.26	199.26	74502-13	
004386700	20120201	203.45	351.06	203.45	203.45	74502-13	
004386700	20120701	209.98	359.19	209.98	209.98	74502-13	
004386700	20120801	210.72	359.93	210.72	210.72	74502-13	
004386700	20130101	214.28	365.09	214.28	214.28	74502-13	
004386700	20130701	220.19	0.00	220.19	220.19	74502-13	
004386800	20120201	195.58	343.19	195.58	195.58	74502-13	
004386800	20120701	201.53	350.74	201.53	201.53	74502-13	
004386800	20120801	204.22	353.43	204.22	204.22	74502-13	
004386800	20130101	206.37	357.18	206.37	206.37	74502-13	
004386800	20130701	211.23	0.00	211.23	211.23	74502-13	
004387100	20120201	194.10	341.71	194.10	194.10	74502-13	
004387100	20120701	198.34	347.55	198.34	198.34	74502-13	
004387100	20120801	199.88	349.09	199.88	199.88	74502-13	
004387100	20130101	201.87	352.68	201.87	201.87	74502-13	
004387100	20130701	206.54	0.00	206.54	206.54	74502-13	
004387200	20120201	186.07	333.68	186.07	186.07	74502-13	
004387200	20120701	191.50	340.71	191.50	191.50	74502-13	
004387200	20120801	195.40	344.61	195.40	195.40	74502-13	
004387200	20130101	197.98	348.79	197.98	197.98	74502-13	
004387200	20130701	202.82	0.00	202.82	202.82	74502-13	
004387400	20120201	184.99	332.60	184.99	184.99	74502-13	
004387400	20120701	190.37	339.58	190.37	190.37	74502-13	
004387400	20120801	191.39	340.60	191.39	191.39	74502-13	
004387400	20130101	193.85	344.66	193.85	193.85	74502-13	
004387400	20130701	198.92	0.00	198.92	198.92	74502-13	
004387700	20120201	195.37	342.98	195.37	195.37	74502-13	
004387700	20120701	201.03	350.24	201.03	201.03	74502-13	
004387700	20120801	204.06	353.27	204.06	204.06	74502-13	
004387700	20130101	206.47	357.28	206.47	206.47	74502-13	
004387700	20130701	211.39	0.00	211.39	211.39	74502-13	
004387800	20120201	179.20	326.81	179.20	179.20	74502-13	
004387800	20120701	184.51	333.72	184.51	184.51	74502-13	
004387800	20120801	188.58	337.79	188.58	188.58	74502-13	
004387800	20130101	191.04	341.85	191.04	191.04	74502-13	

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
004387800	20130701	196.06	0.00	196.06	196.06	74502-13	
004547100	20100630	236.04	377.96	236.04	236.04	74502-13	
004547100	20100701	239.05	382.39	239.05	239.05	74502-13	
004547100	20110101	241.92	386.78	241.92	241.92	74502-13	
004547100	20110201	244.23	389.09	244.23	244.23	74502-13	
004547100	20110701	236.02	382.22	236.02	236.02	74502-13	
004547100	20120101	239.10	386.71	239.10	239.10	74502-13	
004547100	20120701	247.45	396.66	247.45	247.45	74502-13	
004547100	20130101	232.72	383.53	232.72	232.72	74502-13	
004547100	20130701	238.23	0.00	238.23	238.23	74502-13	
004778700	20120201	206.29	353.90	206.29	206.29	74502-13	
004778700	20120701	212.28	361.49	212.28	212.28	74502-13	
004778700	20120801	218.00	367.21	218.00	218.00	74502-13	
004778700	20130101	220.84	371.65	220.84	220.84	74502-13	
004778700	20130701	226.53	0.00	226.53	226.53	74502-13	
004778800	20120201	204.37	351.98	204.37	204.37	74502-13	
004778800	20120701	210.36	359.57	210.36	210.36	74502-13	
004778800	20120801	214.46	363.67	214.46	214.46	74502-13	
004778800	20130101	216.75	367.56	216.75	216.75	74502-13	
004778800	20130701	222.36	0.00	222.36	222.36	74502-13	
005986900	20120201	198.47	346.08	198.47	198.47	74502-13	
005986900	20120701	203.62	352.83	203.62	203.62	74502-13	
005986900	20120801	207.95	357.16	207.95	207.95	74502-13	
005986900	20130101	209.96	360.77	209.96	209.96	74502-13	
005986900	20130701	215.14	0.00	215.14	215.14	74502-13	
006110200	20120201	191.83	339.44	191.83	191.83	74502-13	
006110200	20120701	197.36	346.57	197.36	197.36	74502-13	
006110200	20120801	201.13	350.34	201.13	201.13	74502-13	
006110200	20130101	204.08	354.89	204.08	204.08	74502-13	
006110200	20130701	208.92	0.00	208.92	208.92	74502-13	
020154500	20090101	183.85	322.20	183.85	183.85	74502-13	NH09-100L
020154500	20090301	168.44	306.79	168.44	168.44	74502-13	NH09-100L
020154500	20090401	208.35	346.70	208.35	208.35	74502-13	NH09-100L
020154500	20090701	216.37	356.72	216.37	216.37	74502-13	NH09-100L
020744600	20070101	168.10	297.70	168.10	168.10	74502-13	NH11-099L
020744600	20070201	174.95	304.55	174.95	174.95	74502-13	NH11-099L
020744600	20070301	168.10	297.70	168.10	168.10	74502-13	NH11-099L
020744600	20070701	180.46	312.40	180.46	180.46	74502-13	NH11-099L
020744600	20080101	178.97	312.97	178.97	178.97	74502-13	NH11-099L
020744600	20080701	182.06	318.34	182.06	182.06	74502-13	NH11-099L
020744600	20090101	180.64	318.99	180.64	180.64	74502-13	NH11-099L
020744600	20090301	165.50	303.85	165.50	165.50	74502-13	NH11-099L
020744600	20090401	204.53	342.88	204.53	204.53	74502-13	NH11-099L
020744600	20090701	209.14	349.49	209.14	209.14	74502-13	NH11-099L
020744600	20100101	209.49	351.41	209.49	209.49	74502-13	NH11-099L
020744600	20100701	213.78	357.12	213.78	213.78	74502-13	NH11-099L
020744600	20110101	223.10	367.96	223.10	223.10	74502-13	NH11-099L
020744600	20110701	215.44	361.64	215.44	215.44	74502-13	NH11-099L
020744600	20120101	217.67	365.28	217.67	217.67	74502-13	NH11-099L
020744600	20120701	219.72	368.93	219.72	219.72	74502-13	NH11-099L
020744600	20130101	221.29	372.10	221.29	221.29	74502-13	NH11-099L
020744600	20130701	226.97	0.00	226.97	226.97	74502-13	NH11-099L
021239300	20090701	196.45	336.80	196.45	196.45	74502-13	NH11-034G
021239300	20100101	198.00	339.92	198.00	198.00	74502-13	NH11-034G
021239300	20100701	211.20	354.54	211.20	211.20	74502-13	NH11-034G
021239300	20110101	214.05	358.91	214.05	214.05	74502-13	NH11-034G
021239300	20110701	207.28	353.48	207.28	207.28	74502-13	NH11-034G
021239300	20120101	206.78	354.39	206.78	206.78	74502-13	NH11-034G
021239300	20120701	212.90	362.11	212.90	212.90	74502-13	NH11-034G
021239300	20130101	205.11	355.92	205.11	205.11	74502-13	NH11-034G
021239300	20130701	216.58	0.00	216.58	216.58	74502-13	NH11-034G

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
021805700	20080101	157.11	291.11	157.11	157.11	74502-13	NH10-002C
021805700	20080701	159.30	295.58	159.30	159.30	74502-13	NH10-002C
022632700	20070101	174.62	304.22	174.62	174.62	74502-13	NH03-209J
022632700	20070201	176.89	306.49	176.89	176.89	74502-13	NH03-209J
022632700	20070301	174.62	304.22	174.62	174.62	74502-13	NH03-209J
025348100	20080101	222.32	356.32	222.32	222.32	74502-13	NH10-055W
025348100	20080701	224.91	361.19	224.91	224.91	74502-13	NH10-055W
025348100	20090101	223.17	361.52	223.17	223.17	74502-13	NH10-055W
025348100	20090301	204.46	342.81	204.46	204.46	74502-13	NH10-055W
025348100	20090401	245.99	384.34	245.99	245.99	74502-13	NH10-055W
025348100	20110101	246.84	391.70	246.84	246.84	74502-13	NH10-055W
026035500	20100701	206.05	349.39	206.05	206.05	74502-13	NH12-064W
026035500	20110101	208.72	353.58	208.72	208.72	74502-13	NH12-064W
026387700	20100701	187.60	330.94	187.60	187.60	74502-13	NH11-152C
026387700	20110101	189.91	334.77	189.91	189.91	74502-13	NH11-152C
026387700	20110701	183.88	330.08	183.88	183.88	74502-13	NH11-152C
031084100	20070101	177.28	306.88	177.28	177.28	74502-13	NH11-103W
031084100	20070201	182.20	311.80	182.20	182.20	74502-13	NH11-103W
031084100	20070301	177.28	306.88	177.28	177.28	74502-13	NH11-103W
031084100	20070701	178.89	310.83	178.89	178.89	74502-13	NH11-103W
031084100	20080101	178.14	312.14	178.14	178.14	74502-13	NH11-103W
031084100	20080701	179.80	316.08	179.80	179.80	74502-13	NH11-103W
031084100	20090101	180.95	319.30	180.95	180.95	74502-13	NH11-103W
031084100	20090301	165.78	304.13	165.78	165.78	74502-13	NH11-103W
031084100	20090401	195.69	334.04	195.69	195.69	74502-13	NH11-103W
031084100	20090701	196.10	336.45	196.10	196.10	74502-13	NH11-103W
031084100	20100101	195.08	337.00	195.08	195.08	74502-13	NH11-103W
031084100	20100701	195.19	338.53	195.19	195.19	74502-13	NH11-103W
031084100	20110101	211.74	356.60	211.74	211.74	74502-13	NH11-103W
031084100	20110701	202.25	348.45	202.25	202.25	74502-13	NH11-103W
031084100	20120101	203.67	351.28	203.67	203.67	74502-13	NH11-103W
031084100	20120701	212.37	361.58	212.37	212.37	74502-13	NH11-103W
031084100	20130101	214.15	364.96	214.15	214.15	74502-13	NH11-103W
031084100	20130701	218.34	0.00	218.34	218.34	74502-13	NH11-103W
031661000	20070101	168.49	298.09	168.49	168.49	74502-13	NH10-001C
031661000	20070201	173.85	303.45	173.85	173.85	74502-13	NH10-001C
031661000	20070301	168.49	298.09	168.49	168.49	74502-13	NH10-001C
031662800	20070101	158.81	288.41	158.81	158.81	74502-13	NH10-007C
031662800	20070601	160.62	290.22	160.62	160.62	74502-13	NH10-007C
031662800	20070701	166.58	298.52	166.58	166.58	74502-13	NH10-007C
031662800	20080101	165.45	299.45	165.45	165.45	74502-13	NH10-007C
031662800	20080701	167.48	303.76	167.48	167.48	74502-13	NH10-007C
031662800	20090101	169.70	308.05	169.70	169.70	74502-13	NH10-007C
031662800	20090301	155.48	293.83	155.48	155.48	74502-13	NH10-007C
031662800	20090401	192.55	330.90	192.55	192.55	74502-13	NH10-007C
031662800	20090701	212.25	352.60	212.25	212.25	74502-13	NH10-007C
031662800	20110101	204.27	349.13	204.27	204.27	74502-13	NH10-007C
031662800	20110701	197.59	343.79	197.59	197.59	74502-13	NH10-007C
031663600	20070101	151.68	281.28	151.68	151.68	74502-13	NH10-004C
031663600	20070601	154.88	284.48	154.88	154.88	74502-13	NH10-004C
031663600	20070701	157.32	289.26	157.32	157.32	74502-13	NH10-004C
031663600	20080101	156.34	290.34	156.34	156.34	74502-13	NH10-004C
031663600	20080701	158.33	294.61	158.33	158.33	74502-13	NH10-004C
031663600	20090101	159.64	297.99	159.64	159.64	74502-13	NH10-004C
031663600	20090301	146.26	284.61	146.26	146.26	74502-13	NH10-004C
031663600	20090401	182.25	320.60	182.25	182.25	74502-13	NH10-004C
031665200	20070101	137.30	266.90	137.30	137.30	74502-13	NH10-005C
031665200	20070601	139.23	268.83	139.23	139.23	74502-13	NH10-005C
031665200	20070701	147.54	279.48	147.54	147.54	74502-13	NH10-005C
031665200	20080101	146.70	280.70	146.70	146.70	74502-13	NH10-005C
031665200	20080701	148.61	284.89	148.61	148.61	74502-13	NH10-005C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
031879500	20070101	185.59	315.19	185.59	185.59	74502-13	NH10-056W
031879500	20070201	188.28	317.88	188.28	188.28	74502-13	NH10-056W
031879500	20070301	185.59	315.19	185.59	185.59	74502-13	NH10-056W
031879500	20070701	203.26	335.20	203.26	203.26	74502-13	NH10-056W
031879500	20080101	201.05	335.05	201.05	201.05	74502-13	NH10-056W
031879500	20080701	203.02	339.30	203.02	203.02	74502-13	NH10-056W
031879500	20090101	201.52	339.87	201.52	201.52	74502-13	NH10-056W
031879500	20090301	184.62	322.97	184.62	184.62	74502-13	NH10-056W
031879500	20090401	224.79	363.14	224.79	224.79	74502-13	NH10-056W
031879500	20090701	227.53	367.88	227.53	227.53	74502-13	NH10-056W
031879500	20100101	229.70	371.62	229.70	229.70	74502-13	NH10-056W
031879500	20100701	231.35	374.69	231.35	231.35	74502-13	NH10-056W
031879500	20110101	239.56	384.42	239.56	239.56	74502-13	NH10-056W
031879500	20110701	230.33	376.53	230.33	230.33	74502-13	NH10-056W
031879500	20120101	232.53	380.14	232.53	232.53	74502-13	NH10-056W
031879500	20120701	233.26	382.47	233.26	233.26	74502-13	NH10-056W
031879500	20130101	237.18	387.99	237.18	237.18	74502-13	NH10-056W
031879500	20130701	237.57	0.00	237.57	237.57	74502-13	NH10-056W
032421300	20071201	175.24	307.18	175.24	175.24	74502-13	NH11-031C
032421300	20080101	170.67	304.67	170.67	170.67	74502-13	NH11-031C
032421300	20080601	171.55	305.55	171.55	171.55	74502-13	NH11-031C
032421300	20080701	173.53	309.81	173.53	173.53	74502-13	NH11-031C
032421300	20090101	174.21	312.56	174.21	174.21	74502-13	NH11-031C
032421300	20090301	159.60	297.95	159.60	159.60	74502-13	NH11-031C
032421300	20090401	197.64	335.99	197.64	197.64	74502-13	NH11-031C
032421300	20090701	200.15	340.50	200.15	200.15	74502-13	NH11-031C



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Medicaid Reimbursement Per Diem Rates

North Campus Rehabilitation and Health Center
 700 N Palmetto Street
 Leesburg FL 34748

Provider Number: 0 031880-00
 Date: 11/26/2013
 Fiscal Year End: 2/29/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	221.68	225.19	4/1/2011
Level H: Aids	366.54	370.05	4/1/2011

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 2/29/2012**
- Rate Semester Change
- On FRV [2] as of 10/11/1988

Distribution:

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Medicaid Reimbursement Per Diem Rates

North Campus Rehabilitation and Health Center
 700 N Palmetto Street
 Leesburg FL 34748

Provider Number: 0 031880-00
 Date: 11/26/2013
 Fiscal Year End: 2/29/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.18	216.26	7/1/2011
	Level H: Aids	359.38	362.46	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 2/29/2012

Rate Semester Change

On FRV [2] as of 10/11/1988

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Medicaid Reimbursement Per Diem Rates

North Campus Rehabilitation and Health Center
 700 N Palmetto Street
 Leesburg FL 34748

Provider Number: 0 031880-00
 Date: 11/26/2013
 Fiscal Year End: 2/29/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.00	217.79	1/1/2012
	Level H: Aids	362.61	365.40	1/1/2012

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

Cost Settlement FYE 2/29/2012

_____ Rate Semester Change

_____ On FRV [2] as of 10/11/1988

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North Campus Rehabilitation and Health Center
700 N Palmetto Street
Leesburg FL 34748

Provider Number: 0 031880-00
 Date: 11/26/2013
 Fiscal Year End: 2/29/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>215.00</u>	<u>219.33</u>	<u>3/1/2012</u>
	Level H: Aids	<u>362.61</u>	<u>366.94</u>	<u>3/1/2012</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 2/29/2012
 Rate Semester Change
 On FRV [2] as of 10/11/1988

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Medicaid Reimbursement Per Diem Rates

North Campus Rehabilitation and Health Center
 700 N Palmetto Street
 Leesburg FL 34748

Provider Number: 0 031880-00
 Date: 11/26/2013
 Fiscal Year End: 2/29/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>222.55</u>	<u>226.81</u>	<u>7/1/2012</u>
	Level H: Aids	<u>371.76</u>	<u>376.02</u>	<u>7/1/2012</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 2/29/2012
 Rate Semester Change
 On FRV [2] as of 10/11/1988

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North Campus Rehabilitation and Health Center
 700 N Palmetto Street
 Leesburg FL 34748

Provider Number: 0 031880-00
 Date: 11/26/2013
 Fiscal Year End: 2/29/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.49	228.99	1/1/2013
	Level H: Aids	375.30	379.80	1/1/2013

Rate Type :

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

Basis:

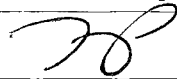
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 2/29/2012**
- Rate Semester Change
- On FRV [2] as of 10/11/1988

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North Campus Rehabilitation and Health Center
 700 N Palmetto Street
 Leesburg FL 34748

Provider Number: 0 031880-00
 Date: 11/26/2013
 Fiscal Year End: 2/29/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
234.96	235.00	7/1/2013

Rate Type :

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

Basis:

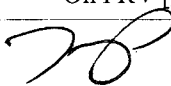
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 2/29/2012**
- Rate Semester Change
- On FRV [2] as of 10/11/1988

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Medicaid Reimbursement Per Diem Rates

Heron Pointe Health and Rehabilitation
 1445 Howell Avenue
 Brooksville FL 34601

Provider Number: 0 043832-00
 Date: 11/13/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	188.35	180.84	2/1/2012
	Level H: Aids	335.96	328.45	2/1/2012

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 7/31/2012

Rate Semester Change

On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Heron Pointe Health and Rehabilitation
1445 Howell Avenue
Brooksville FL 34601

Provider Number: 0 043832-00
 Date: 11/13/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>192.92</u>	<u>186.17</u>	<u>7/1/2012</u>
<u>342.13</u>	<u>335.38</u>	<u>7/1/2012</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Heron Pointe Health and Rehabilitation
1445 Howell Avenue
Brooksville FL 34601

Provider Number: 0 043832-00
 Date: 11/13/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>192.92</u>	<u>189.55</u>	<u>8/1/2012</u>
	Level H: Aids	<u>342.13</u>	<u>338.76</u>	<u>8/1/2012</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 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Heron Pointe Health and Rehabilitation
 1445 Howell Avenue
 Brooksville FL 34601

Provider Number: 0 043832-00
 Date: 11/13/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.06	192.00	1/1/2013
	Level H: Aids	343.87	342.81	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Heron Pointe Health and Rehabilitation
 1445 Howell Avenue
 Brooksville FL 34601

Provider Number: 0 043832-00
 Date: 11/13/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	196.46	197.05	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012
- Rate Semester Change
- On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Heritage Healthcare Center
 3101 Ginger Drive
 Tallahassee FL 32308

Provider Number: 0 043833-00
 Date: 11/13/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	183.26	187.14	2/1/2012
	Level H: Aids	330.87	334.75	2/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 04/26/1997

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Heritage Healthcare Center
 3101 Ginger Drive
 Tallahassee FL 32308

Provider Number: 0 043833-00
 Date: 11/13/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	187.79	192.09	7/1/2012
	Level H: Aids	337.00	341.30	7/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement using FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 04/26/1997

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Medicaid Reimbursement Per Diem Rates

Heritage Healthcare Center
 3101 Ginger Drive
 Tallahassee FL 32308

Provider Number: 0 043833-00
 Date: 11/13/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	187.79	195.39	8/1/2012
	Level H: Aids	337.00	344.60	8/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement using FYE 7/31/2012
 Rate Semester Change
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Heritage Healthcare Center
 3101 Ginger Drive
 Tallahassee FL 32308

Provider Number: 0 043833-00
 Date: 11/13/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
187.94	197.61	1/1/2013
Level H: Aids 338.75	348.42	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012**
- Rate Semester Change
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Heritage Healthcare Center
 3101 Ginger Drive
 Tallahassee FL 32308

Provider Number: 0 043833-00
 Date: 11/13/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
191.27	202.29	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
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Medicaid Reimbursement Per Diem Rates

Heritage Health Care Center
 1026 Albee Farm Road
 Venice FL 34292

Provider Number: 0 043835-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.25	202.69	2/1/2012
	Level H: Aids	353.86	350.30	2/1/2012

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
- Cost Settlement using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 09/23/1988

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Medicaid Reimbursement Per Diem Rates

Heritage Health Care Center
 1026 Albee Farm Road
 Venice FL 34292

Provider Number: 0 043835-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.91	208.21	7/1/2012
	Level H: Aids	361.12	357.42	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
- Cost Settlement using FYE 7/31/2012 C/R**
- Rate Semester Change
- On FRV [2] as of 09/23/1988

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Heritage Health Care Center
 1026 Albee Farm Road
 Venice FL 34292

Provider Number: 0 043835-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.91	212.98	8/1/2012
	Level H: Aids	361.12	362.19	8/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012 C/R**
- Rate Semester Change
- On FRV [2] as of 09/23/1988

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Heritage Health Care Center
 1026 Albee Farm Road
 Venice FL 34292

Provider Number: 0 043835-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.08	215.19	1/1/2013
	Level H: Aids	362.89	366.00	1/1/2013

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement using FYE 7/31/2012 C/R
 Rate Semester Change
 On FRV [2] as of 09/23/1988

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Heritage Health Care Center
 1026 Albee Farm Road
 Venice FL 34292

Provider Number: 0 043835-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
215.80	220.28	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012 C/R**
- Rate Semester Change
- On FRV [2] as of 09/23/1988

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Rio Pinar Health Care
 7950 Lake Underhill Road
 Orlando FL 32822

Provider Number: 0 043846-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.54	198.09	2/1/2012
	Level H: Aids	346.15	345.70	2/1/2012

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 7/31/2012

Rate Semester Change

On FRV [2] as of 09/23/1988

Distribution:

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Permanent File

For information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Rio Pinar Health Care
 7950 Lake Underhill Road
 Orlando FL 32822

Provider Number: 0 043846-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.30	203.37	7/1/2012
	Level H: Aids	352.51	352.58	7/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 09/23/1988

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Rio Pinar Health Care
 7950 Lake Underhill Road
 Orlando FL 32822

Provider Number: 0 043846-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.30	207.68	8/1/2012
	Level H: Aids	352.51	356.89	8/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 09/23/1988

Distribution:

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Medicaid Reimbursement Per Diem Rates

Rio Pinar Health Care
 7950 Lake Underhill Road
 Orlando FL 32822

Provider Number: 0 043846-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.47	209.68	1/1/2013
	Level H: Aids	354.28	360.49	1/1/2013

Rate Type :

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

Basis:

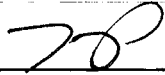
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Rio Pinar Health Care
 7950 Lake Underhill Road
 Orlando FL 32822

Provider Number: 0 043846-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.01	214.51	7/1/2013

Rate Type :

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

Basis:

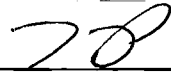
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

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- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012
- Rate Semester Change
- On FRV [2] as of 09/23/1988

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Medicaid Reimbursement Per Diem Rates

The Palms Rehabilitation and Healthcare Center
 5405 Babcock Street NE
 Palm Bay FL 32905

Provider Number: 0 043847-00
 Date: 12/3/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.35	199.80	2/1/2012
	Level H: Aids	348.96	347.41	2/1/2012

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 7/31/2012

Rate Semester Change

On FRV [2] as of 03/11/1998

Distribution:

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Medicaid Reimbursement Per Diem Rates

The Palms Rehabilitation and Healthcare Center
 5405 Babcock Street NE
 Palm Bay FL 32905

Provider Number: 0 043847-00
 Date: 12/3/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.07	205.13	7/1/2012
	Level H: Aids	355.28	354.34	7/1/2012

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 7/31/2012

Rate Semester Change

On FRV [2] as of 03/11/1998

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Medicaid Reimbursement Per Diem Rates

The Palms Rehabilitation and Healthcare Center
5405 Babcock Street NE
Palm Bay FL 32905

Provider Number: 0 043847-00
 Date: 12/3/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>206.07</u>	<u>208.04</u>	<u>8/1/2012</u>
	Level H: Aids	<u>355.28</u>	<u>357.25</u>	<u>8/1/2012</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 7/31/2012
 Rate Semester Change
 On FRV [2] as of 03/11/1998

Distribution:

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 No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

CMC II, LLC

800 Concourse Parkway South
Maitland FL 32751



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Palms Rehabilitation and Healthcare Center
 5405 Babcock Street NE
 Palm Bay FL 32905

Provider Number: 0 043847-00
 Date: 12/3/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.26	210.15	1/1/2013
	Level H: Aids	357.07	360.96	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 03/11/1998

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Medicaid Reimbursement Per Diem Rates

The Palms Rehabilitation and Healthcare Center
5405 Babcock Street NE
Palm Bay FL 32905

Provider Number: 0 043847-00
 Date: 12/3/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>209.87</u>	<u>215.13</u>	<u>7/1/2013</u>

Rate Type :

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

Basis:

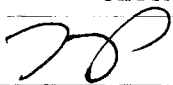
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 03/11/1998

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Medicaid Reimbursement Per Diem Rates

Coral Trace Health Care
 216 Santa Barbara Boulevard
 Cape Coral FL 33991

Provider Number: 0 043848-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.76	195.49	2/1/2012
	Level H: Aids	345.37	343.10	2/1/2012

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement using FYE 7/31/2012 C/R

Rate Semester Change

On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Coral Trace Health Care
 216 Santa Barbara Boulevard
 Cape Coral FL 33991

Provider Number: 0 043848-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.27	200.24	7/1/2012
	Level H: Aids	351.48	349.45	7/1/2012

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement using FYE 7/31/2012 C/R

Rate Semester Change

On FRV [2] as of 12/01/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

Coral Trace Health Care
 216 Santa Barbara Boulevard
 Cape Coral FL 33991

Provider Number: 0 043848-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.27	202.08	8/1/2012
	Level H: Aids	351.48	351.29	8/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012 C/R**
- Rate Semester Change
- On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Coral Trace Health Care
 216 Santa Barbara Boulevard
 Cape Coral FL 33991

Provider Number: 0 043848-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.45	204.08	1/1/2013
	Level H: Aids	353.26	354.89	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Coral Trace Health Care
 216 Santa Barbara Boulevard
 Cape Coral FL 33991

Provider Number: 0 043848-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	205.90	208.85	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 043851-00
 Date: 12/9/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.50	201.01	2/1/2012
	Level H: Aids	351.11	348.62	2/1/2012

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement using FYE 7/31/12 C/R

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 South Haverhill Road
 West Palm Beach FL 33415

Provider Number: 0 043851-00
 Date: 12/9/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.24	206.58	7/1/2012
Level H: Aids	358.45	355.79	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
- Cost Settlement using FYE 7/31/12 C/R**
- Rate Semester Change
- On FRV [2] as of 05/04/1993

Distribution:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 043851-00
 Date: 12/9/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.24	207.90	8/1/2012
	Level H: Aids	358.45	357.11	8/1/2012

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement using FYE 7/31/12 C/R
 Rate Semester Change
 On FRV [2] as of 05/04/1993

Distribution:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 043851-00
 Date: 12/9/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.98	210.70	1/1/2013
	Level H: Aids	361.79	361.51	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/12 C/R**
- Rate Semester Change
- On FRV [2] as of 05/04/1993

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Medicaid Reimbursement Per Diem Rates

Plantation Bay Rehabilitation Center
 4641 Old Canoe Creek Road
 St. Cloud FL 34769

Provider Number: 0 043853-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.07	200.05	2/1/2012
	Level H: Aids	350.68	347.66	2/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 07/20/1995

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Medicaid Reimbursement Per Diem Rates

Plantation Bay Rehabilitation Center
 4641 Old Canoe Creek Road
 St. Cloud FL 34769

Provider Number: 0 043853-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.81	205.73	7/1/2012
	Level H: Aids	357.02	354.94	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

Cost Settlement FYE 7/31/2012

Rate Semester Change

On FRV [2] as of 07/20/1995

Distribution:

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Medicaid Reimbursement Per Diem Rates

Plantation Bay Rehabilitation Center
 4641 Old Canoe Creek Road
 St. Cloud FL 34769

Provider Number: 0 043853-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.81	209.05	8/1/2012
	Level H: Aids	357.02	358.26	8/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012
- Rate Semester Change
- On FRV [2] as of 07/20/1995

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Medicaid Reimbursement Per Diem Rates

Plantation Bay Rehabilitation Center
 4641 Old Canoe Creek Road
 St. Cloud FL 34769

Provider Number: 0 043853-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.00	211.53	1/1/2013
	Level H: Aids	358.81	362.34	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 07/20/1995

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Medicaid Reimbursement Per Diem Rates

Plantation Bay Rehabilitation Center
 4641 Old Canoe Creek Road
 St. Cloud FL 34769

Provider Number: 0 043853-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.64	216.54	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 07/20/1995

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Medicaid Reimbursement Per Diem Rates

Colonial Lakes Health Care
 15204 West Colonial Drive
 Winter Garden FL 34787

Provider Number: 0 043854-00
 Date: 11/25/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	189.17	195.10	2/1/2012
	Level H: Aids	336.78	342.71	2/1/2012

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 7/31/2012

Rate Semester Change

On FRV [2] as of 09/01/1990

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

CMC II, LLC

800 Concourse Parkway South
 Maitland FL 32751

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Colonial Lakes Health Care
 15204 West Colonial Drive
 Winter Garden FL 34787

Provider Number: 0 043854-00
 Date: 11/25/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.81	200.74	7/1/2012
	Level H: Aids	343.02	349.95	7/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 09/01/1990

Distribution:

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Medicaid Reimbursement Per Diem Rates

Colonial Lakes Health Care
 15204 West Colonial Drive
 Winter Garden FL 34787

Provider Number: 0 043854-00
 Date: 11/25/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.81	205.72	8/1/2012
	Level H: Aids	343.02	354.93	8/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 09/01/1990

Distribution:

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Medicaid Reimbursement Per Diem Rates

Colonial Lakes Health Care
 15204 West Colonial Drive
 Winter Garden FL 34787

Provider Number: 0 043854-00
 Date: 11/25/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.96	208.32	1/1/2013
	Level H: Aids	344.77	359.13	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 09/01/1990

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Medicaid Reimbursement Per Diem Rates

Colonial Lakes Health Care
 15204 West Colonial Drive
 Winter Garden FL 34787

Provider Number: 0 043854-00
 Date: 11/25/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	197.40	213.74	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012
- Rate Semester Change
- On FRV [2] as of 09/01/1990

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 043856-00
 Date: 11/18/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>194.73</u>	<u>189.79</u>	<u>2/1/2012</u>
	Level H: Aids	<u>342.34</u>	<u>337.40</u>	<u>2/1/2012</u>

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 7/31/2012

Rate Semester Change

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

Distribution:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 043856-00
 Date: 11/18/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	199.53	196.31	7/1/2012
	Level H: Aids	348.74	345.52	7/1/2012

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 02/25/1991

Distribution:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 043856-00
 Date: 11/18/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	199.53	197.78	8/1/2012
Level H: Aids	348.74	346.99	8/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 02/25/1991

Distribution:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 043856-00
 Date: 11/18/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	199.70	200.89	1/1/2013
	Level H: Aids	350.51	351.70	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- 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 South Kings Avenue
 Brandon FL 33511

Provider Number: 0 043856-00
 Date: 11/18/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.19	206.16	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012
- Rate Semester Change
- On FRV [2] as of 02/25/1991

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Beneva Lakes Healthcare and Rehabilitation Center
 741 South Beneva Road
 Sarasota FL 34232

Provider Number: 0 043857-00
 Date: 11/18/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.46	194.98	2/1/2012
	Level H: Aids	350.07	342.59	2/1/2012

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 7/31/12

Rate Semester Change

On FRV [2] as of 01/01/2001

Distribution:

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Beneva Lakes Healthcare and Rehabilitation Center
741 South Beneva Road
Sarasota FL 34232

Provider Number: 0 043857-00
 Date: 11/18/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>208.41</u>	<u>200.56</u>	<u>7/1/2012</u>
	Level H: Aids	<u>357.62</u>	<u>349.77</u>	<u>7/1/2012</u>

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 7/31/12

Rate Semester Change

On FRV [2] as of 01/01/2001

Distribution:

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

Beneva Lakes Healthcare and Rehabilitation Center
741 South Beneva Road
Sarasota FL 34232

Provider Number: 0 043857-00
 Date: 11/18/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>208.41</u>	<u>204.65</u>	<u>8/1/2012</u>
	Level H: Aids	<u>357.62</u>	<u>353.86</u>	<u>8/1/2012</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:

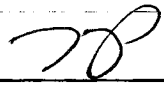
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/12**
- Rate Semester Change
- On FRV [2] as of 01/01/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

Beneva Lakes Healthcare and Rehabilitation Center
741 South Beneva Road
Sarasota FL 34232

Provider Number: 0 043857-00
 Date: 11/18/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.23	207.31	1/1/2013
	Level H: Aids	360.04	358.12	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/12**
- Rate Semester Change
- On FRV [2] as of 01/01/2001

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Beneva Lakes Healthcare and Rehabilitation Center
 741 South Beneva Road
 Sarasota FL 34232

Provider Number: 0 043857-00
 Date: 11/18/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	212.88	212.74	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/12**
- Rate Semester Change
- On FRV [2] as of 01/01/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

Bradenton Health Care
 6305 Cortez Road West
 Bradenton FL 34210

Provider Number: 0 043859-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.71	200.92	2/1/2012
	Level H: Aids	354.32	348.53	2/1/2012

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
- Cost Settlement using FYE 7/31/2012
- Rate Semester Change
- On FRV [2] as of 12/09/1999

Distribution:

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Medicaid Reimbursement Per Diem Rates

Bradenton Health Care
 6305 Cortez Road West
 Bradenton FL 34210

Provider Number: 0 043859-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.38	207.58	7/1/2012
	Level H: Aids	361.59	356.79	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
- Cost Settlement using FYE 7/31/2012
- Rate Semester Change
- On FRV [2] as of 12/09/1999

Distribution:

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Bradenton Health Care
 6305 Cortez Road West
 Bradenton FL 34210

Provider Number: 0 043859-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.38	208.40	8/1/2012
	Level H: Aids	361.59	357.61	8/1/2012

Rate Type :

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

Basis:

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

Changes:

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

Distribution:

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 For information Only
 No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 800 Concourse Parkway South
 Maitland FL 32751



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Bradenton Health Care
 6305 Cortez Road West
 Bradenton FL 34210

Provider Number: 0 043859-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.03	211.72	1/1/2013
	Level H: Aids	364.84	362.53	1/1/2013

Rate Type :

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

Basis:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Bradenton Health Care
 6305 Cortez Road West
 Bradenton FL 34210

Provider Number: 0 043859-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	218.78	216.73	7/1/2013

Rate Type :

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

Basis:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Fort Pierce Health Care
 611 South 13th Street
 Ft. Pierce FL 34950

Provider Number: 0 043861-00
 Date: 11/27/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.77	208.51	2/1/2012
	Level H: Aids	354.38	356.12	2/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

Fort Pierce Health Care
 611 South 13th Street
 Ft. Pierce FL 34950

Provider Number: 0 043861-00
 Date: 11/27/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.92	214.44	7/1/2012
	Level H: Aids	362.13	363.65	7/1/2012

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 7/31/2012

Rate Semester Change

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

Distribution:

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Medicaid Reimbursement Per Diem Rates

Fort Pierce Health Care
 611 South 13th Street
 Ft. Pierce FL 34950

Provider Number: 0 043861-00
 Date: 12/2/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.92	220.77	8/1/2012
	Level H: Aids	362.13	369.98	8/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Fort Pierce Health Care
 611 South 13th Street
 Ft. Pierce FL 34950

Provider Number: 0 043861-00
 Date: 11/27/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.95	223.62	1/1/2013
	Level H: Aids	364.76	374.43	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Fort Pierce Health Care
 611 South 13th Street
 Ft. Pierce FL 34950

Provider Number: 0 043861-00
 Date: 11/27/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
217.72	229.45	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Habana Health Care Center
 2916 Habana Way
 Tampa FL 33614

Provider Number: 0 043862-00
 Date: 11/27/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.02	198.65	2/1/2012
	Level H: Aids	340.63	346.26	2/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 05/01/1989

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Medicaid Reimbursement Per Diem Rates

Habana Health Care Center
 2916 Habana Way
 Tampa FL 33614

Provider Number: 0 043862-00
 Date: 11/27/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.67	204.41	7/1/2012
	Level H: Aids	346.88	353.62	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

Cost Settlement FYE 7/31/2012

_____ Rate Semester Change

_____ On FRV [2] as of 05/01/1989

Distribution:

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Habana Health Care Center
 2916 Habana Way
 Tampa FL 33614

Provider Number: 0 043862-00
 Date: 11/27/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	197.67	210.37	8/1/2012
Level H: Aids	346.88	359.58	8/1/2012

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
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 05/01/1989

Distribution:

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Medicaid Reimbursement Per Diem Rates

Habana Health Care Center
 2916 Habana Way
 Tampa FL 33614

Provider Number: 0 043862-00
 Date: 11/27/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.81	210.63	1/1/2013
	Level H: Aids	348.62	361.44	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012
- Rate Semester Change
- On FRV [2] as of 05/01/1989

Distribution:

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Habana Health Care Center
 2916 Habana Way
 Tampa FL 33614

Provider Number: 0 043862-00
 Date: 11/27/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
201.28	218.04	7/1/2013

Rate Type :

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

Basis:

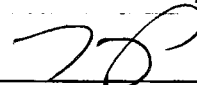
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 05/01/1989

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Medicaid Reimbursement Per Diem Rates

The Health and Rehabilitation Centre at Dolphins V
 1820 Shore Drive, South
 South Pasadena FL 33707

Provider Number: 0 043863-00
 Date: 11/12/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	222.50	215.05	2/1/2012
	Level H: Aids	370.11	362.66	2/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 04/01/1991

Distribution:

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Medicaid Reimbursement Per Diem Rates

The Health and Rehabilitation Centre at Dolphins V
1820 Shore Drive, South
South Pasadena FL 33707

Provider Number: 0 043863-00
 Date: 11/12/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>228.46</u>	<u>220.87</u>	<u>7/1/2012</u>
	Level H: Aids	<u>377.67</u>	<u>370.08</u>	<u>7/1/2012</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 04/01/1991

Distribution:

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The Health and Rehabilitation Centre at Dolphins V
1820 Shore Drive, South
South Pasadena FL 33707

Provider Number: 0 043863-00
 Date: 11/12/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>228.46</u>	<u>222.14</u>	<u>8/1/2012</u>
	Level H: Aids	<u>377.67</u>	<u>371.35</u>	<u>8/1/2012</u>

Rate Type :

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

Basis:


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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 04/01/1991

Distribution:

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The Health and Rehabilitation Centre at Dolphins V
 1820 Shore Drive, South
 South Pasadena FL 33707

Provider Number: 0 043863-00
 Date: 11/12/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	230.10	225.21	1/1/2013
	Level H: Aids	380.91	376.02	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 04/01/1991

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The Health and Rehabilitation Centre at Dolphins V
 1820 Shore Drive, South
 South Pasadena FL 33707

Provider Number: 0 043863-00
 Date: 11/12/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	235.11	231.11	7/1/2013

Rate Type :

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

Basis:


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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012
- Rate Semester Change
- On FRV [2] as of 04/01/1991

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 Maitland FL 32751



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Grand Oaks Health and Rehabilitation Center
 3001 Palm Coast Parkway SE
 Palm Coast FL 32137

Provider Number: 0 043864-00
 Date: 11/12/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.55	185.69	2/1/2012
	Level H: Aids	341.16	333.30	2/1/2012

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 7/31/2012

Rate Semester Change

On FRV [2] as of 05/16/1997

Distribution:

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Medicaid Reimbursement Per Diem Rates

Grand Oaks Health and Rehabilitation Center
3001 Palm Coast Parkway SE
Palm Coast FL 32137

Provider Number: 0 043864-00
 Date: 11/12/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>197.74</u>	<u>190.63</u>	<u>7/1/2012</u>
	Level H: Aids	<u>346.95</u>	<u>339.84</u>	<u>7/1/2012</u>

Rate Type :

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

Basis:

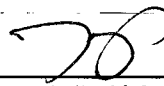
Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 05/16/1997

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Medicaid Reimbursement Per Diem Rates

Grand Oaks Health and Rehabilitation Center
 3001 Palm Coast Parkway SE
 Palm Coast FL 32137

Provider Number: 0 043864-00
 Date: 11/12/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	197.74	191.72	8/1/2012
Level H: Aids	346.95	340.93	8/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012
- Rate Semester Change
- On FRV [2] as of 05/16/1997

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Grand Oaks Health and Rehabilitation Center
 3001 Palm Coast Parkway SE
 Palm Coast FL 32137

Provider Number: 0 043864-00
 Date: 11/12/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.92	194.29	1/1/2013
	Level H: Aids	348.73	345.10	1/1/2013

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 05/16/1997

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Medicaid Reimbursement Per Diem Rates

Grand Oaks Health and Rehabilitation Center
 3001 Palm Coast Parkway SE
 Palm Coast FL 32137

Provider Number: 0 043864-00
 Date: 11/12/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	201.24	199.26	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 05/16/1997

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Medicaid Reimbursement Per Diem Rates

WedgeWood Healthcare Center
 1010 Carpenters Way
 Lakeland FL 33809

Provider Number: 0 043867-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.94	203.45	2/1/2012
	Level H: Aids	349.55	351.06	2/1/2012

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement using FYE 7/31/2012 C/R
 Rate Semester Change
 On FRV [2] as of 03/26/1999

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Medicaid Reimbursement Per Diem Rates

WedgeWood Healthcare Center
 1010 Carpenters Way
 Lakeland FL 33809

Provider Number: 0 043867-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.42	209.98	7/1/2012
	Level H: Aids	356.63	359.19	7/1/2012

Rate Type :	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input checked="" type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	
Basis:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input checked="" type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> Cost Settlement using FYE 7/31/2012 C/R
<input type="checkbox"/> Desk audit - Interim Portion	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Desk Audit - Prospective portion	<input type="checkbox"/> On FRV [2] as of 03/26/1999

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Medicaid Reimbursement Per Diem Rates

WedgeWood Healthcare Center
 1010 Carpenters Way
 Lakeland FL 33809

Provider Number: 0 043867-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.42	210.72	8/1/2012
	Level H: Aids	356.63	359.93	8/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012 C/R**
- Rate Semester Change
- On FRV [2] as of 03/26/1999

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Medicaid Reimbursement Per Diem Rates

Wedgewood Healthcare Center
 1010 Carpenters Way
 Lakeland FL 33809

Provider Number: 0 043867-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.07	214.28	1/1/2013
Level H: Aids	359.88	365.09	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012 C/R**
- Rate Semester Change
- On FRV [2] as of 03/26/1999

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Medicaid Reimbursement Per Diem Rates

WedgeWood Healthcare Center
 1010 Carpenters Way
 Lakeland FL 33809

Provider Number: 0 043867-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	213.15	220.19	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 03/26/1999

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Medicaid Reimbursement Per Diem Rates

Deltona Health Care
 1851 Elkcam Boulevard
 Deltona FL 32725

Provider Number: 0 043868-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.18	195.58	2/1/2012
	Level H: Aids	345.79	343.19	2/1/2012

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement using FYE 7/31/2012 C/R

Rate Semester Change

On FRV [2] as of 05/01/1998

Distribution:

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Medicaid Reimbursement Per Diem Rates

Deltona Health Care
 1851 Elkcam Boulevard
 Deltona FL 32725

Provider Number: 0 043868-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.85	201.53	7/1/2012
	Level H: Aids	352.06	350.74	7/1/2012

Rate Type :

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

Basis:


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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012 C/R**
- Rate Semester Change
- On FRV [2] as of 05/01/1998

Distribution:

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Medicaid Reimbursement Per Diem Rates

Deltona Health Care
 1851 Elkcam Boulevard
 Deltona FL 32725

Provider Number: 0 043868-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.85	204.22	8/1/2012
	Level H: Aids	352.06	353.43	8/1/2012

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
- Cost Settlement using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 05/01/1998

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Medicaid Reimbursement Per Diem Rates

Deltona Health Care
 1851 Elkcarn Boulevard
 Deltona FL 32725

Provider Number: 0 043868-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.02	206.37	1/1/2013
	Level H: Aids	353.83	357.18	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012 C/R**
- Rate Semester Change
- On FRV [2] as of 05/01/1998

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Medicaid Reimbursement Per Diem Rates

Deltona Health Care
 1851 Elkcarn Boulevard
 Deltona FL 32725

Provider Number: 0 043868-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
206.56	211.23	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 05/01/1998

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Medicaid Reimbursement Per Diem Rates

Lake Mary Health and Rehabilitation Center
 710 North Sun Drive
 Lake Mary Fl 32746

Provider Number: 0 043871-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.07</u>	<u>194.10</u>	<u>2/1/2012</u>
	Level H: Aids	<u>346.68</u>	<u>341.71</u>	<u>2/1/2012</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 11/08/2000

Distribution:

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Lake Mary Health and Rehabilitation Center
 710 North Sun Drive
 Lake Mary Fl 32746

Provider Number: 0 043871-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.53	198.34	7/1/2012
	Level H: Aids	352.74	347.55	7/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 11/08/2000

Distribution:

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- No Change in Rate

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: CMC II, LLC

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Maitland FL 32751



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

Lake Mary Health and Rehabilitation Center
 710 North Sun Drive
 Lake Mary FL 32746

Provider Number: 0 043871-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.53</u>	<u>199.88</u>	<u>8/1/2012</u>
	Level H: Aids	<u>352.74</u>	<u>349.09</u>	<u>8/1/2012</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012
- Rate Semester Change
- On FRV [2] as of 11/08/2000

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Medicaid Reimbursement Per Diem Rates

Lake Mary Health and Rehabilitation Center
 710 North Sun Drive
 Lake Mary Fl 32746

Provider Number: 0 043871-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.71	201.87	1/1/2013
	Level H: Aids	354.52	352.68	1/1/2013

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 11/08/2000

Distribution:

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Medicaid Reimbursement Per Diem Rates

Lake Mary Health and Rehabilitation Center
 710 North Sun Drive
 Lake Mary FL 32746

Provider Number: 0 043871-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
207.20	206.54	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 11/08/2000

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Medicaid Reimbursement Per Diem Rates

Countryside Rehab and Healthcare Center
 3825 Countryside Boulevard N
 Palm Harbor FL 34684

Provider Number: 0 043872-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	196.99	186.07	2/1/2012
	Level H: Aids	344.60	333.68	2/1/2012

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 10/19/1987

Distribution:

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Medicaid Reimbursement Per Diem Rates

Countryside Rehab and Healthcare Center
 3825 Countryside Boulevard N
 Palm Harbor FL 34684

Provider Number: 0 043872-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.68	191.50	7/1/2012
	Level H: Aids	350.89	340.71	7/1/2012

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 10/19/1987

Distribution:

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Medicaid Reimbursement Per Diem Rates

Countryside Rehab and Healthcare Center
 3825 Countryside Boulevard N
 Palm Harbor FL 34684

Provider Number: 0 043872-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.68	195.40	8/1/2012
	Level H: Aids	350.89	344.61	8/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 10/19/1987

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Medicaid Reimbursement Per Diem Rates

Countryside Rehab and Healthcare Center
 3825 Countryside Boulevard N
 Palm Harbor FL 34684

Provider Number: 0 043872-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.86	197.98	1/1/2013
	Level H: Aids	352.67	348.79	1/1/2013

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 10/19/1987

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Medicaid Reimbursement Per Diem Rates

Countryside Rehab and Healthcare Center
 3825 Countryside Boulevard N
 Palm Harbor FL 34684

Provider Number: 0 043872-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	205.40	202.82	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 10/19/1987

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Medicaid Reimbursement Per Diem Rates

Health Center at Brentwood
 2333 North Brentwood Circle
 Lecanto FL 34461

Provider Number: 0 043874-00
 Date: 11/19/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.99	184.99	2/1/2012
	Level H: Aids	343.60	332.60	2/1/2012

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement using FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Health Center at Brentwood
 2333 North Brentwood Circle
 Lecanto FL 34461

Provider Number: 0 043874-00
 Date: 11/19/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.53	190.37	7/1/2012
	Level H: Aids	349.74	339.58	7/1/2012

Rate Type :

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

Basis:

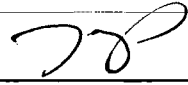
<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> 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 using FYE 7/31/2012
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Health Center at Brentwood
 2333 North Brentwood Circle
 Lecanto FL 34461

Provider Number: 0 043874-00
 Date: 11/19/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.53	191.39	8/1/2012
	Level H: Aids	349.74	340.60	8/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement using FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 12/01/2001

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Health Center at Brentwood
 2333 North Brentwood Circle
 Lecanto FL 34461

Provider Number: 0 043874-00
 Date: 11/19/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	200.69	193.85	1/1/2013
Level H: Aids	351.50	344.66	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 12/01/2001

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Health Center at Brentwood
 2333 North Brentwood Circle
 Lecanto FL 34461

Provider Number: 0 043874-00
 Date: 11/19/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
204.15	198.92	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Magnolia Health and Rehabilitation Center
 1507 South Tuttle Avenue
 Sarasota FL 34239

Provider Number: 0 043877-00
 Date: 11/22/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.04	195.37	2/1/2012
	Level H: Aids	352.65	342.98	2/1/2012

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 09/14/1994

Distribution:

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Medicaid Reimbursement Per Diem Rates

Magnolia Health and Rehabilitation Center
 1507 South Tuttle Avenue
 Sarasota FL 34239

Provider Number: 0 043877-00
 Date: 11/22/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.92	201.03	7/1/2012
	Level H: Aids	359.13	350.24	7/1/2012

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 09/14/1994

Distribution:

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Medicaid Reimbursement Per Diem Rates

Magnolia Health and Rehabilitation Center
 1507 South Tuttle Avenue
 Sarasota FL 34239

Provider Number: 0 043877-00
 Date: 11/22/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
209.92	204.06	8/1/2012
Level H: Aids 359.13	353.27	8/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 09/14/1994

Distribution:

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Medicaid Reimbursement Per Diem Rates

Magnolia Health and Rehabilitation Center
 1507 South Tuttle Avenue
 Sarasota FL 34239

Provider Number: 0 043877-00
 Date: 11/22/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.11	206.47	1/1/2013
	Level H: Aids	360.92	357.28	1/1/2013

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 09/14/1994

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 800 Concourse Parkway South
 Maitland FL 32751



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Medicaid Reimbursement Per Diem Rates

Magnolia Health and Rehabilitation Center
 1507 South Tuttle Avenue
 Sarasota FL 34239

Provider Number: 0 043877-00
 Date: 11/22/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
213.82	211.39	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 09/14/1994

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Medicaid Reimbursement Per Diem Rates

Marshall Health and Rehabilitation Center
 207 Marshall Drive
 Perry FL 32347

Provider Number: 0 043878-00
 Date: 11/22/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	176.93	179.20	2/1/2012
	Level H: Aids	324.54	326.81	2/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Marshall Health and Rehabilitation Center
 207 Marshall Drive
 Perry FL 32347

Provider Number: 0 043878-00
 Date: 11/22/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	181.30	184.51	7/1/2012
	Level H: Aids	330.51	333.72	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

Cost Settlement FYE 7/31/2012

____ Rate Semester Change

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

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Medicaid Reimbursement Per Diem Rates

Marshall Health and Rehabilitation Center
 207 Marshall Drive
 Perry FL 32347

Provider Number: 0 043878-00
 Date: 11/22/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	181.30	188.58	8/1/2012
	Level H: Aids	330.51	337.79	8/1/2012

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Marshall Health and Rehabilitation Center
 207 Marshall Drive
 Perry FL 32347

Provider Number: 0 043878-00
 Date: 11/22/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	181.43	191.04	1/1/2013
	Level H: Aids	332.24	341.85	1/1/2013

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
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Medicaid Reimbursement Per Diem Rates

Marshall Health and Rehabilitation Center
 207 Marshall Drive
 Perry FL 32347

Provider Number: 0 043878-00
 Date: 11/22/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	184.62	196.06	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

The Crossroads
 206 West Orange Street
 Davenport FL 33837

Provider Number: 0 045471-00
 Date: 11/22/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	228.12	236.04	6/30/2010
	Level H: Aids	370.04	377.96	6/30/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 1/31/2011
 Rate Semester Change
 On FRV [2] as of 07/01/1988

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Medicaid Reimbursement Per Diem Rates

The Crossroads
 206 West Orange Street
 Davenport FL 33837

Provider Number: 0 045471-00
 Date: 11/22/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	229.95	239.05	7/1/2010
	Level H: Aids	373.29	382.39	7/1/2010

Rate Type :

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

Basis:

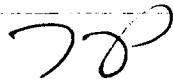
Changes:

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

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Medicaid Reimbursement Per Diem Rates

The Crossroads
 206 West Orange Street
 Davenport FL 33837

Provider Number: 0 045471-00
 Date: 11/22/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	230.37	241.92	1/1/2011
	Level H: Aids	375.23	386.78	1/1/2011

Rate Type :

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

Basis:

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 Field audit - interim portion
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Medicaid Reimbursement Per Diem Rates

The Crossroads
 206 West Orange Street
 Davenport FL 33837

Provider Number: 0 045471-00
 Date: 11/22/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	230.37	244.23	2/1/2011
	Level H: Aids	375.23	389.09	2/1/2011

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
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 Field audited costs
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Changes:

Licensure Rating Change
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 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 1/31/2011
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

The Crossroads
 206 West Orange Street
 Davenport FL 33837

Provider Number: 0 045471-00
 Date: 11/22/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	220.44	236.02	7/1/2011
	Level H: Aids	366.64	382.22	7/1/2011

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:

Licensure Rating Change
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 FRVS Change
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The Crossroads
 206 West Orange Street
 Davenport FL 33837

Provider Number: 0 045471-00
 Date: 11/22/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	220.97	239.10	1/1/2012
	Level H: Aids	368.58	386.71	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:

Changes:

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

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 FRVS Change
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The Crossroads
 206 West Orange Street
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Provider Number: 0 045471-00
 Date: 11/22/2013
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	227.42	247.45	7/1/2012
	Level H: Aids	376.63	396.66	7/1/2012

Rate Type :

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

Basis:

Changes:

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

Licensure Rating Change
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