



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

Medicaid Reimbursement Per Diem Rates

The Crossroads
 206 West Orange Street
 Davenport FL 33837

Provider Number: 0 045471-00
 Date: 11/22/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.57</u>	<u>232.72</u>	<u>1/1/2013</u>
	Level H: Aids	<u>378.38</u>	<u>383.53</u>	<u>1/1/2013</u>

Rate Type :

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

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Retro using FYE 1/31/2012 Cost Report
 Rate Semester Change
 On FRV [2] as of 07/01/1988

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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Provider Number: 0 045471-00
 Date: 11/22/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	230.73	238.23	7/1/2013

Rate Type :

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

Basis:

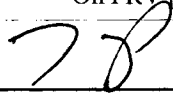
- Budget
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Changes:

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Home Office: 1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

Renaissance Health and Rehabilitation
 5065 Wallis Road
 West Palm Beach FL 33415

Provider Number: 0 047787-00
 Date: 11/21/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	222.13	206.29	2/1/2012
	Level H: Aids	369.74	353.90	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 |
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Basis:

- Budget
- Unaudited costs
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Changes:

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- 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 07/09/1986

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Renaissance Health and Rehabilitation
 5065 Wallis Road
 West Palm Beach FL 33415

Provider Number: 0 047787-00
 Date: 11/21/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	229.44	212.28	7/1/2012
	Level H: Aids	378.65	361.49	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 |
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 5065 Wallis Road
 West Palm Beach FL 33415

Provider Number: 0 047787-00
 Date: 11/21/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	229.44	218.00	8/1/2012
	Level H: Aids	378.65	367.21	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

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 West Palm Beach FL 33415

Provider Number: 0 047787-00
 Date: 11/21/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	232.47	220.84	1/1/2013
	Level H: Aids	383.28	371.65	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 |
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Provider Number: 0 047787-00
 Date: 11/21/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	238.37	226.53	7/1/2013

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
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Wood Lake Nursing and Rehabilitation Center
 6414 13th Road South
 West Palm Beach FL 33415

Provider Number: 0 047788-00
 Date: 11/20/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>219.57</u>	<u>204.37</u>	<u>2/1/2012</u>
	Level H: Aids	<u>367.18</u>	<u>351.98</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 |
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 West Palm Beach FL 33415

Provider Number: 0 047788-00
 Date: 11/20/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	225.91	210.36	7/1/2012
	Level H: Aids	375.12	359.57	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

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 Date: 11/20/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	225.91	214.46	8/1/2012
	Level H: Aids	375.12	363.67	8/1/2012

Rate Type :

- | | |
|---|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input type="checkbox"/> Total Prospective |
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 West Palm Beach FL 33415

Provider Number: 0 047788-00
 Date: 11/20/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	226.47	216.75	1/1/2013
	Level H: Aids	377.28	367.56	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 |
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 6414 13th Road South
 West Palm Beach FL 33415

Provider Number: 0 047788-00
 Date: 11/20/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	230.43	222.36	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 |
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Medicaid Reimbursement Per Diem Rates

Rosewood Health and Rehabilitation Center
 3920 Rosewood Way
 Orlando FL 32808

Provider Number: 0 059869-00
 Date: 12/5/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	195.46	198.47	2/1/2012
Level H: Aids	343.07	346.08	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 |
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Changes:

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- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 12/01/2001

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Provider Number: 0 059869-00
 Date: 12/5/2013
 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>200.16</u>	<u>203.62</u>	<u>7/1/2012</u>
	Level H: Aids	<u>349.37</u>	<u>352.83</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

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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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 Date: 12/5/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.16	207.95	8/1/2012
	Level H: Aids	349.37	357.16	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 |
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Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.32	209.96	1/1/2013
	Level H: Aids	351.13	360.77	1/1/2013

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
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- Settlement based on costs
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 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
203.85	215.14	7/1/2013

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
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- Field audit - interim portion
- Desk 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

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

CMC II, LLC
 800 Concourse Parkway South
 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

San Jose Health and Rehabilitation Center
9355 San Jose Boulevard
Jacksonville FL 32257

Provider Number: 0 061102-00
 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>192.57</u>	<u>191.83</u>	<u>2/1/2012</u>
	Level H: Aids	<u>340.18</u>	<u>339.44</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 using FYE 7/31/2012 C/R**
- Rate Semester Change
- On FRV [2] as of 12/01/2001

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

San Jose Health and Rehabilitation Center
 9355 San Jose Boulevard
 Jacksonville FL 32257

Provider Number: 0 061102-00
 Date: 12/3/2013
 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>197.23</u>	<u>197.36</u>	<u>7/1/2012</u>
	Level H: Aids	<u>346.44</u>	<u>346.57</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 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

San Jose Health and Rehabilitation Center
9355 San Jose Boulevard
Jacksonville FL 32257

Provider Number: 0 061102-00
 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>197.23</u>	<u>201.13</u>	<u>8/1/2012</u>
	Level H: Aids	<u>346.44</u>	<u>350.34</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 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

San Jose Health and Rehabilitation Center
 9355 San Jose Boulevard
 Jacksonville FL 32257

Provider Number: 0 061102-00
 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	197.39	204.08	1/1/2013
	Level H: Aids	348.20	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

Distribution:

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Medicaid Reimbursement Per Diem Rates

San Jose Health and Rehabilitation Center
9355 San Jose Boulevard
Jacksonville FL 32257

Provider Number: 0 061102-00
 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
200.88	208.92	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 C/R**
- Rate Semester Change
- On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Hobe Sound Geriatric Village, Inc.
 9555 SE Federal Highway
 Hobe Sound FL 33455

Provider Number: 0 201545-00
 Date: 10/21/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	181.34	183.85	1/1/2009
	Level H: Aids	319.69	322.20	1/1/2009

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH09-100L FYE 12/31/2007**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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Home Office: I - No Home Office



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Medicaid Reimbursement Per Diem Rates

Hobe Sound Geriatric Village, Inc.
 9555 SE Federal Highway
 Hobe Sound FL 33455

Provider Number: 0 201545-00
 Date: 10/21/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>166.14</u>	<u>168.44</u>	<u>3/1/2009</u>
	Level H: Aids	<u>304.49</u>	<u>306.79</u>	<u>3/1/2009</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH09-100L FYE 12/31/2007
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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 No Change in Rate

Thomas Parker

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Home Office:

I - No Home Office



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Medicaid Reimbursement Per Diem Rates

Hobe Sound Geriatric Village, Inc.
 9555 SE Federal Highway
 Hobe Sound FL 33455

Provider Number: 0 201545-00
 Date: 10/21/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.65	208.35	4/1/2009
	Level H: Aids	344.00	346.70	4/1/2009

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH09-100L FYE 12/31/2007
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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Thomas Parker
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Home Office: 1 - No Home Office



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Hobe Sound Geriatric Village, Inc.
 9555 SE Federal Highway
 Hobe Sound FL 33455

Provider Number: 0 201545-00
 Date: 10/21/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.68</u>	<u>216.37</u>	<u>7/1/2009</u>
	Level H: Aids	<u>352.03</u>	<u>356.72</u>	<u>7/1/2009</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH09-100L FYE 12/31/2007
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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Home Office: 1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

TAYLOR CARE CENTER, INC.
 6635 CHESTER AVE.
 Jacksonville FL 32217

Provider Number: 0 207446-00
 Date: 9/19/2013
 Fiscal Year End: 8/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	170.99	168.10	1/1/2007
	Level H: Aids	300.59	297.70	1/1/2007

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-099L FYE 08/31/06
- Rate Semester Change
- On FRV [2] as of 01/01/2004

Distribution:

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- No Change in Rate

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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 Jacksonville FL 32217



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TAYLOR CARE CENTER, INC.
 6635 CHESTER AVE.
 Jacksonville FL 32217

Provider Number: 0 207446-00
 Date: 9/19/2013
 Fiscal Year End: 8/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	177.87	174.95	2/1/2007
	Level H: Aids	307.47	304.55	2/1/2007

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11-099L FYE 08/31/06
 Rate Semester Change
 On FRV [2] as of 01/01/2004

Distribution:

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Medicaid Reimbursement Per Diem Rates

TAYLOR CARE CENTER, INC.
 6635 CHESTER AVE.
 Jacksonville FL 32217

Provider Number: 0 207446-00
 Date: 9/19/2013
 Fiscal Year End: 8/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	170.99	168.10	3/1/2007
	Level H: Aids	300.59	297.70	3/1/2007

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-099L FYE 08/31/06
- Rate Semester Change
- On FRV [2] as of 01/01/2004

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Medicaid Reimbursement Per Diem Rates

TAYLOR CARE CENTER, INC.
 6635 CHESTER AVE.
 Jacksonville FL 32217

Provider Number: 0 207446-00
 Date: 9/19/2013
 Fiscal Year End: 8/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	182.37	180.46	7/1/2007
	Level H: Aids	314.31	312.40	7/1/2007

Rate Type :

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

Basis:

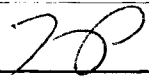
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-099L FYE 08/31/06
- Rate Semester Change
- On FRV [2] as of 01/01/2004

Distribution:

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TAYLOR CARE CENTER, INC.
 6635 CHESTER AVE.
 Jacksonville FL 32217

Provider Number: 0 207446-00
 Date: 9/19/2013
 Fiscal Year End: 8/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	180.69	178.97	1/1/2008
	Level H: Aids	314.69	312.97	1/1/2008

Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	
Basis:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input checked="" 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"/> Field Audit #NH11-099L FYE 08/31/06
<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 01/01/2004

Distribution:

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TAYLOR CARE CENTER, INC.
 6635 CHESTER AVE.
 Jacksonville FL 32217

Provider Number: 0 207446-00
 Date: 9/19/2013
 Fiscal Year End: 8/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	182.32	182.06	7/1/2008
	Level H: Aids	318.60	318.34	7/1/2008

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit #NH11-099L FYE 08/31/06
 Rate Semester Change
 On FRV [2] as of 01/01/2004

Distribution:

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 6635 CHESTER AVE.
 Jacksonville FL 32217

Provider Number: 0 207446-00
 Date: 9/19/2013
 Fiscal Year End: 8/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	180.87	180.64	1/1/2009
	Level H: Aids	319.22	318.99	1/1/2009

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11-099L FYE 08/31/06**
- Rate Semester Change
- On FRV [2] as of 01/01/2004

Distribution:

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

Home Office:

Taylor Foundation Services, Inc.
 James T. Price
 6601 Chester Avenue
 Jacksonville FL 32217

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

TAYLOR CARE CENTER, INC.
 6635 CHESTER AVE.
 Jacksonville FL 32217

Provider Number: 0 207446-00
 Date: 9/19/2013
 Fiscal Year End: 8/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>165.71</u>	<u>165.50</u>	<u>3/1/2009</u>
	Level H: Aids	<u>304.06</u>	<u>303.85</u>	<u>3/1/2009</u>

Rate Type :

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

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Changes:

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 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

TAYLOR CARE CENTER, INC.
 6635 CHESTER AVE.
 Jacksonville FL 32217

Provider Number: 0 207446-00
 Date: 9/19/2013
 Fiscal Year End: 8/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.78	204.53	4/1/2009
	Level H: Aids	343.13	342.88	4/1/2009

Rate Type :

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


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Changes:

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 6635 CHESTER AVE.
 Jacksonville FL 32217

Provider Number: 0 207446-00
 Date: 9/19/2013
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.34	209.14	7/1/2009
	Level H: Aids	350.69	349.49	7/1/2009

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
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Provider Number: 0 207446-00
 Date: 9/19/2013
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.72	209.49	1/1/2010
	Level H: Aids	351.64	351.41	1/1/2010

Rate Type :

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

Basis:

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 Jacksonville FL 32217

Provider Number: 0 207446-00
 Date: 9/19/2013
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.01	213.78	7/1/2010
	Level H: Aids	357.35	357.12	7/1/2010

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
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Provider Number: 0 207446-00
 Date: 9/19/2013
 Fiscal Year End: 8/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	223.26	223.10	1/1/2011
	Level H: Aids	368.12	367.96	1/1/2011

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:

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 Jacksonville FL 32217

Provider Number: 0 207446-00
 Date: 9/19/2013
 Fiscal Year End: 8/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.56	215.44	7/1/2011
	Level H: Aids	361.76	361.64	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

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Provider Number: 0 207446-00
 Date: 9/19/2013
 Fiscal Year End: 8/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.76	217.67	1/1/2012
	Level H: Aids	365.37	365.28	1/1/2012

Rate Type :

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

Basis:

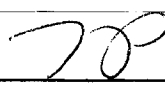
- Budget
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 6635 CHESTER AVE.
 Jacksonville FL 32217

Provider Number: 0 207446-00
 Date: 9/19/2013
 Fiscal Year End: 8/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.83	219.72	7/1/2012
	Level H: Aids	369.04	368.93	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
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Changes:

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Medicaid Reimbursement Per Diem Rates

TAYLOR CARE CENTER, INC.
 6635 CHESTER AVE.
 Jacksonville FL 32217

Provider Number: 0 207446-00
 Date: 9/19/2013
 Fiscal Year End: 8/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	222.18	221.29	1/1/2013
	Level H: Aids	372.99	372.10	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:

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Medicaid Reimbursement Per Diem Rates

TAYLOR CARE CENTER, INC.
 6635 CHESTER AVE.
 Jacksonville FL 32217

Provider Number: 0 207446-00
 Date: 9/19/2013
 Fiscal Year End: 8/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	228.45	226.97	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:

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Medicaid Reimbursement Per Diem Rates

The Fountains Nursing Home
 3800 North Federal Hwy.
 Boca Raton FL 33431

Provider Number: 0 212393-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.01	196.45	7/1/2009
	Level H: Aids	338.36	336.80	7/1/2009

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
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Basis:

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Changes:

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- Target Rate limitation change
- FRVS Change
- Field Audit RFA #NH11-034G FYE 12/31/08
- Rate Semester Change
- On FRV [2] as of 03/01/1986

Distribution:

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Home Office:

Rohm Service Corp
 740 East Avenue
 Rochester NY 14607

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

The Fountains Nursing Home
 3800 North Federal Hwy.
 Boca Raton FL 33431

Provider Number: 0 212393-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	199.58	198.00	1/1/2010
	Level H: Aids	341.50	339.92	1/1/2010

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
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 Boca Raton FL 33431

Provider Number: 0 212393-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.10	211.20	7/1/2010
	Level H: Aids	354.44	354.54	7/1/2010

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
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 Boca Raton FL 33431

Provider Number: 0 212393-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.95	214.05	1/1/2011
	Level H: Aids	358.81	358.91	1/1/2011

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
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Provider Number: 0 212393-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.20	207.28	7/1/2011
	Level H: Aids	353.40	353.48	7/1/2011

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Fountains Nursing Home
 3800 North Federal Hwy.
 Boca Raton FL 33431

Provider Number: 0 212393-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.69	206.78	1/1/2012
	Level H: Aids	354.30	354.39	1/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA RFA #NH11-034G FYE 12/31/08**
- Rate Semester Change
- On FRV [2] as of 03/01/1986

Distribution:

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

Thomas Parker

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Rohm Service Corp
 740 East Avenue
 Rochester NY 14607



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Fountains Nursing Home
 3800 North Federal Hwy.
 Boca Raton FL 33431

Provider Number: 0 212393-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.81	212.90	7/1/2012
	Level H: Aids	362.02	362.11	7/1/2012

Rate Type :

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

Basis:


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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA RFA #NH11-034G FYE 12/31/08
 Rate Semester Change
 On FRV [2] as of 03/01/1986

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Medicaid Reimbursement Per Diem Rates

The Fountains Nursing Home
 3800 North Federal Hwy.
 Boca Raton FL 33431

Provider Number: 0 212393-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.03	205.11	1/1/2013
	Level H: Aids	355.84	355.92	1/1/2013

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA RFA #NH11-034G FYE 12/31/08
 Rate Semester Change
 On FRV [2] as of 03/01/1986

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Medicaid Reimbursement Per Diem Rates

The Fountains Nursing Home
 3800 North Federal Hwy.
 Boca Raton FL 33431

Provider Number: 0 212393-00
 Date: 9/4/2013
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	216.50	216.58	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA RFA #NH11-034G FYE 12/31/08**
- Rate Semester Change
- On FRV [2] as of 03/01/1986

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Medicaid Reimbursement Per Diem Rates

Lakeshore Villas Health Care Center
 16002 Lakeshore Villas Drive
 Tampa FL 33613

Provider Number: 0 218057-00
 Date: 8/21/2013
 Fiscal Year End: 1/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>173.54</u>	<u>157.11</u>	<u>1/1/2008</u>
	Level H: Aids	<u>307.54</u>	<u>291.11</u>	<u>1/1/2008</u>

Rate Type :

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

Basis:

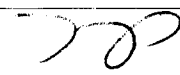
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH10- 002C FYE 1/31/2007
- Rate Semester Change

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 Kathy Chudow
 1240 Marbella Plaza Drive
 Tampa FL 33619



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Lakeshore Villas Health Care Center
 16002 Lakeshore Villas Drive
 Tampa FL 33613

Provider Number: 0 218057-00
 Date: 8/21/2013
 Fiscal Year End: 1/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>175.14</u>	<u>159.30</u>	<u>7/1/2008</u>
	Level H: Aids	<u>311.42</u>	<u>295.58</u>	<u>7/1/2008</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH10- 002C FYE 1/31/2007
- Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

Charlotte Harbor Health Care
 4000 Kings Highway
 Port Charlotte FL 33980

Provider Number: 0 226327-00
 Date: 10/18/2013
 Fiscal Year End: 9/30/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	175.15	174.62	1/1/2007
	Level H: Aids	304.75	304.22	1/1/2007

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH03-209J FYE 09/30/2001
 Rate Semester Change
 On FRV [2] as of 06/02/1994

Distribution:

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Home Office: 1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

Charlotte Harbor Health Care
 4000 Kings Highway
 Port Charlotte FL 33980

Provider Number: 0 226327-00
 Date: 10/18/2013
 Fiscal Year End: 9/30/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	177.42	176.89	2/1/2007
	Level H: Aids	307.02	306.49	2/1/2007

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH03-209J FYE 09/30/2001
 Rate Semester Change
 On FRV [2] as of 06/02/1994

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Medicaid Reimbursement Per Diem Rates

Charlotte Harbor Health Care
 4000 Kings Highway
 Port Charlotte FL 33980

Provider Number: 0 226327-00
 Date: 10/18/2013
 Fiscal Year End: 9/30/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	175.15	174.62	3/1/2007
	Level H: Aids	304.75	304.22	3/1/2007

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA & RFA #NH03-209J FYE 09/30/2001
- Rate Semester Change
- On FRV [2] as of 06/02/1994

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Home Office:

1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

Forum at Deer Creek
 3001 Deer Creek Blvd
 Deerfield Beach FL 33442

Provider Number: 0 253481-00
 Date: 8/21/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>224.78</u>	<u>222.32</u>	<u>1/1/2008</u>
	Level H: Aids	<u>358.78</u>	<u>356.32</u>	<u>1/1/2008</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH10-055W FYE 06/30/2007
- Rate Semester Change
- On FRV [2] as of 06/04/1990

Distribution:

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- No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

FiveStar Quality Care Inc

400 Centre Street
 Newton MA 02458



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Forum at Deer Creek
 3001 Deer Creek Blvd
 Deerfield Beach FL 33442

Provider Number: 0 253481-00
 Date: 8/21/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	226.75	224.91	7/1/2008
	Level H: Aids	363.03	361.19	7/1/2008

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH10-055W FYE 06/30/2007
 Rate Semester Change
 On FRV [2] as of 06/04/1990

Distribution:

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Forum at Deer Creek
 3001 Deer Creek Blvd
 Deerfield Beach FL 33442

Provider Number: 0 253481-00
 Date: 8/21/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.33	223.17	1/1/2009
	Level H: Aids	362.68	361.52	1/1/2009

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH10-055W FYE 06/30/2007
 Rate Semester Change
 On FRV [2] as of 06/04/1990

Distribution:

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Medicaid Reimbursement Per Diem Rates

Forum at Deer Creek
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 Deerfield Beach FL 33442

Provider Number: 0 253481-00
 Date: 8/21/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	205.53	204.46	3/1/2009
Level H: Aids	343.88	342.81	3/1/2009

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH10-055W FYE 06/30/2007
 Rate Semester Change
 On FRV [2] as of 06/04/1990

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Medicaid Reimbursement Per Diem Rates

Forum at Deer Creek
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 Deerfield Beach FL 33442

Provider Number: 0 253481-00
 Date: 8/21/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	247.21	245.99	4/1/2009
	Level H: Aids	385.56	384.34	4/1/2009

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH10-055W FYE 06/30/2007
- Rate Semester Change
- On FRV [2] as of 06/04/1990

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Medicaid Reimbursement Per Diem Rates

Forum at Deer Creek
 3001 Deer Creek Blvd
 Deerfield Beach FL 33442

Provider Number: 0 253481-00
 Date: 8/20/2013
 Fiscal Year End: 6/30/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	246.85	246.84	1/1/2011
	Level H: Aids	391.71	391.70	1/1/2011

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH10-055W FYE 06/30/2007
- Rate Semester Change
- On FRV [2] as of 06/04/1990

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Sarasota Memorial Nursing & Rehabilitation Facilit
 5640 Rand Blvd.
 Sarasota FL 34238

Provider Number: 0 260355-00
 Date: 10/25/2013
 Fiscal Year End: 9/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.94	206.05	7/1/2010
	Level H: Aids	352.28	349.39	7/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH12- 064W FYE 9/30/2009**
- Rate Semester Change

Distribution:

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- No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Sarasota Memorial Nursing & Rehabilitation Facilit
 5640 Rand Blvd.
 Sarasota FL 34238

Provider Number: 0 260355-00
 Date: 10/25/2013
 Fiscal Year End: 9/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.64	208.72	1/1/2011
	Level H: Aids	356.50	353.58	1/1/2011

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH12- 064W FYE 9/30/2009
 Rate Semester Change

Distribution:

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Home Office:

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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

Carrollwood Care Center
 15002 Hutchinson Road
 Tampa FL 33625

Provider Number: 0 263877-00
 Date: 8/12/2013
 Fiscal Year End: 1/31/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	188.03	187.60	7/1/2010
	Level H: Aids	331.37	330.94	7/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11- 152C FYE 1/31/2010
 Rate Semester Change

Distribution:

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

Thomas Parker

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Home Office:

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 Tampa FL 33625

Provider Number: 0 263877-00
 Date: 8/12/2013
 Fiscal Year End: 1/31/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	190.34	189.91	1/1/2011
	Level H: Aids	335.20	334.77	1/1/2011

Rate Type :

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

Basis:

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

Changes:

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 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11- 152C FYE 1/31/2010
 Rate Semester Change

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Provider Number: 0 263877-00
 Date: 8/12/2013
 Fiscal Year End: 1/31/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	184.29	183.88	7/1/2011
	Level H: Aids	330.49	330.08	7/1/2011

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11- 152C FYE 1/31/2010**
- Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

St. Mark Village, Inc.
 2655 Nebraska Avenue
 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 8/23/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	184.19	177.28	1/1/2007
	Level H: Aids	313.79	306.88	1/1/2007

Rate Type :

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

Basis:

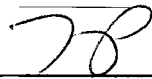
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-103W FYE 12/31/06**
- Rate Semester Change
- On FRV [2] as of 08/15/2005

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St. Mark Village, Inc.
 2655 Nebraska Avenue
 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 8/23/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>189.12</u>	<u>182.20</u>	<u>2/1/2007</u>
	Level H: Aids	<u>318.72</u>	<u>311.80</u>	<u>2/1/2007</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 |
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Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-103W FYE 12/31/06
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St. Mark Village, Inc.
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 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 8/23/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>184.19</u>	<u>177.28</u>	<u>3/1/2007</u>
Level H: Aids	<u>313.79</u>	<u>306.88</u>	<u>3/1/2007</u>

Rate Type :

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

Basis:

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

Changes:

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 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 8/23/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>188.25</u>	<u>178.89</u>	<u>7/1/2007</u>
	Level H: Aids	<u>320.19</u>	<u>310.83</u>	<u>7/1/2007</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
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Provider Number: 0 310841-00
 Date: 8/23/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	187.28	178.14	1/1/2008
	Level H: Aids	321.28	312.14	1/1/2008

Rate Type :

- | | |
|---|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
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 Unaudited costs
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 FRVS Change
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Provider Number: 0 310841-00
 Date: 8/23/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	188.75	179.80	7/1/2008
	Level H: Aids	325.03	316.08	7/1/2008

Rate Type :

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

Basis:

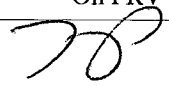
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 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 8/28/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	188.62	180.95	1/1/2009
	Level H: Aids	326.97	319.30	1/1/2009

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
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St. Mark Village, Inc.
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 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 8/23/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	172.81	165.78	3/1/2009
	Level H: Aids	311.16	304.13	3/1/2009

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
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 2655 Nebraska Avenue
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Provider Number: 0 310841-00
 Date: 8/23/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.80	195.69	4/1/2009
	Level H: Aids	342.15	334.04	4/1/2009

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
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Provider Number: 0 310841-00
 Date: 8/23/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.83	196.10	7/1/2009
	Level H: Aids	346.18	336.45	7/1/2009

Rate Type :

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

Basis:

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

Changes:

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St. Mark Village, Inc.
 2655 Nebraska Avenue
 Palm Harbor FL 34684

Provider Number: 0310841-00
 Date: 8/23/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>196.71</u>	<u>195.08</u>	<u>1/1/2010</u>
	Level H: Aids	<u>338.63</u>	<u>337.00</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

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Provider Number: 0 310841-00
 Date: 8/23/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	196.82	195.19	7/1/2010
	Level H: Aids	340.16	338.53	7/1/2010

Rate Type :

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

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
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Changes:

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St. Mark Village, Inc.
 2655 Nebraska Avenue
 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 8/23/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.41	211.74	1/1/2011
	Level H: Aids	358.27	356.60	1/1/2011

Rate Type :

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

Basis:

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

Changes:

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- Usual and Customary Limitation
- Target Rate limitation change
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 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 8/23/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.85	202.25	7/1/2011
	Level H: Aids	350.05	348.45	7/1/2011

Rate Type :

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

Basis:

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

Changes:

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 Palm Harbor FL 34684

Provider Number: 0310841-00
 Date: 8/23/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.31	203.67	1/1/2012
	Level H: Aids	352.92	351.28	1/1/2012

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit #NH11-103W FYE 12/31/06
 Rate Semester Change
 On FRV [2] as of 08/15/2005

Distribution:

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 No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

St. Mark Village, Inc.
 2655 Nebraska Avenue
 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 8/23/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.07	212.37	7/1/2012
	Level H: Aids	363.28	361.58	7/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11-103W FYE 12/31/06
- Rate Semester Change
- On FRV [2] as of 08/15/2005

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Medicaid Reimbursement Per Diem Rates

St. Mark Village, Inc.
 2655 Nebraska Avenue
 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 8/23/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.90	214.15	1/1/2013
	Level H: Aids	366.71	364.96	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:

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- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11-103W FYE 12/31/06**
- Rate Semester Change
- On FRV [2] as of 08/15/2005

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Medicaid Reimbursement Per Diem Rates

St. Mark Village, Inc.
 2655 Nebraska Avenue
 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 8/23/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	220.15	218.34	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:

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Medicaid Reimbursement Per Diem Rates

Manatee Springs Care & Rehabilitation
 5627 9th Street East
 Bradenton FL 34203

Provider Number: 0 316610-00
 Date: 9/19/2013
 Fiscal Year End: 6/30/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	180.57	168.49	1/1/2007
	Level H: Aids	310.17	298.09	1/1/2007

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH10-001C FYE 6/30/06
 Rate Semester Change
 On FRV [2] as of 07/01/1987

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Medicaid Reimbursement Per Diem Rates

Manatee Springs Care & Rehabilitation
 5627 9th Street East
 Bradenton FL 34203

Provider Number: 0 316610-00
 Date: 9/19/2013
 Fiscal Year End: 6/30/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	186.06	173.85	2/1/2007
	Level H: Aids	315.66	303.45	2/1/2007

Rate Type :

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

Basis:

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

Changes:

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- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH10-001C FYE 6/30/06**
- Rate Semester Change
- On FRV [2] as of 07/01/1987

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Medicaid Reimbursement Per Diem Rates

Manatee Springs Care & Rehabilitation
 5627 9th Street East
 Bradenton FL 34203

Provider Number: 0 316610-00
 Date: 9/19/2013
 Fiscal Year End: 6/30/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	180.57	168.49	3/1/2007
	Level H: Aids	310.17	298.09	3/1/2007

Rate Type :

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

Basis:

Budget
 Unaudited costs
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 Field audit - interim portion
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Changes:

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 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH10-001C FYE 6/30/06
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Laurellwood Nursing Center, Inc.
 3127 - 57th Avenue North
 St. Petersburg FL 33714

Provider Number: 0 316628-00
 Date: 11/25/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	162.02	158.81	1/1/2007
	Level H: Aids	291.62	288.41	1/1/2007

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH10-007C FYE 5/31/2007
 Rate Semester Change
 On FRV [2] as of 06/01/1996

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Medicaid Reimbursement Per Diem Rates

Laurellwood Nursing Center, Inc.
 3127 - 57th Avenue North
 St. Petersburg FL 33714

Provider Number: 0 316628-00
 Date: 10/30/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	164.52	160.62	6/1/2007
	Level H: Aids	294.12	290.22	6/1/2007

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH10-007C FYE 5/31/2007
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Laurellwood Nursing Center, Inc.
 3127 - 57th Avenue North
 St. Petersburg FL 33714

Provider Number: 0 316628-00
 Date: 11/25/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	173.78	166.58	7/1/2007
	Level H: Aids	305.72	298.52	7/1/2007

Rate Type :

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

Basis:

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

Changes:

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 Rate Semester Change
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Distribution:

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Medicaid Reimbursement Per Diem Rates

Laurellwood Nursing Center, Inc.
 3127 - 57th Avenue North
 St. Petersburg FL 33714

Provider Number: 0 316628-00
 Date: 11/25/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	172.61	165.45	1/1/2008
	Level H: Aids	306.61	299.45	1/1/2008

Rate Type :

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

Basis:

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- Field audited costs
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- Desk audited costs
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- Desk Audit - Prospective portion

Changes:

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- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
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- Rate Semester Change
- On FRV [2] as of 06/01/1996

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Medicaid Reimbursement Per Diem Rates

Laurellwood Nursing Center, Inc.
 3127 - 57th Avenue North
 St. Petersburg FL 33714

Provider Number: 0 316628-00
 Date: 11/1/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	174.65	167.48	7/1/2008
	Level H: Aids	310.93	303.76	7/1/2008

Rate Type :

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
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Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH10-007C FYE 5/31/2007
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Laurellwood Nursing Center, Inc.
 3127 - 57th Avenue North
 St. Petersburg FL 33714

Provider Number: 0 316628-00
 Date: 11/1/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>174.95</u>	<u>169.70</u>	<u>1/1/2009</u>
	Level H: Aids	<u>313.30</u>	<u>308.05</u>	<u>1/1/2009</u>

Rate Type :

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

Basis:

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- Unaudited costs
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Changes:

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Medicaid Reimbursement Per Diem Rates

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 3127 - 57th Avenue North
 St. Petersburg FL 33714

Provider Number: 0 316628-00
 Date: 11/1/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	160.29	155.48	3/1/2009
	Level H: Aids	298.64	293.83	3/1/2009

Rate Type :

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

Basis:

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

Changes:

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- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH10-007C FYE 5/31/2007**
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Medicaid Reimbursement Per Diem Rates

Laurellwood Nursing Center, Inc.
 3127 - 57th Avenue North
 St. Petersburg FL 33714

Provider Number: 0 316628-00
 Date: 11/1/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.57	192.55	4/1/2009
	Level H: Aids	336.92	330.90	4/1/2009

Rate Type :

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

Basis:

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

Changes:

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

Laurellwood Nursing Center, Inc.
 3127 - 57th Avenue North
 St. Petersburg FL 33714

Provider Number: 0 316628-00
 Date: 11/1/2013
 Fiscal Year End: 5/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>213.19</u>	<u>212.25</u>	<u>7/1/2009</u>
	Level H: Aids	<u>353.54</u>	<u>352.60</u>	<u>7/1/2009</u>

Rate Type :

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

Basis:

- 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
- Effects of Field Audit #NH10-007C FYE 5/31/2007
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Medicaid Reimbursement Per Diem Rates

Laurellwood Nursing Center, Inc.
 3127 - 57th Avenue North
 St. Petersburg FL 33714

Provider Number: 0316628-00
 Date: 11/1/2013
 Fiscal Year End: 5/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.25	204.27	1/1/2011
	Level H: Aids	350.11	349.13	1/1/2011

Rate Type :

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

Basis:

- Budget
- Unaudited costs
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- 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
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Medicaid Reimbursement Per Diem Rates

Laurellwood Nursing Center, Inc.
 3127 - 57th Avenue North
 St. Petersburg FL 33714

Provider Number: 0 316628-00
 Date: 11/1/2013
 Fiscal Year End: 5/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.53	197.59	7/1/2011
	Level H: Aids	344.73	343.79	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:

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 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
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 Rate Semester Change
 On FRV [2] as of 06/01/1996

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Medicaid Reimbursement Per Diem Rates

HarbourWood Nursing Center, Inc.
 2855 Gulf to Bay Boulevard, Building #31
 Clearwater FL 33759

Provider Number: 0 316636-00
 Date: 8/21/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	153.41	151.68	1/1/2007
	Level H: Aids	283.01	281.28	1/1/2007

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH10-004C FYE 5/31/2007
 Rate Semester Change
 On FRV [2] as of 07/03/1996

Distribution:

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 No Change in Rate

Home Office:

Senior Care Group, Inc.
 Kathy Chudow
 1240 Marbella Plaza Drive
 Tampa FL 33619

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

HarbourWood Nursing Center, Inc.
 2855 Gulf to Bay Boulevard, Building #31
 Clearwater FL 33759

Provider Number: 0 316636-00
 Date: 8/21/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	156.68	154.88	6/1/2007
	Level H: Aids	286.28	284.48	6/1/2007

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH10-004C FYE 5/31/2007
 Rate Semester Change
 On FRV [2] as of 07/03/1996

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Medicaid Reimbursement Per Diem Rates

HarbourWood Nursing Center, Inc.
 2855 Gulf to Bay Boulevard, Building #31
 Clearwater FL 33759

Provider Number: 0 316636-00
 Date: 8/21/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	161.15	157.32	7/1/2007
	Level H: Aids	293.09	289.26	7/1/2007

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH10-004C FYE 5/31/2007
 Rate Semester Change
 On FRV [2] as of 07/03/1996

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Medicaid Reimbursement Per Diem Rates

HarbourWood Nursing Center, Inc.
 2855 Gulf to Bay Boulevard, Building #31
 Clearwater FL 33759

Provider Number: 0 316636-00
 Date: 8/21/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	160.08	156.34	1/1/2008
	Level H: Aids	294.08	290.34	1/1/2008

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH10-004C FYE 5/31/2007**
- Rate Semester Change
- On FRV [2] as of 07/03/1996

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Medicaid Reimbursement Per Diem Rates

HarbourWood Nursing Center, Inc.
 2855 Gulf to Bay Boulevard, Building #31
 Clearwater FL 33759

Provider Number: 0316636-00
 Date: 8/21/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	161.84	158.33	7/1/2008
	Level H: Aids	298.12	294.61	7/1/2008

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH10-004C FYE 5/31/2007**
- Rate Semester Change
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HarbourWood Nursing Center, Inc.
 2855 Gulf to Bay Boulevard, Building #31
 Clearwater FL 33759

Provider Number: 0316636-00
 Date: 8/21/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	162.88	159.64	1/1/2009
	Level H: Aids	301.23	297.99	1/1/2009

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH10-004C FYE 5/31/2007**
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Provider Number: 0 316636-00
 Date: 8/21/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	149.23	146.26	3/1/2009
	Level H: Aids	287.58	284.61	3/1/2009

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH10-004C FYE 5/31/2007
- Rate Semester Change
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Provider Number: 0 316636-00
 Date: 8/21/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	185.69	182.25	4/1/2009
	Level H: Aids	324.04	320.60	4/1/2009

Rate Type :

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

Basis:

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

Changes:

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 Usual and Customary Limitation
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 FRVS Change
 Field Audit NH10-004C FYE 5/31/2007
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Medicaid Reimbursement Per Diem Rates

BayWood Nursing Center, Inc
 2000 17th Avenue South
 St. Petersburg FL 33712

Provider Number: 0 316652-00
 Date: 8/16/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>139.85</u>	<u>137.30</u>	<u>1/1/2007</u>
	Level H: Aids	<u>269.45</u>	<u>266.90</u>	<u>1/1/2007</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH10-005C FYE 5/31/2007
 Rate Semester Change
 On FRV [2] as of 12/01/2005

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BayWood Nursing Center, Inc
 2000 17th Avenue South
 St. Petersburg FL 33712

Provider Number: 0 316652-00
 Date: 8/16/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	141.89	139.23	6/1/2007
	Level H: Aids	271.49	268.83	6/1/2007

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH10-005C FYE 5/31/2007**
- Rate Semester Change
- On FRV [2] as of 12/01/2005

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Medicaid Reimbursement Per Diem Rates

BayWood Nursing Center, Inc
 2000 17th Avenue South
 St. Petersburg FL 33712

Provider Number: 0 316652-00
 Date: 8/16/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	158.95	147.54	7/1/2007
	Level H: Aids	290.89	279.48	7/1/2007

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH10-005C FYE 5/31/2007
 Rate Semester Change
 On FRV [2] as of 12/01/2005

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 St. Petersburg FL 33712

Provider Number: 0 316652-00
 Date: 8/16/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>158.07</u>	<u>146.70</u>	<u>1/1/2008</u>
	Level H: Aids	<u>292.07</u>	<u>280.70</u>	<u>1/1/2008</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH10-005C FYE 5/31/2007
- Rate Semester Change
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Provider Number: 0 316652-00
 Date: 8/16/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	160.19	148.61	7/1/2008
	Level H: Aids	296.47	284.89	7/1/2008

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH10-005C FYE 5/31/2007
 Rate Semester Change
 On FRV [2] as of 12/01/2005

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Medicaid Reimbursement Per Diem Rates

The Court at Palm-Aire
 2701 North Course Drive
 Pompano Beach FL 33069

Provider Number: 0 318795-00
 Date: 9/6/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	186.94	185.59	1/1/2007
	Level H: Aids	316.54	315.19	1/1/2007

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit NH10-056W FYE 6/30/2007

Rate Semester Change

On FRV [2] as of 04/28/1994

Distribution:

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No Change in Rate

Home Office:

FiveStar Quality Care Inc

400 Centre Street
 Newton MA 02458

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Medicaid Reimbursement Per Diem Rates

The Court at Palm-Aire
 2701 North Course Drive
 Pompano Beach FL 33069

Provider Number: 0 318795-00
 Date: 9/6/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	189.65	188.28	2/1/2007
	Level H: Aids	319.25	317.88	2/1/2007

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH10-056W FYE 6/30/2007
 Rate Semester Change
 On FRV [2] as of 04/28/1994

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Provider Number: 0 318795-00
 Date: 9/6/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	186.94	185.59	3/1/2007
	Level H: Aids	316.54	315.19	3/1/2007

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit NH10-056W FYE 6/30/2007

Rate Semester Change

On FRV [2] as of 04/28/1994

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Provider Number: 0 318795-00
 Date: 9/6/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.50	203.26	7/1/2007
	Level H: Aids	341.44	335.20	7/1/2007

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:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input checked="" 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"/> Field Audit NH10-056W FYE 6/30/2007
<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 04/28/1994

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 Date: 9/6/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.25	201.05	1/1/2008
	Level H: Aids	341.25	335.05	1/1/2008

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH10-056W FYE 6/30/2007
 Rate Semester Change
 On FRV [2] as of 04/28/1994

Distribution:

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Home Office: FiveStar Quality Care Inc

400 Centre Street
 Newton MA 02458



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Court at Palm-Aire
 2701 North Course Drive
 Pompano Beach FL 33069

Provider Number: 0 318795-00
 Date: 9/6/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.29	203.02	7/1/2008
	Level H: Aids	345.57	339.30	7/1/2008

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH10-056W FYE 6/30/2007**
- Rate Semester Change
- On FRV [2] as of 04/28/1994

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The Court at Palm-Aire
 2701 North Course Drive
 Pompano Beach FL 33069

Provider Number: 0 318795-00
 Date: 9/6/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.48	201.52	1/1/2009
	Level H: Aids	345.83	339.87	1/1/2009

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH10-056W FYE 6/30/2007**
- Rate Semester Change
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 2701 North Course Drive
 Pompano Beach FL 33069

Provider Number: 0 318795-00
 Date: 9/6/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	190.09	184.62	3/1/2009
	Level H: Aids	328.44	322.97	3/1/2009

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH10-056W FYE 6/30/2007
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The Court at Palm-Aire
 2701 North Course Drive
 Pompano Beach FL 33069

Provider Number: 0 318795-00
 Date: 9/6/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	231.08	224.79	4/1/2009
	Level H: Aids	369.43	363.14	4/1/2009

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH10-056W FYE 6/30/2007
 Rate Semester Change
 On FRV [2] as of 04/28/1994

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The Court at Palm-Aire
2701 North Course Drive
Pompano Beach FL 33069

Provider Number: 0 318795-00
 Date: 9/6/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.59</u>	<u>227.53</u>	<u>7/1/2009</u>
	Level H: Aids	<u>367.94</u>	<u>367.88</u>	<u>7/1/2009</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH10-056W FYE 6/30/07
 Rate Semester Change
 On FRV [2] as of 04/28/1994

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Provider Number: 0 318795-00
 Date: 9/6/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>229.76</u>	<u>229.70</u>	<u>1/1/2010</u>
	Level H: Aids	<u>371.68</u>	<u>371.62</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH10-056W FYE 6/30/07**
- Rate Semester Change
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Provider Number: 0 318795-00
 Date: 9/6/2013
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>231.41</u>	<u>231.35</u>	<u>7/1/2010</u>
	Level H: Aids	<u>374.75</u>	<u>374.69</u>	<u>7/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH10-056W FYE 6/30/07
 Rate Semester Change
 On FRV [2] as of 04/28/1994

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Provider Number: 0 318795-00
 Date: 9/6/2013
 Fiscal Year End: 6/30/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	240.31	239.56	1/1/2011
	Level H: Aids	385.17	384.42	1/1/2011

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH10-056W FYE 6/30/07
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 Pompano Beach FL 33069

Provider Number: 0 318795-00
 Date: 9/6/2013
 Fiscal Year End: 6/30/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>230.63</u>	<u>230.33</u>	<u>7/1/2011</u>
	Level H: Aids	<u>376.83</u>	<u>376.53</u>	<u>7/1/2011</u>

Rate Type :

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

Basis:

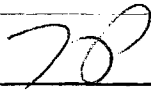
Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH10-056W FYE 6/30/07
 Rate Semester Change
 On FRV [2] as of 04/28/1994

Distribution:

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 2701 North Course Drive
 Pompano Beach FL 33069

Provider Number: 0 318795-00
 Date: 9/6/2013
 Fiscal Year End: 6/30/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>232.59</u>	<u>232.53</u>	<u>1/1/2012</u>
	Level H: Aids	<u>380.20</u>	<u>380.14</u>	<u>1/1/2012</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH10-056W FYE 6/30/07
- Rate Semester Change
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Provider Number: 0 318795-00
 Date: 9/6/2013
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>233.31</u>	<u>233.26</u>	<u>7/1/2012</u>
	Level H: Aids	<u>382.52</u>	<u>382.47</u>	<u>7/1/2012</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH10-056W FYE 6/30/07
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Provider Number: 0 318795-00
 Date: 9/6/2013
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	237.23	237.18	1/1/2013
	Level H: Aids	388.04	387.99	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH10-056W FYE 6/30/07
- Rate Semester Change
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The Court at Palm-Aire
 2701 North Course Drive
 Pompano Beach FL 33069

Provider Number: 0 318795-00
 Date: 9/6/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	237.63	237.57	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH10-056W FYE 6/30/07
- Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Royal Care of Avon Park
 1213 W. Stratford Rd.
 Avon Park FL 33825

Provider Number: 0 324213-00
 Date: 9/25/2013
 Fiscal Year End: 5/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	176.55	175.24	12/1/2007
	Level H: Aids	308.49	307.18	12/1/2007

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit #NH11-031C FYE 5/31/2008

Rate Semester Change

On FRV [2] as of 01/01/1986

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Royal Care of Avon Park
 1213 W. Stratford Rd.
 Avon Park FL 33825

Provider Number: 0 324213-00
 Date: 9/25/2013
 Fiscal Year End: 5/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	172.79	170.67	1/1/2008
	Level H: Aids	306.79	304.67	1/1/2008

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-031C FYE 5/31/2008**
- Rate Semester Change
- On FRV [2] as of 01/01/1986

Distribution:

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Royal Care of Avon Park
 1213 W. Stratford Rd.
 Avon Park FL 33825

Provider Number: 0 324213-00
 Date: 9/25/2013
 Fiscal Year End: 5/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	173.60	171.55	6/1/2008
	Level H: Aids	307.60	305.55	6/1/2008

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit #NH11-031C FYE 5/31/2008

Rate Semester Change

On FRV [2] as of 01/01/1986

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Royal Care of Avon Park
 1213 W. Stratford Rd.
 Avon Park FL 33825

Provider Number: 0324213-00
 Date: 9/25/2013
 Fiscal Year End: 5/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	175.84	173.53	7/1/2008
	Level H: Aids	312.12	309.81	7/1/2008

Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input checked="" type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	
Basis:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input checked="" 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"/> Field Audit #NH11-031C FYE 5/31/2008
<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 01/01/1986

Distribution:

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 Permanent File
 For information Only
 No Change in Rate

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: 1 - No Home Office



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

Royal Care of Avon Park
 1213 W. Stratford Rd.
 Avon Park FL 33825

Provider Number: 0 324213-00
 Date: 9/25/2013
 Fiscal Year End: 5/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>175.77</u>	<u>174.21</u>	<u>1/1/2009</u>
	Level H: Aids	<u>314.12</u>	<u>312.56</u>	<u>1/1/2009</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-031C FYE 5/31/2008**
- Rate Semester Change
- On FRV [2] as of 01/01/1986

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Royal Care of Avon Park
 1213 W. Stratford Rd.
 Avon Park FL 33825

Provider Number: 0 324213-00
 Date: 9/25/2013
 Fiscal Year End: 5/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	161.04	159.60	3/1/2009
	Level H: Aids	299.39	297.95	3/1/2009

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11-031C FYE 5/31/2008
 Rate Semester Change
 On FRV [2] as of 01/01/1986

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Royal Care of Avon Park
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 Avon Park FL 33825

Provider Number: 0 324213-00
 Date: 9/25/2013
 Fiscal Year End: 5/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	199.30	197.64	4/1/2009
	Level H: Aids	337.65	335.99	4/1/2009

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11-031C FYE 5/31/2008
 Rate Semester Change
 On FRV [2] as of 01/01/1986

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Medicaid Reimbursement Per Diem Rates

Royal Care of Avon Park
 1213 W. Stratford Rd.
 Avon Park FL 33825

Provider Number: 0 324213-00
 Date: 9/25/2013
 Fiscal Year End: 5/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.72	200.15	7/1/2009
	Level H: Aids	344.07	340.50	7/1/2009

Rate Type :

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

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim 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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78

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