



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: August 1, 2013

To: Gay Munyon, Bureau Chief, Medicaid Contract Management

From:  Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement

Subject: Retroactive Nursing Facility Per Diem Rates

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

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
1.	Suwannee Health Care Center	0 005387-00	1
2.	Berkshire Manor	0 005388-00	1
3.	Fountainhead Care Center	0 005523-00	1
4.	Unity Health & Rehab Center	0 032482-00	1
5.	Crestview Rehabilitation Center	0 044886-00	1
6.	Glades Health Care Center	0 203203-00	1
7.	St. Anne's Nursing Center	0 209473-00	1
8.	Sabal Palms Health Care Center	0 210951-00	1
9.	Lakeland Hills Center	0 212865-00	1
10.	Egret Cove Center	0 212890-00	1
11.	Emerald Coast Center	0 212903-00	1
12.	Clearwater Center	0 212911-00	1
13.	Page Rehabilitation and Healthcare Center	0 213900-00	1
14.	Miami Shores Nursing And Rehab Center	0 214035-00	1
15.	Regents Park at Aventura	0 223239-00	1
16.	Orlando Health and Rehabilitation Center	0 223654-00	1
17.	Pensacola Health Care Facility	0 224243-00	1
18.	Pinecrest Convalescent Center	0 225754-00	1
19.	South Heritage Health and Rehab Center	0 226360-00	1
20.	Treasure Isle Care Center	0 226602-00	1
21.	Wilton Manors Health & Rehabilitation Center	0 227579-00	1
22.	First Coast Health and Rehabilitation Center	0 227838-00	1
23.	Manor Pines Convalescent Center, LLC	0 254177-00	1
24.	Manor Oaks Nursing & Rehab Center	0 256935-00	1
25.	Emerald Healthcare Center	0 261637-00	1
26.	Bonifay Nursing and Rehab	0 263443-00	1
27.	Metrowest Nursing and Rehab	0 263541-00	1
28.	Deerfield Beach Health and Rehab Center	0 263851-00	1
29.	Highland Pines Rehabilitation Center	0 263907-00	1



	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
30.	Oasis Health and Rehabilitation Center	0 266124-00	1
		Total	30

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

TP/sp
Attachments

Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U		
000538700	20130701	211.61	0.00	211.61	211.61	486.14	73685-13	
000538800	20130701	242.17	0.00	242.17	242.17	516.70	73685-13	
000552300	20130701	219.00	0.00	219.00	219.00	493.53	73685-13	
003248200	20130701	227.61	0.00	227.61	227.61	502.14	73685-13	
004488600	20130701	225.86	0.00	225.86	225.86	500.39	73685-13	
020320300	20130701	242.66	0.00	242.66	242.66	517.19	73685-13	
020947300	20130701	238.23	0.00	238.23	238.23	512.76	73685-13	
021095100	20130701	198.03	0.00	198.03	198.03	472.56	73685-13	
021286500	20130701	187.87	0.00	187.87	187.87	462.40	73685-13	
021289000	20130701	200.24	0.00	200.24	200.24	474.77	73685-13	
021290300	20130701	194.82	0.00	194.82	194.82	469.35	73685-13	
021291100	20130701	197.76	0.00	197.76	197.76	472.29	73685-13	
021390000	20130701	235.07	0.00	235.07	235.07	509.60	73685-13	
021403500	20130701	262.87	0.00	262.87	262.87	537.40	73685-13	
022323900	20130701	222.23	0.00	222.23	222.23	496.76	73685-13	
022365400	20130701	172.59	0.00	172.59	172.59	447.12	73685-13	
022424300	20130701	215.54	0.00	215.54	215.54	490.07	73685-13	
022575400	20130701	246.94	0.00	246.94	246.94	521.47	73685-13	
022636000	20130701	221.41	0.00	221.41	221.41	495.94	73685-13	
022660200	20130701	202.77	0.00	202.77	202.77	477.30	73685-13	
022757900	20130701	237.41	0.00	237.41	237.41	511.94	73685-13	
022783800	20130701	203.12	0.00	203.12	203.12	477.65	73685-13	
025417700	20130701	209.03	0.00	209.03	209.03	483.56	73685-13	
025693500	20130701	217.15	0.00	217.15	217.15	491.68	73685-13	
026163700	20130701	213.38	0.00	213.38	213.38	487.91	73685-13	
026344300	20130701	193.81	0.00	193.81	193.81	468.34	73685-13	
026354100	20130701	223.48	0.00	223.48	223.48	498.01	73685-13	
026385100	20130701	214.91	0.00	214.91	214.91	489.44	73685-13	
026390700	20130701	199.91	0.00	199.91	199.91	474.44	73685-13	
026612400	20130701	230.70	0.00	230.70	230.70	505.23	73685-13	



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Medicaid Reimbursement Per Diem Rates

Suwannee Health Care Center
 1620 Helvenston Streets E
 Live Oak FL 32064

Provider Number: 0 005387-00
 Date: 7/29/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.12	211.61	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
- AIDs IRR effective 7/1/2013
- Rate Semester Change
- On FRV [2] as of 09/01/1988

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Pensacola Administrative Services, LLC

2 North Palafox Street
Pensacola Fl 32502



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 2727 Mahan Drive - Mail Stop 23
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Medicaid Reimbursement Per Diem Rates

Berkshire Manor
 1255 NE 135th Street
 North Miami FL 33161

Provider Number: 0 005388-00
 Date: 7/29/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>237.53</u>	<u>242.17</u>	<u>7/1/2013</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
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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
- AIDS IRR effective 7/1/2013**
- Rate Semester Change
- On FRV [2] as of 02/01/1998

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Medicaid Reimbursement Per Diem Rates

Fountainhead Care Center
390 NE 135th Street
North Miami FL 33161

Provider Number: 0 005523-00
 Date: 7/29/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>208.43</u>	<u>219.00</u>	<u>7/1/2013</u>

Rate Type :

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

Basis:


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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- AIDs IRR Effective 7/1/2013
- Rate Semester Change
- On FRV [2] as of 02/01/1998

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Medicaid Reimbursement Per Diem Rates

Unity Health & Rehab Center
 1404 NW 22nd Street
 Miami FL 33142

Provider Number: 0 032482-00
 Date: 7/25/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	221.41	227.61	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:

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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> AIDS IRR Effective 7/1/13
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 11/01/1988

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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



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Medicaid Reimbursement Per Diem Rates

Crestview Rehabilitation Center
 1849 First Avenue East
 Crestview FL 32539

Provider Number: 0 044886-00
 Date: 7/26/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>225.69</u>	<u>225.86</u>	<u>7/1/2013</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- AIDS IRR Effective 7/1/13
- Rate Semester Change
- On FRV [2] as of 10/30/1987

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 R. Mark Cronquist
 5887 Glenridge Drive, Suite 150
 Atlanta GA 30328



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Medicaid Reimbursement Per Diem Rates

Glades Health Care Center
 230 S. Barfield Highway
 Pahokee FL 33476

Provider Number: 0 203203-00
 Date: 7/25/2013
 Fiscal Year End: 2/28/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	235.56	242.66	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
- AIDS IRR effective 7/1/2013
- Rate Semester Change
- Not on FRV [1]

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 Thomas Parker
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Home Office:

Council on Aging of Florida, Inc.
 1311 SW 16th Street
 Gainesville FL 32608



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Medicaid Reimbursement Per Diem Rates

St Anne's Nursing Center
 11855 Quail Roost Drive
 Miami FL 33177

Provider Number: 0 209473-00
 Date: 7/30/2013
 Fiscal Year End: 9/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	237.81	238.23	7/1/2013

Rate Type :

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

Basis:

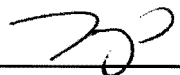
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- AIDS Interim Rate Retro effective 7/1/2013
- Rate Semester Change

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Thomas Parker
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Home Office: Catholic Health Services
 Mary Jo Frick
 4790 N. State Road 7
 Lauderdale Lakes FL 33319



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Medicaid Reimbursement Per Diem Rates

Sabal Palms Health Care Center
 499 Alternate Keene Road
 Largo FL 33771-1652

Provider Number: 0 210951-00
 Date: 7/29/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.51	198.03	7/1/2013
	Level U: Fragile Under 21	472.04	472.56	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
 AIDS Interim Rate Retro effective 7/1/2013
 Rate Semester Change
 On FRV [2] as of 05/18/1990

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

The Goodman Group, LLC
 1107 Hazeltine Blvd
 Chaska MN 55318



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Lakeland Hills Center
 610 East Bella Vista Drive
 Lakeland FL 33805

Provider Number: 0 212865-00
 Date: 7/25/2013
 Fiscal Year End: 8/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
187.27	187.87	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:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input checked="" type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> AIDS IRR effective 7/1/13
<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 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Egret Cove Center
 550 62nd Street
 St. Petersburg FL 33707

Provider Number: 0 212890-00
 Date: 7/25/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	199.95	200.24	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:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input checked="" type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> AIDS IRR effective 7/1/13
<input type="checkbox"/> Desk audit - Interim Portion	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Desk Audit - Prospective portion	<input type="checkbox"/> On FRY [2] as of 10/01/1985

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 212903-00
 Date: 7/25/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
190.56	194.82	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 |
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Basis:

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- Desk Audit - Prospective portion

Changes:

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- Target Rate limitation change
- FRVS Change
- AIDS IRR effective 7/1/13
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Clearwater Center
1270 Turner Street
Clearwater FL 34616

Provider Number: 0 212911-00
 Date: 7/25/2013
 Fiscal Year End: 8/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>196.79</u>	<u>197.76</u>	<u>7/1/2013</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
 AIDS IRR effective 7/1/13
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Page Rehabilitation and Healthcare Center
 2310 North Airport Road
 Fort Myers FL 33907

Provider Number: 0 213900-00
 Date: 8/1/2013
 Fiscal Year End: 9/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	241.95	235.07	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 |
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Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 using FYE 9/30/2012 C/R
- Rate Semester Change
- On FRV [2] as of 07/01/1986

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Home Office:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MIAMI SHORES NURSING AND REHAB CENTER
9380 N.E 7TH AVENUE
Miami FL 33150

Provider Number: 0 214035-00
 Date: 7/24/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>254.59</u>	<u>262.87</u>	<u>7/1/2013</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:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input checked="" type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> AIDs IRR Efective 7/1/13
<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 10/01/1985

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 Medicaid Cost Reimbursement Planning and Finance

Home Office: DOS Health Care, Inc
 Jorge Hernando
 300 71st Street, Suite 400
 Miami FL 33141



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Regents Park at Aventura
 18905 NE 25th Avenue
 North Miami Beach FL 33180

Provider Number: 0 223239-00
 Date: 7/24/2013
 Fiscal Year End: 8/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	222.06	222.23	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- AIDs Interim Effective 7/1/13
- Rate Semester Change
- On FRV [2] as of 11/21/1988

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Medicaid Reimbursement Per Diem Rates

Orlando Health and Rehabilitation Center
 830 29th Street
 Orlando FL 32805

Provider Number: 0 223654-00
 Date: 7/31/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	172.12	172.59	7/1/2013
	Level U: Fragile Under 21	446.65	447.12	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
- AIDs IRR Effective 7/1/13
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Pensacola Health Care Facility
 1717 West Avery Street
 Pensacola FL 32501

Provider Number: 0 224243-00
 Date: 7/25/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.46	215.54	7/1/2013

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 AIDs IRR effective 7/1/13
 Rate Semester Change
 On FRV [2] as of 06/30/1987

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Medicaid Reimbursement Per Diem Rates

Pinecrest Convalescent Center
 13650 NE Third Street
 North Miami FL 33161

Provider Number: 0 225754-00
 Date: 7/31/2013
 Fiscal Year End: 8/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	245.37	246.94	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:


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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> AIDs IRR Effective 7/1/13
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 04/01/1996

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 Thomas Parker
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Home Office: Millenium Health Systems
 Armando Vazquez
 5310 NW 33rd Avenue
 Ft. Lauderdale FL 33309



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Medicaid Reimbursement Per Diem Rates

South Heritage Health and Rehabilitation Center
718 22nd Avenue South
St. Petersburg FL 33705

Provider Number: 0 226360-00
 Date: 7/25/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>221.03</u>	<u>221.41</u>	<u>7/1/2013</u>

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

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

Changes:
<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> AIDS Interim Rate Retro effective 7/1/2013
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 01/01/2001

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Home Office: I - No Home Office



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Medicaid Reimbursement Per Diem Rates

Treasure Isle Care Center
 1735 North Treasure Drive
 North Bay Village FL 33141

Provider Number: 0 226602-00
 Date: 7/25/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>198.57</u>	<u>202.77</u>	<u>7/1/2013</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:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input checked="" type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> AIDS Interim Rate Retro effective 7/1/2013
<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 01/01/1997

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Medicaid Reimbursement Per Diem Rates

Wilton Manors Health and Rehab Center
 2675 North Andrews Ave
 Wilton Manors FL 33311

Provider Number: 0 227579-00
 Date: 7/25/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>236.30</u>	<u>237.41</u>	<u>7/1/2013</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
 AIDS Interim Rate Retro effective 7/1/2013
 Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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4042 Park Oaks Blvd, Suite 300
 Tampa FL 33610



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Medicaid Reimbursement Per Diem Rates

First Coast Health and Rehabilitation Center
 7723 Jasper Avenue
 Jacksonville FL 32211

Provider Number: 0 227838-00
 Date: 7/25/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	196.14	203.12	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
- AIDS Interim Rate Retro effective 7/1/2013**
- Rate Semester Change
- On FRV [2] as of 05/01/1989

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Home Office:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

Manor Pines Convalescent Center, LLC
1701 NE 26th Street
Ft. Lauderdale FL 33305

Provider Number: 0 254177-00
Date: 7/25/2013
Fiscal Year End: 6/30/2012
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>208.48</u>	<u>209.03</u>	<u>7/1/2013</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
 AIDS Interim Rate Retro effective 7/1/2013
 Rate Semester Change
 On FRV [2] as of 03/06/2002

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: 1601 Management, LLC.
Sally Bolen
1701 N.E. 26th Street
Wilton Manors FL 33305



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Medicaid Reimbursement Per Diem Rates

Manor Oaks Nursing & Rehab Center
 2121 E. Commercial Blvd.
 Ft. Lauderdale FL 33308

Provider Number: 0 256935-00
 Date: 7/29/2013
 Fiscal Year End: 8/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>214.78</u>	<u>217.15</u>	<u>7/1/2013</u>

Rate Type : <input type="checkbox"/> Interim <input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Interim <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Interim Component <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Total Prospective with Interim Component <input type="checkbox"/> Prior Provider Prospective data	
Basis: <input type="checkbox"/> Budget <input checked="" type="checkbox"/> Unaudited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Field audit - interim portion <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Desk audit - Interim Portion <input type="checkbox"/> Desk Audit - Prospective portion	Changes: <input type="checkbox"/> Licensure Rating Change <input type="checkbox"/> Usual and Customary Limitation <input type="checkbox"/> Target Rate limitation change <input type="checkbox"/> FRVS Change <input checked="" type="checkbox"/> AIDs Interim effective 7/1/13 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 12/01/2002

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 Sally Bolen
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 Wilton Manors FL 33305



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Medicaid Reimbursement Per Diem Rates

Emerald Healthcare Center
1655 SE Walton Road
Port St. Lucie FL 34952

Provider Number: 0 261637-00
 Date: 7/29/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>212.40</u>	<u>213.38</u>	<u>7/1/2013</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
 AIDs Interim effective 7/1/13
 Rate Semester Change
 On FRV [2] as of 11/01/1987

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Medicaid Reimbursement Per Diem Rates

Bonifay Nursing and Rehab
 306 West Brock Avenue
 Bonifay FL 32425

Provider Number: 0 263443-00
 Date: 7/29/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>193.41</u>	<u>193.81</u>	<u>7/1/2013</u>

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

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

Changes:
<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> AIDs Interim Effective 7/1/13
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/2003

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Thomas Parker
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 5887 Glenridge Drive, Suite 150
 Atlanta GA 30328



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Medicaid Reimbursement Per Diem Rates

Metrowest Nursing and Rehab
 5900 West Gate Drive
 Orlando FL 32835

Provider Number: 0 263541-00
 Date: 7/31/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	222.01	223.48	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:

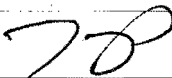
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- AIDs IRR Effective 7/1/13
- Rate Semester Change
- On FRV [2] as of 10/21/1994

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Medicaid Reimbursement Per Diem Rates

Deerfield Beach Health and Rehabilitation Center
 401 East Sample Road
 Pompano Beach FL 33064

Provider Number: 0 263851-00
 Date: 7/31/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.45	214.91	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
- AIDs Interim Effective 7/1/13
- Rate Semester Change
- On FRV [2] as of 10/26/1988

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Thomas Parker

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Home Office:

1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

Oasis Health and Rehabilitation Center
 1201 12th Avenue South
 Lake Worth FL 33460

Provider Number: 0 266124-00
 Date: 7/29/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	229.99	230.70	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
- AIDS IRR effective 7/1/13.
- Rate Semester Change
- On FRV [2] as of 10/01/2002

Distribution:

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Thomas Parker

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