




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: August 15, 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.	Vienna Square	0 023255-00	1
2.	Fort Walton Rehabilitation Center	0 044888-00	4
3.	MK of Haines City LLC	0 224341-00	1
4.	MK of North Port, LLC	0 225053-00	1
5.	The Inn at Sarasota Bay Club	0 228621-00	2
6.	Bay Tree Care & Rehabilitation Center	0 253448-00	12
7.	Terra Vista Rehabilitation and Health Center	0 261611-00	1
8.	Rehabilitation and Healthcare Center of Tampa	0 263940-00	1
9.	The Abbey Rehabilitation and Nursing Center	0 263958-00	1
10.	Titusville Rehabilitation and Nursing Center	0 263974-00	1
11.	Melbourne Terrace Restorative Care Center	0 264547-00	1
12.	Whispering Oaks	0 266612-00	1
13.	Jacaranda Manor	0 281743-00	1
14.	Coral Reef Nursing and Rehabilitation Center	0 282529-00	1
15.	Aventura Plaza Rehabilitation and Nursing Center	0 284823-00	1
16.	Watercrest Care Center	0 310409-00	1
17.	Hollywood Hills Rehabilitation Center, LLC	0 313424-00	1
18.	Parklands Rehabilitation and Nursing Center	0 317578-00	1
19.	Consulate Health Care of Jacksonville	0 319503-00	1
20.	Franco Nursing and Rehab	0 319554-00	1
21.	Consulate Health Care of Brandon	0 319660-00	1
22.	Consulate Health Care of Lake Parker	0 319678-00	1
23.	Consulate Health Care of North Ft. Myers	0 320111-00	1
24.	The Palms Rehabilitation and Nursing Center	0 321532-00	1
25.	Bayside Rehabilitation & Health Center	0 324108-00	1



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Retroactive Nursing Facility Per Diem Rates

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
26.	Terraces of Lake Worth Rehab and Health Center	0 325031-00	1
27.	North Lake Rehabilitation and Health Center	0 325163-00	1
		Total	42

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

TP/sp
Attachments



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

Vienna Square
 701 Overlook Drive
 Winter Haven FL 33844

Provider Number: 0 023255-00
 Date: 8/9/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>238.57</u>	<u>222.10</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
- Retro for 7/13 using FYE 6/30/12 Cost Report**
- Rate Semester Change
- On FRV [2] as of 11/04/2010

Distribution:

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

Thomas Parker

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TLC Management

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 Marion IN 46952



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Medicaid Reimbursement Per Diem Rates

Fort Walton Rehabilitation Center
 1 LBJ Sr. Drive
 Ft. Walton Beach FL 32547

Provider Number: 0 044888-00
 Date: 8/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.40	213.83	2/1/2012
	Level H: Aids	361.01	361.44	2/1/2012

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 7/31/2012

Rate Semester Change

On FRV [2] as of 12/08/1987

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Fort Walton Rehabilitation Center
 1 LBJ Sr. Drive
 Ft. Walton Beach FL 32547

Provider Number: 0 044888-00
 Date: 8/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.81	221.76	7/1/2012
	Level H: Aids	369.02	370.97	7/1/2012

Rate Type :

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

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Cost Settlement FYE 7/31/2012

Rate Semester Change

On FRV [2] as of 12/08/1987

Distribution:

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Medicaid Reimbursement Per Diem Rates

Fort Walton Rehabilitation Center
 1 LBJ Sr. Drive
 Ft. Walton Beach FL 32547

Provider Number: 0 044888-00
 Date: 8/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.81	223.49	8/1/2012
	Level H: Aids	369.02	372.70	8/1/2012

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 12/08/1987

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Medicaid Reimbursement Per Diem Rates

Fort Walton Rehabilitation Center
 1 LBJ Sr. Drive
 Ft. Walton Beach FL 32547

Provider Number: 0 044888-00
 Date: 8/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.56	225.80	1/1/2013
	Level H: Aids	370.37	376.61	1/1/2013

Rate Type : <input type="checkbox"/> Interim <input checked="" type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input checked="" type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data		<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component	
Basis: <input type="checkbox"/> Budget <input checked="" type="checkbox"/> Unaudited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Field audit - interim portion <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Desk audit - Interim Portion <input type="checkbox"/> Desk Audit - Prospective portion		Changes: <input type="checkbox"/> Licensure Rating Change <input type="checkbox"/> Usual and Customary Limitation <input type="checkbox"/> Target Rate limitation change <input type="checkbox"/> FRVS Change <input checked="" type="checkbox"/> Cost Settlement FYE 7/31/2012 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 12/08/1987	

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Medicaid Reimbursement Per Diem Rates

MK of Haines City LLC
 409 10TH STREET
 Haines City FL 33844

Provider Number: 0 224341-00
 Date: 8/12/2013
 Fiscal Year End: 11/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	212.72	209.20	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
- Retro for 7/13 RS using FYE 11/30/12 Cost Report**
- Rate Semester Change
- On FRV [2] as of 12/01/1998

Distribution:

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Medicaid Reimbursement Per Diem Rates

MK of North Port LLC
 6940 Outreach Way
 North Port FL 34287

Provider Number: 0 225053-00
 Date: 8/9/2013
 Fiscal Year End: 2/28/2013
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>230.30</u>	<u>231.75</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
- Retro for 7/13 using FYE 2/28/13 Cost Report
- Rate Semester Change
- On FRV [2] as of 11/01/1997

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Medicaid Reimbursement Per Diem Rates

The Inn at Sarasota Bay Club
1303 N Tamiami Trail
Sarasota Fl 34236

Provider Number: 0 228621-00
 Date: 8/12/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>252.39</u>	<u>265.36</u>	<u>1/1/2013</u>
	Level H: Aids	<u>403.20</u>	<u>416.17</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
 Amended Cost Report FYE 12/31/2011
 Rate Semester Change
 On FRV [2] as of 06/20/2001

Distribution:

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Home Office:

1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Bay Tree Care & Rehabilitation Center
 2600 Highlands Boulevard, North
 Palm Harbor FL 34684

Provider Number: 0 253448-00
 Date: 8/15/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	174.85	171.59	7/1/2008
	Level H: Aids	311.13	307.87	7/1/2008

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11- 116W FYE 7/31/2007
 Rate Semester Change
 On FRV [2] as of 01/01/2007

Distribution:

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 No Change in Rate

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 Albuquerque NM 87109



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Bay Tree Care & Rehabilitation Center
 2600 Highlands Boulevard, North
 Palm Harbor FL 34684

Provider Number: 0 253448-00
 Date: 8/15/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	176.99	173.40	1/1/2009
	Level H: Aids	315.34	311.75	1/1/2009

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11- 116W FYE 7/31/2007**
- Rate Semester Change
- On FRV [2] as of 01/01/2007

Distribution:

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Home Office:

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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

Bay Tree Care & Rehabilitation Center
 2600 Highlands Boulevard, North
 Palm Harbor FL 34684

Provider Number: 0 253448-00
 Date: 8/15/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	162.16	158.87	3/1/2009
	Level H: Aids	300.51	297.22	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- 116W FYE 7/31/2007
 Rate Semester Change
 On FRV [2] as of 01/01/2007

Distribution:

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

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Bay Tree Care & Rehabilitation Center
 2600 Highlands Boulevard, North
 Palm Harbor FL 34684

Provider Number: 0 253448-00
 Date: 8/15/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.93	197.13	4/1/2009
	Level H: Aids	339.28	335.48	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- 116W FYE 7/31/2007
 Rate Semester Change
 On FRV [2] as of 01/01/2007

Distribution:

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

Home Office:

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Medicaid Reimbursement Per Diem Rates

Bay Tree Care & Rehabilitation Center
 2600 Highlands Boulevard, North
 Palm Harbor FL 34684

Provider Number: 0 253448-00
 Date: 8/15/2013
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.43	201.27	7/1/2009
	Level H: Aids	342.78	341.62	7/1/2009

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11- 116W FYE 7/31/2007
- Rate Semester Change
- On FRV [2] as of 01/01/2007

Distribution:

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Bay Tree Care & Rehabilitation Center
 2600 Highlands Boulevard, North
 Palm Harbor FL 34684

Provider Number: 0 253448-00
 Date: 8/15/2013
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.51	203.33	1/1/2010
	Level H: Aids	346.43	345.25	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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- FRVS Change
- Effects of Field Audit #NH11- 116W FYE 7/31/2007
- Rate Semester Change
- On FRV [2] as of 01/01/2007

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Medicaid Reimbursement Per Diem Rates

Bay Tree Care & Rehabilitation Center
 2600 Highlands Boulevard, North
 Palm Harbor FL 34684

Provider Number: 0 253448-00
 Date: 8/15/2013
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.92	203.74	7/1/2010
	Level H: Aids	348.26	347.08	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:

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

Changes:

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 Target Rate limitation change
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 Rate Semester Change
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Bay Tree Care & Rehabilitation Center
 2600 Highlands Boulevard, North
 Palm Harbor FL 34684

Provider Number: 0 253448-00
 Date: 8/15/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.05	207.85	1/1/2011
	Level H: Aids	353.91	352.71	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:

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- FRVS Change
- Effects of Field Audit #NH11- 116W FYE 7/31/2007
- Rate Semester Change
- On FRV [2] as of 01/01/2007

Distribution:

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- For information Only
- No Change in Rate


 Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

Sun Healthcare Group, Inc.
 Reimbursement Department
 101 Sun Avenue NE
 Albuquerque NM 87109



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

Bay Tree Care & Rehabilitation Center
 2600 Highlands Boulevard, North
 Palm Harbor FL 34684

Provider Number: 0 253448-00
 Date: 8/15/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.64	200.51	7/1/2011
	Level H: Aids	347.84	346.71	7/1/2011

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit #NH11- 116W FYE 7/31/2007
 Rate Semester Change
 On FRV [2] as of 01/01/2007

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

Bay Tree Care & Rehabilitation Center
 2600 Highlands Boulevard, North
 Palm Harbor FL 34684

Provider Number: 0 253448-00
 Date: 8/15/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.91	201.78	1/1/2012
	Level H: Aids	350.52	349.39	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- 116W FYE 7/31/2007
- Rate Semester Change
- On FRV [2] as of 01/01/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

Bay Tree Care & Rehabilitation Center
 2600 Highlands Boulevard, North
 Palm Harbor FL 34684

Provider Number: 0 253448-00
 Date: 8/15/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>207.24</u>	<u>206.08</u>	<u>7/1/2012</u>
	Level H: Aids	<u>356.45</u>	<u>355.29</u>	<u>7/1/2012</u>

Rate Type :

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

Basis:

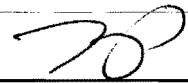
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11- 116W FYE 7/31/2007
- Rate Semester Change
- On FRV [2] as of 01/01/2007

Distribution:

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Thomas Parker
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Medicaid Reimbursement Per Diem Rates

Bay Tree Care & Rehabilitation Center
 2600 Highlands Boulevard, North
 Palm Harbor FL 34684

Provider Number: 0 253448-00
 Date: 8/15/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.54	208.38	1/1/2013
	Level H: Aids	360.35	359.19	1/1/2013

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 Field Audit #NH11- 116W FYE 7/31/2007
- Rate Semester Change
- On FRV [2] as of 01/01/2007

Distribution:

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Medicaid Reimbursement Per Diem Rates

Terra Vista Rehabilitation and Health Center
 1730 Lucerne Terrace
 Orlando FL 32806

Provider Number: 0 261611-00
 Date: 8/8/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>212.77</u>	<u>202.20</u>	<u>1/1/2013</u>
	Level H: Aids	<u>363.58</u>	<u>353.01</u>	<u>1/1/2013</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
- Late Test FYE 12/31/11**
- 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

Rehabilitation and Healthcare Center of Tampa
4411 North Habana Ave
Tampa FL 33614

Provider Number: 0 263940-00
 Date: 7/29/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>199.24</u>	<u>199.26</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 Interim Rate Retro effective 7/1/2013
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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 No Change in Rate

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Home Office:

1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

The Abbey Rehabilitation and Nursing Center
7101 Martin Luther King Jr. St. N.
St. Petersburg FL 33702

Provider Number: 0 263958-00
 Date: 7/29/2013
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>209.91</u>	<u>210.52</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 10/01/1985

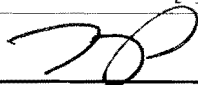
Distribution:

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Home Office: 1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

Titusville Rehabilitation and Nursing Center
 1705 Jess Parrish Court
 Titusville FL 32796

Provider Number: 0 263974-00
 Date: 7/29/2013
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>215.97</u>	<u>216.83</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:

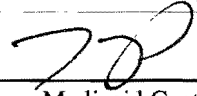
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- AIDS Interim Rate Retro effective 7/1/2013**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

MELBOURNE TERRACE RESTORATIVE CARE CE
251 Florida Ave
Melbourne FL 32901

Provider Number: 0 264547-00
 Date: 7/29/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>231.18</u>	<u>231.31</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 02/09/1989

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

SBK Capital, LLC
 Larry Shrewsbury
 1935 Garraux Road, Northwest
 Atlanta GA 30327



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Medicaid Reimbursement Per Diem Rates

Whispering Oaks
 1514 East Chelsea Street
 Tampa FL 33610

Provider Number: 0 266612-00
 Date: 7/29/2013
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	156.57	156.95	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 02/01/1989

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Medicaid Reimbursement Per Diem Rates

Coral Reef Nursing and Rehabilitation Center
9869 S.W. 152nd Street
Miami FL 33157

Provider Number: 0 282529-00
 Date: 8/12/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>238.06</u>	<u>232.45</u>	<u>1/1/2013</u>
	Level H: Aids	<u>388.87</u>	<u>383.26</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
 Late Test FYE 12/31/2011
 Rate Semester Change
 On FRV [2] as of 03/01/1996

Distribution:

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Medicaid Reimbursement Per Diem Rates

Aventura Plaza Rehabilitation and Nursing Center
1800 NE 168TH Street
N. Miami Beach FL 33162

Provider Number: 0 284823-00
 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	<u>266.81</u>	<u>267.53</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:

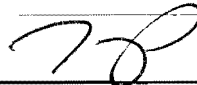
Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

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:

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


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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



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Medicaid Reimbursement Per Diem Rates

Watercrest Care Center
 16650 West Dixie Hwy
 North Miami Beach FL 33160

Provider Number: 0 310409-00
 Date: 7/30/2013
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>238.26</u>	<u>239.30</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 09/01/1999

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- No Change in Rate

Thomas Parker

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Hollywood Hills Rehabilitation Center, LLC
 1200 N 35th Avenue
 Hollywood FL 33021

Provider Number: 0 313424-00
 Date: 8/12/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>223.77</u>	<u>224.89</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
- Retro for 7/13 using FYE 6/30/2012 C/R**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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- No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Herlee, Inc
 Harold Mandelbaum
 1201 North 37th Street
 Hollywood FL 33021



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Medicaid Reimbursement Per Diem Rates

Parklands Rehabilitation and Nursing Center
1000 S.W. 16th Avenue
Gainesville FL 32601

Provider Number: 0 317578-00
 Date: 7/30/2013
 Fiscal Year End: 3/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>233.09</u>	<u>233.93</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 09/01/1987

Distribution:

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- No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Hallmark Accounting
 Jacob Karmel
 368 New Hempstead Road #309
 New City NY 10956



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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Jacksonville
 4101 Southpoint Drive East
 Jacksonville FL 32216

Provider Number: 0 319503-00
 Date: 7/26/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.43	203.60	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 08/09/1996

Distribution:

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- Permanent File
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- No Change in Rate

Home Office:

Consulate Health Care, Inc.
 Kathy Urbanovich
 800 Concourse Parkway South
 Maitland FL 32751

Thomas Parker
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Medicaid Reimbursement Per Diem Rates

Franco Nursing and Rehab
800 NW 95th Street
Miami FL 33150

Provider Number: 0 319554-00
 Date: 7/26/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>207.27</u>	<u>208.47</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 IRR effective 7/1/13
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 01/04/1996

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Brandon
 701 Victoria Strees
 Brandon FL 33510

Provider Number: 0 319660-00
 Date: 7/30/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.86	205.85	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- AIDs IRR effective 7/1/2013
- Rate Semester Change
- On ERV [2] as of 03/01/1999

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Lake Parker
 2020 W. Lake Parker Drive
 Lakeland FL 33805

Provider Number: 0 319678-00
 Date: 7/30/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>202.80</u>	<u>203.16</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:

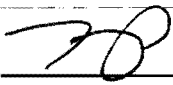
- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 AIDs IRR effective 7/1/2013
 Rate Semester Change
 On FRV [2] as of 05/14/1990

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of North Ft. Myers
 991 Pondella Road
 North Ft. Myers FL 33903

Provider Number: 0 320111-00
 Date: 7/30/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	189.04	190.00	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 7/1/2013
<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 04/01/1998

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Medicaid Reimbursement Per Diem Rates

The Palms Rehabilitation and Nursing Center
 3370 NW 46th Terrace
 Lauderdale Lakes FL 33319

Provider Number: 0 321532-00
 Date: 7/30/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	241.17	244.32	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 01/01/1994

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Medicaid Reimbursement Per Diem Rates

Terraces of Lake Worth Rehab and Health Center
 1711 6th Avenue South
 Lake Worth FL 33460

Provider Number: 0 325031-00
 Date: 8/6/2013
 Fiscal Year End: 2/29/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	251.63	254.65	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 Interim Effective 7/1/13
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 08/01/1986

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Medicaid Reimbursement Per Diem Rates

North Lake Rehabilitation and Health Center
 750 Bayberry Drive
 Lake Park FL 33403

Provider Number: 0 325163-00
 Date: 8/6/2013
 Fiscal Year End: 2/29/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
255.32	257.43	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 02/01/2000

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