



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Surrey Place Care Center
 110 Southeast Lee Avenue
 Live Oak FL 32060

Provider Number: 0 001135-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.07	204.09	1/1/2010
Level H: AIDS	343.42	346.01	1/1/2010
Level U: Fragile Under 21	456.04	459.89	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 01/21/1988

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Signature Healthcare LLC Julie Kleiser 2979 PGA Blvd Palm Beach Gardens FL 33410



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Medicaid Reimbursement Per Diem Rates

Signature HealthCARE of Palm Beach
 4405 Lakewood Road
 Lake Worth FL 33461

Provider Number: 0 001136-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.50	211.90	1/1/2010
Level H: AIDS	349.85	353.82	1/1/2010
Level U: Fragile Under 21	462.47	467.70	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

Distribution:

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Medicaid Reimbursement Per Diem Rates

Cross Pointe Care Center
 440 Phippen Care Road
 Dania Beach FL 33004

Provider Number: 0 001281-00
 Date: 12/29/2009
 Fiscal Year End: 11/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	226.66	228.17	1/1/2010
Level H: AIDS	367.01	370.09	1/1/2010
Level U: Fragile Under 21	479.63	483.97	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 05/01/2000

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Medicaid Reimbursement Per Diem Rates

Cross Terrace Rehabilitation Center
 1351 San Christopher Drive
 Dunedin FL 34698

Provider Number: 0 001300-00
 Date: 12/29/2009
 Fiscal Year End: 11/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.92	210.18	1/1/2010
Level H: AIDS	349.27	352.10	1/1/2010
Level U: Fragile Under 21	461.89	465.98	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Florida Baptist Retirement Center
 1006 33rd Street
 Vero Beach FL 32960

Provider Number: 0 001416-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	220.74	219.25	1/1/2010
Level H: AIDS	361.09	361.17	1/1/2010
Level U: Fragile Under 21	473.71	475.05	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 07/30/2008

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Medicaid Reimbursement Per Diem Rates

Village Place Health and Rehabilitation Center
 2370 Harbor Boulevard
 Port Charlotte FL 33952

Provider Number: 0 002400-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	233.17	234.59	1/1/2010
Level H: AIDS	373.52	376.51	1/1/2010
Level U: Fragile Under 21	486.14	490.39	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 09/22/1987

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Medicaid Reimbursement Per Diem Rates

West Broward Care Center
 7751 West Broward Blvd.
 Plantation FL 33324

Provider Number: 0 002419-00
 Date: 12/29/2009
 Fiscal Year End: 6/29/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	228.55	228.56	1/1/2010
Level H: AIDS	368.90	370.48	1/1/2010
Level U: Fragile Under 21	481.52	484.36	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Trinity Regional Rehab Center
 2144 Welbilt Boulevard
 Trinity 34655

Provider Number: 0 003521-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	216.96	216.98	1/1/2010
Level H: AIDS	357.31	358.90	1/1/2010
Level U: Fragile Under 21	469.93	472.78	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 11/25/2008

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Traditions Management of Florida, LLC
 1022 Main Street, Suite H
 Dunedin FL 34698



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Braden River Care Center
 2010 Manatee Avenue
 Bradenton FL 34208

Provider Number: 0 005021-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	205.96	205.95	1/1/2010
Level H: AIDS	346.31	347.87	1/1/2010
Level U: Fragile Under 21	458.93	461.75	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 08/01/1994

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Osceola Health Care Center
 4201 W. New Nolte Rd.
 St. Cloud FL 34772

Provider Number: 0 005219-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	221.00	221.12	1/1/2010
Level H: AIDS	361.35	363.04	1/1/2010
Level U: Fragile Under 21	473.97	476.92	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 10/28/1991

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Medicaid Reimbursement Per Diem Rates

Debary Manor
 60 N Hwy 17-92
 Debary FL 32713

Provider Number: 0 005372-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	205.25	205.31	1/1/2010
Level H: AIDS	345.60	347.23	1/1/2010
Level U: Fragile Under 21	458.22	461.11	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 02/01/1998

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Flagler Pines
 300 South Lemon Street
 Bunnell FL 32110

Provider Number: 0 005374-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.74	209.82	1/1/2010
Level H: AIDS	350.09	351.74	1/1/2010
Level U: Fragile Under 21	462.71	465.62	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 07/01/2004

Distribution:

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Medicaid Reimbursement Per Diem Rates

Longwood Health Care Center
 1520 S. Grant Street
 Longwood FL 32750

Provider Number: 0 005379-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.28	209.34	1/1/2010
Level H: AIDS	349.63	351.26	1/1/2010
Level U: Fragile Under 21	462.25	465.14	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 01/29/1998

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

The Rehabilitation Center of Winter Park
 1700 Monroe Avenue
 Maitland FL 32751

Provider Number: 0 005380-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	225.71	226.44	1/1/2010
Level H: AIDS	366.06	368.36	1/1/2010
Level U: Fragile Under 21	478.68	482.24	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> 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

Brynwood Center
 1656 S. Jefferson Street
 Monticello FL 32344

Provider Number: 0 005381-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	216.26	216.35	1/1/2010
Level H: AIDS	356.61	358.27	1/1/2010
Level U: Fragile Under 21	469.23	472.15	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 01/01/2002

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Nursing Pavilion at Chipola Retirement Center
 4294 3rd Avenue
 Marianna FL 32446

Provider Number: 0 005383-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	198.72	198.84	1/1/2010
Level H: AIDS	339.07	340.76	1/1/2010
Level U: Fragile Under 21	451.69	454.64	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 05/07/1991

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Medicaid Reimbursement Per Diem Rates

Glencove Nursing Pavilion
 1027 East Highway Business 98
 Panama City FL 32401

Provider Number: 0 005384-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	219.33	219.45	1/1/2010
Level H: AIDS	359.68	361.37	1/1/2010
Level U: Fragile Under 21	472.30	475.25	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 09/01/1992

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Medicaid Reimbursement Per Diem Rates

Panama City Nursing Center
 924 West 13th Street
 Panama City FL 32401

Provider Number: 0 005385-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.07	209.16	1/1/2010
Level H: AIDS	350.42	351.08	1/1/2010
Level U: Fragile Under 21	463.04	464.96	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 08/01/2004

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Medicaid Reimbursement Per Diem Rates

Riverchase Care Center
 1017 Strong Road
 Quincy FL 32351

Provider Number: 0 005386-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	197.24	197.34	1/1/2010
Level H: AIDS	337.59	339.26	1/1/2010
Level U: Fragile Under 21	450.21	453.14	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 01/01/1994

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Medicaid Reimbursement Per Diem Rates

Suwannee Health Care Center
 1620 E. Helvenston Street
 Live Oak FL 32064

Provider Number: 0 005387-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.65	215.80	1/1/2010
Level H: AIDS	356.00	357.72	1/1/2010
Level U: Fragile Under 21	468.62	471.60	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 09/01/1988

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Medicaid Reimbursement Per Diem Rates

Berkshire Manor
 1255 N E 135th St
 North Miami FL 33161

Provider Number: 0 005388-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	226.62	226.69	1/1/2010
Level H: AIDS	366.97	368.61	1/1/2010
Level U: Fragile Under 21	479.59	482.49	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 02/01/1998

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Medicaid Reimbursement Per Diem Rates

Carnegie Gardens Nursing Center
 1415 South Hickory Street
 Melbourne FL 32901

Provider Number: 0 005519-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.97	216.04	1/1/2010
Level H: AIDS	356.32	357.96	1/1/2010
Level U: Fragile Under 21	468.94	471.84	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Fountainhead Care Center
 390 N. E. 135th Street
 North Miami FL 33161

Provider Number: 0 005523-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	218.15	218.24	1/1/2010
Level H: AIDS	358.50	360.16	1/1/2010
Level U: Fragile Under 21	471.12	474.04	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 02/01/1998

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Medicaid Reimbursement Per Diem Rates

North Campus Rehabilitation and Nursing Center
 600 East Dixie Avenue
 Leesburg FL 34748

Provider Number: 0 005524-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	212.95	213.32	1/1/2010
Level H: AIDS	353.30	355.24	1/1/2010
Level U: Fragile Under 21	465.92	469.12	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 10/11/1988

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Medicaid Cost Reimbursement Analysis

Home Office:

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



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Manor on the Green
 324 Wilder Boulevard
 Daytona Beach FL 32114

Provider Number: 0 005543-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	218.97	218.96	1/1/2010
Level H: AIDS	359.32	360.88	1/1/2010
Level U: Fragile Under 21	471.94	474.76	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 07/19/2004

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Medicaid Reimbursement Per Diem Rates

Oakwood Garden of Deland
 451 South Amelia Avenue
 Deland FL 32724

Provider Number: 0 005547-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.03	207.62	1/1/2010
Level H: AIDS	347.38	349.54	1/1/2010
Level U: Fragile Under 21	460.00	463.42	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Oaks Of Kissimmee
 320 N. Mitchell Street
 Kissimmee FL 34741

Provider Number: 0 005549-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	218.66	218.71	1/1/2010
Level H: AIDS	359.01	360.63	1/1/2010
Level U: Fragile Under 21	471.63	474.51	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 07/01/2004

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Medicaid Reimbursement Per Diem Rates

Avante at Ocala
 2021 Southwest 1st Avenue
 Ocala FL 34474

Provider Number: 0 005701-00
 Date: 12/29/2009
 Fiscal Year End: 11/14/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.44	202.03	1/1/2010
Level H: AIDS	342.79	343.95	1/1/2010
Level U: Fragile Under 21	455.41	457.83	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 04/01/1992

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Medicaid Cost Reimbursement Analysis

Home Office:

Avante Group, Inc.
 Janan Mitchell
 4000 Hollywood Blvd, Suite 540-N
 Hollywood FL 33021-6744



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Medicaid Reimbursement Per Diem Rates

Palatka Health Care Center
 110 Kay Larkin Dr.
 Palatka FL 32177

Provider Number: 0 005811-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	213.32	213.06	1/1/2010
Level H: AIDS	353.67	354.98	1/1/2010
Level U: Fragile Under 21	466.29	468.86	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 05/26/1986

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Medicaid Reimbursement Per Diem Rates

Boynton Health Care Center
 7900 Venture Center Way
 Boynton Beach FL 33437

Provider Number: 0 005814-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	239.30	239.39	1/1/2010
Level H: AIDS	379.65	381.31	1/1/2010
Level U: Fragile Under 21	492.27	495.19	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 09/14/1999

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Medicaid Reimbursement Per Diem Rates

Health Care Center of Tampa
 1818 East Fletcher Avenue
 Tampa FL 33612

Provider Number: 0 005826-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	200.36	200.38	1/1/2010
Level H: AIDS	340.71	342.30	1/1/2010
Level U: Fragile Under 21	453.33	456.18	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Glen Oaks Health Care Center
 1100 Pine Street
 Clearwater FL 33756

Provider Number: 0 005849-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	240.67	240.79	1/1/2010
Level H: AIDS	381.02	382.71	1/1/2010
Level U: Fragile Under 21	493.64	496.59	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Heritage Park
 37135 Coleman Avenue
 Dade City FL 33525

Provider Number: 0 005850-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.98	210.03	1/1/2010
Level H: AIDS	350.33	351.95	1/1/2010
Level U: Fragile Under 21	462.95	465.83	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Lake Eustis Care Center
 411 West Woodward Avenue
 Eustis FL 32726

Provider Number: 0 005851-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	220.16	220.17	1/1/2010
Level H: AIDS	360.51	362.09	1/1/2010
Level U: Fragile Under 21	473.13	475.97	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 08/01/1998

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Medicaid Reimbursement Per Diem Rates

Lake Placid Health Care Center
 125 Tomoka Blvd South
 Lake Placid FL 33852

Provider Number: 0 006339-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.39	209.46	1/1/2010
Level H: AIDS	349.74	351.38	1/1/2010
Level U: Fragile Under 21	462.36	465.26	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 01/01/1999

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Medicaid Reimbursement Per Diem Rates

Windsor Manor
 602 East Laura Street
 Starke FL 32091

Provider Number: 0 006340-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.97	211.10	1/1/2010
Level H: AIDS	351.32	353.02	1/1/2010
Level U: Fragile Under 21	463.94	466.90	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 07/02/1990

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Medicaid Reimbursement Per Diem Rates

Rehabilitation Center of St. Pete
 435 42nd Avenue South
 St. Petersburg FL 33705

Provider Number: 0 006408-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	219.00	204.82	1/1/2010
Level H: AIDS	359.35	346.74	1/1/2010
Level U: Fragile Under 21	471.97	460.62	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
<input type="checkbox"/> Not on FRV [1]

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Medicaid Reimbursement Per Diem Rates

Salerno Bay Manor
 4801 SE Cove Road
 Stuart FL 34997

Provider Number: 0 006483-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	225.75	225.99	1/1/2010
Level H: AIDS	366.10	367.91	1/1/2010
Level U: Fragile Under 21	478.72	481.79	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 01/01/1999

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Medicaid Reimbursement Per Diem Rates

Royal Manor
 600 Business Parkway
 Royal Palm Beach FL 33411

Provider Number: 0 006489-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	220.12	220.20	1/1/2010
Level H: AIDS	360.47	362.12	1/1/2010
Level U: Fragile Under 21	473.09	476.00	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 01/01/1999

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Medicaid Reimbursement Per Diem Rates

Oakbrook of LaBelle
 250 Broward Avenue
 Labelle FL 33935

Provider Number: 0 006767-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	235.17	235.27	1/1/2010
Level H: AIDS	375.52	377.19	1/1/2010
Level U: Fragile Under 21	488.14	491.07	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Crosswinds Health & Rehab Center
 U.S. Hwy 90 E.
 Greenville FL 32331

Provider Number: 0 007012-00
 Date: 12/29/2009
 Fiscal Year End: 3/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.62	217.62	1/1/2010
Level H: AIDS	343.97	359.54	1/1/2010
Level U: Fragile Under 21	456.59	473.42	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Cross Landings Health & Rehab Center
 1780 N. Jefferson St.
 Monticello FL 32344

Provider Number: 0 007014-00
 Date: 12/29/2009
 Fiscal Year End: 3/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	219.68	221.05	1/1/2010
Level H: AIDS	360.03	362.97	1/1/2010
Level U: Fragile Under 21	472.65	476.85	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 04/01/2009

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Medicaid Reimbursement Per Diem Rates

The Woods of Manatee Springs
 5627 9th Street East
 Bradenton FL 34203

Provider Number: 0 008793-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	219.83	220.54	1/1/2010
Level H: AIDS	360.18	362.46	1/1/2010
Level U: Fragile Under 21	472.80	476.34	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 07/01/1987

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Home Office:

Putnam Council, Inc.
 16 Norcross Street
 Roswell GA 30075



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Medicaid Reimbursement Per Diem Rates

Okeechobee Health Care Facility
 1646 Highway 441 North
 Okeechobee FL 34972

Provider Number: 0 009495-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	216.66	221.40	1/1/2010
Level H: AIDS	357.01	363.32	1/1/2010
Level U: Fragile Under 21	469.63	477.20	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 03/01/2005

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Medicaid Reimbursement Per Diem Rates

Courtyard Gardens Rehabilitation Center, LLC
 17781 Thelma Avenue
 Jupiter FL 33458

Provider Number: 0 010082-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.72	206.78	1/1/2010
Level H: AIDS	347.07	348.70	1/1/2010
Level U: Fragile Under 21	459.69	462.58	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 07/08/1996

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Medicaid Cost Reimbursement Analysis

Home Office:

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Medicaid Reimbursement Per Diem Rates

Bon Secours Maria Manor
 10300 4th Street North
 St. Petersburg FL 33716

Provider Number: 0 200107-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.62	215.68	1/1/2010
Level H: AIDS	354.97	357.60	1/1/2010
Level U: Fragile Under 21	467.59	471.48	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Stephen Russell

Home Office:

Bon Secours Health System, Inc
 Keith Braganza
 1505 Marriottsville Road
 Marriottsville MD 21104-1399



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Medicaid Reimbursement Per Diem Rates

Westminster Oaks
 4449 Meandering Way
 Tallahassee FL 32308

Provider Number: 0 200409-00
 Date: 12/29/2009
 Fiscal Year End: 3/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	194.81	192.94	1/1/2010
Level H: AIDS	335.16	334.86	1/1/2010
Level U: Fragile Under 21	447.78	448.74	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/21/1988

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Home Office:

Westminster Services
 80 West Lucerne Circle
 Orlando FL 32801



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Medicaid Reimbursement Per Diem Rates

Floridean Nursing & Rehab
 47 NW 32nd Place
 Miami FL 33125

Provider Number: 0 200425-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.30	217.32	1/1/2010
Level H: AIDS	355.65	359.24	1/1/2010
Level U: Fragile Under 21	468.27	473.12	1/1/2010

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input checked="" 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"/> Rate Semester Change
On FRV [2] as of 04/01/1997

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Medicaid Reimbursement Per Diem Rates

Miami Jewish Home & Hospital for the Aged, Inc.
 5200 N.E. 2nd Avenue
 Miami FL 33137

Provider Number: 0 200506-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	225.11	226.45	1/1/2010
Level H: AIDS	365.46	368.37	1/1/2010
Level U: Fragile Under 21	478.08	482.25	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

Pines Nursing Home
301 NE 141st Street North
North Miami Beach FL 33161

Provider Number: 0 200620-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>239.15</u>	<u>237.09</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>379.50</u>	<u>379.01</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>492.12</u>	<u>492.89</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

All Saints Catholic Nursing Home & Rehab. Ctr.
 5888 Blanding Boulevard
 Jacksonville FL 32244

Provider Number: 0 200735-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.41	199.94	1/1/2010
Level H: AIDS	342.76	341.86	1/1/2010
Level U: Fragile Under 21	455.38	455.74	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

River Garden Hebrew Home
 11401 Old St. Augustine Rd.
 Jacksonville FL 32258

Provider Number: 0 200859-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	226.33	226.48	1/1/2010
Level H: AIDS	366.68	368.40	1/1/2010
Level U: Fragile Under 21	479.30	482.28	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 10/01/1985

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Home Office:

River Garden Holding Company
 Betty Parker
 11401 Old St. Augustine Road
 Jacksonville FL 32258



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Medicaid Reimbursement Per Diem Rates

AVANTE AT JACKSONVILLE BEACH
 1504 Seabreeze Avenue
 Jacksonville Beach FL 32250-3369

Provider Number: 0 200913-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	218.38	214.74	1/1/2010
Level H: AIDS	358.73	356.66	1/1/2010
Level U: Fragile Under 21	471.35	470.54	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 07/01/1989

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Medicaid Cost Reimbursement Analysis

Home Office:

Avante Group, Inc.
 Janan Mitchell
 4000 Hollywood Blvd, Suite 540-N
 Hollywood FL 33021-6744



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Medicaid Reimbursement Per Diem Rates

COMPREHENSIVE HEALTHCARE OF CLEARWAT
2055 PALMETTO STREET
Clearwater FL 34625

Provider Number: 0 200956-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>222.05</u>	<u>222.79</u>	<u>1/1/2010</u>
Level H: AIDS	<u>362.40</u>	<u>364.71</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>475.02</u>	<u>478.59</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 02/01/1996

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Lyric Health Care
 Timothy J Trybus
 7150 Columbia Gateway Drive Suite J
 Columbia MD 21046



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Medicaid Reimbursement Per Diem Rates

Memorial Manor Nursing Home
 777 South Douglas Road
 Pembroke Pines FL 33025

Provider Number: 0 201006-00
 Date: 12/29/2009
 Fiscal Year End: 4/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	232.78	232.39	1/1/2010
Level H: AIDS	373.13	374.31	1/1/2010
Level U: Fragile Under 21	485.75	488.19	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 07/14/1989

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Home Office:

Memorial Healthcare System
 James Ziebarth, Dir. Reimburs.
 3501 Johnson Street
 Hollywood FL 33021



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Medicaid Reimbursement Per Diem Rates

Gulf Coast Village
 1333 Santa Barbara Blvd.
 Cape Coral FL 33991

Provider Number: 0 201120-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	213.05	207.83	1/1/2010
Level H: AIDS	353.40	349.75	1/1/2010
Level U: Fragile Under 21	466.02	463.63	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 08/28/1989

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Medicaid Reimbursement Per Diem Rates

The Home Association, Inc
 1203 22nd Avenue
 Tampa FL 33605

Provider Number: 0 201154-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	219.60	222.83	1/1/2010
Level H: AIDS	359.95	364.75	1/1/2010
Level U: Fragile Under 21	472.57	478.63	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 201545-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.68	209.98	1/1/2010
Level H: AIDS	352.03	351.90	1/1/2010
Level U: Fragile Under 21	464.65	465.78	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Mary Lee Depugh Nursing Center
 559 West Morse Boulevard
 Winter Park FL 32789

Provider Number: 0 201588-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	191.57	173.14	1/1/2010
Level H: AIDS	331.92	315.06	1/1/2010
Level U: Fragile Under 21	444.54	428.94	1/1/2010

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Guardian Care Nursing & Rehabilitation Center
 2500 West Church Street
 Orlando FL 32805

Provider Number: 0 201651-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	213.91	216.37	1/1/2010
Level H: AIDS	354.26	358.29	1/1/2010
Level U: Fragile Under 21	466.88	472.17	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Westchester Gardens Rehabilitation & Care Center
 3301 McMullen Booth Road
 Clearwater FL 33761

Provider Number: 0 202011-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.51	212.48	1/1/2010
Level H: AIDS	350.86	354.40	1/1/2010
Level U: Fragile Under 21	463.48	468.28	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 09/01/1989

Distribution:

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

The Goodman Group, LLC
 1107 Hazeltine Blvd
 Chaska MN 55318



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Rohr Home
2135 Marshall Edwards Drive
Bartow FL 33830

Provider Number: 0 202533-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>227.95</u>	<u>228.57</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>368.30</u>	<u>370.49</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>480.92</u>	<u>484.37</u>	<u>1/1/2010</u>

Rate Type :

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> X </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Costs
<u> </u> Settlement based on costs	<u> </u> Total Prospective with Interim Component
<u> </u> Prior Provider Prospective data	

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Field audit - interim portion
<u> </u> Desk audited costs
<u> </u> Desk audit - Interim Portion
<u> </u> Desk Audit - Prospective portion

Changes:

<u> </u> Licensure Rating Change
<u> </u> Usual and Customary Limitation
<u> </u> Target Rate limitation change
<u> </u> FRVS Change
<u> X </u> Rate Semester Change
<u> </u> On FRV [2] as of 01/01/1989

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Stephen Russell

 Medicaid Cost Reimbursement Analysis
Stephen Russell

Home Office: 1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

SAMANTHA R. WILSON AT BAYVIEW
 161 Marine Street
 St. Augustine FL 32084

Provider Number: 0 202606-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.61	211.55	1/1/2010
Level H: AIDS	349.96	353.47	1/1/2010
Level U: Fragile Under 21	462.58	467.35	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

JH FLOYD SUNSHINE MANOR, INC.
 1755 18th Street
 Sarasota FL 34234

Provider Number: 0 202681-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	220.88	222.74	1/1/2010
Level H: AIDS	361.23	364.66	1/1/2010
Level U: Fragile Under 21	473.85	478.54	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Pines of Sarasota
 1501 North Orange Avenue
 Sarasota FL 34236

Provider Number: 0 202703-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	241.41	243.25	1/1/2010
	Level H: AIDS	381.76	385.17	1/1/2010
	Level U: Fragile Under 21	494.38	499.05	1/1/2010

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

SUNNYSIDE NURSING HOME
 5201 BAHIA VISTA ST
 Sarasota FL 34232

Provider Number: 0 202711-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	249.90	250.11	1/1/2010
Level H: AIDS	390.25	392.03	1/1/2010
Level U: Fragile Under 21	502.87	505.91	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Medicaid Cost Reimbursement Analysis

Home Office:

Sunnyside Properties Of Sarasota
 Roy Sharp
 5201 Bahia Vista Street
 Sarasota FL 34232



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Medicaid Reimbursement Per Diem Rates

Alliance Nursing Center
 130 West Armstrong Avenue
 Deland FL 32720

Provider Number: 0 202789-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	181.27	183.00	1/1/2010
Level H: AIDS	321.62	324.92	1/1/2010
Level U: Fragile Under 21	434.24	438.80	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Miracle Hill Nursing and Convalescent Center, Inc.
 1329 Abraham Street
 Tallahassee FL 32304

Provider Number: 0 202941-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	201.70	203.66	1/1/2010
Level H: AIDS	342.05	345.58	1/1/2010
Level U: Fragile Under 21	454.67	459.46	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

AVANTE AT LEESBURG
 2000 Edgewood Avenue
 Leesburg FL 34748

Provider Number: 0 203122-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	220.65	221.67	1/1/2010
Level H: AIDS	361.00	363.59	1/1/2010
Level U: Fragile Under 21	473.62	477.47	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 01/01/1991

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Avante Group, Inc.
 Janan Mitchell
 4000 Hollywood Blvd, Suite 540-N
 Hollywood FL 33021-6744



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Villa Maria Nursing & Rehabilitation
1050 NE 125th Street
North Miami FL 33161

Provider Number: 0 203165-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>233.58</u>	<u>234.32</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>373.93</u>	<u>376.24</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>486.55</u>	<u>490.12</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change

Distribution:

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Catholic Health Services
 Mary Jo Frick
 4790 N. State Road 7
 Lauderdale Lakes FL 33319



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 203203-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	221.44	211.40	1/1/2010
	Level H: AIDS	361.79	353.32	1/1/2010
	Level U: Fragile Under 21	474.41	467.20	1/1/2010

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

Basis:
<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"/> Rate Semester Change
<input type="checkbox"/> Not on FRV [1]

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

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



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Avante At Inverness
 304 South Citrus Avenue
 Inverness FL 34452-4753

Provider Number: 0 203220-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	214.05	214.55	1/1/2010
Single Level			
Level H: AIDS	354.40	356.47	1/1/2010
Level U: Fragile Under 21	467.02	470.35	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 01/01/1991

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Avante Group, Inc.
 Janan Mitchell
 4000 Hollywood Blvd, Suite 540-N
 Hollywood FL 33021-6744



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Avante At Lake Worth, Inc.
 2501 North A Street
 Lake Worth FL 33460-6013

Provider Number: 0 203238-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	226.14	231.01	1/1/2010
	Level H: AIDS	366.49	372.93	1/1/2010
	Level U: Fragile Under 21	479.11	486.81	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 01/01/1991

Distribution:

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Avante Group, Inc.
 Janan Mitchell
 4000 Hollywood Blvd, Suite 540-N
 Hollywood FL 33021-6744



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Palace at Kendall Nursing and Rehab Center
 11215 S.W. 84TH STREET
 Miami FL 33173

Provider Number: 0 203327-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.73	217.61	1/1/2010
Level H: AIDS	356.08	359.53	1/1/2010
Level U: Fragile Under 21	468.70	473.41	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 03/18/1991

Distribution:

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Professional Care I, Inc.
 Oscar Roiz
 11355 SW 84th St
 Miami FL 33173



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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TimberRidge Nursing & Rehab Center
 9848 SW 110th Street
 Ocala FL 34481

Provider Number: 0 203335-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.12	211.15	1/1/2010
Level H: AIDS	349.47	353.07	1/1/2010
Level U: Fragile Under 21	462.09	466.95	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 03/01/1991

Distribution:

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 For information Only
 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Marianna Health & Rehabilitation
 4295 5th Avenue
 Marianna FL 32447

Provider Number: 0 203475-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	174.20	175.68	1/1/2010
	Level H: AIDS	314.55	317.60	1/1/2010
	Level U: Fragile Under 21	427.17	431.48	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 01/01/1989

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Manor at Carpenter's
 1001 Carpenter's Way
 Lakeland FL 33809

Provider Number: 0 203599-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	224.25	217.33	1/1/2010
Level H: AIDS	364.60	359.25	1/1/2010
Level U: Fragile Under 21	477.22	473.13	1/1/2010

Rate Type :

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

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Rate Semester Change
 On FRV [2] as of 06/01/1991

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Medicaid Reimbursement Per Diem Rates

Perdue Medical Center
 19590 Old Cutler Road
 Miami FL 33157

Provider Number: 0 203670-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	239.07	240.42	1/1/2010
	Level H: AIDS	379.42	382.34	1/1/2010
	Level U: Fragile Under 21	492.04	496.22	1/1/2010

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Rate Semester Change
 On FRV [2] as of 10/01/1985

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Public Health Trust of Dade County
 Eric Rodriguez
 1611 N.W. 12th Avenue
 Miami FL 33136



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

John Knox Village Of Florida
 651 S.W. 6TH STREET
 Pompano Beach FL 33060

Provider Number: 0 203769-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	219.05	216.63	1/1/2010
Level H: AIDS	359.40	358.55	1/1/2010
Level U: Fragile Under 21	472.02	472.43	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 01/01/1989

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Medicaid Reimbursement Per Diem Rates

Westminster Asbury Towers
1533 4th Avenue West
Bradenton FL 34205

Provider Number: 0 203815-00
 Date: 12/29/2009
 Fiscal Year End: 3/31/2009
 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>200.16</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>350.26</u>	<u>342.08</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>462.88</u>	<u>455.96</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 08/01/1991

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Stephen Russell

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Stephen Russell

Home Office:

Westminster Services
 80 West Lucerne Circle
 Orlando FL 32801



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Oak Bluffs Health Center
 420 Bay Avenue
 Clearwater FL 34616

Provider Number: 0 203823-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>203.35</u>	<u>206.20</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>343.70</u>	<u>348.12</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>456.32</u>	<u>462.00</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 07/15/1991

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Lisenby on Lake Caroline
 1400 West Eleventh Street
 Panama City FL 32401

Provider Number: 0 203980-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	167.17	176.79	1/1/2010
Level H: AIDS	307.52	318.71	1/1/2010
Level U: Fragile Under 21	420.14	432.59	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/08/1991

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Medicaid Reimbursement Per Diem Rates

Mease Continuing Care

 910 New York Avenue

 Dunedin FL 34698

Provider Number: _____ 0 204072-00
 Date: _____ 12/29/2009
 Fiscal Year End: _____ 7/31/2009
 Audit Status: _____ Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	205.69	209.39	1/1/2010
Level H: AIDS	346.04	351.31	1/1/2010
Level U: Fragile Under 21	458.66	465.19	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 01/07/1992

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Medicaid Reimbursement Per Diem Rates

Jackson Memorial Long Term Care Center
 2500 NW 22nd Avenue
 Miami FL 33142

Provider Number: 0 204161-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	236.65	238.01	1/1/2010
Level H: AIDS	377.00	379.93	1/1/2010
Level U: Fragile Under 21	489.62	493.81	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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 Eric Rodriguez
 1611 N.W. 12th Avenue
 Miami FL 33136



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Regents Park Of Boca Raton
 6363 Verde Trail
 Boca Raton FL 33433

Provider Number: 0 204170-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	232.12	230.60	1/1/2010
Level H: AIDS	372.47	372.52	1/1/2010
Level U: Fragile Under 21	485.09	486.40	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 08/01/1994

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Olds Hall Good Samaritan
 327 Orange Avenue
 Daytona Beach FL 32114

Provider Number: 0 204391-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	210.89	207.96	1/1/2010
Level H: AIDS	351.24	349.88	1/1/2010
Level U: Fragile Under 21	463.86	463.76	1/1/2010

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 10/01/1985

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Evangelical Lutheran Good Samaritan Kim Kouri 4800 West 57th Street Sioux Falls SD 57117



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TAYLOR HOME FOR THE AGED, INC.

 3937 Spring Park Road

 Jacksonville FL 32207

Provider Number: 0 204536-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	206.80	207.68	1/1/2010
Single Level			
Level H: AIDS	347.15	349.60	1/1/2010
Level U: Fragile Under 21	459.77	463.48	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Tri-County Nursing Home
 7280 S.W. SR 26
 Trenton FL 32693

Provider Number: 0 204625-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	188.00	189.75	1/1/2010
Level H: AIDS	328.35	331.67	1/1/2010
Level U: Fragile Under 21	440.97	445.55	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 05/18/1992

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Medicaid Reimbursement Per Diem Rates

Health Central Park
 411 North Dillard Street
 Winter Garden FL 34787

Provider Number: 0 204811-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.98	215.33	1/1/2010
Level H: AIDS	355.33	357.25	1/1/2010
Level U: Fragile Under 21	467.95	471.13	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

St. Catherine Laboure Manor
 1750 Stockton Street
 Jacksonville FL 32204

Provider Number: 0 205150-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.90	213.88	1/1/2010
Level H: AIDS	352.25	355.80	1/1/2010
Level U: Fragile Under 21	464.87	469.68	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 07/01/1993

Distribution:

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

St. Vincent Health System
 Mike Duclos
 1 Shircliff Way
 Jacksonville FL 32204



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Medicaid Reimbursement Per Diem Rates

KISSIMMEE GOOD SAMARITAN
1550 Aldersgate Drive
Kissimmee FL 34746

Provider Number: 0 205303-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>195.14</u>	<u>197.48</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>335.49</u>	<u>339.40</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>448.11</u>	<u>453.28</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Evangelical Lutheran Good Samaritan
 Kim Kouri
 4800 West 57th Street
 Sioux Falls SD 57117



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

American Finnish Nursing Home
 1800 South Drive
 Lake Worth FL 33461

Provider Number: 0 205460-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	225.81	225.14	1/1/2010
Level H: AIDS	366.16	367.06	1/1/2010
Level U: Fragile Under 21	478.78	480.94	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Stephen Russell

Home Office:

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Medicaid Reimbursement Per Diem Rates

Health Center at Abbey Delray
 2000 Lawson Blvd.
 Delray Beach FL 33445

Provider Number: 0 205745-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>216.96</u>	<u>223.92</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>357.31</u>	<u>365.84</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>469.93</u>	<u>479.72</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Life Care Retirement Comm., Inc.
 John Kaduce
 200 East Grand Avenue
 Des Moines IA 50309-1800



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Medicaid Reimbursement Per Diem Rates

Orlando Lutheran Towers
 300 East Church Street
 Orlando FL 32801

Provider Number: 0 205796-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	196.14	198.15	1/1/2010
Level H: AIDS	336.49	340.07	1/1/2010
Level U: Fragile Under 21	449.11	453.95	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

St. John's Nursing Home
 3075 NW 35th Avenue
 Lauderdale Lakes FL 33311

Provider Number: 0 205800-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	231.24	233.67	1/1/2010
Level H: AIDS	371.59	375.59	1/1/2010
Level U: Fragile Under 21	484.21	489.47	1/1/2010

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

Basis:
<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"/> Rate Semester Change
<input type="checkbox"/> Not on FRV [1]

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Stephen Russell

Medicaid Cost Reimbursement Analysis

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

 Lourdes-Noreen McKeen Residence

 315 South Flagler Drive

 West Palm Beach FL 33401

Provider Number: _____ 0 205923-00
 Date: _____ 12/29/2009
 Fiscal Year End: _____ 12/31/2008
 Audit Status: _____ Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>235.62</u>	<u>237.20</u>	<u>1/1/2010</u>
Level H: AIDS	<u>375.97</u>	<u>379.12</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>488.59</u>	<u>493.00</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 04/01/1993

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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Suwannee Valley Nursing Center
 427 N. W. 15th Ave.
 Jasper FL 32052

Provider Number: 0 206300-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.70	209.36	1/1/2010
Level H: AIDS	348.05	351.28	1/1/2010
Level U: Fragile Under 21	460.67	465.16	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Morton Plant Rehabilitation Center
 400 Corbett Street
 Clearwater FL 33756

Provider Number: 0 206431-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home			
Single Level	<u>216.84</u>	<u>217.58</u>	<u>1/1/2010</u>
Level H: AIDS	<u>357.19</u>	<u>359.50</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>469.81</u>	<u>473.38</u>	<u>1/1/2010</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
- Rate Semester Change
On FRV [2] as of 10/01/1985

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Baycare Health System
 16331 Bay Vista Drive
 Clearwater Fl 33760



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Medicaid Reimbursement Per Diem Rates

Saint Andrews Estates North
 6152 North Verde Trail
 Boca Raton FL 33433

Provider Number: 0 206521-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	236.99	228.23	1/1/2010
Level H: AIDS	377.34	370.15	1/1/2010
Level U: Fragile Under 21	489.96	484.03	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Acts, Inc
 Karen Beasley
 375 Morris Road
 West Point PA 19486



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Waterford
 601 Universal Blvd.
 Juno Beach FL 33408

Provider Number: 0 206610-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	240.70	243.55	1/1/2010
Level H: AIDS	381.05	385.47	1/1/2010
Level U: Fragile Under 21	493.67	499.35	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 01/01/1986

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Life Care Retirement Comm.,Inc.
 John Kaduce
 200 East Grand Avenue
 Des Moines IA 50309-1800



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Medicaid Reimbursement Per Diem Rates

Abbey Delray South
 1717 Homewood Blvd.
 Delray Beach FL 33445

Provider Number: 0 206865-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	242.30	238.96	1/1/2010
Level H: AIDS	382.65	380.88	1/1/2010
Level U: Fragile Under 21	495.27	494.76	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 04/01/1986

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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 John Kaduce
 200 East Grand Avenue
 Des Moines IA 50309-1800



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Medicaid Reimbursement Per Diem Rates

Riverside Care Center
 899 N. W. 4th Street
 Miami FL 33128

Provider Number: 0 207276-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	222.60	212.98	1/1/2010
Level H: AIDS	362.95	354.90	1/1/2010
Level U: Fragile Under 21	475.57	468.78	1/1/2010

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

Basis:
<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"/> Rate Semester Change
<input type="checkbox"/> Not on FRV [1]

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Stacey Enterprises, Inc
 Richard E. Stacey
 421 Garrard Street
 Covington KY 41011



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Joseph L. Morse Geriatric Center, Inc.
 4847 FRED GLADSTONE DRIVE
 West Palm Beach FL 33417

Provider Number: 0 207381-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	225.34	225.85	1/1/2010
Level H: AIDS	365.69	367.77	1/1/2010
Level U: Fragile Under 21	478.31	481.65	1/1/2010

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

Basis:
<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"/> Rate Semester Change

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

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Medicaid Reimbursement Per Diem Rates

TAYLOR CARE CENTER, INC.

 6635 CHESTER AVE.

 Jacksonville FL 32217

Provider Number: 0 207446-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>210.34</u>	<u>209.72</u>	<u>1/1/2010</u>
Level H: AIDS	<u>350.69</u>	<u>351.64</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>463.31</u>	<u>465.52</u>	<u>1/1/2010</u>

Rate Type :	
<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> <u> X </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Costs
<u> </u> Settlement based on costs	<u> </u> Total Prospective with Interim Component
<u> </u> Prior Provider Prospective data	

Basis:
<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Field audit - interim portion
<u> </u> Desk audited costs
<u> </u> Desk audit - Interim Portion
<u> </u> Desk Audit - Prospective portion

Changes:
<u> </u> Licensure Rating Change
<u> </u> Usual and Customary Limitation
<u> </u> Target Rate limitation change
<u> </u> FRVS Change
<u> X </u> Rate Semester Change
On FRV [2] as of 01/01/2004

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

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



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Medicaid Reimbursement Per Diem Rates

Sunrise Health & Rehabilitation Center
 4800 Nob Hill Road
 Sunrise FL 33321

Provider Number: 0 207497-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.32	194.24	1/1/2010
Level H: AIDS	346.67	336.16	1/1/2010
Level U: Fragile Under 21	459.29	450.04	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Subacute Services, Inc.
 David Lemcke
 3100 Five Forks Trickum Road, S.W.
 Lilburn GA 30047



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Medicaid Reimbursement Per Diem Rates

AUBURNDALE OAKS HEALTHCARE CENTER
 919 Old Winter Haven Road
 Auburndale FL 33823

Provider Number: 0 207527-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	193.05	194.63	1/1/2010
Level H: AIDS	333.40	336.55	1/1/2010
Level U: Fragile Under 21	446.02	450.43	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Lyric Health Care
 Timothy J Trybus
 7150 Columbia Gateway Drive Suite J
 Columbia MD 21046



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Lakeside Health Center
 2501 Australian Avenue
 West Palm Beach FL 33407

Provider Number: 0 207683-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	193.50	209.28	1/1/2010
Single Level			
Level H: AIDS	333.85	351.20	1/1/2010
Level U: Fragile Under 21	446.47	465.08	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



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Medicaid Reimbursement Per Diem Rates

Ponce de Leon Care Center
 1999 Old Moultrie Road
 St. Augustine FL 32806

Provider Number: 0 207799-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>219.28</u>	<u>221.42</u>	<u>1/1/2010</u>
Level H: AIDS	<u>359.63</u>	<u>363.34</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>472.25</u>	<u>477.22</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 03/01/2004

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

HPSA, Inc.
 Eric Thomas
 210 25th Ave North
 Nashville TN 37203



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Medicaid Reimbursement Per Diem Rates

Florida Club Care Center
 220 Sierra Drive
 Miami FL 33179

Provider Number: 0 207993-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	234.18	236.62	1/1/2010
Level H: AIDS	374.53	378.54	1/1/2010
Level U: Fragile Under 21	487.15	492.42	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1998

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Seniors Management, Inc
 Lenard Brown
 1114 Wynwood Avenue
 Cherry Hill NJ 08002



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BERNARD L. SAMSON NURSING CENTER
255 - 59 STREET NORTH
St. Petersburg FL 33710

Provider Number: 0 208442-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>231.40</u>	<u>232.14</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>371.75</u>	<u>374.06</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>484.37</u>	<u>487.94</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

<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"/> Rate Semester Change

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

Jupiter Medical Center Pavilion, Inc.
 1230 South Old Dixie Highway
 Jupiter FL 33458

Provider Number: 0 208485-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	223.67	224.41	1/1/2010
Level H: AIDS	364.02	366.33	1/1/2010
Level U: Fragile Under 21	476.64	480.21	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Stephen Russell

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Claridge House
 13900 NE 3rd Court
 North Miami FL 33161

Provider Number: 0 208507-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	196.72	198.43	1/1/2010
	Level H: AIDS	337.07	340.35	1/1/2010
	Level U: Fragile Under 21	449.69	454.23	1/1/2010

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Rate Semester Change
 On FRV [2] as of 08/01/2002

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Medicaid Reimbursement Per Diem Rates

Westminster Towers
 70 West Lucerne Circle
 Orlando FL 32801

Provider Number: 0 208540-00
 Date: 12/29/2009
 Fiscal Year End: 3/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	193.01	189.04	1/1/2010
Single Level			
Level H: AIDS	333.36	330.96	1/1/2010
Level U: Fragile Under 21	445.98	444.84	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 12/01/1999

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Westminster Services
 80 West Lucerne Circle
 Orlando FL 32801



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Medicaid Reimbursement Per Diem Rates

Baptist Manor
 10095 Hillview Road
 Pensacola FL 32514

Provider Number: 0 208809-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.14	193.68	1/1/2010
Level H: AIDS	332.49	335.60	1/1/2010
Level U: Fragile Under 21	445.11	449.48	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Baptist Health Care Corporation
 Timothy M. Owens
 1717 North E Street
 Pensacola FL 32501



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Plantation Key Convalescent Center
 48 High Point Road
 Tavernier FL 33070

Provider Number: 0 208906-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	185.72	186.52	1/1/2010
Level H: AIDS	326.07	328.44	1/1/2010
Level U: Fragile Under 21	438.69	442.32	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Midcare
 Barbara Mecher
 9430 Hwy 141 South
 Hartsville TN 37074



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Medicaid Reimbursement Per Diem Rates

Courtenay Springs Village
 1100 S. Courtenay Parkway
 Merritt Island FL 32952

Provider Number: 0 209325-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.67	208.07	1/1/2010
Level H: AIDS	347.02	349.99	1/1/2010
Level U: Fragile Under 21	459.64	463.87	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 12/01/1994

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Stephen Russell
 Medicaid Cost Reimbursement Analysis
Stephen Russell

Home Office: Retirement Housing Foundation
 Robin Padilla
 911 N. Studebaker Rd
 Long Beach CA 90815-4900



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Westminster Asbury Manor
 1700 21st Avenue West
 Bradenton FL 34205

Provider Number: 0 209422-00
 Date: 12/29/2009
 Fiscal Year End: 3/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.19	198.80	1/1/2010
Level H: AIDS	348.54	340.72	1/1/2010
Level U: Fragile Under 21	461.16	454.60	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 03/11/1987

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Westminster Services
 80 West Lucerne Circle
 Orlando FL 32801



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 209473-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.47	217.55	1/1/2010
Level H: AIDS	355.82	359.47	1/1/2010
Level U: Fragile Under 21	468.44	473.35	1/1/2010

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

Basis:
<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"/> Rate Semester Change

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

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

Bishop's Glen Health Care Center
 900 LPGA Blvd
 Holly Hill FL 32117

Provider Number: 0 209511-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	227.38	229.60	1/1/2010
Level H: AIDS	367.73	371.52	1/1/2010
Level U: Fragile Under 21	480.35	485.40	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 12/01/1987

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Retirement Housing Foundation
 Robin Padilla
 911 N. Studebaker Rd
 Long Beach CA 90815-4900



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Medicaid Reimbursement Per Diem Rates

Winter Park Towers
 1111 South Lakemount Avenue ,M.S. #101
 Winter Park FL 32792

Provider Number: 0 209848-00
 Date: 12/29/2009
 Fiscal Year End: 3/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	191.77	182.46	1/1/2010
	Level H: AIDS	332.12	324.38	1/1/2010
	Level U: Fragile Under 21	444.74	438.26	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 10/01/1987

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Westminster Services
 80 West Lucerne Circle
 Orlando FL 32801



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Medicaid Reimbursement Per Diem Rates

Sun Terrace Health Center
 105 Trinity Lakes Drive
 Sun City Center FL 33570

Provider Number: 0 209856-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.64	211.01	1/1/2010
Level H: AIDS	350.99	352.93	1/1/2010
Level U: Fragile Under 21	463.61	466.81	1/1/2010

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 09/01/1987

Distribution:
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Stephen Russell

 Medicaid Cost Reimbursement Analysis

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Life Care Center of Altamonte Springs
989 Orienta Avenue
Altamonte Springs FL 32701

Provider Number: 0 210137-00
Date: 12/29/2009
Fiscal Year End: 7/31/2009
Audit Status: Unaudited [3]

Provider Type:

Table with 3 columns: Nursing Home, Single Level, Current Rate, New Rate, Effective Date. Includes rows for Level H: AIDS and Level U: Fragile Under 21.

Rate Type section containing checkboxes for Interim and Prospective rate types and their components.

Basis section containing checkboxes for Budget, Unaudited costs, Field audited costs, and Desk audited costs.

Changes section containing checkboxes for Licensure Rating Change, Usual and Customary Limitation, Target Rate limitation change, FRVS Change, and Rate Semester Change.

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Signature of Stephen Russell

Home Office:

Life Care Centers Of America
Doug Ruth
3570 NW Keith Street
Cleveland TN 37320



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Covenant Village Care Center
 9201 West Broward Blvd.
 Plantation FL 33324

Provider Number: 0 210188-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2004
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>232.42</u>	<u>231.21</u>	<u>1/1/2010</u>
Level H: AIDS	<u>372.77</u>	<u>373.13</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>485.39</u>	<u>487.01</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 03/15/1988

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

Home Office:

Covenant Retirement Communities Richard Olson 5115 North Francisco Avenue Chicago IL 60625



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

John Knox Village Medical Center
4100 E. FLETCHER AVENUE
Tampa FL 33613

Provider Number: 0 210285-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>208.49</u>	<u>210.76</u>	<u>1/1/2010</u>
Level H: AIDS	<u>348.84</u>	<u>352.68</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>461.46</u>	<u>466.56</u>	<u>1/1/2010</u>

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 12/01/1987

Distribution:
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 No Change in Rate

Stephen Russell

 Medicaid Cost Reimbursement Analysis

Home Office:
 Baycare Health System
 16331 Bay Vista Drive
 Clearwater Fl 33760



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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

_____ Azalea Trace
 _____ 10100 Hillview Road
 _____ Pensacola FL 32504

Provider Number: _____ 0 210374-00
 Date: _____ 12/29/2009
 Fiscal Year End: _____ 12/31/2008
 Audit Status: _____ Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	218.20	212.91	1/1/2010
	Level H: AIDS	358.55	354.83	1/1/2010
	Level U: Fragile Under 21	471.17	468.71	1/1/2010

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 09/01/1988

Distribution:

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Acts, Inc Karen Beasley 375 Morris Road West Point PA 19486
--



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Village on the Isle
 950 SOUTH TAMiami TRAIL
 Venice FL 34285

Provider Number: 0 210463-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2004
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>228.18</u>	<u>231.81</u>	<u>1/1/2010</u>
Level H: AIDS	<u>368.53</u>	<u>373.73</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>481.15</u>	<u>487.61</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Rate Semester Change

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Health Park Care Center
 16131 Rose Rush Court
 Ft. Myers FL 33908

Provider Number: 0 210587-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2002
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	223.20	225.75	1/1/2010
Level H: AIDS	363.55	367.67	1/1/2010
Level U: Fragile Under 21	476.17	481.55	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 12/18/1992

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Medicaid Reimbursement Per Diem Rates

Miami Gardens Care Centre
 190 NE 191 Street
 North Miami FL 33170

Provider Number: 0 210617-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	224.21	229.34	1/1/2010
Single Level			
Level H: AIDS	364.56	371.26	1/1/2010
Level U: Fragile Under 21	477.18	485.14	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 03/11/1992

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Stephen Russell

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Home Office: 1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

AVANTE AT BOCA RATON, INC.
 1130 NORTHWEST 15TH STREET
 Boca Raton FL 33486-1343

Provider Number: 0 210676-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	239.77	234.93	1/1/2010
	Level H: AIDS	380.12	376.85	1/1/2010
	Level U: Fragile Under 21	492.74	490.73	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 04/01/1993

Distribution:

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Avante Group, Inc.
 Janan Mitchell
 4000 Hollywood Blvd, Suite 540-N
 Hollywood FL 33021-6744



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Edgewater at Waterman Village
 300 Brookfield Ave.
 Mount Dora FL 32757

Provider Number: 0 210684-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	216.27	217.93	1/1/2010
Level H: AIDS	356.62	359.85	1/1/2010
Level U: Fragile Under 21	469.24	473.73	1/1/2010

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 05/03/1993

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Stephen Russell

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Home Office: 1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

Brighton Gardens of Port St. Lucie
 1699 E. Lyngate Drive
 Port St. Lucie FL 34952

Provider Number: 0 210781-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.50	217.39	1/1/2010
Level H: AIDS	355.85	359.31	1/1/2010
Level U: Fragile Under 21	468.47	473.19	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 10/18/1993

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Sunrise Senior Living
 Tony Harris
 7900 W. Park Drive, STE T900
 McLean VA 22102



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Medicaid Reimbursement Per Diem Rates

Emory L. Bennett State Veteran's Nursing Home
 1920 Mason Avenue
 Daytona Beach FL 32117

Provider Number: 0 210889-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	216.89	217.07	1/1/2010
Level H: AIDS	357.24	358.99	1/1/2010
Level U: Fragile Under 21	469.86	472.87	1/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Rate Semester Change
On FRV [2] as of 01/19/1994

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- No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Florida Dept. of Veterans Affairs
 Walter Gilchrist
 11351 Ulmerton Road, Room 332-I
 Largo FL 33778-1630



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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Stratford Court at Palm Harbor
 45 Katherine Blvd
 Palm Harbor FL 34684

Provider Number: 0 210943-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	221.67	224.46	1/1/2010
Single Level			
Level H: AIDS	362.02	366.38	1/1/2010
Level U: Fragile Under 21	474.64	480.26	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 02/12/1992

Distribution:

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Sunrise Senior Living
 Tony Harris
 7900 W. Park Drive, STE T900
 McLean VA 22102



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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: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	180.58	185.91	1/1/2010
Level H: AIDS	320.93	327.83	1/1/2010
Level U: Fragile Under 21	433.55	441.71	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 05/18/1990

Distribution:

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

The Goodman Group, LLC
 1107 Hazeltine Blvd
 Chaska MN 55318



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Stratford Court at Boca Pointe
 6343 Via Sonrisa Del Sur
 Boca Raton FL 33433

Provider Number: 0 211010-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	246.27	230.54	1/1/2010
Level H: AIDS	386.62	372.46	1/1/2010
Level U: Fragile Under 21	499.24	486.34	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 03/17/1994

Distribution:

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

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Sunrise Senior Living
 Tony Harris
 7900 W. Park Drive, STE T900
 McLean VA 22102



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Medicaid Reimbursement Per Diem Rates

W. FRANK WELLS NURSING FACILITY
 159 NORTH THIRD STREET
 Macclenny FL 32063

Provider Number: 0 211052-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	230.40	231.42	1/1/2010
Level H: AIDS	370.75	373.34	1/1/2010
Level U: Fragile Under 21	483.37	487.22	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

Distribution:

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

Stephen Russell
 Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Huntington Place Rehab and Nursing Center
 1775 Huntington Lane
 Rockledge FL 32955

Provider Number: 0 211281-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	183.11	184.68	1/1/2010
Level H: AIDS	323.46	326.60	1/1/2010
Level U: Fragile Under 21	436.08	440.48	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Hardee Manor Health Care Center
401 ORANGE DRIVE
Wauchula FL 33873

Provider Number: 0 211435-00
Date: 12/29/2009
Fiscal Year End: 7/31/2008
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	182.07	183.63	1/1/2010
Single Level			
Level H: AIDS	322.42	325.55	1/1/2010
Level U: Fragile Under 21	435.04	439.43	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 10/01/1989

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Advocat Inc and Subsidiaries
Walt McCullough
1621 Galleria Blvd
Brentwood TN 37027



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Medicaid Reimbursement Per Diem Rates

LAUREL POINTE HEALTH AND REHABILITATIO
703 South 26th Street
Ft. Pierce FL 34947

Provider Number: 0 211516-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>199.04</u>	<u>200.73</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>339.39</u>	<u>342.65</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>452.01</u>	<u>456.53</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 05/01/1993

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Lyric Health Care
 Timothy J Trybus
 7150 Columbia Gateway Drive Suite J
 Columbia MD 21046



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Medicaid Reimbursement Per Diem Rates

Life Care Center of Citrus County
 3325 Jerwayne Lane
 Lecanto FL 34461

Provider Number: 0 211532-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	188.08	192.15	1/1/2010
Level H: AIDS	328.43	334.07	1/1/2010
Level U: Fragile Under 21	441.05	447.95	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 11/15/1994

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Delta Health Care Center - Destin
 138 Sandestin Lane
 Destin FL 32550

Provider Number: 0 211621-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.39	209.47	1/1/2010
Level H: AIDS	346.74	351.39	1/1/2010
Level U: Fragile Under 21	459.36	465.27	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 02/24/1988

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Delta Health Group, Inc.
 John Tolan
 2 North Palofox Street
 Pensacola FL 32501



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Rosewood Manor
3107 North H Street
Pensacola FL 32501

Provider Number: 0 211842-00
Date: 12/29/2009
Fiscal Year End: 7/31/2009
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	180.70	192.04	1/1/2010
Level H: AIDS	321.05	333.96	1/1/2010
Level U: Fragile Under 21	433.67	447.84	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

Distribution:

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Delta Health Group, Inc.
John Tolan
2 North Palofox Street
Pensacola FL 32501



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Plaza West
 912 American Eagle Blvd
 Sun City Center FL 33573

Provider Number: 0 211885-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.52	201.78	1/1/2010
Level H: AIDS	346.87	343.70	1/1/2010
Level U: Fragile Under 21	459.49	457.58	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 06/10/1994

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Brookdale Senior Living, Inc.
 Russ Bellora
 111 Westwood Place, Suite 200
 Brentwood TN 37027



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Lake Park of Madison
 259 S. W. Captain Brown Rd.
 Madison FL 32340

Provider Number: 0 211923-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.21	194.41	1/1/2010
Level H: AIDS	332.56	336.33	1/1/2010
Level U: Fragile Under 21	445.18	450.21	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 08/25/1995

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Stephen Russell

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Home Office:

1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

E.J. Healey Rehabilitation and Nursing Center
 1200 45th Street
 West Palm Beach FL 33401

Provider Number: 0 212032-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	241.14	242.07	1/1/2010
Level H: AIDS	381.49	383.99	1/1/2010
Level U: Fragile Under 21	494.11	497.87	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

1 - No Home Office



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Westminster Woods on Julington Creek
 25 William Bartram Scenic Highway
 Jacksonville FL 32259

Provider Number: 0 212083-00
 Date: 12/29/2009
 Fiscal Year End: 3/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.20	195.90	1/1/2010
Level H: AIDS	346.55	337.82	1/1/2010
Level U: Fragile Under 21	459.17	451.70	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 01/01/1996

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Westminster Services
 80 West Lucerne Circle
 Orlando FL 32801



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Homestead Manor
 1330 NW First Avenue
 Homestead FL 33030

Provider Number: 0 212121-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>185.46</u>	<u>192.41</u>	<u>1/1/2010</u>
Level H: AIDS	<u>325.81</u>	<u>334.33</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>438.43</u>	<u>448.21</u>	<u>1/1/2010</u>

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change <input type="checkbox"/> Not on FRV [1]

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

Home Office: Salem Housing Corporation
500 Floyd Road NE
Calhoun GA 30701



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Ybor City Healthcare and Rehabilitation Center
 1709 Taliaferro Ave.
 Tampa FL 33602

Provider Number: 0 212164-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	197.62	200.94	1/1/2010
Level H: AIDS	337.97	342.86	1/1/2010
Level U: Fragile Under 21	450.59	456.74	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 10/01/1985

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 No Change in Rate

Stephen Russell

 Medicaid Cost Reimbursement Analysis

Home Office: Summit Care II, Inc
 Guy Farmer
 2851 Remington Green Circle, Ste. D
 Tallahassee FL 32308



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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 212393-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	198.01	199.58	1/1/2010
Level H: AIDS	338.36	341.50	1/1/2010
Level U: Fragile Under 21	450.98	455.38	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 03/01/1986

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 No Change in Rate

Stephen Russell
 Medicaid Cost Reimbursement Analysis

Home Office: Rohm Service Corp



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Medicaid Reimbursement Per Diem Rates

Woodland Terrace
 120 Chipola Avenue
 Deland FL 32720

Provider Number: 0 212636-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>173.85</u>	<u>166.10</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>314.20</u>	<u>308.02</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>426.82</u>	<u>421.90</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 09/27/1996

Distribution:

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 For information Only
 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

SMJ Enterprises, LLC
 Anthony Rimmer
 1265 W. Granada Blvd, Suite 4
 Ormond Beach FL 32174



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Suncoast Manor
 6909 9th Street South
 St. Petersburg FL 33705-6272

Provider Number: 0 212709-00
 Date: 12/29/2009
 Fiscal Year End: 3/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	188.23	184.82	1/1/2010
Level H: AIDS	328.58	326.74	1/1/2010
Level U: Fragile Under 21	441.20	440.62	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 08/23/1996

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Medicaid Cost Reimbursement Analysis

Home Office:

Westminster Services
 80 West Lucerne Circle
 Orlando FL 32801



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Medicaid Reimbursement Per Diem Rates

Oceanside Extended Care Center
 550 9th Street
 Miami Beach FL 33139

Provider Number: 0 212733-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	157.85	159.17	1/1/2010
Level H: AIDS	298.20	301.09	1/1/2010
Level U: Fragile Under 21	410.82	414.97	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Home Office:

SMJ Enterprises, LLC
 Anthony Rimmer
 1265 W. Granada Blvd, Suite 4
 Ormond Beach FL 32174



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Medicaid Reimbursement Per Diem Rates

Florida Lutheran Retirement Church
 450 NORTH MCDONALD AVENUE
 DeLand FL 32724

Provider Number: 0 212792-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	190.74	195.58	1/1/2010
Level H: AIDS	331.09	337.50	1/1/2010
Level U: Fragile Under 21	443.71	451.38	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 01/17/1997

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Home Office:

Evangelical Lutheran Good Samaritan
 Kim Kouri
 4800 West 57th Street
 Sioux Falls SD 57117



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Medicaid Reimbursement Per Diem Rates

Palmetto Sub Acute Care Center
 7600 S.W. 8th Street
 Miami FL 33144

Provider Number: 0 212806-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	245.49	250.41	1/1/2010
Single Level			
Level H: AIDS	385.84	392.33	1/1/2010
Level U: Fragile Under 21	498.46	506.21	1/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Rate Semester Change
On FRV [2] as of 01/24/1997

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Medicaid Reimbursement Per Diem Rates

University Center West
 545 West Euclid Ave
 Deland FL 32720

Provider Number: 0 212831-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	198.00	200.25	1/1/2010
Level H: AIDS	338.35	342.17	1/1/2010
Level U: Fragile Under 21	450.97	456.05	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Tarpon Bayou Center
 515 Chesapeake Drive
 Tarpon Springs FL 34689

Provider Number: 0 212849-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	184.99	193.70	1/1/2010
Level H: AIDS	325.34	335.62	1/1/2010
Level U: Fragile Under 21	437.96	449.50	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

Lakeland Hills Center
 610 East Bella Vista Dr
 Lakeland FL 33805

Provider Number: 0 212865-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	181.12	182.87	1/1/2010
Level H: AIDS	321.47	324.79	1/1/2010
Level U: Fragile Under 21	434.09	438.67	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

University Center East
 991 East New York Ave
 Deland FL 32724

Provider Number: 0 212873-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	200.46	202.44	1/1/2010
Level H: AIDS	340.81	344.36	1/1/2010
Level U: Fragile Under 21	453.43	458.24	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

The Groves Center
 512 South 11th Street
 Lake Wales FL 33853

Provider Number: 0 212881-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	174.74	176.45	1/1/2010
	Level H: AIDS	315.09	318.37	1/1/2010
	Level U: Fragile Under 21	427.71	432.25	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 212890-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	184.92	186.77	1/1/2010
Level H: AIDS	325.27	328.69	1/1/2010
Level U: Fragile Under 21	437.89	442.57	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 10/01/1985

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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: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	181.76	183.56	1/1/2010
Level H: AIDS	322.11	325.48	1/1/2010
Level U: Fragile Under 21	434.73	439.36	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Clearwater Center
 1270 Turner Street
 Clearwater FL 34616

Provider Number: 0 212911-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	190.65	202.28	1/1/2010
Level H: AIDS	331.00	344.20	1/1/2010
Level U: Fragile Under 21	443.62	458.08	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Florida Presbyterian Homes, Inc.
 16 Lake Hunter Drive
 Lakeland FL 33803

Provider Number: 0 212971-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	224.39	226.41	1/1/2010
Level H: AIDS	364.74	368.33	1/1/2010
Level U: Fragile Under 21	477.36	482.21	1/1/2010

Rate Type :

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

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 03/20/1997

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Medicaid Reimbursement Per Diem Rates

Bay Center
 1336 St. Andrew Blvd
 Panama City FL 32405

Provider Number: 0 212989-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	194.11	197.53	1/1/2010
Level H: AIDS	334.46	339.45	1/1/2010
Level U: Fragile Under 21	447.08	453.33	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Bartow Center
2055 East Georgia Street
Bartow FL 33830

Provider Number: 0 212997-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>181.58</u>	<u>185.90</u>	<u>1/1/2010</u>
Level H: AIDS	<u>321.93</u>	<u>327.82</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>434.55</u>	<u>441.70</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Boca Ciega Center
 1414 59th Street South
 Gulfport FL 33707

Provider Number: 0 213004-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.01	199.71	1/1/2010
Level H: AIDS	332.36	341.63	1/1/2010
Level U: Fragile Under 21	444.98	455.51	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Tamarac Rehabilitation and Health Center
 7901 NW 88th Avenue
 Tamarac FL 33321

Provider Number: 0 213098-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.28	199.50	1/1/2010
Level H: AIDS	351.63	341.42	1/1/2010
Level U: Fragile Under 21	464.25	455.30	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 11/01/1997

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Stephen Russell

 Medicaid Cost Reimbursement Analysis
Stephen Russell

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



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Medicaid Reimbursement Per Diem Rates

Water's Edge Extended Care
 1500 S.W. Capri
 Palm City FL 34990

Provider Number: 0 213152-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	251.34	249.67	1/1/2010
Level H: AIDS	391.69	391.59	1/1/2010
Level U: Fragile Under 21	504.31	505.47	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 04/21/1997

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Medicaid Reimbursement Per Diem Rates

Life Care Center of Wells Crossing
 355 Crossing Boulevard
 Orange Park FL 32073

Provider Number: 0 213161-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>183.54</u>	<u>188.80</u>	<u>1/1/2010</u>
Level H: AIDS	<u>323.89</u>	<u>330.72</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>436.51</u>	<u>444.60</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 07/23/1997

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



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Medicaid Reimbursement Per Diem Rates

Haborchase of Venice
 950 Pinebrook Road
 Venice FL 34292

Provider Number: 0 213322-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	205.12	210.21	1/1/2010
Level H: AIDS	345.47	352.13	1/1/2010
Level U: Fragile Under 21	458.09	466.01	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 04/01/1997

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Medicaid Reimbursement Per Diem Rates

Life Care Center Of Orlando

 3211 Rouse Road

 Orlando FL 32817

Provider Number: 0 213403-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>189.70</u>	<u>196.62</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>330.05</u>	<u>338.54</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>442.67</u>	<u>452.42</u>	<u>1/1/2010</u>

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 10/02/1997

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Madison Nursing Center
 Route 3 Box 2310
 Madison FL 32340

Provider Number: 0 213462-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.39	210.51	1/1/2010
Level H: AIDS	348.74	352.43	1/1/2010
Level U: Fragile Under 21	461.36	466.31	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 09/01/1996

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Summit Care II, Inc
 Guy Farmer
 2851 Remington Green Circle, Ste. D
 Tallahassee FL 32308



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Lakeside Village A Classic Residence by Hyatt
 2792 Donnelly Drive
 Lantana FL 33462

Provider Number: 0 213837-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	244.63	239.43	1/1/2010
Level H: AIDS	384.98	381.35	1/1/2010
Level U: Fragile Under 21	497.60	495.23	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 08/01/1998

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Medicaid Reimbursement Per Diem Rates

Bayside Manor
4343 Langley Avenue
Pensacola FL 32504-8511

Provider Number: 0 213853-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>181.93</u>	<u>184.86</u>	<u>1/1/2010</u>
Level H: AIDS	<u>322.28</u>	<u>326.78</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>434.90</u>	<u>440.66</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 05/01/1992

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Delta Health Group, Inc.
 John Tolan
 2 North Palofox Street
 Pensacola FL 32501



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Medicaid Reimbursement Per Diem Rates

Bay Breeze Nursing & Retirement Center
 3387 Gulf Breeze Parkway
 Gulf Breeze FL 32563

Provider Number: 0 213861-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	198.84	200.89	1/1/2010
Single Level			
Level H: AIDS	339.19	342.81	1/1/2010
Level U: Fragile Under 21	451.81	456.69	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 06/30/1994

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Stephen Russell

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Home Office:

Delta Health Group, Inc.
 John Tolan
 2 North Palofox Street
 Pensacola FL 32501



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Medicaid Reimbursement Per Diem Rates

Shady Rest Care Pavilion, Inc.
 2310 North Airport Road
 Fort Myers FL 33907

Provider Number: 0 213900-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	216.87	225.54	1/1/2010
Level H: AIDS	357.22	367.46	1/1/2010
Level U: Fragile Under 21	469.84	481.34	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 07/01/1986

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Medicaid Reimbursement Per Diem Rates

Specialty Center of Pensacola
 6984 Pine Forest Road
 Pensacola FL 32526

Provider Number: 0 213918-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	201.71	204.06	1/1/2010
Level H: AIDS	342.06	345.98	1/1/2010
Level U: Fragile Under 21	454.68	459.86	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 12/16/1991

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Home Office:

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 John Tolan
 2 North Palofox Street
 Pensacola FL 32501



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Medicaid Reimbursement Per Diem Rates

Silvercrest Manor
 910 Brookmeade Drive
 Crestview FL 32539

Provider Number: 0 213926-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>193.26</u>	<u>198.89</u>	<u>1/1/2010</u>
Level H: AIDS	<u>333.61</u>	<u>340.81</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>446.23</u>	<u>454.69</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 08/01/1988

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Stephen Russell

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Stephen Russell

Home Office:

Delta Health Group, Inc.
 John Tolan
 2 North Palofox Street
 Pensacola FL 32501



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Medicaid Reimbursement Per Diem Rates

TMH Skilled Nursing Facility
 1609 Medical Drive
 Tallahassee FL 32308

Provider Number: 0 213934-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	208.00	208.14	1/1/2010
Level H: AIDS	348.35	350.06	1/1/2010
Level U: Fragile Under 21	460.97	463.94	1/1/2010

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 10/01/1985

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Stephen Russell

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1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

Gramercy Park Nursing Center
 17475 S. Dixie Highway
 Miami FL 33157

Provider Number: 0 214027-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	196.62	198.29	1/1/2010
Level H: AIDS	336.97	340.21	1/1/2010
Level U: Fragile Under 21	449.59	454.09	1/1/2010

Rate Type :

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

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Rate Semester Change
 On FRV [2] as of 04/01/2004

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: Seniors Management, Inc
 Lenard Brown
 1114 Wynwood Avenue
 Cherry Hill NJ 08002



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 214035-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>232.63</u>	<u>238.87</u>	<u>1/1/2010</u>
Level H: AIDS	<u>372.98</u>	<u>380.79</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>485.60</u>	<u>494.67</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

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

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

Stephen Russell

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

Marion House Health Care Center
 3930 E Silver Springs Blvd
 Ocala FL 32670

Provider Number: 0 214043-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.70	216.75	1/1/2010
Level H: AIDS	355.05	358.67	1/1/2010
Level U: Fragile Under 21	467.67	472.55	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 04/18/1991

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Seniors Management, Inc
 Lenard Brown
 1114 Wynwood Avenue
 Cherry Hill NJ 08002



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Medicaid Reimbursement Per Diem Rates

Life Care Center of Hilliard
 US 1 & 3rd Street
 Hilliard FL 32046

Provider Number: 0 214060-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	179.84	183.89	1/1/2010
Level H: AIDS	320.19	325.81	1/1/2010
Level U: Fragile Under 21	432.81	439.69	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 05/01/1990

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



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Medicaid Reimbursement Per Diem Rates

Baldomero Lopez State Veteran's Nursing Home
6919 Parkway Boulevard
Land O Lakes FL 34639

Provider Number: 0 214914-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		216.58	217.23	1/1/2010
	Level H: AIDS	<u>356.93</u>	<u>359.15</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>469.55</u>	<u>473.03</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 05/07/1999

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

Home Office: Florida Dept. of Veterans Affairs
 Walter Gilchrist
 11351 Ulmerton Road, Room 332-I
 Largo Fl 33778-1630



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Medicaid Reimbursement Per Diem Rates

Margate Health Care Center
 5951 Colonial Drive
 Margate FL 33063

Provider Number: 0 214931-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	196.50	197.25	1/1/2010
Level H: AIDS	336.85	339.17	1/1/2010
Level U: Fragile Under 21	449.47	453.05	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 02/01/2005

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Delta Health Group, Inc.
 John Tolan
 2 North Palofox Street
 Pensacola FL 32501



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Medicaid Reimbursement Per Diem Rates

Osprey Point Nursing Center
 1104 South Main Street
 Bushnell FL 33513

Provider Number: 0 215597-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	201.53	192.16	1/1/2010
Level H: AIDS	341.88	334.08	1/1/2010
Level U: Fragile Under 21	454.50	447.96	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 07/02/1999

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Health Care Managers, Inc
 Ivonne Burrell
 2380 Sadler Road Suite 201
 Fernandina Beach FL 32034



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Medicaid Reimbursement Per Diem Rates

Harbour's Edge
 401 E. Linton Boulevard
 Delray Beach FL 33483

Provider Number: 0 216399-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	241.52	238.60	1/1/2010
Level H: AIDS	381.87	380.52	1/1/2010
Level U: Fragile Under 21	494.49	494.40	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 01/01/1999

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Life Care Retirement Comm., Inc.
 John Kaduce
 200 East Grand Avenue
 Des Moines IA 50309-1800



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Medicaid Reimbursement Per Diem Rates

Crystal River Health & Rehabilitation Center
136 Northeast 12th Avenue
Crystal River FL 34429

Provider Number: 0 217263-00
Date: 12/29/2009
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.34	197.55	1/1/2010
	Level H: AIDS	332.69	339.47	1/1/2010
	Level U: Fragile Under 21	445.31	453.35	1/1/2010

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 07/01/1999

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Stephen Russell

 Medicaid Cost Reimbursement Analysis
Stephen Russell

Home Office:	NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406
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Medicaid Reimbursement Per Diem Rates

Ocala Health & Rehabilitation Center
 1201 Southeast 24th Road
 Ocala FL 34471

Provider Number: 0 217395-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	183.06	187.03	1/1/2010
Level H: AIDS	323.41	328.95	1/1/2010
Level U: Fragile Under 21	436.03	442.83	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 07/01/1999

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Stephen Russell

Home Office: NHS Management
 Claude Lee
 931 Fairfax Park
 Tuscaloosa AL 35406



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Medicaid Reimbursement Per Diem Rates

West Melbourne Health & Rehabilitation Center
 2125 West New Havene Avenue
 West Melbourne FL 32904

Provider Number: 0 217727-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.52	206.33	1/1/2010
Level H: AIDS	344.87	348.25	1/1/2010
Level U: Fragile Under 21	457.49	462.13	1/1/2010

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

Basis:
<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"/> Rate Semester Change

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Home Office:

NHS Management
 Claude Lee
 931 Fairfax Park
 Tuscaloosa AL 35406



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Medicaid Reimbursement Per Diem Rates

St. Augustine Health & Rehabilitation Center
51 Sunrise Boulevard
St. Augustine FL 32086

Provider Number: 0 217735-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>205.39</u>	<u>207.47</u>	<u>1/1/2010</u>
Level H: AIDS	<u>345.74</u>	<u>349.39</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>458.36</u>	<u>463.27</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Rate Semester Change
On FRV [2] as of 07/01/1999

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Stephen Russell

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Stephen Russell

Home Office:

NHS Management
 Claude Lee
 931 Fairfax Park
 Tuscaloosa AL 35406



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Medicaid Reimbursement Per Diem Rates

Daytona Beach Health and Rehabilitation Center
 1055 Third Avenue
 Daytona Beach FL 32117

Provider Number: 0 217743-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.60	208.51	1/1/2010
Level H: AIDS	346.95	350.43	1/1/2010
Level U: Fragile Under 21	459.57	464.31	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 01/01/1999

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

Home Office: NHS Management
 Claude Lee
 931 Fairfax Park
 Tuscaloosa AL 35406



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Medicaid Reimbursement Per Diem Rates

Life Care Center of Port St. Lucie
 3720 South Jennings Road
 Port St Lucie FL 34952

Provider Number: 0 217824-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.42	208.98	1/1/2010
Level H: AIDS	344.77	350.90	1/1/2010
Level U: Fragile Under 21	457.39	464.78	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 01/01/1999

Distribution:

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 218057-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.08	207.71	1/1/2010
Level H: AIDS	344.43	349.63	1/1/2010
Level U: Fragile Under 21	457.05	463.51	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change

Distribution:
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 No Change in Rate

Stephen Russell
 Medicaid Cost Reimbursement Analysis

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



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Medicaid Reimbursement Per Diem Rates

W. JACKSONVILLE HEALTH AND REHAB CENTE
1650 Fouraker Road
Jacksonville FL 32221

Provider Number: 0 218171-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>196.71</u>	<u>198.42</u>	<u>1/1/2010</u>
Level H: AIDS	<u>337.06</u>	<u>340.34</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>449.68</u>	<u>454.22</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 08/10/1990

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Lyric Health Care
 Timothy J Trybus
 7150 Columbia Gateway Drive Suite J
 Columbia MD 21046



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Medicaid Reimbursement Per Diem Rates

Life Care Center of Winter Haven
 1510 Cypress Gardens Boulevard
 Winter Haven FL 33884

Provider Number: 0 219380-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	193.85	195.90	1/1/2010
Level H: AIDS	334.20	337.82	1/1/2010
Level U: Fragile Under 21	446.82	451.70	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 11/03/1999

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Century Care Center.
 6020 Industrial Blvd.
 Century FL 32535

Provider Number: 0 220604-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.57	207.92	1/1/2010
Level H: AIDS	342.92	349.84	1/1/2010
Level U: Fragile Under 21	455.54	463.72	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 08/12/1994

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Summit Care II, Inc
 Guy Farmer
 2851 Remington Green Circle, Ste. D
 Tallahassee FL 32308



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 2727 Mahan Drive - Mail Stop 21
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Medicaid Reimbursement Per Diem Rates

Santa Rosa Health & Rehabilitation Center
 5386 Broad Steeet
 Milton FL 32570

Provider Number: 0 220612-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	199.60	201.33	1/1/2010
Level H: AIDS	339.95	343.25	1/1/2010
Level U: Fragile Under 21	452.57	457.13	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Summit Care II, Inc
 Guy Farmer
 2851 Remington Green Circle, Ste. D
 Tallahassee FL 32308



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Medicaid Reimbursement Per Diem Rates

Sandy Ridge Care Center
 5360 Glover Lane
 Milton FL 32570

Provider Number: 0 220621-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.58	213.45	1/1/2010
Level H: AIDS	351.93	355.37	1/1/2010
Level U: Fragile Under 21	464.55	469.25	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 02/29/2000

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Home Office:

Summit Care II, Inc
 Guy Farmer
 2851 Remington Green Circle, Ste. D
 Tallahassee FL 32308



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Medicaid Reimbursement Per Diem Rates

Westminster Care of Clermont
 151 East Minnehaha Avenue
 Clermont FL 34711

Provider Number: 0 221465-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	180.33	178.11	1/1/2010
Level H: AIDS	320.68	320.03	1/1/2010
Level U: Fragile Under 21	433.30	433.91	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 03/01/1987

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Calusa Harbour
 2525 East First Street
 Ft. Myers FL 33901

Provider Number: 0 221473-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	238.51	222.24	1/1/2010
Level H: AIDS	378.86	364.16	1/1/2010
Level U: Fragile Under 21	491.48	478.04	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office: Sunrise Senior Living
 Tony Harris
 7900 W. Park Drive, STE T900
 McLean VA 22102



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Medicaid Reimbursement Per Diem Rates

Westminster Care of Delaney Park
 215 Annie Street
 Orlando FL 32806

Provider Number: 0 221589-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.76	194.56	1/1/2010
Level H: AIDS	333.11	336.48	1/1/2010
Level U: Fragile Under 21	445.73	450.36	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 03/30/1993

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 223239-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	218.29	220.16	1/1/2010
Level H: AIDS	358.64	362.08	1/1/2010
Level U: Fragile Under 21	471.26	475.96	1/1/2010

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input checked="" 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"/> Rate Semester Change
On FRV [2] as of 11/21/1988

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Medicaid Reimbursement Per Diem Rates

Westminster Care of Orlando
 830 West 29th Street
 Orlando FL 32805

Provider Number: 0 223654-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	180.95	182.64	1/1/2010
Single Level			
Level H: AIDS	321.30	324.56	1/1/2010
Level U: Fragile Under 21	433.92	438.44	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Life Care Center of Sarasota
 8104 North Tuttle Avenue
 Sarasota Fl 34243

Provider Number: 0 223786-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>217.49</u>	<u>216.39</u>	<u>1/1/2010</u>
Level H: AIDS	<u>357.84</u>	<u>358.31</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>470.46</u>	<u>472.19</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 06/29/2000

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Avante at Orlando, inc.
 2000 North Semoran Boulevard
 Orlando FL 32807

Provider Number: 0 223808-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.03	218.73	1/1/2010
Level H: AIDS	354.38	360.65	1/1/2010
Level U: Fragile Under 21	467.00	474.53	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 11/01/1990

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 540-N Hollywood FL 33021-6744



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Doctors Lake of Orange Park
 833 Kingsley Avenue
 Orange Park FL 32073

Provider Number: 0 223883-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	193.76	195.34	1/1/2010
Level H: AIDS	334.11	337.26	1/1/2010
Level U: Fragile Under 21	446.73	451.14	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 11/03/1987

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office: SV / Home Office, Inc.
 4178 Malbeth Ct
 Winston-Salem NC 27104



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Horizon Healthcare Center at Daytona
 1350 South Nova Road
 Daytona Beach FL 32114

Provider Number: 0 223905-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	225.91	227.17	1/1/2010
Level H: AIDS	366.26	369.09	1/1/2010
Level U: Fragile Under 21	478.88	482.97	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 07/01/1987

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Drive Suite J Columbia MD 21046



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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: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.08	209.80	1/1/2010
Level H: AIDS	349.43	351.72	1/1/2010
Level U: Fragile Under 21	462.05	465.60	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 06/30/1987

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Home Office:

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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: 12/29/2009
 Fiscal Year End: 11/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	179.98	181.47	1/1/2010
Single Level			
Level H: AIDS	320.33	323.39	1/1/2010
Level U: Fragile Under 21	432.95	437.27	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 12/01/1998

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 No Change in Rate

Stephen Russell

 Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633



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Medicaid Reimbursement Per Diem Rates

South Tampa Health and Rehabilitation Center
 4610 S. Manhattan Avenue
 Tampa FL 33611

Provider Number: 0 224910-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	200.26	202.82	1/1/2010
Level H: AIDS	340.61	344.74	1/1/2010
Level U: Fragile Under 21	453.23	458.62	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 12/01/1986

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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: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.70	207.25	1/1/2010
Level H: AIDS	355.05	349.17	1/1/2010
Level U: Fragile Under 21	467.67	463.05	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 11/01/1997

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Home Office:

M-K Management, LLC
 Mark D. Hickman
 1181 Vickery Lane, Suite 200
 Cordova TN 38016-0633



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Medicaid Reimbursement Per Diem Rates

Victoria Nursing & Rehab Center
 955 NW 3rd Street
 Miami Fl 33128

Provider Number: 0 225177-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	234.40	214.47	1/1/2010
Level H: AIDS	374.75	356.39	1/1/2010
Level U: Fragile Under 21	487.37	470.27	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 11/13/2000

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Home Office:

Stacey Enterprises, Inc
 Richard E. Stacey
 421 Garrard Street
 Covington KY 41011



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Medicaid Reimbursement Per Diem Rates

MK of Fernandina Beach LLC
1625 Lime Street
Fernandina Beach FL 32034

Provider Number: 0 225274-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>192.67</u>	<u>193.21</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>333.02</u>	<u>335.13</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>445.64</u>	<u>449.01</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

 Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 X Rate Semester Change
 On FRV [2] as of 08/01/2000

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 1181 Vickery Lane, Suite 200
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Medicaid Reimbursement Per Diem Rates

The Aristocrat
 10949 Parnu Street
 Naples FL 34109

Provider Number: 0 225291-00
 Date: 12/29/2009
 Fiscal Year End: 3/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	242.90	236.72	1/1/2010
Level H: AIDS	383.25	378.64	1/1/2010
Level U: Fragile Under 21	495.87	492.52	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 06/09/1994

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Medicaid Reimbursement Per Diem Rates

MK of Winter Garden LLC
 12751 W Colonial Dr
 Winter Garden FL 31787

Provider Number: 0 225410-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.80	203.42	1/1/2010
	Level H: AIDS	341.15	345.34	1/1/2010
	Level U: Fragile Under 21	453.77	459.22	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 09/01/1999

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Home Office:

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 Mark D. Hickman
 1181 Vickery Lane, Suite 200
 Cordova TN 38016-0633



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Medicaid Reimbursement Per Diem Rates

Springtree Rehab & Health Care Center, LLC
 4251 Springtree Drive
 Sunrise FL 33351

Provider Number: 0 225631-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.28	209.99	1/1/2010
Level H: AIDS	348.63	351.91	1/1/2010
Level U: Fragile Under 21	461.25	465.79	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 03/06/1990

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Home Office:

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 Armando Vazquez
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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: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.55	224.14	1/1/2010
Level H: AIDS	354.90	366.06	1/1/2010
Level U: Fragile Under 21	467.52	479.94	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 04/01/1996

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Home Office:

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 Armando Vazquez
 5310 NW 33rd Avenue
 Ft. Lauderdale FL 33309



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Medicaid Reimbursement Per Diem Rates

Stuart Nursing & Restorative Care Center
 1500 Palm Beach Road
 Stuart FL 33494

Provider Number: 0 225991-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.04	197.66	1/1/2010
Level H: AIDS	348.39	339.58	1/1/2010
Level U: Fragile Under 21	461.01	453.46	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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 Albany NY 12209



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Medicaid Reimbursement Per Diem Rates

Port St. Lucie Nursing & Restorative Care Center
 7300 Oleander Avenue
 Port St. Lucie FL 34952

Provider Number: 0 226009-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>203.81</u>	<u>205.85</u>	<u>1/1/2010</u>
Level H: AIDS	<u>344.16</u>	<u>347.77</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>456.78</u>	<u>461.65</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

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

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 22 Holland Avenue
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Medicaid Reimbursement Per Diem Rates

Plantation Nursing & Rehab Center
4250 NW 5th Street
Plantation FL 33317

Provider Number: 0 226017-00
Date: 12/29/2009
Fiscal Year End: 8/31/2009
Audit Status: Unaudited [3]

Provider Type:

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level, Level H: AIDS, and Level U: Fragile Under 21.

Rate Type :

Interim (), Prospective (X), Total Interim, Total Prospective (X), Interim Component, Prospective Adjusted for New Costs, Settlement based on costs, Total Prospective with Interim Component, Prior Provider Prospective data.

Basis:

Budget (), Unaudited costs (X), Field audited costs (), Field audit - interim portion (), Desk audited costs (), Desk audit - Interim Portion (), Desk Audit - Prospective portion ()

Changes:

Licensure Rating Change (), Usual and Customary Limitation (), Target Rate limitation change (), FRVS Change (), Rate Semester Change (X) On FRV [2] as of 10/01/1985

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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

Martin Nursing and Restorative Care Center
 6001 S.E. Tower Road
 Stuart FL 34997

Provider Number: 0 226033-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	212.13	206.50	1/1/2010
Single Level			
Level H: AIDS	352.48	348.42	1/1/2010
Level U: Fragile Under 21	465.10	462.30	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/16/1997

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Home Office:

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 Thomas R. Ellis
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Medicaid Reimbursement Per Diem Rates

The Manor At Blue Water Bay
1500 North White Pt. Road
Niceville FL 32578

Provider Number: 0 226041-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>194.75</u>	<u>196.66</u>	<u>1/1/2010</u>
Level H: AIDS	<u>335.10</u>	<u>338.58</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>447.72</u>	<u>452.46</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 02/02/1993

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Medicaid Reimbursement Per Diem Rates

Cathedral Gerontology Center
 333 East Ashley Street
 Jacksonville FL 32202

Provider Number: 0 226068-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	200.31	205.15	1/1/2010
Level H: AIDS	340.66	347.07	1/1/2010
Level U: Fragile Under 21	453.28	460.95	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 09/01/1989

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Medicaid Reimbursement Per Diem Rates

Bayonet Point Health & Rehabilitation Center
 7210 Beacon Woods Drive
 Hudson FL 34667

Provider Number: 0 226076-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.17	212.31	1/1/2010
Level H: AIDS	350.52	354.23	1/1/2010
Level U: Fragile Under 21	463.14	468.11	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/2000

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Medicaid Reimbursement Per Diem Rates

The Health Center of Lake City
560 S.W. McFarlane Ave.
Lake City FL 32025

Provider Number: 0 226173-00
Date: 12/29/2009
Fiscal Year End: 9/30/2008
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>194.16</u>	<u>195.76</u>	<u>1/1/2010</u>
Level H: AIDS	<u>334.51</u>	<u>337.68</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>447.13</u>	<u>451.56</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 05/01/1999

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Medicaid Reimbursement Per Diem Rates

Charlotte Harbor Health Care
 4000 Kings Highway
 Port Charlotte FL 33980

Provider Number: 0 226327-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>223.89</u>	<u>225.34</u>	<u>1/1/2010</u>
Level H: AIDS	<u>364.24</u>	<u>367.26</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>476.86</u>	<u>481.14</u>	<u>1/1/2010</u>

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 06/02/1994

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Medicaid Reimbursement Per Diem Rates

Broward Nursing and Rehab Center
1330 South Andrews Avenue
Ft. Lauderdale FL 33316

Provider Number: 0 226335-00
Date: 12/29/2009
Fiscal Year End: 8/31/2008
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.41	212.08	1/1/2010
Level H: AIDS	350.76	354.00	1/1/2010
Level U: Fragile Under 21	463.38	467.88	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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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

The Health Center of Plant City
701 North Wilder Road
Plant City FL 33566

Provider Number: 0 226343-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>203.51</u>	<u>205.50</u>	<u>1/1/2010</u>
Level H: AIDS	<u>343.86</u>	<u>347.42</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>456.48</u>	<u>461.30</u>	<u>1/1/2010</u>

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 10/01/2000

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Medicaid Reimbursement Per Diem Rates

Ocean View Nursing and Rehabilitation Center
 2810 S. Atlanta Avenue
 New Smyrna Beach FL 32069

Provider Number: 0 226351-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>198.93</u>	<u>196.14</u>	<u>1/1/2010</u>
Level H: AIDS	<u>339.28</u>	<u>338.06</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>451.90</u>	<u>451.94</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change

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Stephen Russell

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Stephen Russell

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 Nursing Center
718 Lakeview Avenue South
St. Petersburg FL 33705

Provider Number: 0 226360-00
Date: 12/29/2009
Fiscal Year End: 6/30/2008
Audit Status: Unaudited [3]

Provider Type:

Table with 4 columns: Provider Type, Single Level, Current Rate, New Rate, Effective Date. Rows include Nursing Home, Level H: AIDS, and Level U: Fragile Under 21.

Rate Type section with checkboxes for Interim, Prospective, Total Interim, Total Prospective, Interim Component, Prospective Adjusted for New Costs, Settlement based on costs, Total Prospective with Interim Component, and Prior Provider Prospective data.

Basis section with checkboxes for Budget, Unaudited costs, Field audited costs, Field audit - interim portion, Desk audited costs, Desk audit - Interim Portion, and Desk Audit - Prospective portion.

Changes section with checkboxes for Licensure Rating Change, Usual and Customary Limitation, Target Rate limitation change, FRVS Change, Rate Semester Change, and On FRV [2] as of 01/01/2001.

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Medicaid Reimbursement Per Diem Rates

Imperial Health Care Center
 900 Imperial Golf Course
 Naples FL 34110

Provider Number: 0 226378-00
 Date: 12/29/2009
 Fiscal Year End: 3/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	225.61	221.77	1/1/2010
Level H: AIDS	365.96	363.69	1/1/2010
Level U: Fragile Under 21	478.58	477.57	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 06/01/1991

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Medicaid Reimbursement Per Diem Rates

Health Center of Coconut Creek
 4125 W. Sample Road
 Coconut Creek FL 33073

Provider Number: 0 226581-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	232.46	228.67	1/1/2010
Level H: AIDS	372.81	370.59	1/1/2010
Level U: Fragile Under 21	485.43	484.47	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
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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: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	194.49	196.21	1/1/2010
Level H: AIDS	334.84	338.13	1/1/2010
Level U: Fragile Under 21	447.46	452.01	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 01/01/1997

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Medicaid Reimbursement Per Diem Rates

The Health Center of Merritt Island
 500 Crockett Blvd.
 Merritt Island FL 32953

Provider Number: 0 226700-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	217.62	213.33	1/1/2010
Level H: AIDS	357.97	355.25	1/1/2010
Level U: Fragile Under 21	470.59	469.13	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Fair Havens Center, LLC
 201 Curtiss Parkway
 Miami Springs FL 33166

Provider Number: 0 227226-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>158.25</u>	<u>149.47</u>	<u>1/1/2010</u>
Level H: AIDS	<u>298.60</u>	<u>291.39</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>411.22</u>	<u>405.27</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
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Home Office:

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Medicaid Reimbursement Per Diem Rates

Alpine Health & Rehabilitation Center
 3456 21st Avenue South
 St. Petersburg FL 33711

Provider Number: 0 227251-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	217.36	219.86	1/1/2010
Level H: AIDS	357.71	361.78	1/1/2010
Level U: Fragile Under 21	470.33	475.66	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 06/01/1989

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 227544-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>188.71</u>	<u>192.72</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>329.06</u>	<u>334.64</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>441.68</u>	<u>448.52</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 11/01/1988

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Home Office:	Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102 Tampa FL 33619
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Medicaid Reimbursement Per Diem Rates

Lady Lake Specialty Care Center
630 Griffen Avenue
Lady Lake FL 32159

Provider Number: 0 227561-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>216.77</u>	<u>210.81</u>	<u>1/1/2010</u>
Level H: AIDS	<u>357.12</u>	<u>352.73</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>469.74</u>	<u>466.61</u>	<u>1/1/2010</u>

Rate Type :	
<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> X </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Costs
<u> </u> Settlement based on costs	<u> </u> Total Prospective with Interim Component
<u> </u> Prior Provider Prospective data	

Basis:
<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Field audit - interim portion
<u> </u> Desk audited costs
<u> </u> Desk audit - Interim Portion
<u> </u> Desk Audit - Prospective portion

Changes:
<u> </u> Licensure Rating Change
<u> </u> Usual and Customary Limitation
<u> </u> Target Rate limitation change
<u> </u> FRVS Change
<u> X </u> Rate Semester Change On FRV [2] as of 03/30/1999

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Home Office:

Greystone Healthcare Management, LLC
 Kenneth Hubbard
 3922 Coconut Palms Drive, Suite 102
 Tampa FL 33619



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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 227579-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.88	217.09	1/1/2010
Level H: AIDS	355.23	359.01	1/1/2010
Level U: Fragile Under 21	467.85	472.89	1/1/2010

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

Basis:
<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"/> Rate Semester Change

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Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102 Tampa FL 33619
--



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Medicaid Reimbursement Per Diem Rates

Rockledge Rehab & Nursing Center
 587 Barton Blvd.
 Rockledge FL 32955

Provider Number: 0 227587-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.30	198.25	1/1/2010
Level H: AIDS	350.65	340.17	1/1/2010
Level U: Fragile Under 21	463.27	454.05	1/1/2010

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

Basis:
<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"/> Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

Greenbriar Rehab & Nursing Center
 210 21st Avenue West
 Bradenton FL 34205

Provider Number: 0 227625-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	219.01	213.82	1/1/2010
Level H: AIDS	359.36	355.74	1/1/2010
Level U: Fragile Under 21	471.98	469.62	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change

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Home Office:

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 3922 Coconut Palms Drive, Suite 102
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Medicaid Reimbursement Per Diem Rates

Apollo Health & Rehab Center
 1000 24th Street North
 St. Petersburg FL 33713

Provider Number: 0 227633-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	199.12	201.11	1/1/2010
Level H: AIDS	339.47	343.03	1/1/2010
Level U: Fragile Under 21	452.09	456.91	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 09/01/1996

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Home Office:

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 Kenneth Hubbard
 3922 Coconut Palms Drive, Suite 102
 Tampa FL 33619



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Medicaid Reimbursement Per Diem Rates

North Rehabilitation Center
 1301 16th Street North
 St. Petersburg FL 33705

Provider Number: 0 227641-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>211.56</u>	<u>212.00</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>351.91</u>	<u>353.92</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>464.53</u>	<u>467.80</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change

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Medicaid Cost Reimbursement Analysis

Home Office:

Greystone Healthcare Management, LLC
 Kenneth Hubbard
 3922 Coconut Palms Drive, Suite 102
 Tampa FL 33619



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Medicaid Reimbursement Per Diem Rates

Lexington Health & Rehabilitation Center
6300 46th Avenue North
Kenneth City FL 33709

Provider Number: 0 227650-00
Date: 12/29/2009
Fiscal Year End: 12/31/2008
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>210.14</u>	<u>212.11</u>	<u>1/1/2010</u>
Level H: AIDS	<u>350.49</u>	<u>354.03</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>463.11</u>	<u>467.91</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change

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Stephen Russell

Home Office: Greystone Healthcare Management, LLC
Kenneth Hubbard
3922 Coconut Palms Drive, Suite 102
Tampa FL 33619



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Medicaid Reimbursement Per Diem Rates

Liberty Inn
 5858 Heritage Park Way
 Delray Beach FL 33484

Provider Number: 0 227676-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	246.60	248.20	1/1/2010
Level H: AIDS	386.95	390.12	1/1/2010
Level U: Fragile Under 21	499.57	504.00	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 06/17/1998

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Home Office:

Heritage Park Retirement Comm.
 Robin Myrick
 5861 Heritage Park Way
 Delray Beach FL 33484



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Medicaid Reimbursement Per Diem Rates

Park Meadows Health & Rehab Center
 3250 SW 41st Place
 Gainesville FL 32608

Provider Number: 0 227765-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.58	210.52	1/1/2010
Level H: AIDS	350.93	352.44	1/1/2010
Level U: Fragile Under 21	463.55	466.32	1/1/2010

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

Basis:
<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"/> Rate Semester Change
<input type="checkbox"/> Not on FRV [1]

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Stephen Russell

Home Office:

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Medicaid Reimbursement Per Diem Rates

New Horizon Health & Rehab Center
 635 SE 17th Street
 Ocala FL 34471

Provider Number: 0 227773-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.97	211.54	1/1/2010
Level H: AIDS	351.32	353.46	1/1/2010
Level U: Fragile Under 21	463.94	467.34	1/1/2010

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

Basis:
<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"/> Rate Semester Change

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Home Office: Greystone Healthcare Management, LLC
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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 227838-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	188.57	199.54	1/1/2010
Level H: AIDS	328.92	341.46	1/1/2010
Level U: Fragile Under 21	441.54	455.34	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 05/01/1989

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Home Office:

1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

Ayers Health & Rehab Center
 606 NE 7th Street
 Trenton FL 32693

Provider Number: 0 227871-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	178.88	180.45	1/1/2010
Level H: AIDS	319.23	322.37	1/1/2010
Level U: Fragile Under 21	431.85	436.25	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 01/01/2000

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Home Office:

Health Services Mgt., Inc.
 Preston Sweeney
 714 South Church Street
 Murfreesboro TN 37130



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Medicaid Reimbursement Per Diem Rates

North Beach Nursing & Rehabilitation Center
 2201 N.E. 170th Street
 North Miami Beach FL 33160

Provider Number: 0 228001-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	227.70	227.94	1/1/2010
Single Level			
Level H: AIDS	368.05	369.86	1/1/2010
Level U: Fragile Under 21	480.67	483.74	1/1/2010

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change

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Stephen Russell

Home Office:

Greystone Healthcare Management, LLC
 Kenneth Hubbard
 3922 Coconut Palms Drive, Suite 102
 Tampa FL 33619



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Medicaid Reimbursement Per Diem Rates

The Gardens Court
 3803 PGA Boulevard
 Palm Beach Gardens FL 33410

Provider Number: 0 228320-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.84	222.07	1/1/2010
Level H: AIDS	356.19	363.99	1/1/2010
Level U: Fragile Under 21	468.81	477.87	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 03/13/1997

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Home Office:

Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



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Medicaid Reimbursement Per Diem Rates

Life Care Center of Melbourne
 606 East Sheridan Street
 Melbourne FL 32901

Provider Number: 0 228338-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.10	194.20	1/1/2010
Level H: AIDS	332.45	336.12	1/1/2010
Level U: Fragile Under 21	445.07	450.00	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 02/01/1990

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



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Medicaid Reimbursement Per Diem Rates

Park Ridge Nursing Center
 730 College Street
 Jacksonville FL 32204

Provider Number: 0 228401-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	186.42	180.32	1/1/2010
Level H: AIDS	326.77	322.24	1/1/2010
Level U: Fragile Under 21	439.39	436.12	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 10/01/1987

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Health Care Managers, Inc
 Ivonne Burrell
 2380 Sadler Road Suite 201
 Fernandina Beach FL 32034



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Medicaid Reimbursement Per Diem Rates

Bear Creek Nursing Center
 8041 State Rd. 52
 Hudson FL 34667

Provider Number: 0 228567-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	177.44	179.23	1/1/2010
Level H: AIDS	317.79	321.15	1/1/2010
Level U: Fragile Under 21	430.41	435.03	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 01/01/2000

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Health Services Mgt., Inc.
 Preston Sweeney
 714 South Church Street
 Murfreesboro TN 37130



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Royal Oak Nursing Center
37300 Royal Oak Lane
Dade City FL 33525

Provider Number: 0 228575-00
Date: 12/29/2009
Fiscal Year End: 7/31/2009
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	181.81	184.77	1/1/2010
Single Level			
Level H: AIDS	322.16	326.69	1/1/2010
Level U: Fragile Under 21	434.78	440.57	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
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Medicaid Cost Reimbursement Analysis

Home Office:

Health Services Mgt., Inc.
Preston Sweeney
714 South Church Street
Murfreesboro TN 37130



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Medicaid Reimbursement Per Diem Rates

Heather Hill Nursing Home
 6630 Kentucky Avenue
 New Port Richey FL 34653

Provider Number: 0 228591-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>182.55</u>	<u>187.71</u>	<u>1/1/2010</u>
Level H: AIDS	<u>322.90</u>	<u>329.63</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>435.52</u>	<u>443.51</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 10/01/1985

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Stephen Russell

Home Office:

Health Services Mgt., Inc.
 Preston Sweeney
 714 South Church Street
 Murfreesboro TN 37130



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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 228621-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	259.60	260.29	1/1/2010
Level H: AIDS	399.95	402.21	1/1/2010
Level U: Fragile Under 21	512.57	516.09	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 06/20/2001

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Medicaid Reimbursement Per Diem Rates

Winter Haven Health & Rehab Center
 202 Avenue ^O^ NE
 Winter Haven FL 33881

Provider Number: 0 228702-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	175.65	184.13	1/1/2010
Level H: AIDS	316.00	326.05	1/1/2010
Level U: Fragile Under 21	428.62	439.93	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 01/01/2001

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Medicaid Reimbursement Per Diem Rates

Woodland Terrace of Citrus County
 124 W. Norvell Bryant Hwy
 Hernando FL 34442

Provider Number: 0 228711-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>184.28</u>	<u>168.40</u>	<u>1/1/2010</u>
Level H: AIDS	<u>324.63</u>	<u>310.32</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>437.25</u>	<u>424.20</u>	<u>1/1/2010</u>

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 07/12/2001

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 Medicaid Cost Reimbursement Analysis

Home Office:
 SMJ Enterprises, LLC
 Anthony Rimmer
 1265 W. Granada Blvd, Suite 4
 Ormond Beach FL 32174



Medicaid Reimbursement Per Diem Rates

East Ridge Retirement Village, Inc.
19301 SW 87th Avenue
Miami FL 33157

Provider Number: 0 228788-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>227.91</u>	<u>231.72</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>368.26</u>	<u>373.64</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>480.88</u>	<u>487.52</u>	<u>1/1/2010</u>

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

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Rate Semester Change
On FRV [2] as of 07/12/2001

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Medicaid Reimbursement Per Diem Rates

The Healthcare Center Of Windermere
 4875 Cason Cove Drive
 Orlando FL 32811

Provider Number: 0 228877-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.65	207.04	1/1/2010
Level H: AIDS	345.00	348.96	1/1/2010
Level U: Fragile Under 21	457.62	462.84	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 05/20/1997

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Medicaid Reimbursement Per Diem Rates

Parkway Health & Rehab
 800 SE Central Pkwy
 Stuart FL 34994

Provider Number: 0 228885-00
 Date: 12/29/2009
 Fiscal Year End: 3/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.79	211.35	1/1/2010
Level H: AIDS	349.14	353.27	1/1/2010
Level U: Fragile Under 21	461.76	467.15	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 03/22/1990

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Medicaid Reimbursement Per Diem Rates

Cypress Cove Care Center
 700 SE 8th Avenue
 Crystal River FL 34429

Provider Number: 0 228940-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	181.63	186.24	1/1/2010
Level H: AIDS	321.98	328.16	1/1/2010
Level U: Fragile Under 21	434.60	442.04	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 01/01/2000

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Stephen Russell

Home Office: Health Services Mgt., Inc.
 Preston Sweeney
 714 South Church Street
 Murfreesboro TN 37130



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Brooksville Healthcare Center
 1114 Chatman Blvd
 Brooksville FL 34601

Provider Number: 0 228958-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	181.48	183.03	1/1/2010
Level H: AIDS	321.83	324.95	1/1/2010
Level U: Fragile Under 21	434.45	438.83	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 01/01/2000

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Home Office:

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 Preston Sweeney
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Medicaid Reimbursement Per Diem Rates

Lake Harris Health Center
 701 Lake Port Boulevard
 Leesburg FL 34748

Provider Number: 0 228966-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	194.57	196.76	1/1/2010
Level H: AIDS	334.92	338.68	1/1/2010
Level U: Fragile Under 21	447.54	452.56	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 08/17/1990

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Stephen Russell

Home Office:

SHP Senior Living Services, LLC
 Linda Guevarez
 2701 N. Rocky Point Drive, Ste 1160
 Tampa FL 33607



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Medicaid Reimbursement Per Diem Rates

The Health Center of Daytona Beach
 550 National Healthcare Drive
 Daytona Beach FL 32114

Provider Number: 0 229091-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.71	213.79	1/1/2010
Level H: AIDS	352.06	355.71	1/1/2010
Level U: Fragile Under 21	464.68	469.59	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 07/11/1996

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Medicaid Reimbursement Per Diem Rates

Sylvan Health Center
 2770 Regency Oaks Blvd.
 Clearwater FL 33759

Provider Number: 0 229164-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>207.31</u>	<u>209.80</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>347.66</u>	<u>351.72</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>460.28</u>	<u>465.60</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 10/07/1991

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Stephen Russell

Home Office:	SHP Senior Living Services, LLC Linda Guevarez 2701 N. Rocky Point Drive, Ste 1160 Tampa FL 33607
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Medicaid Reimbursement Per Diem Rates

Shell Point Village Retirement Community
 15000 Shell Point Boulevard
 Ft. Myers Fl 33908

Provider Number: 0 229202-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	212.90	213.75	1/1/2010
Level H: AIDS	353.25	355.67	1/1/2010
Level U: Fragile Under 21	465.87	469.55	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 03/28/2001

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Medicaid Reimbursement Per Diem Rates

Parthenon Healthcare of Ft. Walton

 1 LBJ Sr. Drive

 Ft. Walton Beach FL 32548

Provider Number: 0 229237-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home			
Single Level	194.92	196.55	1/1/2010
Level H: AIDS	335.27	338.47	1/1/2010
Level U: Fragile Under 21	447.89	452.35	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 12/08/1987

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Parthenon Group
 909 Gardengate Circle
 Pensacola Fl 32504



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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Gainesville Health Care Center
 1311 SW 16th Street
 Gainesville FL 32608

Provider Number: 0 229288-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.14	209.90	1/1/2010
Level H: AIDS	346.49	351.82	1/1/2010
Level U: Fragile Under 21	459.11	465.70	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 10/01/1985

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Medicaid Cost Reimbursement Analysis

Home Office:

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



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Medicaid Reimbursement Per Diem Rates

The Health Center of Pensacola
 8475 University Pkwy
 Pensacola FL 32514

Provider Number: 0 229571-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	194.18	195.81	1/1/2010
Level H: AIDS	334.53	337.73	1/1/2010
Level U: Fragile Under 21	447.15	451.61	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 05/28/1987

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Medicaid Reimbursement Per Diem Rates

Lake View Care Center at Delray
 5430 Linton Blvd
 DelRay Beach FL 33484

Provider Number: 0 229610-00
 Date: 12/29/2009
 Fiscal Year End: 3/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.39	205.68	1/1/2010
Level H: AIDS	343.74	347.60	1/1/2010
Level U: Fragile Under 21	456.36	461.48	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 09/01/2000

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Home Office: 1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

Menorah House, LLC
 9945 Central Park Blvd
 Boca Raton FL 33428

Provider Number: 0 229628-00
 Date: 12/29/2009
 Fiscal Year End: 3/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.68	202.89	1/1/2010
Level H: AIDS	352.03	344.81	1/1/2010
Level U: Fragile Under 21	464.65	458.69	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1990

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Medicaid Reimbursement Per Diem Rates

Alexander Nininger State Veteran's Nursing Home
 8401 West Cypress Drive
 Pembroke Pines Fl 33025

Provider Number: 0 229849-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<u>226.61</u>	<u>228.21</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>366.96</u>	<u>370.13</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>479.58</u>	<u>484.01</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 09/06/2001

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Florida Dept. of Veterans Affairs
 Walter Gilchrist
 11351 Ulmerton Road, Room 332-I
 Largo Fl 33778-1630



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HIALEAH SHORES NURSING AND REHAB CENTE
8785 NW 32 AVE
Miami FL 33147

Provider Number: 0 250988-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>228.30</u>	<u>230.62</u>	<u>1/1/2010</u>
Level H: AIDS	<u>368.65</u>	<u>372.54</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>481.27</u>	<u>486.42</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 02/01/1993

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Stephen Russell

Medicaid Cost Reimbursement Analysis

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

Parthenon Healthcare of Blountstown
 17884 N.E. Crozier Street
 Blountstown FL 32424

Provider Number: 0 251097-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	177.58	179.07	1/1/2010
Level H: AIDS	317.93	320.99	1/1/2010
Level U: Fragile Under 21	430.55	434.87	1/1/2010

Rate Type :

<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> 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
 Rate Semester Change
 On FRV [2] as of 01/01/1987

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Parthenon Group
 909 Gardengate Circle
 Pensacola Fl 32504



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Medicaid Reimbursement Per Diem Rates

Parthenon Healthcare of Crestview
 1849 First Avenue, East
 Crestview FL 32539

Provider Number: 0 251101-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	178.56	181.31	1/1/2010
Level H: AIDS	318.91	323.23	1/1/2010
Level U: Fragile Under 21	431.53	437.11	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/30/1987

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Parthenon Group
 909 Gardengate Circle
 Pensacola Fl 32504



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Medicaid Reimbursement Per Diem Rates

Brandywyne Health Care Center
 1801 North Lake Mariam Drive
 Winter Haven FL 33884

Provider Number: 0 251399-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>191.45</u>	<u>199.74</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>331.80</u>	<u>341.66</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>444.42</u>	<u>455.54</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 11/01/1999

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Concordia Manor
 321 13th Avenue North
 St. Petersburg FL 33701

Provider Number: 0 251666-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	193.86	195.36	1/1/2010
	Level H: AIDS	334.21	337.28	1/1/2010
	Level U: Fragile Under 21	446.83	451.16	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 01/01/2001

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Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

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Medicaid Reimbursement Per Diem Rates

Oakhurst Rehabilitation and Nursing Center
 1501 SE 24th Road
 Ocala FL 34471

Provider Number: 0 251721-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>188.03</u>	<u>189.90</u>	<u>1/1/2010</u>
Level H: AIDS	<u>328.38</u>	<u>331.82</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>441.00</u>	<u>445.70</u>	<u>1/1/2010</u>

Rate Type :	
<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> X </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Costs
<u> </u> Settlement based on costs	<u> </u> Total Prospective with Interim Component
<u> </u> Prior Provider Prospective data	

Basis:
<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Field audit - interim portion
<u> </u> Desk audited costs
<u> </u> Desk audit - Interim Portion
<u> </u> Desk Audit - Prospective portion

Changes:
<u> </u> Licensure Rating Change
<u> </u> Usual and Customary Limitation
<u> </u> Target Rate limitation change
<u> </u> FRVS Change
<u> X </u> Rate Semester Change

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Stephen Russell

 Medicaid Cost Reimbursement Analysis
Stephen Russell

Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109
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Medicaid Reimbursement Per Diem Rates

Bradford Terrace, LLC
 808 S. Colley Road
 Starke FL 32091

Provider Number: 0 251739-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	171.98	166.66	1/1/2010
	Level H: AIDS	312.33	308.58	1/1/2010
	Level U: Fragile Under 21	424.95	422.46	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 06/30/1992

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

SMJ Enterprises, LLC
 Anthony Rimmer
 1265 W. Granada Blvd, Suite 4
 Ormond Beach FL 32174



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Avante at Melbourne, Inc.
 1420 South Oak Street
 Melbourne FL 32901

Provider Number: 0 252018-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	230.51	219.58	1/1/2010
Level H: AIDS	370.86	361.50	1/1/2010
Level U: Fragile Under 21	483.48	475.38	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 04/01/1992

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Medicaid Cost Reimbursement Analysis

Home Office:

Avante Group, Inc.
 Janan Mitchell
 4000 Hollywood Blvd, Suite 540-N
 Hollywood FL 33021-6744



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Medicaid Reimbursement Per Diem Rates

AVANTE AT ORMOND BEACH
 170 North Kings Road
 Ormond Beach FL 32807

Provider Number: 0 252034-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	205.50	208.72	1/1/2010
Level H: AIDS	345.85	350.64	1/1/2010
Level U: Fragile Under 21	458.47	464.52	1/1/2010

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

Basis:	
<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"/>	Rate Semester Change On FRV [2] as of 04/01/1992

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Avante Group, Inc.
 Janan Mitchell
 4000 Hollywood Blvd, Suite 540-N
 Hollywood FL 33021-6744



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Medicaid Reimbursement Per Diem Rates

Avante at Mt. Dora
 3050 Brown Avenue
 Mount Dora FL 32757

Provider Number: 0 252042-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.99	214.44	1/1/2010
Level H: AIDS	356.34	356.36	1/1/2010
Level U: Fragile Under 21	468.96	470.24	1/1/2010

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Rate Semester Change
 On FRV [2] as of 04/01/1992

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Medicaid Cost Reimbursement Analysis

Home Office:

Avante Group, Inc.
 Janan Mitchell
 4000 Hollywood Blvd, Suite 540-N
 Hollywood FL 33021-6744



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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 252051-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>191.95</u>	<u>192.51</u>	<u>1/1/2010</u>
Level H: AIDS	<u>332.30</u>	<u>334.43</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>444.92</u>	<u>448.31</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 12/01/2001

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Home Office: 1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

Bradenton Health Care
 6305 Cortez Road West
 Bradenton FL 34210

Provider Number: 0 252069-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	205.51	207.92	1/1/2010
Level H: AIDS	345.86	349.84	1/1/2010
Level U: Fragile Under 21	458.48	463.72	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 12/09/1999

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Medicaid Reimbursement Per Diem Rates

Brandon Health and Rehab. Center
 1465 Oakfield Drive
 Brandon FL 33511

Provider Number: 0 252077-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	191.35	193.60	1/1/2010
Level H: AIDS	331.70	335.52	1/1/2010
Level U: Fragile Under 21	444.32	449.40	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 05/07/1997

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Medicaid Reimbursement Per Diem Rates

Capital Healthcare Center
 3333 Capital Medical Blvd.
 Tallahassee FL 32308

Provider Number: 0 252093-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	190.31	191.61	1/1/2010
Level H: AIDS	330.66	333.53	1/1/2010
Level U: Fragile Under 21	443.28	447.41	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 252107-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.75	207.13	1/1/2010
Level H: AIDS	345.10	349.05	1/1/2010
Level U: Fragile Under 21	457.72	462.93	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Countryside Healthcare Center
 3825 Countryside Blvd.
 Palm Harbour FL 34684

Provider Number: 0 252115-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	200.31	202.14	1/1/2010
Level H: AIDS	340.66	344.06	1/1/2010
Level U: Fragile Under 21	453.28	457.94	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/19/1987

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Medicaid Reimbursement Per Diem Rates

University Hills Health and Rehab.
 10040 Hillview Road
 Pensacola FL 32514

Provider Number: 0 252123-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	197.97	200.99	1/1/2010
Level H: AIDS	338.32	342.91	1/1/2010
Level U: Fragile Under 21	450.94	456.79	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Deltona Health Care
 1851 Elkcarn Boulevard
 Deltona FL 32725

Provider Number: 0 252158-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	188.21	189.79	1/1/2010
Level H: AIDS	328.56	331.71	1/1/2010
Level U: Fragile Under 21	441.18	445.59	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 05/01/1998

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Medicaid Reimbursement Per Diem Rates

Destin Healthcare and Rehab. Center
 195 Mattie M. Kelly Blvd.
 Destin FL 32541

Provider Number: 0 252166-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	195.70	189.52	1/1/2010
Level H: AIDS	336.05	331.44	1/1/2010
Level U: Fragile Under 21	448.67	445.32	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 08/11/1994

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Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Sea Crest Health Care Management Jim Culp 10210 Highland Manor Dr. Tampa FL 33610
--



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Medicaid Reimbursement Per Diem Rates

Heron Pointe Health and Rehab.
 1445 Howell Avenue
 Brooksville FL 34601

Provider Number: 0 252174-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	191.48	193.43	1/1/2010
Level H: AIDS	331.83	335.35	1/1/2010
Level U: Fragile Under 21	444.45	449.23	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Magnolia Health and Rehab. Center
 1507 South Tuttle Ave
 Sarasota FL 34239

Provider Number: 0 252182-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	207.37	209.42	1/1/2010
Level H: AIDS	347.72	351.34	1/1/2010
Level U: Fragile Under 21	460.34	465.22	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 09/14/1994

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Medicaid Reimbursement Per Diem Rates

Emerald Shores Health and Rehab.
 626 North Tyndall Parkway
 Callaway Fl 32404

Provider Number: 0 252191-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.05	205.45	1/1/2010
Level H: AIDS	343.40	347.37	1/1/2010
Level U: Fragile Under 21	456.02	461.25	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
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 08/30/2000

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Medicaid Reimbursement Per Diem Rates

Englewood Healthcare & Rehab. Center
 1111 Drury Lane
 Englewood FL 34224

Provider Number: 0 252204-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	185.22	188.84	1/1/2010
Level H: AIDS	325.57	330.76	1/1/2010
Level U: Fragile Under 21	438.19	444.64	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 05/01/1993

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Medicaid Reimbursement Per Diem Rates

Evans Health Care
 3735 Evans Avenue
 Ft Myers FL 33901

Provider Number: 0 252212-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	194.15	196.60	1/1/2010
Level H: AIDS	334.50	338.52	1/1/2010
Level U: Fragile Under 21	447.12	452.40	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 12/14/1998

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Medicaid Reimbursement Per Diem Rates

Fletcher Health and Rehab. Center
 518 West Fletcher Ave
 Tampa FL 33612

Provider Number: 0 252221-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	199.37	201.43	1/1/2010
Level H: AIDS	339.72	343.35	1/1/2010
Level U: Fragile Under 21	452.34	457.23	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 05/19/1998

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Medicaid Reimbursement Per Diem Rates

Fort Pierce Health Care

 611 South 13th Street

 Ft. Pierce FL 34950

Provider Number: 0 252239-00

 Date: 12/29/2009

 Fiscal Year End: 8/31/2008

 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.75	206.84	1/1/2010
Level H: AIDS	345.10	348.76	1/1/2010
Level U: Fragile Under 21	457.72	462.64	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Sea Breeze Health Care
 1937 Jenks Avenue
 Panama City FL 32405

Provider Number: 0 252247-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>186.59</u>	<u>188.41</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>326.94</u>	<u>330.33</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>439.56</u>	<u>444.21</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Harbor Beach Nursing and Rehab. Center
 1615 South Miami Road
 Ft. Lauderdale FL 33316

Provider Number: 0 252255-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.25	213.31	1/1/2010
Level H: AIDS	351.60	355.23	1/1/2010
Level U: Fragile Under 21	464.22	469.11	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 05/28/1986

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Medicaid Reimbursement Per Diem Rates

Health Center at Brentwood
 2333 North Brentwood Circle
 Lecanto FL 34461

Provider Number: 0 252263-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.19	195.53	1/1/2010
Level H: AIDS	332.54	337.45	1/1/2010
Level U: Fragile Under 21	445.16	451.33	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Heritage Health Care Center
 1026 Albee Farm Road
 Venice FL 34292

Provider Number: 0 252271-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.92	212.04	1/1/2010
Level H: AIDS	350.27	353.96	1/1/2010
Level U: Fragile Under 21	462.89	467.84	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 09/23/1988

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Medicaid Reimbursement Per Diem Rates

Heritage Healthcare and Rehab. Center
 777 Ninth Street North
 Naples FL 34102

Provider Number: 0 252280-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.95	213.54	1/1/2010
Level H: AIDS	348.30	355.46	1/1/2010
Level U: Fragile Under 21	460.92	469.34	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 09/23/1988

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Medicaid Reimbursement Per Diem Rates

Heritage Healthcare Center
 3101 Ginger Drive
 Tallahassee FL 32308

Provider Number: 0 252298-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	183.44	184.98	1/1/2010
Level H: AIDS	323.79	326.90	1/1/2010
Level U: Fragile Under 21	436.41	440.78	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 04/26/1997

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Medicaid Reimbursement Per Diem Rates

Lake Mary Health and Rehab.Center
 710 North Sun Drive
 Lake Mary Fl 32746

Provider Number: 0 252310-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	191.62	193.26	1/1/2010
Level H: AIDS	331.97	335.18	1/1/2010
Level U: Fragile Under 21	444.59	449.06	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 11/08/2000

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Medicaid Reimbursement Per Diem Rates

WedgeWood Healthcare Center
 1010 Carpenters Way
 Lakeland FL 33809

Provider Number: 0 252328-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.83</u>	<u>202.18</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>340.18</u>	<u>344.10</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>452.80</u>	<u>457.98</u>	<u>1/1/2010</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
 Rate Semester Change
 On FRV [2] as of 03/26/1999

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Medicaid Reimbursement Per Diem Rates

Largo Health Care Center
 9035 Bryan Dairy Rd.
 Largo FL 33777

Provider Number: 0 252336-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.97	211.40	1/1/2010
Level H: AIDS	349.32	353.32	1/1/2010
Level U: Fragile Under 21	461.94	467.20	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 01/01/1999

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Medicaid Reimbursement Per Diem Rates

Heritage Park Rehab. and Healthcare
 2826 Cleveland Avenue
 Ft. Myers FL 33901

Provider Number: 0 252344-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	215.03	217.51	1/1/2010
	Level H: AIDS	355.38	359.43	1/1/2010
	Level U: Fragile Under 21	468.00	473.31	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Island Health and Rehab. Center
 125 Alma Boulevard
 Merritt Island FL 32953

Provider Number: 0 252352-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	190.96	192.85	1/1/2010
Level H: AIDS	331.31	334.77	1/1/2010
Level U: Fragile Under 21	443.93	448.65	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 04/01/1996

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Medicaid Reimbursement Per Diem Rates

North Florida Rehab. and Specialty Care
 6700 NW 10th Place
 Gainesville FL 32605

Provider Number: 0 252361-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	197.59	199.87	1/1/2010
Level H: AIDS	337.94	341.79	1/1/2010
Level U: Fragile Under 21	450.56	455.67	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Sea Crest Health Care Management
 Jim Culp
 10210 Highland Manor Dr.
 Tampa FL 33610



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Medicaid Reimbursement Per Diem Rates

Shoal Creek Rehabilitation Center
 500 South Hospital Drive
 Crestview Fl 32539

Provider Number: 0 252379-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>186.65</u>	<u>188.25</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>327.00</u>	<u>330.17</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>439.62</u>	<u>444.05</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 04/27/2000

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Governor's Creek Health and Rehab.
 803 Oak Street
 Green Cove Springs FL 32043

Provider Number: 0 252387-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	189.62	195.45	1/1/2010
Level H: AIDS	329.97	337.37	1/1/2010
Level U: Fragile Under 21	442.59	451.25	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 01/01/1997

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 252395-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	201.12	202.97	1/1/2010
Level H: AIDS	341.47	344.89	1/1/2010
Level U: Fragile Under 21	454.09	458.77	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 03/11/1998

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 252409-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	187.56	189.45	1/1/2010
Level H: AIDS	327.91	331.37	1/1/2010
Level U: Fragile Under 21	440.53	445.25	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 05/16/1997

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Medicaid Reimbursement Per Diem Rates

Harts Harbor Health Care Center
 11565 Harts Road
 Jacksonville FL 32218

Provider Number: 0 252417-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	175.49	194.15	1/1/2010
	Level H: AIDS	315.84	336.07	1/1/2010
	Level U: Fragile Under 21	428.46	449.95	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Marshall Health and Rehab. Center
 207 Marshall Drive
 Perry FL 32347

Provider Number: 0 252425-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	180.51	182.00	1/1/2010
Level H: AIDS	320.86	323.92	1/1/2010
Level U: Fragile Under 21	433.48	437.80	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

SeaView Nursing and Rehab. Center
 2401 NE 2nd Street
 Pompano Beach FL 33062

Provider Number: 0 252433-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	195.20	199.91	1/1/2010
Level H: AIDS	335.55	341.83	1/1/2010
Level U: Fragile Under 21	448.17	455.71	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 252441-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	189.25	191.08	1/1/2010
Level H: AIDS	329.60	333.00	1/1/2010
Level U: Fragile Under 21	442.22	446.88	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 07/20/1995

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Medicaid Reimbursement Per Diem Rates

Rio Pinar Health Care
 7950 Lake Underhill Road
 Orlando FL 32822

Provider Number: 0 252450-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	193.61	197.25	1/1/2010
Level H: AIDS	333.96	339.17	1/1/2010
Level U: Fragile Under 21	446.58	453.05	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 09/23/1988

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Medicaid Reimbursement Per Diem Rates

Rosewood Health and Rehab. Center
 3920 Rosewood Way
 Orlando FL 32808

Provider Number: 0 252468-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.42	204.41	1/1/2010
Level H: AIDS	342.77	346.33	1/1/2010
Level U: Fragile Under 21	455.39	460.21	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

OAKTREE HEALTHCARE
 650 Reed Canal Road
 South Daytona FL 32019

Provider Number: 0 252476-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	179.22	190.66	1/1/2010
	Level H: AIDS	319.57	332.58	1/1/2010
	Level U: Fragile Under 21	432.19	446.46	1/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Rate Semester Change
On FRV [2] as of 05/21/1993

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Medicaid Reimbursement Per Diem Rates

Edinborough Healthcare Center
 1061 Virginia Street
 Dunedin FL 34698

Provider Number: 0 252484-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.54	206.26	1/1/2010
Level H: AIDS	344.89	348.18	1/1/2010
Level U: Fragile Under 21	457.51	462.06	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 01/01/1989

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Medicaid Reimbursement Per Diem Rates

Spring Hill Health and Rehab. Center
 12170 Cortez Blvd.
 Brooksville FL 34613

Provider Number: 0 252492-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	197.10	199.38	1/1/2010
	Level H: AIDS	337.45	341.30	1/1/2010
	Level U: Fragile Under 21	450.07	455.18	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 08/01/1997

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Medicaid Reimbursement Per Diem Rates

Habana Health Care Center
 2916 Habana Way
 Tampa FL 33614

Provider Number: 0 252506-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	193.92	192.94	1/1/2010
Level H: AIDS	334.27	334.86	1/1/2010
Level U: Fragile Under 21	446.89	448.74	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 05/01/1989

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Medicaid Reimbursement Per Diem Rates

Vista Manor
 1550 Jess Parrish Court
 Titusville FL 32796

Provider Number: 0 252522-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	197.19	197.49	1/1/2010
Level H: AIDS	337.54	339.41	1/1/2010
Level U: Fragile Under 21	450.16	453.29	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Hillcrest Nursing and Rehabilitation Center
 4200 Washington Street
 Hollywood FL 33021

Provider Number: 0 252531-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	197.69	199.36	1/1/2010
Level H: AIDS	338.04	341.28	1/1/2010
Level U: Fragile Under 21	450.66	455.16	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 06/27/1989

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Medicaid Reimbursement Per Diem Rates

Azalea Court
 5065 Wallis Road
 West Palm Beach FL 33415

Provider Number: 0 252549-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.25	211.14	1/1/2010
Level H: AIDS	343.60	353.06	1/1/2010
Level U: Fragile Under 21	456.22	466.94	1/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 07/09/1986

Distribution:

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 252557-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>195.21</u>	<u>196.85</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>335.56</u>	<u>338.77</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>448.18</u>	<u>452.65</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 09/01/1990

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Medicaid Reimbursement Per Diem Rates

Pinebrook Pavilion Rehabilitation and Nursing Cent
 1240 Pinebrook Road
 Venice FL 34292

Provider Number: 0 252662-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.80	204.87	1/1/2010
Level H: AIDS	343.15	346.79	1/1/2010
Level U: Fragile Under 21	455.77	460.67	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 01/01/2005

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Medicaid Cost Reimbursement Analysis

Home Office:

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 Reimbursement Department
 101 Sun Avenue NE
 Albuquerque NM 87109



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Medicaid Reimbursement Per Diem Rates

Palms of Sebring
 725 South Pine Street
 Sebring FL 33870

Provider Number: 0 252671-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.95	212.10	1/1/2010
Level H: AIDS	350.30	354.02	1/1/2010
Level U: Fragile Under 21	462.92	467.90	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Orchard Ridge Rehabilitation and Nursing Center
 4927 Voorhees Road
 New Port Richey FL 34653

Provider Number: 0 252689-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.46	209.49	1/1/2010
Level H: AIDS	347.81	351.41	1/1/2010
Level U: Fragile Under 21	460.43	465.29	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Leesburg Health & Rehab
 715 East Dixie Avenue
 Leesburg FL 32748

Provider Number: 0 252956-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.09	211.17	1/1/2010
Level H: AIDS	351.44	353.09	1/1/2010
Level U: Fragile Under 21	464.06	466.97	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 09/01/1989

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Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Anchor Management
 Phil Castleberg
 1344 Longhill Drive
 Apopka FL 32712



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Medicaid Reimbursement Per Diem Rates

Springwood Care & Rehabilitation Center
4602 Northgate Court
Sarasota FL 34234

Provider Number: 0 253014-00
Date: 12/29/2009
Fiscal Year End: 7/31/2009
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.21	219.38	1/1/2010
Level H: AIDS	350.56	361.30	1/1/2010
Level U: Fragile Under 21	463.18	475.18	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 01/01/2005

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Stephen Russell

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



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Medicaid Reimbursement Per Diem Rates

Southern Oaks Health Care
 3855 Old Canoe Creek Road
 St. Cloud FL 34769

Provider Number: 0 253146-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>190.18</u>	<u>191.78</u>	<u>1/1/2010</u>
Level H: AIDS	<u>330.53</u>	<u>333.70</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>443.15</u>	<u>447.58</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change

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Home Office: 1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

The Palms At Park Place
 221 Park Place Blvd.
 Kissimmee FL 34741

Provider Number: 0 253421-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	179.00	181.79	1/1/2010
Level H: AIDS	319.35	323.71	1/1/2010
Level U: Fragile Under 21	431.97	437.59	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 01/13/1994

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 No Change in Rate

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Sunset Point Rehabilitation and Nursing Center
 1980 Sunset Point Road
 Clearwater FL 33765

Provider Number: 0 253430-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	193.58	195.56	1/1/2010
Level H: AIDS	333.93	337.48	1/1/2010
Level U: Fragile Under 21	446.55	451.36	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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 No Change in Rate

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Home Office:

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 101 Sun Avenue NE
 Albuquerque NM 87109



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Medicaid Reimbursement Per Diem Rates

Bay Tree Rehabilitation and Nursing Center
 2600 Highlands Boulevard, North
 Palm Harbor FL 34684

Provider Number: 0 253448-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.43	204.51	1/1/2010
Level H: AIDS	342.78	346.43	1/1/2010
Level U: Fragile Under 21	455.40	460.31	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 01/01/2007

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Medicaid Cost Reimbursement Analysis

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 101 Sun Avenue NE
 Albuquerque NM 87109



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Medicaid Reimbursement Per Diem Rates

Surrey Place Health & Rehab Center
 4100 S.W. 33rd Avenue
 Ocala FL 32674

Provider Number: 0 253456-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>196.47</u>	<u>188.91</u>	<u>1/1/2010</u>
Level H: AIDS	<u>336.82</u>	<u>330.83</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>449.44</u>	<u>444.71</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 03/04/1988

Distribution:

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Medicaid Reimbursement Per Diem Rates

West Bay Rehabilitation and Nursing Center
 3865 Tampa Road
 Oldsmar FL 34677

Provider Number: 0 253464-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.57	207.86	1/1/2010
Level H: AIDS	346.92	349.78	1/1/2010
Level U: Fragile Under 21	459.54	463.66	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1998

Distribution:

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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 Reimbursement Department
 101 Sun Avenue NE
 Albuquerque NM 87109



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Medicaid Reimbursement Per Diem Rates

WUESTHOFF PROGRESSIVE CARE CTR
 110 LONGWOOD AVE
 Rockledge FL 32955

Provider Number: 0 253472-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	217.72	218.24	1/1/2010
Level H: AIDS	358.07	360.16	1/1/2010
Level U: Fragile Under 21	470.69	474.04	1/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Rate Semester Change
On FRV [2] as of 05/30/1995

Distribution:

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

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Wuesthoff Health System, INC.
 110 Longwood Ave.
 Rockledge FL 32955



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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 253481-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>232.30</u>	<u>234.53</u>	<u>1/1/2010</u>
Level H: AIDS	<u>372.65</u>	<u>376.45</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>485.27</u>	<u>490.33</u>	<u>1/1/2010</u>

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 06/04/1990

Distribution:

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

FiveStar Quality Care Inc
 400 Centre Street
 Newton MA 02458



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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Eden Springs Nursing and Rehab Center
 4679 Crawfordville Highway
 Crawfordville FL 32326

Provider Number: 0 253707-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	218.49	218.61	1/1/2010
Level H: AIDS	358.84	360.53	1/1/2010
Level U: Fragile Under 21	471.46	474.41	1/1/2010

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 10/01/1985

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

DOS Health Care
 300 71 Street
 Miami Beach Fl 33141



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Jackson Plaza Nursing & Rehab
 1861 NW 8th Ave
 Miami FL 33136

Provider Number: 0 253723-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	220.52	221.87	1/1/2010
Level H: AIDS	360.87	363.79	1/1/2010
Level U: Fragile Under 21	473.49	477.67	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 07/26/2002

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

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



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Park Summit at Coral Springs
 8500 Royal Palm Blvd.
 Coral Springs FL 33065

Provider Number: 0 254134-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.71	206.78	1/1/2010
Level H: AIDS	345.06	348.70	1/1/2010
Level U: Fragile Under 21	457.68	462.58	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 06/01/1986

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

FiveStar Quality Care Inc
 400 Centre Street
 Newton MA 02458



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 254177-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	197.22	199.01	1/1/2010
	Level H: AIDS	337.57	340.93	1/1/2010
	Level U: Fragile Under 21	450.19	454.81	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 03/06/2002

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Arch Plaza Nursing & Rehabilitation Center
 12505 NE 16th Avenue
 North Miami FL 33161

Provider Number: 0 254291-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	232.95	243.92	1/1/2010
Single Level			
Level H: AIDS	373.30	385.84	1/1/2010
Level U: Fragile Under 21	485.92	499.72	1/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Rate Semester Change
On FRV [2] as of 05/01/1996

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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



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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Wrights Healthcare & Rehabilitation Center
 11300 110th Ave. North
 Seminole FL 33778

Provider Number: 0 254762-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.45	205.30	1/1/2010
Level H: AIDS	344.80	347.22	1/1/2010
Level U: Fragile Under 21	457.42	461.10	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 05/21/2002

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

KR Management
 3500 Oak Manor Lane
 Largo FL 33774



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

EdgeWood Nursing Center
 1771 Edgewood Avenue West
 Jacksonville FL 32208

Provider Number: 0 254878-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	195.02	183.43	1/1/2010
Level H: AIDS	335.37	325.35	1/1/2010
Level U: Fragile Under 21	447.99	439.23	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 06/01/1993

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Sterling Healthcare
 Wendell Philips
 16 Norcross St., STE 50B
 Roswell GA 30075



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Woodlands Care Center of Alachua County
 7207 SW 24th Avenue
 Gainesville Fl 32607

Provider Number: 0 255572-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	178.17	170.04	1/1/2010
Level H: AIDS	318.52	311.96	1/1/2010
Level U: Fragile Under 21	431.14	425.84	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 06/27/2002

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

SMJ Enterprises, LLC Anthony Rimmer 1265 W. Granada Blvd, Suite 4 Ormond Beach FL 32174
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Diamond Ridge Health & Rehabilitation Center
 2730 W. Marc Knighton Court
 Lecanto FL 34461

Provider Number: 0 256269-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	193.25	194.78	1/1/2010
Level H: AIDS	333.60	336.70	1/1/2010
Level U: Fragile Under 21	446.22	450.58	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 06/23/1989

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circle, Ste. D Tallahassee FL 32308
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Medicaid Reimbursement Per Diem Rates

Surrey Place Convalescent Center of Bradenton
 5525 21st Avenue West
 Bradenton FL 34209

Provider Number: 0 256277-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	226.62	221.78	1/1/2010
Level H: AIDS	366.97	363.70	1/1/2010
Level U: Fragile Under 21	479.59	477.58	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 02/08/1989

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Summit Care II, Inc
 Guy Farmer
 2851 Remington Green Circle, Ste. D
 Tallahassee FL 32308



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Medicaid Reimbursement Per Diem Rates

Lakeside Nursing & Rehabilitation Center
 1141 Armsdale Road
 Jacksonville FL 32218

Provider Number: 0 256757-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>182.36</u>	<u>175.73</u>	<u>1/1/2010</u>
Level H: AIDS	<u>322.71</u>	<u>317.65</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>435.33</u>	<u>431.53</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 01/21/1998

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Health Care Managers, Inc
 Ivonne Burrell
 2380 Sadler Road Suite 201
 Fernandina Beach FL 32034



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Lakeside Pavilion Rehabilitation and Nursing Center
 2900 Twelfth Street
 Naples FL 33940

Provider Number: 0 256846-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.30	206.40	1/1/2010
Level H: AIDS	344.65	348.32	1/1/2010
Level U: Fragile Under 21	457.27	462.20	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 01/01/2005

Distribution:

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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



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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 256935-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	190.63	200.48	1/1/2010
Level H: AIDS	330.98	342.40	1/1/2010
Level U: Fragile Under 21	443.60	456.28	1/1/2010

Rate Type :		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component </td> </tr> </table>	<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 12/01/2002

Distribution:

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

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



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Palm Garden of Port St. Lucie
1751 S.E. Hillmoor Drive
Port St. Lucie FL 34952

Provider Number: 0 257249-00
Date: 12/29/2009
Fiscal Year End: 6/30/2008
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	201.75	203.60	1/1/2010
Single Level			
Level H: AIDS	342.10	345.52	1/1/2010
Level U: Fragile Under 21	454.72	459.40	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
On FRV [2] as of 02/25/1988

Distribution:

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Cypress Administrative Services, LLC
Alan Wengrofsky
44 South Broadway, Suite 614
White Plains NY 10606



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Palm Garden of West Palm Beach
 300 EXECUTIVE CENTER DRIVE
 West Palm Beach FL 33401

Provider Number: 0 257257-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home			
Single Level	211.90	213.86	1/1/2010
Level H: AIDS	352.25	355.78	1/1/2010
Level U: Fragile Under 21	464.87	469.66	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 04/20/1988

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Medicaid Reimbursement Per Diem Rates

Palm Garden of Gainesville
 227 SW 62nd Blvd.
 Gainesville FL 32607

Provider Number: 0 257265-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.11	210.03	1/1/2010
Level H: AIDS	348.46	351.95	1/1/2010
Level U: Fragile Under 21	461.08	465.83	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 08/01/1999

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Stephen Russell

Home Office:

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 Alan Wengrofsky
 44 South Broadway, Suite 614
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Medicaid Reimbursement Per Diem Rates

Palm Garden of Jacksonville
 5725 Spring Park Road
 Jacksonville FL 32216

Provider Number: 0 257273-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	217.82	220.07	1/1/2010
Level H: AIDS	358.17	361.99	1/1/2010
Level U: Fragile Under 21	470.79	475.87	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 03/14/1990

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Stephen Russell

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 Alan Wengrofsky
 44 South Broadway, Suite 614
 White Plains NY 10606



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Medicaid Reimbursement Per Diem Rates

Palm Garden of Ocala
 2700 S.W. 34th Street
 Ocala FL 34474

Provider Number: 0 257290-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	200.09	201.93	1/1/2010
Level H: AIDS	340.44	343.85	1/1/2010
Level U: Fragile Under 21	453.06	457.73	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 08/01/1999

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 Alan Wengrofsky
 44 South Broadway, Suite 614
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Medicaid Reimbursement Per Diem Rates

Palm Garden of Orlando
 654 N. Econlockhatchee Trail
 Orlando FL 32825

Provider Number: 0 257303-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	217.54	219.55	1/1/2010
Level H: AIDS	357.89	361.47	1/1/2010
Level U: Fragile Under 21	470.51	475.35	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 09/21/1987

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Medicaid Reimbursement Per Diem Rates

Palm Garden of Vero Beach
 1755 37th Street
 Vero Beach FL 32960

Provider Number: 0 257311-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>209.08</u>	<u>209.12</u>	<u>1/1/2010</u>
Level H: AIDS	<u>349.43</u>	<u>351.04</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>462.05</u>	<u>464.92</u>	<u>1/1/2010</u>


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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 11/25/1987

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Medicaid Reimbursement Per Diem Rates

Palm Garden of Winter Haven
 1120 Cypress Gardens Blvd.
 Winter Haven FL 33884

Provider Number: 0 257320-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	195.99	197.76	1/1/2010
Level H: AIDS	336.34	339.68	1/1/2010
Level U: Fragile Under 21	448.96	453.56	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 07/09/1987

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Citrus Health and Rehabilitation Center
701 Medical Court East
Inverness FL 34452

Provider Number: 0 257419-00
Date: 12/29/2009
Fiscal Year End: 5/31/2008
Audit Status: Unaudited [3]

Provider Type:

Table with 3 columns: Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level and Level H: AIDS, Level U: Fragile Under 21.

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
Usual and Customary Limitation
Target Rate limitation change
FRVS Change
Rate Semester Change (checked)
On FRV [2] as of 07/29/1994

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Home Office:

Provident Foundation
Marla Scannicchio
2151 Quail Run Drive
Baton Rouge LA 70808



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Medicaid Reimbursement Per Diem Rates

Palm Garden of Clearwater
 3480 McMullen Booth Road
 Clearwater FL 33761

Provider Number: 0 257460-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	222.54	224.89	1/1/2010
Level H: AIDS	362.89	366.81	1/1/2010
Level U: Fragile Under 21	475.51	480.69	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 09/18/1987

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Palm Garden of Largo
 10500 Starkey Road
 Largo FL 33777

Provider Number: 0 257478-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	226.27	227.05	1/1/2010
Single Level			
Level H: AIDS	366.62	368.97	1/1/2010
Level U: Fragile Under 21	479.24	482.85	1/1/2010

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Rate Semester Change
 On FRV [2] as of 07/31/1987

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Medicaid Reimbursement Per Diem Rates

Palm Garden of North Miami Beach (Aventura)
21251 E. Dixie Highway
Aventura FL 33180

Provider Number: 0 257494-00
Date: 12/29/2009
Fiscal Year End: 6/30/2008
Audit Status: Unaudited [3]

Provider Type:

Table with 4 columns: Category, Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level, Level H: AIDS, and Level U: Fragile Under 21.

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
Usual and Customary Limitation
Target Rate limitation change
FRVS Change
X Rate Semester Change
On FRV [2] as of 07/13/1988

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Medicaid Reimbursement Per Diem Rates

Palm Garden of Pinellas
 200 16th Avenue, S.E.
 Largo FL 33771

Provider Number: 0 257508-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.91	209.85	1/1/2010
Level H: AIDS	348.26	351.77	1/1/2010
Level U: Fragile Under 21	460.88	465.65	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 06/25/1991

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Medicaid Reimbursement Per Diem Rates

Palm Garden of Sun City
 3850 Upper Creek Drive
 Ruskin FL 33573

Provider Number: 0 257516-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	213.73	216.00	1/1/2010
Level H: AIDS	354.08	357.92	1/1/2010
Level U: Fragile Under 21	466.70	471.80	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 06/01/1991

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Medicaid Reimbursement Per Diem Rates

Palm Garden of Tampa

 3612 E. 138th Avenue

 Tampa FL 33613

Provider Number: 0 257524-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>208.91</u>	<u>210.84</u>	<u>1/1/2010</u>
Level H: AIDS	<u>349.26</u>	<u>352.76</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>461.88</u>	<u>466.64</u>	<u>1/1/2010</u>

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 07/01/1990

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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Oak Manor Healthcare and Rehabilitation Center
 3500 Oak Manor Lane
 Largo FL 33774

Provider Number: 0 258342-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>200.65</u>	<u>193.48</u>	<u>1/1/2010</u>
Level H: AIDS	<u>341.00</u>	<u>335.40</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>453.62</u>	<u>449.28</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 08/08/1990

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Medicaid Reimbursement Per Diem Rates

Indigo Manor
 595 Williamson Blvd
 Daytona Beach FL 32114

Provider Number: 0 258750-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	218.78	220.90	1/1/2010
	Level H: AIDS	359.13	362.82	1/1/2010
	Level U: Fragile Under 21	471.75	476.70	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 01/01/2001

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Fairfax Senior Living
 Robert Hostler
 10387 Main Street, Suite 200
 Fairfax VA 22030



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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 258831-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.11	206.68	1/1/2010
Level H: AIDS	346.46	348.60	1/1/2010
Level U: Fragile Under 21	459.08	462.48	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Medicaid Cost Reimbursement Analysis

Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Life Care Center of Inverrary
 4251 Rock Island Road
 Lauderhill FL 33319

Provider Number: 0 259080-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	205.54	210.99	1/1/2010
Level H: AIDS	345.89	352.91	1/1/2010
Level U: Fragile Under 21	458.51	466.79	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 01/30/2003

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



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Medicaid Reimbursement Per Diem Rates

Lakeview Terrace Skilled Nursing Facility
 110 Lodge Terrace Drive
 Altoona FL 32702

Provider Number: 0 259225-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.40	204.42	1/1/2010
Level H: AIDS	347.75	346.34	1/1/2010
Level U: Fragile Under 21	460.37	460.22	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 05/28/1987

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Medicaid Reimbursement Per Diem Rates

Heritage of Santa Rosa
 5330 Northrop Road
 Milton FL 32570

Provider Number: 0 259331-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	200.05	202.35	1/1/2010
Level H: AIDS	340.40	344.27	1/1/2010
Level U: Fragile Under 21	453.02	458.15	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 02/13/2003

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Medicaid Reimbursement Per Diem Rates

Life Care Center of New Port Richey
 7400 Trouble Creek Road
 New Port Richey FL 34653

Provider Number: 0 259357-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	184.28	192.85	1/1/2010
Level H: AIDS	324.63	334.77	1/1/2010
Level U: Fragile Under 21	437.25	448.65	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 02/11/2003

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Stephen Russell
 Medicaid Cost Reimbursement Analysis

Home Office: Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 259462-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>225.75</u>	<u>220.17</u>	<u>1/1/2010</u>
Level H: AIDS	<u>366.10</u>	<u>362.09</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>478.72</u>	<u>475.97</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 11/09/1989

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Medicaid Cost Reimbursement Analysis

Home Office:

John A. Mccoy, Inc.
 Samuel Sanders
 799 Overlook Drive
 Winter Haven FL 33884



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Medicaid Reimbursement Per Diem Rates

Hamlin Place
 2180 Hypoluxo Road
 Lantana FL 33462

Provider Number: 0 259586-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	231.66	238.00	1/1/2010
Level H: AIDS	372.01	379.92	1/1/2010
Level U: Fragile Under 21	484.63	493.80	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 07/01/1995

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Medicaid Reimbursement Per Diem Rates

Avante at St. Cloud, Inc.
 1301 Kansas Avenue
 St. Cloud FL 34769

Provider Number: 0 259870-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	219.94	220.51	1/1/2010
Level H: AIDS	360.29	362.43	1/1/2010
Level U: Fragile Under 21	472.91	476.31	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 04/01/1992

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Avante Group, Inc.
 Janan Mitchell
 4000 Hollywood Blvd, Suite 540-N
 Hollywood FL 33021-6744



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Beneva Lakes Healthcare and Rehabilitation Center
 741 S. Beneva Road
 Sarasota FL 34232

Provider Number: 0 259896-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.89	203.67	1/1/2010
Level H: AIDS	348.24	345.59	1/1/2010
Level U: Fragile Under 21	460.86	459.47	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 01/01/2001

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 259900-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	188.73	181.52	1/1/2010
Level H: AIDS	329.08	323.44	1/1/2010
Level U: Fragile Under 21	441.70	437.32	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 02/25/1991

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 259918-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.51	198.84	1/1/2010
Level H: AIDS	343.86	340.76	1/1/2010
Level U: Fragile Under 21	456.48	454.64	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 05/04/1993

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Sea Crest Health Care Management
 Jim Culp
 10210 Highland Manor Dr.
 Tampa FL 33610



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Medicaid Reimbursement Per Diem Rates

Oakbridge Healthcare Center
 3110 Oakbridge Blvd., E.
 Lakeland FL 33803

Provider Number: 0 259926-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.43	200.05	1/1/2010
Level H: AIDS	346.78	341.97	1/1/2010
Level U: Fragile Under 21	459.40	455.85	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 08/02/1991

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Home Office:

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 10210 Highland Manor Dr.
 Tampa FL 33610



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Medicaid Reimbursement Per Diem Rates

The Parks Healthcare and Rehabilitation Center
 9311 S. Orange Blossom Trail
 Orlando FL 32837

Provider Number: 0 259934-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	189.26	191.19	1/1/2010
Level H: AIDS	329.61	333.11	1/1/2010
Level U: Fragile Under 21	442.23	446.99	1/1/2010

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

Basis:
<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"/> Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

Riverfront Nursing and Rehab Center
 105 15th Street East
 Bradenton FL 34208

Provider Number: 0 259942-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>215.76</u>	<u>218.27</u>	<u>1/1/2010</u>
Level H: AIDS	<u>356.11</u>	<u>360.19</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>468.73</u>	<u>474.07</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 07/01/1992

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 Medicaid Cost Reimbursement Analysis

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 260355-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>204.03</u>	<u>205.26</u>	<u>1/1/2010</u>
Level H: AIDS	<u>344.38</u>	<u>347.18</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>457.00</u>	<u>461.06</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Bridgeview Center, LLC
350 South Ridgewood Avenue
Ormond Beach FL 32174

Provider Number: 0 260371-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>211.35</u>	<u>208.87</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>351.70</u>	<u>350.79</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>464.32</u>	<u>464.67</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 07/24/1996

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Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

OPIS Management Resources, LLC
 Jennifer Ziolkowski
 8800 Grand Oak Circle
 Tampa FL 33637



Medicaid Reimbursement Per Diem Rates

Bayview Center, LLC
 301 South Bay Street
 Eustis FL 32726

Provider Number: 0 260444-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	211.36	211.53	1/1/2010
Single Level			
Level H: AIDS	351.71	353.45	1/1/2010
Level U: Fragile Under 21	464.33	467.33	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 09/01/1991

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Home Office:

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 Jennifer Ziolowski
 8800 Grand Oak Circle
 Tampa FL 33637



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Medicaid Reimbursement Per Diem Rates

Ruleme Center, LLC
 2810 Ruleme Street
 Eustis FL 32726

Provider Number: 0 260452-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	214.47	217.91	1/1/2010
Level H: AIDS	354.82	359.83	1/1/2010
Level U: Fragile Under 21	467.44	473.71	1/1/2010

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change <input type="checkbox"/> Not on FRV [1]

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 Jennifer Ziolowski
 8800 Grand Oak Circle
 Tampa FL 33637



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Medicaid Reimbursement Per Diem Rates

Tierra Pines Center, LLC
 7380 Ulmerton Road
 Largo FL 33771

Provider Number: 0 260568-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	216.64	205.86	1/1/2010
Level H: AIDS	356.99	347.78	1/1/2010
Level U: Fragile Under 21	469.61	461.66	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 07/24/1996

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Stephen Russell

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OPIS Management Resources, LLC
 Jennifer Ziolkowski
 8800 Grand Oak Circle
 Tampa FL 33637



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Highlands Lake Center, LLC
4240 Lakeland Highlands Road
Lakeland FL 33813

Provider Number: 0 260576-00
Date: 12/29/2009
Fiscal Year End: 12/31/2008
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.17	217.05	1/1/2010
Level H: AIDS	355.52	358.97	1/1/2010
Level U: Fragile Under 21	468.14	472.85	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 09/29/1988

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

OPIS Management Resources, LLC
Jennifer Ziolkowski
8800 Grand Oak Circle
Tampa FL 33637



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Medicaid Reimbursement Per Diem Rates

Coquina Center, LLC
 170 N. Center Street
 Ormond Beach FL 32074

Provider Number: 0 260649-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	217.03	213.70	1/1/2010
Single Level			
Level H: AIDS	357.38	355.62	1/1/2010
Level U: Fragile Under 21	470.00	469.50	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 11/01/1987

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

OPIS Management Resources, LLC
 Jennifer Ziolowski
 8800 Grand Oak Circle
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Medicaid Reimbursement Per Diem Rates

Island Lake Center, LLC
 155 Landover Place
 Longwood FL 32750

Provider Number: 0 260657-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>212.44</u>	<u>209.52</u>	<u>1/1/2010</u>
Level H: AIDS	<u>352.79</u>	<u>351.44</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>465.41</u>	<u>465.32</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 04/10/1989

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Home Office:

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 Jennifer Ziolkowski
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Medicaid Reimbursement Per Diem Rates

Indian River Center LLC
 7201 Greensboro Drive
 West Melbourne FL 32904

Provider Number: 0 260665-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.44	212.59	1/1/2010
Level H: AIDS	355.79	354.51	1/1/2010
Level U: Fragile Under 21	468.41	468.39	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 08/29/1989

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

OPIS Management Resources, LLC
 Jennifer Ziolowski
 8800 Grand Oak Circle
 Tampa FL 33637



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Riverwood Center, LLC
 2802 Parental Home Dr
 Jacksonville FL 32216

Provider Number: 0 260673-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.42	200.62	1/1/2010
Level H: AIDS	342.77	342.54	1/1/2010
Level U: Fragile Under 21	455.39	456.42	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 07/24/1996

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Medicaid Cost Reimbursement Analysis

Home Office:

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 8800 Grand Oak Circle
 Tampa FL 33637



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Fairway Oaks Center, LLC
 13806 N. 46th Street
 Tampa FL 33613

Provider Number: 0 260690-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.67	210.73	1/1/2010
	Level H: AIDS	357.02	352.65	1/1/2010
	Level U: Fragile Under 21	469.64	466.53	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 07/01/1990

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Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

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 Jennifer Ziolkowski
 8800 Grand Oak Circle
 Tampa FL 33637



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 260771-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	234.11	236.73	1/1/2010
Level H: AIDS	374.46	378.65	1/1/2010
Level U: Fragile Under 21	487.08	492.53	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 11/02/1990

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Stephen Russell
 Medicaid Cost Reimbursement Analysis

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

Alhambra Health & Rehab Center
 7501 38th Avenue North
 St. Petersburg FL 33710

Provider Number: 0 261254-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.67	204.15	1/1/2010
Level H: AIDS	350.02	346.07	1/1/2010
Level U: Fragile Under 21	462.64	459.95	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 04/13/1994

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Greystone Healthcare Management, LLC
 Kenneth Hubbard
 3922 Coconut Palms Drive, Suite 102
 Tampa FL 33619



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Wood Lake Nursing & Rehabilitation Center
 6414 13th Road South
 West Palm Beach FL 33415

Provider Number: 0 261599-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	219.54	215.51	1/1/2010
Level H: AIDS	359.89	357.43	1/1/2010
Level U: Fragile Under 21	472.51	471.31	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 07/11/1988

Distribution:

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Home Office:

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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: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.01	201.29	1/1/2010
Level H: AIDS	346.36	343.21	1/1/2010
Level U: Fragile Under 21	458.98	457.09	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Avalon Health Care Center
 1270 SW Main Blvd
 Lake City FL 32025

Provider Number: 0 261629-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	188.18	179.35	1/1/2010
Level H: AIDS	328.53	321.27	1/1/2010
Level U: Fragile Under 21	441.15	435.15	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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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: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	199.78	189.97	1/1/2010
Level H: AIDS	340.13	331.89	1/1/2010
Level U: Fragile Under 21	452.75	445.77	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 11/01/1987

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Medicaid Reimbursement Per Diem Rates

Hawthorne Health & Rehab Center
 851 West Lumsden Road
 Brandon FL 33511

Provider Number: 0 261670-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	186.17	180.78	1/1/2010
Level H: AIDS	326.52	322.70	1/1/2010
Level U: Fragile Under 21	439.14	436.58	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 03/27/1995

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Medicaid Reimbursement Per Diem Rates

Golfcrest Healthcare Center
 600 North 17th Avenue
 Hollywood FL 33020

Provider Number: 0 262064-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	183.13	184.49	1/1/2010
Level H: AIDS	323.48	326.41	1/1/2010
Level U: Fragile Under 21	436.10	440.29	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 04/01/2003

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Medicaid Reimbursement Per Diem Rates

Southern Pines Healthcare Center
 6140 Congress Street
 New Port Richey FL 34653

Provider Number: 0 262706-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	175.55	176.90	1/1/2010
Level H: AIDS	315.90	318.82	1/1/2010
Level U: Fragile Under 21	428.52	432.70	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 09/01/1987

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Medicaid Reimbursement Per Diem Rates

Cedar Hills Healthcare Center
 2061 HYDE PARK ROAD
 Jacksonville FL 32210

Provider Number: 0 262714-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	177.31	178.68	1/1/2010
	Level H: AIDS	317.66	320.60	1/1/2010
	Level U: Fragile Under 21	430.28	434.48	1/1/2010

Rate Type :	<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component
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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"/> Rate Semester Change On FRV [2] as of 04/01/1993

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Medicaid Reimbursement Per Diem Rates

Golfview Healthcare Center
 3636 10 AVENUE NORTH
 St. Petersburg FL 33713

Provider Number: 0 262722-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	198.86	200.40	1/1/2010
Level H: AIDS	339.21	342.32	1/1/2010
Level U: Fragile Under 21	451.83	456.20	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 12/15/1986

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Stephen Russell

Home Office:

Advocat Inc and Subsidiaries
 Walt McCullough
 1621 Galleria Blvd
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Medicaid Reimbursement Per Diem Rates

Atlantic Shores Nursing and Rehab
 4251 Stack Blvd.
 Melbourne FL 32901

Provider Number: 0 263389-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	199.83	196.51	1/1/2010
Level H: AIDS	340.18	338.43	1/1/2010
Level U: Fragile Under 21	452.80	452.31	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 12/08/1995

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Home Office:

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 Atlanta GA 30328



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Bonifay Nursing and Rehab
 306 West Brock Avenue
 Bonifay FL 32425

Provider Number: 0 263443-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	167.84	169.25	1/1/2010
Level H: AIDS	308.19	311.17	1/1/2010
Level U: Fragile Under 21	420.81	425.05	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 10/01/2003

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Medicaid Reimbursement Per Diem Rates

Riviera Palms Nursing and Rehab
 926 Haben Blvd.
 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	207.45	196.27	1/1/2010
	Level H: AIDS	347.80	338.19	1/1/2010
	Level U: Fragile Under 21	460.42	452.07	1/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Rate Semester Change
On FRV [2] as of 03/07/1988

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Medicaid Reimbursement Per Diem Rates

Boynton Beach Nursing and Rehab
9600 Lawrence Road
Boynton Beach FL 33436

Provider Number: 0 263460-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	213.28	201.57	1/1/2010
	Level H: AIDS	353.63	343.49	1/1/2010
	Level U: Fragile Under 21	466.25	457.37	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 07/01/1998

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Medicaid Reimbursement Per Diem Rates

Arbor Trail Nursing and Rehab
 611 Turner Camp Road
 Inverness FL 34453

Provider Number: 0 263478-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	191.54	184.45	1/1/2010
Level H: AIDS	331.89	326.37	1/1/2010
Level U: Fragile Under 21	444.51	440.25	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 07/17/1987

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Medicaid Reimbursement Per Diem Rates

Pinellas Point Nursing and Rehab
 5601 31st Street North
 St. Petersburg FL 33712

Provider Number: 0 263486-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	219.96	222.33	1/1/2010
Level H: AIDS	360.31	364.25	1/1/2010
Level U: Fragile Under 21	472.93	478.13	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 03/08/1995

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Medicaid Reimbursement Per Diem Rates

Jacksonville Nursing and Rehab
 4134 Dunn Ave.
 Jacksonville FL 32218

Provider Number: 0 263494-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.96</u>	<u>196.85</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>345.31</u>	<u>338.77</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>457.93</u>	<u>452.65</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 10/31/1990

Distribution:

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Medicaid Reimbursement Per Diem Rates

Port Orange Nursing and Rehab

 5600 Victory Gardens Blvd.

 Port Orange FL 32127

Provider Number: 0 263508-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>212.48</u>	<u>202.15</u>	<u>1/1/2010</u>
Level H: AIDS	<u>352.83</u>	<u>344.07</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>465.45</u>	<u>457.95</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 10/09/1992

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Stephen Russell

Home Office:
 Southern HealthCare Management, LLC
 R. Mark Cronquist
 5887 Glenridge Drive
 Atlanta GA 30328



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Medicaid Reimbursement Per Diem Rates

Macclenny Manor Nursing and Rehab
 755 South 5th Street
 MacClenny FL 32063

Provider Number: 0 263516-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	189.66	186.75	1/1/2010
Level H: AIDS	330.01	328.67	1/1/2010
Level U: Fragile Under 21	442.63	442.55	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 08/27/1990

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Stephen Russell

Home Office:

Southern HealthCare Management, LLC
 R. Mark Cronquist
 5887 Glenridge Drive
 Atlanta GA 30328



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Medicaid Reimbursement Per Diem Rates

Medicana Nursing and Rehab
 1710 Lake Worth Road
 Lake Worth FL 33460

Provider Number: 0 263524-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.71	209.10	1/1/2010
Level H: AIDS	348.06	351.02	1/1/2010
Level U: Fragile Under 21	460.68	464.90	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 02/01/1997

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Home Office:

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 R. Mark Cronquist
 5887 Glenridge Drive
 Atlanta GA 30328



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Medicaid Reimbursement Per Diem Rates

Tiffany Hall Nursing and Rehab
 1800 SE Hillmoor Drive
 Port St. Lucie FL 34952

Provider Number: 0 263532-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	203.72	192.36	1/1/2010
Level H: AIDS	344.07	334.28	1/1/2010
Level U: Fragile Under 21	456.69	448.16	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 07/06/1993

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Stephen Russell

Home Office:

Southern HealthCare Management, LLC
 R. Mark Cronquist
 5887 Glenridge Drive
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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: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>206.19</u>	<u>209.53</u>	<u>1/1/2010</u>
Level H: AIDS	<u>346.54</u>	<u>351.45</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>459.16</u>	<u>465.33</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

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

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Stephen Russell

Home Office:

Southern HealthCare Management, LLC
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 5887 Glenridge Drive
 Atlanta GA 30328



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Medicaid Reimbursement Per Diem Rates

Moultrie Creek Nursing and Rehab
 200 Mariner Health Way
 St. Augustine FL 32086

Provider Number: 0 263559-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	190.00	190.04	1/1/2010
Level H: AIDS	330.35	331.96	1/1/2010
Level U: Fragile Under 21	442.97	445.84	1/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Rate Semester Change
On FRV [2] as of 05/01/1996

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Home Office:

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 R. Mark Cronquist
 5887 Glenridge Drive
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Medicaid Reimbursement Per Diem Rates

Orange City Nursing and Rehab
 2810 Enterprise Road
 DeBary FL 32713

Provider Number: 0 263567-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	198.05	194.78	1/1/2010
Level H: AIDS	338.40	336.70	1/1/2010
Level U: Fragile Under 21	451.02	450.58	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 06/26/1991

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Home Office:

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 R. Mark Cronquist
 5887 Glenridge Drive
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Medicaid Reimbursement Per Diem Rates

Bayshore Pointe Nursing and Rehab
 3117 West Gandy Blvd.
 Tampa FL 33611

Provider Number: 0 263575-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	193.74	191.26	1/1/2010
Level H: AIDS	334.09	333.18	1/1/2010
Level U: Fragile Under 21	446.71	447.06	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 01/01/1986

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Stephen Russell
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Home Office: Southern HealthCare Management, LLC
 R. Mark Cronquist
 5887 Glenridge Drive
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Medicaid Reimbursement Per Diem Rates

Royal Oaks Nursing and Rehab
 2225 Knox McRae Drive
 Titusville FL 32780

Provider Number: 0 263583-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.43	188.18	1/1/2010
Level H: AIDS	343.78	330.10	1/1/2010
Level U: Fragile Under 21	456.40	443.98	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 04/09/1993

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Medicaid Reimbursement Per Diem Rates

Tuskawilla Nursing and Rehab
 1024 Willa Springs Drive
 Winter Springs FL 32708

Provider Number: 0 263591-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	194.54	194.09	1/1/2010
Level H: AIDS	334.89	336.01	1/1/2010
Level U: Fragile Under 21	447.51	449.89	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 11/07/1994

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Home Office:

Southern HealthCare Management, LLC
 R. Mark Cronquist
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Medicaid Reimbursement Per Diem Rates

Hunter's Creek Nursing and Rehab
 14155 Town Loop Blvd.
 Orlando FL 32837

Provider Number: 0 263605-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.27	213.38	1/1/2010
Level H: AIDS	354.62	355.30	1/1/2010
Level U: Fragile Under 21	467.24	469.18	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 05/26/1998

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 R. Mark Cronquist
 5887 Glenridge Drive
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Medicaid Reimbursement Per Diem Rates

Boulevard Manor Nursing and Rehab
 2839 South Seacrest Boulevard
 Boynton Beach FL 33435

Provider Number: 0 263613-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.39</u>	<u>198.09</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>343.74</u>	<u>340.01</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>456.36</u>	<u>453.89</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
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 R. Mark Cronquist
 5887 Glenridge Drive
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Medicaid Reimbursement Per Diem Rates

Palm City Nursing and Rehab
2505 SW Martin Highway
Palm City FL 34990

Provider Number: 0 263621-00
Date: 12/29/2009
Fiscal Year End: 12/31/2008
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.07	195.69	1/1/2010
Level H: AIDS	346.42	337.61	1/1/2010
Level U: Fragile Under 21	459.04	451.49	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 10/19/1993

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Bay Pointe Nursing Pavilion
 4201 31st Street South
 St. Petersburg FL 33712

Provider Number: 0 263834-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	184.83	182.15	1/1/2010
Level H: AIDS	325.18	324.07	1/1/2010
Level U: Fragile Under 21	437.80	437.95	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 01/01/1991

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Medicaid Reimbursement Per Diem Rates

Boca Raton Rehabilitation Center
 755 Meadows Road
 Boca Raton FL 33486

Provider Number: 0 263842-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	181.13	182.78	1/1/2010
Level H: AIDS	321.48	324.70	1/1/2010
Level U: Fragile Under 21	434.10	438.58	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 04/01/1998

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Medicaid Reimbursement Per Diem Rates

Rehabilitation of Nursing Center of Broward
 401 East Sample Road
 Pompano Beach FL 33064

Provider Number: 0 263851-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.16	203.97	1/1/2010
Level H: AIDS	347.51	345.89	1/1/2010
Level U: Fragile Under 21	460.13	459.77	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Rehabilitation and Healthcare Center of Cape Coral
 2629 Del Prado Blvd
 Cape Coral FL 33904

Provider Number: 0 263869-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	195.65	185.95	1/1/2010
Level H: AIDS	336.00	327.87	1/1/2010
Level U: Fragile Under 21	448.62	441.75	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Carrollwood Care Center
 15002 Hutchinson Road
 Tampa FL 33625

Provider Number: 0 263877-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	180.41	178.97	1/1/2010
Level H: AIDS	320.76	320.89	1/1/2010
Level U: Fragile Under 21	433.38	434.77	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change

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Casa Mora Rehabilitation and Extended Care
 1902 59th St West
 Bradenton FL 34209

Provider Number: 0 263885-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	196.17	185.37	1/1/2010
Level H: AIDS	336.52	327.29	1/1/2010
Level U: Fragile Under 21	449.14	441.17	1/1/2010

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

Basis:
<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"/> Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Evergreen Woods
 7045 Evergreen Woods Trail
 Springhill FL 34608

Provider Number: 0 263893-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	199.97	192.93	1/1/2010
Level H: AIDS	340.32	334.85	1/1/2010
Level U: Fragile Under 21	452.94	448.73	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Highland Pines Rehabilitation Center
 1111 South Highland Ave
 Clearwater FL 33756

Provider Number: 0 263907-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>197.51</u>	<u>190.69</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>337.86</u>	<u>332.61</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>450.48</u>	<u>446.49</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Rehabilitation Center of Palm Beaches
 301 Northpoint Parkway
 West Palm Beach FL 33407

Provider Number: 0 263915-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.85</u>	<u>200.38</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>345.20</u>	<u>342.30</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>457.82</u>	<u>456.18</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

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

Healthcare and Rehabilitation Center of Sanford
 950 Mellonville Avenue
 Sanford FL 32771

Provider Number: 0 263931-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	175.46	170.85	1/1/2010
Level H: AIDS	315.81	312.77	1/1/2010
Level U: Fragile Under 21	428.43	426.65	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Rehabilitation and Healthcare of Tampa

 4411 Habana Ave

 Tampa FL 33614

Provider Number: 0 263940-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>190.76</u>	<u>181.74</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>331.11</u>	<u>323.66</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>443.73</u>	<u>437.54</u>	<u>1/1/2010</u>

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

The Abbey Rehabilitation and Nursing Center
 7101 9th St. North
 St. Petersburg FL 33702

Provider Number: 0 263958-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.67	191.43	1/1/2010
Level H: AIDS	333.02	333.35	1/1/2010
Level U: Fragile Under 21	445.64	447.23	1/1/2010

Rate Type :

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

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

Basis:

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

Changes:

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

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The Oaks at Avon
 1010 US 27 N
 Avon Park FL 33825

Provider Number: 0 263966-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	196.12	187.52	1/1/2010
Level H: AIDS	336.47	329.44	1/1/2010
Level U: Fragile Under 21	449.09	443.32	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
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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: 12/29/2009
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>193.18</u>	<u>188.56</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>333.53</u>	<u>330.48</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>446.15</u>	<u>444.36</u>	<u>1/1/2010</u>

Rate Type :

<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Sarasota Health and Rehabilitation Center
 1524 East Avenue S
 Sarasota FL 34239

Provider Number: 0 263982-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.37	195.43	1/1/2010
Level H: AIDS	348.72	337.35	1/1/2010
Level U: Fragile Under 21	461.34	451.23	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Windsor Woods Rehabilitation and Healthcare Center
 13719 Dallas Drive
 Hudson FL 34667

Provider Number: 0 263991-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	184.00	175.96	1/1/2010
Level H: AIDS	324.35	317.88	1/1/2010
Level U: Fragile Under 21	436.97	431.76	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 09/01/1993

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Medicaid Reimbursement Per Diem Rates

Winkler Court
 3250 Winkler Ave
 Fort Myers FL 33916

Provider Number: 0 264008-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.50	189.37	1/1/2010
Level H: AIDS	342.85	331.29	1/1/2010
Level U: Fragile Under 21	455.47	445.17	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 04/12/1995

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Medicaid Reimbursement Per Diem Rates

Blountstown Health & Rehab Center
 16690 S.W. Chipola Rd.
 Blountstown FL 32424

Provider Number: 0 264067-00
 Date: 12/29/2009
 Fiscal Year End: 4/30/2004
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	186.97	187.07	1/1/2010
Level H: AIDS	327.32	328.99	1/1/2010
Level U: Fragile Under 21	439.94	442.87	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 08/01/1996

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Medicaid Reimbursement Per Diem Rates

Crystal Oaks of Pinellas
 6767 86th Avenue North
 Pinellas Park FL 33782

Provider Number: 0 264351-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.78	207.40	1/1/2010
Level H: AIDS	345.13	349.32	1/1/2010
Level U: Fragile Under 21	457.75	463.20	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 02/06/1998

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Medicaid Reimbursement Per Diem Rates

Lafayette Healthcare Center
512 West Main Sreet
Mayo FL 32066

Provider Number: 0 264482-00
Date: 12/29/2009
Fiscal Year End: 10/31/2007
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	186.97	198.70	1/1/2010
Level H: AIDS	327.32	340.62	1/1/2010
Level U: Fragile Under 21	439.94	454.50	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 07/15/1997

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Medicaid Reimbursement Per Diem Rates

Clifford Chester Sims State Veteran's Nursing Home
 4419 Tram Road
 Springfield FL 32404

Provider Number: 0 264491-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.61	206.62	1/1/2010
Level H: AIDS	346.96	348.54	1/1/2010
Level U: Fragile Under 21	459.58	462.42	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 11/05/2003

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Home Office:

Florida Dept. of Veterans Affairs
 Walter Gilchrist
 11351 Ulmerton Road, Room 332-I
 Largo Fl 33778-1630



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Medicaid Reimbursement Per Diem Rates

Conway Lakes Nursing Center
 5201 Curry Ford Road
 Orlando FL 32812

Provider Number: 0 264512-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	212.69	204.97	1/1/2010
Level H: AIDS	353.04	346.89	1/1/2010
Level U: Fragile Under 21	465.66	460.77	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 12/23/1991

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Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Belleair East Health Care Center
 1150 PONCE DE LEON BLVD
 Clearwater FL 34616

Provider Number: 0 264521-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	195.60	196.30	1/1/2010
	Level H: AIDS	335.95	338.22	1/1/2010
	Level U: Fragile Under 21	448.57	452.10	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Home Office:

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 Larry Shrewsbury
 1935 Garraux Road, Northwest
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Medicaid Reimbursement Per Diem Rates

East Bay Nursing Center
 4470 East Bay Drive
 Clearwater FL 33764

Provider Number: 0 264539-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.88	202.30	1/1/2010
Level H: AIDS	343.23	344.22	1/1/2010
Level U: Fragile Under 21	455.85	458.10	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 07/26/1990

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Home Office:

SBK Capital, LLC
 Larry Shrewsbury
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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: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.49	211.63	1/1/2010
Level H: AIDS	349.84	353.55	1/1/2010
Level U: Fragile Under 21	462.46	467.43	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 02/09/1989

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Medicaid Reimbursement Per Diem Rates

Centre Pointe Health & Rehab
 2255 Centerville Road
 Tallahassee FL 32308

Provider Number: 0 264563-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	201.54	200.73	1/1/2010
Level H: AIDS	341.89	342.65	1/1/2010
Level U: Fragile Under 21	454.51	456.53	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 06/25/1987

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Home Office:

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 1935 Garraux Road, Northwest
 Atlanta GA 30327



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Medicaid Reimbursement Per Diem Rates

SPRING LAKE NURSING CENTER
 1540 Sixth Street, NW
 Winter Haven FL 33881

Provider Number: 0 264571-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.91	209.10	1/1/2010
Level H: AIDS	347.26	351.02	1/1/2010
Level U: Fragile Under 21	459.88	464.90	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 05/17/1991

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 Atlanta GA 30327



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Medicaid Reimbursement Per Diem Rates

Life Care Center of Estero
3850 Williams Road
Estero FL 33929

Provider Number: 0 265381-00
Date: 12/29/2009
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	199.49	204.62	1/1/2010
	Level H: AIDS	339.84	346.54	1/1/2010
	Level U: Fragile Under 21	452.46	460.42	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 10/23/2003

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Home Office:

Life Care Centers Of America
Doug Ruth
3570 NW Keith Street
Cleveland TN 37320



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Medicaid Reimbursement Per Diem Rates

Valencia Hills Health and Rehabilitation Center
 1350 Sleepy Hill Road
 Lakeland FL 33810

Provider Number: 0 265560-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	188.02	186.40	1/1/2010
Level H: AIDS	328.37	328.32	1/1/2010
Level U: Fragile Under 21	440.99	442.20	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 11/01/1994

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Home Office:

Summit Care II, Inc
 Guy Farmer
 2851 Remington Green Circle, Ste. D
 Tallahassee FL 32308



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Medicaid Reimbursement Per Diem Rates

Summer Brook Health Care Center
 5377 Moncrief Road
 Jacksonville FL 32209

Provider Number: 0 265721-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2006
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	175.70	177.73	1/1/2010
Level H: AIDS	316.05	319.65	1/1/2010
Level U: Fragile Under 21	428.67	433.53	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Cost Reimbursement Analysis

Home Office:

Innovative Health Care Management Services, Inc.
 Angela Williams
 2333 Hansen Lane, Suite 4
 Tallahassee FL 32301



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Hialeah Convalescent Center
 190 W. 28th Street
 Hialeah FL 33010

Provider Number: 0 265730-00
 Date: 12/29/2009
 Fiscal Year End: 3/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	180.18	179.31	1/1/2010
Level H: AIDS	320.53	321.23	1/1/2010
Level U: Fragile Under 21	433.15	435.11	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 07/01/1991

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Medicaid Reimbursement Per Diem Rates

Life Care Center of Ocala
2800 SW 41st Street
Ocala FL 34474

Provider Number: 0 266108-00
Date: 12/29/2009
Fiscal Year End: 1/31/2009
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	201.96	203.87	1/1/2010
Single Level			
Level H: AIDS	342.31	345.79	1/1/2010
Level U: Fragile Under 21	454.93	459.67	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 10/01/1998

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Home Office:

Life Care Centers Of America
Doug Ruth
3570 NW Keith Street
Cleveland TN 37320



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Lake Worth Manor
 1201 12th Avenue South
 Lake Worth FL 33460

Provider Number: 0 266124-00
 Date: 12/29/2009
 Fiscal Year End: 3/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.22	211.57	1/1/2010
Level H: AIDS	349.57	353.49	1/1/2010
Level U: Fragile Under 21	462.19	467.37	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 10/01/2002

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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Medicaid Reimbursement Per Diem Rates

Southpoint Terrace
 4325 Southpoint Boulevard
 Jacksonville FL 32216

Provider Number: 0 266281-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	184.93	177.85	1/1/2010
Level H: AIDS	325.28	319.77	1/1/2010
Level U: Fragile Under 21	437.90	433.65	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 02/20/2004

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

SMJ Enterprises, LLC
 Anthony Rimmer
 1265 W. Granada Blvd, Suite 4
 Ormond Beach FL 32174



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Medicaid Reimbursement Per Diem Rates

Whispering Oaks
 1514 Chelsea St
 Tampa FL 33610

Provider Number: 0 266612-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	155.83	157.25	1/1/2010
Level H: AIDS	296.18	299.17	1/1/2010
Level U: Fragile Under 21	408.80	413.05	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 02/01/1989

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Medicaid Reimbursement Per Diem Rates

The Springs At Boca Ciega Bay
 1255 Pasadena Avenue S.
 St. Petersburg FL 33707

Provider Number: 0 267724-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	209.67	211.67	1/1/2010
	Level H: AIDS	350.02	353.59	1/1/2010
	Level U: Fragile Under 21	462.64	467.47	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 07/01/1987

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Summit Care II, Inc
 Guy Farmer
 2851 Remington Green Circle, Ste. D
 Tallahassee FL 32308



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Nursing Center At Mercy
 3671 South Miami Avenue
 Miami FL 33133

Provider Number: 0 267902-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	193.32	190.73	1/1/2010
Level H: AIDS	333.67	332.65	1/1/2010
Level U: Fragile Under 21	446.29	446.53	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 12/04/1994

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Stephen Russell
 Medicaid Cost Reimbursement Analysis
Stephen Russell

Home Office: SMJ Enterprises, LLC
 Anthony Rimmer
 1265 W. Granada Blvd, Suite 4
 Ormond Beach FL 32174



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Medicaid Reimbursement Per Diem Rates

Lanier Manor
 12740 Lanier Road
 Jacksonville FL 32226

Provider Number: 0 268003-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	188.71	190.35	1/1/2010
Level H: AIDS	329.06	332.27	1/1/2010
Level U: Fragile Under 21	441.68	446.15	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 08/01/2001

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Medicaid Reimbursement Per Diem Rates

Susanna Wesley Health Center
5300 West 16th Ave
Hialeah FL 33012

Provider Number: 0 268062-00
Date: 12/29/2009
Fiscal Year End: 12/31/2008
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.66	209.28	1/1/2010
Level H: AIDS	347.01	351.20	1/1/2010
Level U: Fragile Under 21	459.63	465.08	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
On FRV [2] as of 06/30/2001

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Home Office:

Life Care Services LLC
400 Locust Street
Des Moines IA 50309-2334



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Medicaid Reimbursement Per Diem Rates

Life Care Center of Palm Bay
 175 Villanueva Road
 Palm Bay FL 32907

Provider Number: 0 268186-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.26	193.87	1/1/2010
Level H: AIDS	332.61	335.79	1/1/2010
Level U: Fragile Under 21	445.23	449.67	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 05/28/2004

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



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Medicaid Reimbursement Per Diem Rates

HarborChase of Naples
 7801 AIRPORT PULLING ROAD
 Naples FL 34109

Provider Number: 0 268585-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.57	209.06	1/1/2010
Level H: AIDS	346.92	350.98	1/1/2010
Level U: Fragile Under 21	459.54	464.86	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 06/16/1998

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Medicaid Reimbursement Per Diem Rates

Abbiejean Russell Care Center
 700 South 29th Street
 Ft. Pierce FL 34947

Provider Number: 0 268755-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	221.48	219.11	1/1/2010
Level H: AIDS	361.83	361.03	1/1/2010
Level U: Fragile Under 21	474.45	474.91	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Synergy Health Care
 Denny Roberts
 1835 Miami Gardens Dr. Suite 167
 North Miami Beach FL 33179



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Medicaid Reimbursement Per Diem Rates

Good Samaritan Center
 10676 Marvin Jones Boulevard
 Live Oak FL 32060

Provider Number: 0 268763-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	188.24	189.90	1/1/2010
Level H: AIDS	328.59	331.82	1/1/2010
Level U: Fragile Under 21	441.21	445.70	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

The Springs at Lake Pointe Woods
 3280 Lake Pointe Drive
 Sarasota FL 34238

Provider Number: 0 268780-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	219.38	217.74	1/1/2010
Level H: AIDS	359.73	359.66	1/1/2010
Level U: Fragile Under 21	472.35	473.54	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 11/01/1989

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Home Office:

Summit Care II, Inc
 Guy Farmer
 2851 Remington Green Circle, Ste. D
 Tallahassee FL 32308



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Medicaid Reimbursement Per Diem Rates

John Knox Village of Central Florida, Inc
 901 Veterans Memorial Parkway
 Orange City FL 32763

Provider Number: 0 269000-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	191.56	194.01	1/1/2010
Level H: AIDS	331.91	335.93	1/1/2010
Level U: Fragile Under 21	444.53	449.81	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 01/21/2003

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Medicaid Reimbursement Per Diem Rates

Harmony Health Center
 9820 N. Kendall Drive
 Miami Fl 33176

Provider Number: 0 269107-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	184.33	179.60	1/1/2010
Level H: AIDS	324.68	321.52	1/1/2010
Level U: Fragile Under 21	437.30	435.40	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 11/13/2000

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

SMJ Enterprises, LLC
 Anthony Rimmer
 1265 W. Granada Blvd, Suite 4
 Ormond Beach FL 32174



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Medicaid Reimbursement Per Diem Rates

The Crossings
 4445 Pine Forest Drive
 Lake Worth FL 33463

Provider Number: 0 269395-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	197.55	197.61	1/1/2010
Level H: AIDS	337.90	339.53	1/1/2010
Level U: Fragile Under 21	450.52	453.41	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 11/01/1988

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Medicaid Reimbursement Per Diem Rates

The Crossroads
 206 West Orange Street
 Davenport FL 33837

Provider Number: 0 269409-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	188.38	188.39	1/1/2010
Level H: AIDS	328.73	330.31	1/1/2010
Level U: Fragile Under 21	441.35	444.19	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 07/01/1988

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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Douglas Jacobson State Veteran's Nursing Home
 21281 Grayton Terrace
 Port Charlotte FL 33954

Provider Number: 0 269492-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	218.35	219.12	1/1/2010
Level H: AIDS	358.70	361.04	1/1/2010
Level U: Fragile Under 21	471.32	474.92	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 06/07/2004

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Medicaid Cost Reimbursement Analysis

Home Office:

Florida Dept. of Veterans Affairs
 Walter Gilchrist
 11351 Ulmerton Road, Room 332-I
 Largo FL 33778-1630



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Medicaid Reimbursement Per Diem Rates

Regents Park of Jacksonville
 8700 AC Skinner Parkway
 Jacksonville FL 32256

Provider Number: 0 269727-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.25	189.38	1/1/2010
Level H: AIDS	342.60	331.30	1/1/2010
Level U: Fragile Under 21	455.22	445.18	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 03/31/1994

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Medicaid Reimbursement Per Diem Rates

Pasadena Manor
 1430 Pasadena Avenue South
 South Pasadena FL 33707

Provider Number: 0 281891-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	185.37	187.01	1/1/2010
Level H: AIDS	325.72	328.93	1/1/2010
Level U: Fragile Under 21	438.34	442.81	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Community Care Center
 2202 West Oak Avenue
 Plant City FL 33563

Provider Number: 0 281913-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	174.13	179.50	1/1/2010
Level H: AIDS	314.48	321.42	1/1/2010
Level U: Fragile Under 21	427.10	435.30	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

West Gables Health Care Center
 2525 SW 75th Avenue
 Miami FL 33155

Provider Number: 0 282359-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	220.04	222.60	1/1/2010
Level H: AIDS	360.39	364.52	1/1/2010
Level U: Fragile Under 21	473.01	478.40	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 10/06/1988

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Stephen Russell

Home Office:

Preferred Care, Inc.
 Gene Lunceford
 5212 Village Creek Drive
 Plano TX 75093



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Medicaid Reimbursement Per Diem Rates

Ridgecrest Nursing & Rehabilitation Center
 1200 North Stone Street
 Deland FL 32720

Provider Number: 0 282464-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.35	202.49	1/1/2010
Level H: AIDS	342.70	344.41	1/1/2010
Level U: Fragile Under 21	455.32	458.29	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 11/03/2004

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Medicaid Cost Reimbursement Analysis

Home Office:

Greystone Healthcare Management, LLC
 Kenneth Hubbard
 3922 Coconut Palms Drive, Suite 102
 Tampa FL 33619



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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: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	228.68	229.73	1/1/2010
Level H: AIDS	369.03	371.65	1/1/2010
Level U: Fragile Under 21	481.65	485.53	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 03/01/1996

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Medicaid Reimbursement Per Diem Rates

Palm Terrace of St. Petersburg
 521 69th Avenue, North
 St. Petersburg FL 33702

Provider Number: 0 282537-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	229.79	231.35	1/1/2010
Level H: AIDS	370.14	373.27	1/1/2010
Level U: Fragile Under 21	482.76	487.15	1/1/2010

Rate Type :

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

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 06/01/1997

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Medicaid Cost Reimbursement Analysis

Home Office:

Cypress Administrative Services, LLC
 Alan Wengrofsky
 44 South Broadway, Suite 614
 White Plains NY 10606



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Medicaid Reimbursement Per Diem Rates

The Terrace at Daytona Beach
 1704 Huntington Village Circle
 Daytona Beach FL 32114

Provider Number: 0 282553-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.97	194.63	1/1/2010
Level H: AIDS	333.32	336.55	1/1/2010
Level U: Fragile Under 21	445.94	450.43	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 06/29/1998

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Medicaid Reimbursement Per Diem Rates

Palm Terrace of Clewiston
 301 South Gloria Street
 Clewiston FL 33440

Provider Number: 0 282618-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	216.59	219.81	1/1/2010
Level H: AIDS	356.94	361.73	1/1/2010
Level U: Fragile Under 21	469.56	475.61	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 09/01/1990

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

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 Alan Wengrofsky
 44 South Broadway, Suite 614
 White Plains NY 10606



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Medicaid Reimbursement Per Diem Rates

Palm Terrace of Lakeland
 1919 Lakeland Hills Blvd
 Lakeland FL 33805

Provider Number: 0 282626-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.17	213.03	1/1/2010
Level H: AIDS	348.52	354.95	1/1/2010
Level U: Fragile Under 21	461.14	468.83	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Home Office:

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 44 South Broadway, Suite 614
 White Plains NY 10606



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Medicaid Reimbursement Per Diem Rates

Catalina Health Care Center
 820 North Clyde Morris Blvd.
 Daytona Beach FL 32117

Provider Number: 0 283134-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	212.51	187.98	1/1/2010
Level H: AIDS	352.86	329.90	1/1/2010
Level U: Fragile Under 21	465.48	443.78	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 07/19/2004

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Medicaid Reimbursement Per Diem Rates

Arbor Village Nursing Center
 490 South Old Wire Road
 Wildwood FL 34785

Provider Number: 0 283142-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2006
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>208.37</u>	<u>208.92</u>	<u>1/1/2010</u>
Level H: AIDS	<u>348.72</u>	<u>350.84</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>461.34</u>	<u>464.72</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 10/01/1985

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

ARK Accounting
 7491 W Oakland Park Blvd
 Lauderhill FL 33319



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Life Care Center of Jacksonville
 4813 Lenoir Avenue
 Jacksonville FL 32216

Provider Number: 0 283193-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.68	206.05	1/1/2010
Level H: AIDS	345.03	347.97	1/1/2010
Level U: Fragile Under 21	457.65	461.85	1/1/2010

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 01/04/2005

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

Home Office: Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



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Medicaid Reimbursement Per Diem Rates

Life Care Center of Orange Park
 2145 Kingsley Avenue
 Orange Park FL 32073

Provider Number: 0 284289-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	163.37	169.84	1/1/2010
Level H: AIDS	303.72	311.76	1/1/2010
Level U: Fragile Under 21	416.34	425.64	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 09/19/1996

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Medicaid Cost Reimbursement Analysis

Home Office: Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



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Medicaid Reimbursement Per Diem Rates

The Terrace at Flemming Island
 1125 Fleming Plantation Road
 Orange Park FL 32003

Provider Number: 0 284785-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	182.64	184.41	1/1/2010
Level H: AIDS	322.99	326.33	1/1/2010
Level U: Fragile Under 21	435.61	440.21	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 03/11/2005

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

SMJ Enterprises, LLC
 Anthony Rimmer
 1265 W. Granada Blvd, Suite 4
 Ormond Beach FL 32174



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Medicaid Reimbursement Per Diem Rates

Brighton Gardens of Tampa
 14624 North Dale Mabry Highway
 Tampa FL 33618

Provider Number: 0 284793-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	197.50	199.29	1/1/2010
Level H: AIDS	337.85	341.21	1/1/2010
Level U: Fragile Under 21	450.47	455.09	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 11/23/1999

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Stephen Russell

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Stephen Russell

Home Office:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 284823-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	242.61	243.49	1/1/2010
Level H: AIDS	382.96	385.41	1/1/2010
Level U: Fragile Under 21	495.58	499.29	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Stephen Russell

Medicaid Cost Reimbursement Analysis

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

Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.93	213.24	1/1/2010
	Level H: AIDS	351.28	355.16	1/1/2010
	Level U: Fragile Under 21	463.90	469.04	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 10/14/1991

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Brookdale Senior Living, Inc.
 Russ Bellora
 111 Westwood Place, Suite 200
 Brentwood TN 37027



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Medicaid Reimbursement Per Diem Rates

Palms of Lauderdale Lakes
 3370 NW 47th Terrace
 Lauderdale Lakes FL 33319

Provider Number: 0 308005-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.02	214.05	1/1/2010
Level H: AIDS	354.37	355.97	1/1/2010
Level U: Fragile Under 21	466.99	469.85	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 01/01/1994

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Baya Pointe Nursing and Rehabilitation Center
 587 S.E. ERMINE AVE
 Lake City FL 32025

Provider Number: 0 308111-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	188.02	193.76	1/1/2010
Level H: AIDS	328.37	335.68	1/1/2010
Level U: Fragile Under 21	440.99	449.56	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 01/25/1994

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Health Care Managers, Inc
 Ivonne Burrell
 2380 Sadler Road Suite 201
 Fernandina Beach FL 32034



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Hebrew Home of South Beach
 320 Collins Ave.
 Miami Beach FL 33139

Provider Number: 0 308242-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	221.96	224.59	1/1/2010
Level H: AIDS	362.31	366.51	1/1/2010
Level U: Fragile Under 21	474.93	480.39	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 10/01/1985

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Ponce Plaza Nursing & Rehab Center
 355 SW 12th Avenue
 Miami FL 33135

Provider Number: 0 308251-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>217.94</u>	<u>217.30</u>	<u>1/1/2010</u>
Level H: AIDS	<u>358.29</u>	<u>359.22</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>470.91</u>	<u>473.10</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Rate Semester Change
On FRV [2] as of 04/21/2000

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Stephen Russell

Home Office:

Hebrew Home Management Services
 Steve Beaujon
 1800 NE 168th Street, Suite 200
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Medicaid Reimbursement Per Diem Rates

Sunset Lake Health & Rehabilitation Center
 832 Sunset Lake Blvd
 Venice FL 34292

Provider Number: 0 308501-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>233.73</u>	<u>228.66</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>374.08</u>	<u>370.58</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>486.70</u>	<u>484.46</u>	<u>1/1/2010</u>

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 03/17/1992

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

Home Office:	Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102 Tampa FL 33619
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Allegro at College Harbor
 4600 54th Avenue South
 St. Petersburg Fl 33711

Provider Number: 0 309800-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	224.84	226.44	1/1/2010
Level H: AIDS	365.19	368.36	1/1/2010
Level U: Fragile Under 21	477.81	482.24	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 08/20/1999

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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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: 12/29/2009
 Fiscal Year End: 3/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.50	204.66	1/1/2010
Level H: AIDS	344.85	346.58	1/1/2010
Level U: Fragile Under 21	457.47	460.46	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 09/01/1999

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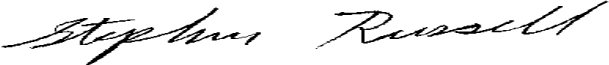
Permanent File

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Stephen Russell

Medicaid Cost Reimbursement Analysis



Home Office: 1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

ATLANTIC HEALTHCARE CENTER
 3663 15th Avenue
 Vero Beach FL 32960

Provider Number: 0 310581-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	187.81	189.38	1/1/2010
Level H: AIDS	328.16	331.30	1/1/2010
Level U: Fragile Under 21	440.78	445.18	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 09/01/2004

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Lyric Health Care
 Timothy J Trybus
 7150 Columbia Gateway Drive Suite J
 Columbia MD 21046



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Medicaid Reimbursement Per Diem Rates

St. Mark Village
 2655 Nebraska Avenue
 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2006
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	201.29	201.30	1/1/2010
Level H: AIDS	341.64	343.22	1/1/2010
Level U: Fragile Under 21	454.26	457.10	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change On FRV [2] as of 08/15/2005

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Eagle Lake Rehabilitation and Care Center
 1100 66th Street North
 St. Petersburg FL 33710

Provider Number: 0 311065-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	223.75	212.83	1/1/2010
	Level H: AIDS	364.10	354.75	1/1/2010
	Level U: Fragile Under 21	476.72	468.63	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 07/01/1987

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Stephen Russell

 Medicaid Cost Reimbursement Analysis
Stephen Russell

Home Office: Traditions Management of Florida, LLC
 1022 Main Street, Suite H
 Dunedin FL 34698



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Medicaid Reimbursement Per Diem Rates

South Pointe Plaza
 42 Collins Avenue
 Miami Beach FL 33139

Provider Number: 0 311308-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.14	206.27	1/1/2010
Level H: AIDS	344.49	348.19	1/1/2010
Level U: Fragile Under 21	457.11	462.07	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 04/01/1997

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Stephen Russell

Medicaid Cost Reimbursement Analysis

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

Life Care Center of Punta Gorda
 450 Shreve Street
 Punta Gorda FL 33950

Provider Number: 0 311685-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.40	211.49	1/1/2010
Level H: AIDS	349.75	353.41	1/1/2010
Level U: Fragile Under 21	462.37	467.29	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 07/29/2005

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



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Medicaid Reimbursement Per Diem Rates

SandalWood Nursing Center
 1001 South Beach Street
 Daytona Beach FL 32114

Provider Number: 0 312045-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.91	179.14	1/1/2010
	Level H: AIDS	334.26	321.06	1/1/2010
	Level U: Fragile Under 21	446.88	434.94	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 08/01/1999

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Stephen Russell
 Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: Putnam Council, Inc.
 16 Norcross Street
 Roswell GA 30075



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Medicaid Reimbursement Per Diem Rates

LakeWood Nursing Center
 100 North Lake Street
 Crescent City FL 32112

Provider Number: 0 312142-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	188.28	182.21	1/1/2010
Level H: AIDS	328.63	324.13	1/1/2010
Level U: Fragile Under 21	441.25	438.01	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 11/15/2001

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Sterling Healthcare
 Wendell Philips
 16 Norcross St., STE 50B
 Roswell GA 30075



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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Cross City Rehabilitation and Health Center
 583 N.E. Highway 351
 Cross City FL 32628

Provider Number: 0 312151-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	194.18	196.49	1/1/2010
Level H: AIDS	334.53	338.41	1/1/2010
Level U: Fragile Under 21	447.15	452.29	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 07/01/1999

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Stephen Russell

 Medicaid Cost Reimbursement Analysis
Stephen Russell

Home Office: 1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

CrestWood Nursing Center
501 South Palm Avenue
Palatka FL 32177

Provider Number: 0 312274-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>186.77</u>	<u>177.92</u>	<u>1/1/2010</u>
Level H: AIDS	<u>327.12</u>	<u>319.84</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>439.74</u>	<u>433.72</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 11/15/2001

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 For information Only
 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Sterling Healthcare
 Wendell Philips
 16 Norcross St., STE 50B
 Roswell GA 30075



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 312312-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	235.73	204.27	1/1/2010
Level H: AIDS	376.08	346.19	1/1/2010
Level U: Fragile Under 21	488.70	460.07	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 01/26/1995

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Stephen Russell
 Medicaid Cost Reimbursement Analysis

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



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Southlake Nursing and Rehabilitation Center
10680 Old St. Augustine Road
Jacksonville FL 32257

Provider Number: 0 312371-00
Date: 12/29/2009
Fiscal Year End: 6/30/2008
Audit Status: Unaudited [3]

Provider Type:

Table with 3 columns: Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level, Level H: AIDS, and Level U: Fragile Under 21.

Rate Type :

- Interim (unchecked)
Total Interim (unchecked)
Interim Component (unchecked)
Settlement based on costs (unchecked)
Prior Provider Prospective data (unchecked)
Prospective (checked X)
Total Prospective (checked X)
Prospective Adjusted for New Costs (unchecked)
Total Prospective with Interim Component (unchecked)

Basis:

- Budget (unchecked)
Unaudited costs (checked X)
Field audited costs (unchecked)
Field audit - interim portion (unchecked)
Desk audited costs (unchecked)
Desk audit - Interim Portion (unchecked)
Desk Audit - Prospective portion (unchecked)

Changes:

- Licensure Rating Change (unchecked)
Usual and Customary Limitation (unchecked)
Target Rate limitation change (unchecked)
FRVS Change (unchecked)
Rate Semester Change (checked X)
On FRV [2] as of 10/01/1985

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Handwritten signature of Stephen Russell

Home Office:

Mandarin Health Group
199 N.E. 89th Street
El Portal FL 33138



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Savannah Cove of Maitland
 1301 W. Maitland Blvd
 Maitland FL 32751

Provider Number: 0 312550-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	197.87	199.79	1/1/2010
Level H: AIDS	338.22	341.71	1/1/2010
Level U: Fragile Under 21	450.84	455.59	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 06/16/1995

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Children's Comprehensive Care Center
 200 S.E. 19th Avenue
 Pompano Beach FL 33060

Provider Number: 0 312789-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	235.55	245.81	1/1/2010
Level H: AIDS	375.90	387.73	1/1/2010
Level U: Fragile Under 21	488.52	501.61	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 06/08/1992

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Broward Children's Center, Inc.
 Hanna Pasniewski
 200 SE 19th Avenue
 Pompano Beach FL 33072



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 313424-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	213.39	215.67	1/1/2010
Level H: AIDS	353.74	357.59	1/1/2010
Level U: Fragile Under 21	466.36	471.47	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1985

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Stephen Russell
 Medicaid Cost Reimbursement Analysis

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



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Lutheran Haven Nursing Home
2041 W. State Rd. 426
Oviedo Fl 32765

Provider Number: 0 313718-00
Date: 12/29/2009
Fiscal Year End: 8/31/2008
Audit Status: Unaudited [3]

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<u>205.27</u>	<u>207.06</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>345.62</u>	<u>348.98</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>458.24</u>	<u>462.86</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 12/16/2005

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Medicaid Reimbursement Per Diem Rates

Carrington Place Care Center
 10501 Roosevelt Blvd. North
 St. Petersburg FL 33716

Provider Number: 0 315524-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.52	200.02	1/1/2010
Level H: AIDS	344.87	341.94	1/1/2010
Level U: Fragile Under 21	457.49	455.82	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 10/01/1988

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Traditions Management of Florida, LLC
 1022 Main Street, Suite H
 Dunedin FL 34698



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Life Care Center of Pensacola
 3291 East Olive Road
 Pensacola FL 32514

Provider Number: 0 315664-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.40	213.57	1/1/2010
Level H: AIDS	355.75	355.49	1/1/2010
Level U: Fragile Under 21	468.37	469.37	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 06/01/2006

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Stephen Russell
 Medicaid Cost Reimbursement Analysis

Home Office: Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Westwood Health Care Center
 1001 Mar Walt Drive
 Ft. Walton Beach FL 32457

Provider Number: 0 316075-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.66	212.37	1/1/2010
Level H: AIDS	350.01	354.29	1/1/2010
Level U: Fragile Under 21	462.63	468.17	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change

Distribution:

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Brookdale Senior Living, Inc.
 Russ Bellora
 111 Westwood Place, Suite 200
 Brentwood TN 37027



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2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Desoto Health & Rehab
1002 North Brevard Avenue
Arcadia FL 34266

Provider Number: 0 316229-00
Date: 12/29/2009
Fiscal Year End: 11/30/2008
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	235.88	237.86	1/1/2010
Level H: AIDS	376.23	379.78	1/1/2010
Level U: Fragile Under 21	488.85	493.66	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 09/01/1986

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Anchor Management
Phil Castleberg
1344 Longhill Drive
Apopka FL 32712



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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

San Marco Terrace Rehabilitation and Care
 189 San Marco Avenue
 St. Augustine FL 32084

Provider Number: 0 316601-00
 Date: 12/29/2009
 Fiscal Year End: 4/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	175.09	168.05	1/1/2010
Level H: AIDS	315.44	309.97	1/1/2010
Level U: Fragile Under 21	428.06	423.85	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 09/01/1987

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Stephen Russell
 Medicaid Cost Reimbursement Analysis
Stephen Russell

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



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 316628-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	213.19	194.18	1/1/2010
Level H: AIDS	353.54	336.10	1/1/2010
Level U: Fragile Under 21	466.16	449.98	1/1/2010

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 06/01/1996

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Stephen Russell

Home Office:

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



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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 316636-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	195.09	189.30	1/1/2010
Level H: AIDS	335.44	331.22	1/1/2010
Level U: Fragile Under 21	448.06	445.10	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 07/03/1996

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Home Office:

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



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Medicaid Reimbursement Per Diem Rates

GraceWood Nursing Center, Inc.
 8600 U.S. Highway 19 North
 Pinellas Park FL 33782

Provider Number: 0 316644-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	181.82	183.92	1/1/2010
Single Level			
Level H: AIDS	322.17	325.84	1/1/2010
Level U: Fragile Under 21	434.79	439.72	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 08/01/1998

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Home Office:

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



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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 316652-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	181.82	176.82	1/1/2010
Level H: AIDS	322.17	318.74	1/1/2010
Level U: Fragile Under 21	434.79	432.62	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 12/01/2005

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Medicaid Cost Reimbursement Analysis

Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Harmony Healthcare & Rehabilitation Center
 2600 Courtland Street
 Sarasota FL 34237

Provider Number: 0 317136-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	236.34	237.71	1/1/2010
Level H: AIDS	376.69	379.63	1/1/2010
Level U: Fragile Under 21	489.31	493.51	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 06/27/2006

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Home Office:

1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

The Nursing Center at Freedom Village
 6410 21st Avenue West
 Bradenton FL 34209

Provider Number: 0 317195-00
 Date: 12/29/2009
 Fiscal Year End: 11/30/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	213.96	215.06	1/1/2010
Level H: AIDS	354.31	356.98	1/1/2010
Level U: Fragile Under 21	466.93	470.86	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 06/23/1989

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Medicaid Cost Reimbursement Analysis

Home Office:

Brookdale Senior Living, Inc.
 Russ Bellora
 111 Westwood Place, Suite 200
 Brentwood TN 37027



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Darcy Hall of Life Care
2170 Palm Beach Lakes Blvd.
West Palm Beach FL 33409

Provider Number: 0 317349-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>198.57</u>	<u>201.07</u>	<u>1/1/2010</u>
Level H: AIDS	<u>338.92</u>	<u>342.99</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>451.54</u>	<u>456.87</u>	<u>1/1/2010</u>

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 07/01/1990

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Stephen Russell

 Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320



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Medicaid Reimbursement Per Diem Rates

Keystone Rehab. and Health Center
 1120 West Donegan Avenue
 Kissimmee FL 34741

Provider Number: 0 317560-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.47	205.53	1/1/2010
Level H: AIDS	343.82	347.45	1/1/2010
Level U: Fragile Under 21	456.44	461.33	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 10/19/2006

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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: 12/29/2009
 Fiscal Year End: 3/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	225.92	225.40	1/1/2010
Level H: AIDS	366.27	367.32	1/1/2010
Level U: Fragile Under 21	478.89	481.20	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 09/01/1987

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Stephen Russell
 Medicaid Cost Reimbursement Analysis

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



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Medicaid Reimbursement Per Diem Rates

Williston Rehabilitation and Nursing Center
 300 N.W. 1st Ave.
 Williston FL 32696

Provider Number: 0 317586-00
 Date: 12/29/2009
 Fiscal Year End: 3/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	221.00	225.31	1/1/2010
Level H: AIDS	361.35	367.23	1/1/2010
Level U: Fragile Under 21	473.97	481.11	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 10/01/2006

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Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Lake Bennett Health & Rehabilitation Center
 1901 Kelton Ave.
 Ocoee FL 34761

Provider Number: 0 318761-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	198.09	199.94	1/1/2010
Level H: AIDS	338.44	341.86	1/1/2010
Level U: Fragile Under 21	451.06	455.74	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 09/08/1997

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Medicaid Reimbursement Per Diem Rates

Community Health and Rehab Center

 3611 Transmitter Road

 Panama City FL 32404

Provider Number: 0 318779-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>193.99</u>	<u>195.94</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>334.34</u>	<u>337.86</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>446.96</u>	<u>451.74</u>	<u>1/1/2010</u>

Rate Type :

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> <u> X </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Costs
<u> </u> Settlement based on costs	<u> </u> Total Prospective with Interim Component
<u> </u> Prior Provider Prospective data	

Basis:

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

Changes:

 Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 X Rate Semester Change
 On FRV [2] as of 11/04/1997

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Medicaid Reimbursement Per Diem Rates

Citrus Gardens of Fort Myers
7173 Cypress Drive SW
Fort Myers FL 33907

Provider Number: 0 318787-00
Date: 12/29/2009
Fiscal Year End: 6/30/2008
Audit Status: Unaudited [3]

Provider Type:

Table with 4 columns: Description, Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level, Level H: AIDS, and Level U: Fragile Under 21.

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
Usual and Customary Limitation
Target Rate limitation change
FRVS Change
[X] Rate Semester Change
On FRV [2] as of 01/01/1987

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Home Office:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 318795-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	227.59	229.76	1/1/2010
Level H: AIDS	367.94	371.68	1/1/2010
Level U: Fragile Under 21	480.56	485.56	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 04/28/1994

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

FiveStar Quality Care Inc
 400 Centre Street
 Newton MA 02458



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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Palmer Ranch Healthcare and Rehabilitation
 5111 Palmer Ranch Parkway
 Sarasota Fl 34238

Provider Number: 0 319244-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	231.75	244.74	1/1/2010
Level H: AIDS	372.10	386.66	1/1/2010
Level U: Fragile Under 21	484.72	500.54	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 06/01/2000

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Medicaid Reimbursement Per Diem Rates

Deep Creek Rehab & Nursing Center
 25325 Rampart Blvd
 Port Charlotte FL 33983

Provider Number: 0 319325-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	224.54	217.86	1/1/2010
Level H: AIDS	364.89	359.78	1/1/2010
Level U: Fragile Under 21	477.51	473.66	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 05/15/1990

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Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Harbour Health Center
 23013 Westchester Boulevard
 Port Charlotte FL 33980

Provider Number: 0 319333-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.76	212.09	1/1/2010
Level H: AIDS	350.11	354.01	1/1/2010
Level U: Fragile Under 21	462.73	467.89	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 11/01/2000

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Home Office:

SHP Senior Living Services, LLC
 Linda Guevarez
 2701 N. Rocky Point Drive, Ste 1160
 Tampa FL 33607



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Medicaid Reimbursement Per Diem Rates

Dove Healthcare at Lake Wales
 730 North Scenic Highway
 Lake Wales FL 33853

Provider Number: 0 319341-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	192.73	194.25	1/1/2010
Single Level			
Level H: AIDS	333.08	336.17	1/1/2010
Level U: Fragile Under 21	445.70	450.05	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change

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Home Office: Dove Healthcare, L.L.C.
 9310 Apison Pike #4
 Ooltewah TN 37363-8629



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Medicaid Reimbursement Per Diem Rates

Atrium Healthcare Center
 9960 Atrium Way
 Jacksonville FL 32225

Provider Number: 0 319376-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	183.19	183.26	1/1/2010
Level H: AIDS	323.54	325.18	1/1/2010
Level U: Fragile Under 21	436.16	439.06	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 09/13/1996

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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: 12/29/2009
 Fiscal Year End: 8/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	212.93	215.67	1/1/2010
Level H: AIDS	353.28	357.59	1/1/2010
Level U: Fragile Under 21	465.90	471.47	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 08/09/1996

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Home Office:

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 Kathy Urbanovich
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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Kissimmee
 2511 John Young Parkway North
 Kissimmee FL 34741

Provider Number: 0 319511-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.60	206.26	1/1/2010
Level H: AIDS	343.95	348.18	1/1/2010
Level U: Fragile Under 21	456.57	462.06	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 08/20/1999

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Home Office:

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 Kathy Urbanovich
 800 Concourse Parkway South
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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Melbourne
 3033 Sarno Road
 Melbourne FL 32934

Provider Number: 0 319520-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.81	207.79	1/1/2010
	Level H: AIDS	345.16	349.71	1/1/2010
	Level U: Fragile Under 21	457.78	463.59	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 08/19/1994

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Orange Park
1215 Kingsley Avenue
Orange Park FL 32073

Provider Number: 0 319538-00
Date: 12/29/2009
Fiscal Year End: 8/31/2005
Audit Status: Unaudited [3]

Provider Type:

Table with columns: Nursing Home, Single Level, Current Rate, New Rate, Effective Date. Rows include Level H: AIDS and Level U: Fragile Under 21.

Rate Type section with checkboxes for Interim, Prospective, Total Interim, Total Prospective, etc.

Basis section with checkboxes for Budget, Unaudited costs, Field audited costs, etc.

Changes section with checkboxes for Licensure Rating Change, Usual and Customary Limitation, etc.

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Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of West Altamonte
 1099 W. Town Parkway
 Altamonte Springs FL 32714

Provider Number: 0 319546-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	212.25	215.08	1/1/2010
Level H: AIDS	352.60	357.00	1/1/2010
Level U: Fragile Under 21	465.22	470.88	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 02/17/1994

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Medicaid Reimbursement Per Diem Rates

Franco Nursing and Rehabilitation Center
 800 NW 95th Street
 Miami FL 33150

Provider Number: 0 319554-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.85	195.54	1/1/2010
Level H: AIDS	333.20	337.46	1/1/2010
Level U: Fragile Under 21	445.82	451.34	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 01/04/1996

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 Maitland FL 32751



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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Bayonet Point
 8132 Hudson Avenue
 Hudson FL 34667

Provider Number: 0 319651-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	201.11	203.79	1/1/2010
Level H: AIDS	341.46	345.71	1/1/2010
Level U: Fragile Under 21	454.08	459.59	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 02/22/1993

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 800 Concourse Parkway South
 Maitland FL 32751



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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Brandon
 701 Victoria Street
 Brandon FL 33510

Provider Number: 0 319660-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	207.97	210.62	1/1/2010
Single Level			
Level H: AIDS	348.32	352.54	1/1/2010
Level U: Fragile Under 21	460.94	466.42	1/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Rate Semester Change
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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: 12/29/2009
 Fiscal Year End: 9/30/2005
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	209.21	212.01	1/1/2010
	Level H: AIDS	349.56	353.93	1/1/2010
	Level U: Fragile Under 21	462.18	467.81	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 05/14/1990

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Pensacola
 235 W. Airport Blvd.
 Pensacola FL 32505

Provider Number: 0 319686-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>198.72</u>	<u>201.22</u>	<u>1/1/2010</u>
Level H: AIDS	<u>339.07</u>	<u>343.14</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>451.69</u>	<u>457.02</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 01/08/1997

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Safety Harbor
 1410 Fourth Street North
 Safety Harbor FL 34695

Provider Number: 0 319694-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.44	213.13	1/1/2010
Level H: AIDS	350.79	355.05	1/1/2010
Level U: Fragile Under 21	463.41	468.93	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 01/01/2001

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

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



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Consulate Health Care of St. Petersburg
 9393 Park Boulevard
 Seminole FL 33777

Provider Number: 0 319708-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.37	212.15	1/1/2010
Level H: AIDS	349.72	354.07	1/1/2010
Level U: Fragile Under 21	462.34	467.95	1/1/2010

Rate Type :

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

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 11/03/1995

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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



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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Tallahassee
 1650 Phillips Road
 Tallahassee FL 32308

Provider Number: 0 319716-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	212.45	214.54	1/1/2010
Single Level			
Level H: AIDS	352.80	356.46	1/1/2010
Level U: Fragile Under 21	465.42	470.34	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 04/01/1992

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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



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 2727 Mahan Drive - Mail Stop 21
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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Winter Haven
 2701 Lake Alfred Road
 Winter Haven FL 33881

Provider Number: 0 319724-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	198.82	201.42	1/1/2010
Level H: AIDS	339.17	343.34	1/1/2010
Level U: Fragile Under 21	451.79	457.22	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/02/1998

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Lakeland
5245 North Socrum Loop Road
Lakeland FL 33809

Provider Number: 0 319953-00
Date: 12/29/2009
Fiscal Year End: 1/31/2005
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	195.99	198.53	1/1/2010
Level H: AIDS	336.34	340.45	1/1/2010
Level U: Fragile Under 21	448.96	454.33	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 04/01/1998

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Consulate Health Care Of New Port Richey
 8417 County Road 54
 New Port Richey FL 34653

Provider Number: 0 319970-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.61	205.24	1/1/2010
Level H: AIDS	342.96	347.16	1/1/2010
Level U: Fragile Under 21	455.58	461.04	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 04/01/1998

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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



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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 320111-00
 Date: 12/29/2009
 Fiscal Year End: 1/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	196.18	199.12	1/1/2010
Level H: AIDS	336.53	341.04	1/1/2010
Level U: Fragile Under 21	449.15	454.92	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 04/01/1998

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Port Charlotte
 18480 Toledo Blade Boulevard
 Port Charlotte FL 33948

Provider Number: 0 320129-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	197.28	200.01	1/1/2010
Level H: AIDS	337.63	341.93	1/1/2010
Level U: Fragile Under 21	450.25	455.81	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 03/12/1998

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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



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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Sarasota
 4783 Fruitville Road
 Sarasota FL 34232

Provider Number: 0 320137-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	233.71	233.39	1/1/2010
Level H: AIDS	374.06	375.31	1/1/2010
Level U: Fragile Under 21	486.68	489.19	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 02/18/1998

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Stephen Russell
 Medicaid Cost Reimbursement Analysis

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



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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Vero Beach
 1310 37th Street
 Vero Beach FL 32960

Provider Number: 0 320145-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.09	205.04	1/1/2010
Level H: AIDS	342.44	346.96	1/1/2010
Level U: Fragile Under 21	455.06	460.84	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 04/01/1998

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of West Palm Beach
 1626 Davis Road
 West Palm Beach FL 33406

Provider Number: 0 320153-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.92	211.83	1/1/2010
Level H: AIDS	349.27	353.75	1/1/2010
Level U: Fragile Under 21	461.89	467.63	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 04/01/1998

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Home Office:

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



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Zephyr Haven Health & Rehab Center, Inc.
 38250 A Avenue
 Zephyrhills FL 33542

Provider Number: 0 320391-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	197.99	196.39	1/1/2010
	Level H: AIDS	338.34	338.31	1/1/2010
	Level U: Fragile Under 21	450.96	452.19	1/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Rate Semester Change
 On FRV [2] as of 06/28/1989

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Adventist Care Centers
 602 Courtland Street, Suite 200
 Orlando FL 32804



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Zephyrhills Health & Rehab Center, Inc.
 7350 Dairy Road
 Zephyrhills FL 33540

Provider Number: 0 320404-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.83	212.00	1/1/2010
Level H: AIDS	351.18	353.92	1/1/2010
Level U: Fragile Under 21	463.80	467.80	1/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Rate Semester Change
On FRV [2] as of 06/23/1998

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Home Office:

Sunbelt Health Care Centers, Inc.
 Kevin Sadler
 602 Courtland Street
 Orlando FL 32804



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 2727 Mahan Drive - Mail Stop 21
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Medicaid Reimbursement Per Diem Rates

Sunbelt Health & Rehab Center - Apopka, Inc.
 305 E. Oak Street
 Apopka FL 32703

Provider Number: 0 320412-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	197.78	199.59	1/1/2010
Level H: AIDS	338.13	341.51	1/1/2010
Level U: Fragile Under 21	450.75	455.39	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 02/09/1993

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Medicaid Cost Reimbursement Analysis

Home Office:

Sunbelt Health Care Centers, Inc.
 Kevin Sadler
 602 Courtland Street
 Orlando FL 32804



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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

East Orlando Health & Rehab Center, Inc.
 250 S. Chickasaw Trail
 Orlando FL 32825

Provider Number: 0 320421-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	221.00	223.29	1/1/2010
Level H: AIDS	361.35	365.21	1/1/2010
Level U: Fragile Under 21	473.97	479.09	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 02/08/1993

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Medicaid Cost Reimbursement Analysis

Home Office:

Sunbelt Health Care Centers, Inc.
 Kevin Sadler
 602 Courtland Street
 Orlando FL 32804



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Medicaid Reimbursement Per Diem Rates

Adventist Care Centers - Courtland, Inc.
 730 Courtland Street
 Orlando FL 32804

Provider Number: 0 320439-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.22	212.53	1/1/2010
Level H: AIDS	355.57	354.45	1/1/2010
Level U: Fragile Under 21	468.19	468.33	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 07/27/2000

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Stephen Russell
 Medicaid Cost Reimbursement Analysis
Stephen Russell

Home Office: Adventist Care Centers
 602 Courtland Street, Suite 200
 Orlando FL 32804



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Florida Living Nursing Center
 3355 E. Semoran Blvd.
 Apopka FL 32703

Provider Number: 0 320463-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.62	221.77	1/1/2010
Level H: AIDS	354.97	363.69	1/1/2010
Level U: Fragile Under 21	467.59	477.57	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 08/24/1989

Distribution:

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Sunbelt Health Care Centers, Inc.
 Kevin Sadler
 602 Courtland Street
 Orlando FL 32804



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Medicaid Reimbursement Per Diem Rates

Health & Rehab. Centre at Dolphins View
 1820 Shore Drive, South
 St. Petersburg FL 33707

Provider Number: 0 320528-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	219.86	224.79	1/1/2010
Level H: AIDS	360.21	366.71	1/1/2010
Level U: Fragile Under 21	472.83	480.59	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 04/01/1991

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Stephen Russell

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Lehigh Acres Health & Rehabilitation Center
 1550 Lee Boulevard
 Lehigh Acres FL 33936

Provider Number: 0 320978-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>223.84</u>	<u>220.85</u>	<u>1/1/2010</u>
Level H: AIDS	<u>364.19</u>	<u>362.77</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>476.81</u>	<u>476.65</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 05/01/1995

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102 Tampa FL 33619
--



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Medicaid Reimbursement Per Diem Rates

Ft. Lauderdale Health & Rehab Center
 2000 E. Commercial Blvd.
 Ft. Lauderdale FL 33308

Provider Number: 0 321303-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	229.07	208.99	1/1/2010
Level H: AIDS	369.42	350.91	1/1/2010
Level U: Fragile Under 21	482.04	464.79	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 07/01/2007

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Medicaid Reimbursement Per Diem Rates

CORAL GABLES NURSING AND REHABILITATIO
7060 SW 8 STREET
Miami FL 33144

Provider Number: 0 323772-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>242.20</u>	<u>244.52</u>	<u>1/1/2010</u>
Level H: AIDS	<u>382.55</u>	<u>386.44</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>495.17</u>	<u>500.32</u>	<u>1/1/2010</u>

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 11/01/1988

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Medicaid Reimbursement Per Diem Rates

Tarpon Point Nursing & Rehabilitation Center
 5157 Park Club Drive
 Sarasota FL 34235

Provider Number: 0 323781-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	226.78	226.86	1/1/2010
Level H: AIDS	367.13	368.78	1/1/2010
Level U: Fragile Under 21	479.75	482.66	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 07/27/1990

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Medicaid Reimbursement Per Diem Rates

St. Andrews Bay Skilled Nursing & Rehab Center
 2100 Jenks Ave
 Panama City FL 32405

Provider Number: 0 323799-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	217.93	218.32	1/1/2010
Level H: AIDS	358.28	360.24	1/1/2010
Level U: Fragile Under 21	470.90	474.12	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 01/01/2000

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Medicaid Reimbursement Per Diem Rates

Hampton Court Nursing Center
 16100 NW 2nd Avenue
 North Miami Beach FL 33169

Provider Number: 0 324027-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>220.47</u>	<u>226.46</u>	<u>1/1/2010</u>
Level H: AIDS	<u>360.82</u>	<u>368.38</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>473.44</u>	<u>482.26</u>	<u>1/1/2010</u>

Rate Type :	
<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data	<input checked="" type="checkbox"/> Prospective <input checked="" 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"/> Rate Semester Change On FRV [2] as of 01/03/1991

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Home Office: 1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

Advanced Rehabilitation & Health Center
 401 FAIRWOOD AVENUE
 Clearwater FL 33759

Provider Number: 0 324094-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	235.50	221.86	1/1/2010
Single Level			
Level H: AIDS	375.85	363.78	1/1/2010
Level U: Fragile Under 21	488.47	477.66	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 02/01/2000

Distribution:

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Bayside Rehabilitation & Health Center
 811 Jackson Street North
 St. Petersburg FL 33705

Provider Number: 0 324108-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	250.16	235.46	1/1/2010
Level H: AIDS	390.51	377.38	1/1/2010
Level U: Fragile Under 21	503.13	491.26	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 10/01/2001

Distribution:

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Stephen Russell

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Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Excel Rehabilitation & Health Center
 2811 Campus Hill Drive
 Tampa FL 33612

Provider Number: 0 324116-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	228.95	224.08	1/1/2010
Level H: AIDS	369.30	366.00	1/1/2010
Level U: Fragile Under 21	481.92	479.88	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 05/15/1995

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Stephen Russell

Medicaid Cost Reimbursement Analysis

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



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Medicaid Reimbursement Per Diem Rates

Madison Pointe Rehabilitation & Health Center
 6020 Indiana Avenue
 New Port Richey FL 34653

Provider Number: 0 324124-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>224.36</u>	<u>216.24</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>364.71</u>	<u>358.16</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>477.33</u>	<u>472.04</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 12/01/1995

Distribution:

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 New City NY 10956



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Medicaid Reimbursement Per Diem Rates

Shore Acres Rehabilitation & Health Center
 4500 Indianapolis Street, NE
 St. Petersburg FL 33703

Provider Number: 0 324132-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	225.78	221.91	1/1/2010
Level H: AIDS	366.13	363.83	1/1/2010
Level U: Fragile Under 21	478.75	477.71	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 01/01/1993

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Home Office:

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 New City NY 10956



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Medicaid Reimbursement Per Diem Rates

Woodbridge Rehabilitation & Health Center
 8720 Jackson Springs Road
 Tampa FL 33615

Provider Number: 0 324141-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	224.35	213.41	1/1/2010
Level H: AIDS	364.70	355.33	1/1/2010
Level U: Fragile Under 21	477.32	469.21	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 09/01/1994

Distribution:

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

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 Jacob Karmel
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 New City NY 10956



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Medicaid Reimbursement Per Diem Rates

Ocoee Health Care Center
 1556 Maguire Road
 Ocoee FL 34761

Provider Number: 0 324159-00
 Date: 12/29/2009
 Fiscal Year End: 10/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	222.15	223.57	1/1/2010
Level H: AIDS	362.50	365.49	1/1/2010
Level U: Fragile Under 21	475.12	479.37	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 08/16/1990

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Palmetto Rehabilitation and Health Center
 6750 West 22nd Court
 Hialeah FL 33016

Provider Number: 0 324167-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	247.51	244.78	1/1/2010
Level H: AIDS	387.86	386.70	1/1/2010
Level U: Fragile Under 21	500.48	500.58	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 09/02/1987

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Stephen Russell

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Stephen Russell

Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Courtyards of Orlando
 1900 Mercy Drive
 Orlando FL 32808

Provider Number: 0 324175-00
 Date: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home			
Single Level	224.14	203.12	1/1/2010
Level H: AIDS	364.49	345.04	1/1/2010
Level U: Fragile Under 21	477.11	458.92	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 10/01/1991

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Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

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



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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 324213-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.78	205.47	1/1/2010
Level H: AIDS	344.13	347.39	1/1/2010
Level U: Fragile Under 21	456.75	461.27	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 01/01/1986

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Medicaid Reimbursement Per Diem Rates

Seminole Nursing Pavilion
 10800 Temple Terrace
 Seminole FL 33772

Provider Number: 0 324230-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.02	209.22	1/1/2010
Level H: AIDS	354.37	351.14	1/1/2010
Level U: Fragile Under 21	466.99	465.02	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Home Office:

Brookdale Senior Living, Inc.
 Russ Bellora
 111 Westwood Place, Suite 200
 Brentwood TN 37027



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Medicaid Reimbursement Per Diem Rates

Freedom Square Nursing Center
 10801 Johnson Blvd.
 Seminole Fl 33772

Provider Number: 0 324248-00
 Date: 12/29/2009
 Fiscal Year End: 3/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	188.32	188.35	1/1/2010
Level H: AIDS	328.67	330.27	1/1/2010
Level U: Fragile Under 21	441.29	444.15	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 02/19/2002

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Home Office:

American Retirement Corporation
 111 Westwood Place
 Brentwood TN 37027



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Medicaid Reimbursement Per Diem Rates

Heritage Park Care and Rehabilitation Center
 2302 59th Street West
 Bradenton FL 34209

Provider Number: 0 324345-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.53	205.16	1/1/2010
Level H: AIDS	343.88	347.08	1/1/2010
Level U: Fragile Under 21	456.50	460.96	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 08/31/1994

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Washington Rehabilitation & Nursing Center
 879 Usery Road
 Chipley FL 32428

Provider Number: 0 324353-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.74	210.76	1/1/2010
Level H: AIDS	349.09	352.68	1/1/2010
Level U: Fragile Under 21	461.71	466.56	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 12/31/2001

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Chautauqua Rehabilitation & Nursing Center
 785 South 2nd Street
 Defuniak Springs FL 32435

Provider Number: 0 324361-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	195.52	197.23	1/1/2010
Level H: AIDS	335.87	339.15	1/1/2010
Level U: Fragile Under 21	448.49	453.03	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 03/01/1989

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Medicaid Reimbursement Per Diem Rates

Signature HealthCARE of College Park
 13755 Golf Club Parkway
 Fort Myers FL 33919-5146

Provider Number: 0 324370-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.33	213.77	1/1/2010
Level H: AIDS	351.68	355.69	1/1/2010
Level U: Fragile Under 21	464.30	469.57	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 08/31/1994

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Medicaid Reimbursement Per Diem Rates

Signature HealthCARE of Gainesville
 4000 SW 20th Avenue
 Gainesville FL 32607

Provider Number: 0 324388-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	193.38	195.58	1/1/2010
Level H: AIDS	333.73	337.50	1/1/2010
Level U: Fragile Under 21	446.35	451.38	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 03/08/2004

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Medicaid Reimbursement Per Diem Rates

Signature Healthcare of North Florida
1083 Sanders Avenue
Graceville FL 32440

Provider Number: 0 324396-00
Date: 12/29/2009
Fiscal Year End: 7/31/2008
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	193.45	196.00	1/1/2010
Level H: AIDS	333.80	337.92	1/1/2010
Level U: Fragile Under 21	446.42	451.80	1/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Rate Semester Change
On FRV [2] as of 06/28/1991

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Home Office:

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Julie Kleiser
2979 PGA Blvd
Palm Beach Gardens FL 33410



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Medicaid Reimbursement Per Diem Rates

Signature HealthCARE Center of Waterford
 8333 W. Okeechobee Road
 Hialeah Gardens FL 33016

Provider Number: 0 324400-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	200.80	202.65	1/1/2010
Level H: AIDS	341.15	344.57	1/1/2010
Level U: Fragile Under 21	453.77	458.45	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 01/01/2001

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Stephen Russell

Home Office:

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Medicaid Reimbursement Per Diem Rates

Signature Healthcare of Brookwood Gardens
 1990 S. Canal Drive
 Homestead FL 33035

Provider Number: 0 324418-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	226.04	227.97	1/1/2010
Level H: AIDS	366.39	369.89	1/1/2010
Level U: Fragile Under 21	479.01	483.77	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change On FRV [2] as of 11/01/1989

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Home Office: Signature Healthcare LLC
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 2979 PGA Blvd
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Medicaid Reimbursement Per Diem Rates

Signature Healthcare at the Courtyard
 2600 Forest Glen Trail
 Marianna FL 32446

Provider Number: 0 324426-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.94	194.61	1/1/2010
Level H: AIDS	333.29	336.53	1/1/2010
Level U: Fragile Under 21	445.91	450.41	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 08/27/1997

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Home Office:

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 Julie Kleiser
 2979 PGA Blvd
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Medicaid Reimbursement Per Diem Rates

Signature Healthcare of Orange Park
 2029 Professional Center Drive
 Orange Park FL 32073

Provider Number: 0 324434-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.63	197.79	1/1/2010
	Level H: AIDS	335.98	339.71	1/1/2010
	Level U: Fragile Under 21	448.60	453.59	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 09/01/1994

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Stephen Russell

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 Julie Kleiser
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Medicaid Reimbursement Per Diem Rates

Signature Healthcare of Ormond
 103 N. Clyde Morris Blvd.
 Ormond Beach FL 32074

Provider Number: 0 324442-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.47	209.92	1/1/2010
Level H: AIDS	347.82	351.84	1/1/2010
Level U: Fragile Under 21	460.44	465.72	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 05/20/1988

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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Anchor Care & Rehabilitation Center
 1515 Port Malabar Blvd. NE
 Palm Bay FL 32905

Provider Number: 0 324451-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home			
Single Level	<u>192.96</u>	<u>194.34</u>	<u>1/1/2010</u>
Level H: AIDS	<u>333.31</u>	<u>336.26</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>445.93</u>	<u>450.14</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 08/31/1994

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Home Office:

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 Julie Kleiser
 2979 PGA Blvd
 Palm Beach Gardens FL 33410



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Medicaid Reimbursement Per Diem Rates

Pinellas Park Care and Rehabilitation Center
 8701 49th Street North
 Pinellas Park FL 33782

Provider Number: 0 324469-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	191.53	193.00	1/1/2010
Level H: AIDS	331.88	334.92	1/1/2010
Level U: Fragile Under 21	444.50	448.80	1/1/2010

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 03/01/1997

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Stephen Russell

Home Office:

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 Julie Kleiser
 2979 PGA Blvd
 Palm Beach Gardens FL 33410



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Medicaid Reimbursement Per Diem Rates

Signature Healthcare of Port Charlotte
 4033 Beaver Lane
 Port Charlotte FL 33952

Provider Number: 0 324477-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>225.99</u>	<u>227.37</u>	<u>1/1/2010</u>
Level H: AIDS	<u>366.34</u>	<u>369.29</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>478.96</u>	<u>483.17</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 08/31/1994

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Stephen Russell

Home Office:

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 Julie Kleiser
 2979 PGA Blvd
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Medicaid Reimbursement Per Diem Rates

The Bridge at Bay St. Joe
 220 9th Street
 Port St. Joe FL 32456

Provider Number: 0 324485-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	187.12	188.94	1/1/2010
Level H: AIDS	327.47	330.86	1/1/2010
Level U: Fragile Under 21	440.09	444.74	1/1/2010

Rate Type :

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

Basis:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Kenilworth Care and Rehabilitation Center
 3011 Kenilworth Blvd.
 Sebring FL 33870

Provider Number: 0 324493-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.19	205.58	1/1/2010
Level H: AIDS	343.54	347.50	1/1/2010
Level U: Fragile Under 21	456.16	461.38	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 07/01/1986

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Home Office:

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 Julie Kleiser
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Medicaid Reimbursement Per Diem Rates

Peninsula Care and Rehabilitation Center
 900 Beckett Way
 Tarpon Springs FL 34689

Provider Number: 0 324507-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.54	216.57	1/1/2010
Level H: AIDS	354.89	358.49	1/1/2010
Level U: Fragile Under 21	467.51	472.37	1/1/2010

Rate Type :

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

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 03/01/1995

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Home Office:

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 Julie Kleiser
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Medicaid Reimbursement Per Diem Rates

Winter Park Care and Rehabilitation Center
2970 Scarlet Road
Winter Park FL 32792

Provider Number: 0 324515-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>205.82</u>	<u>207.45</u>	<u>1/1/2010</u>
Level H: AIDS	<u>346.17</u>	<u>349.37</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>458.79</u>	<u>463.25</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change On FRV [2] as of 08/31/1994

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Medicaid Reimbursement Per Diem Rates

Southern Oaks Rehabilitation and Nursing Center
 600 West Gregory Street
 Pensacola FL 32501

Provider Number: 0 324566-00
 Date: 12/29/2009
 Fiscal Year End: 11/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.16	210.87	1/1/2010
Level H: AIDS	350.51	352.79	1/1/2010
Level U: Fragile Under 21	463.13	466.67	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change
On FRV [2] as of 11/01/1988

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Home Office:

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



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Medicaid Reimbursement Per Diem Rates

RiverWood Nursing Center
 40 Acme Street
 Jacksonville FL 32211

Provider Number: 0 324612-00
 Date: 12/29/2009
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	164.69	155.80	1/1/2010
Level H: AIDS	305.04	297.72	1/1/2010
Level U: Fragile Under 21	417.66	411.60	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 04/01/1997

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Stephen Russell

Home Office:

Putnam Council, Inc.
 16 Norcross Street
 Roswell GA 30075



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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: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>252.63</u>	<u>240.17</u>	<u>1/1/2010</u>
Level H: AIDS	<u>392.98</u>	<u>382.09</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>505.60</u>	<u>495.97</u>	<u>1/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Rate Semester Change
On FRV [2] as of 08/01/1986

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Home Office:

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



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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: 12/29/2009
 Fiscal Year End: 2/28/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	245.96	236.88	1/1/2010
Level H: AIDS	386.31	378.80	1/1/2010
Level U: Fragile Under 21	498.93	492.68	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 02/01/2000

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Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Heartland Health Care Center - Jacksonville
 8495 Normandy Blvd
 Jacksonville FL 32221

Provider Number: 0 325236-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.15	208.27	1/1/2010
Level H: AIDS	346.50	350.19	1/1/2010
Level U: Fragile Under 21	459.12	464.07	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 01/12/1990

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Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Heartland of Kendall
 9400 SW 137th Avenue
 Kendall FL 33186

Provider Number: 0 325244-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	192.08	193.85	1/1/2010
	Level H: AIDS	332.43	335.77	1/1/2010
	Level U: Fragile Under 21	445.05	449.65	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 08/31/1989

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Medicaid Reimbursement Per Diem Rates

Heartland of Miami Lakes
5725 NW 186th Street
Hialeah FL 33015

Provider Number: 0 325252-00
Date: 12/29/2009
Fiscal Year End: 9/30/2009
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.50	206.74	1/1/2010
Level H: AIDS	347.85	348.66	1/1/2010
Level U: Fragile Under 21	460.47	462.54	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 09/14/1990

Distribution:

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<input type="checkbox"/> No Change in Rate

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Stephen Russell

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



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Medicaid Reimbursement Per Diem Rates

Heartland of Orange Park
 570 Wells Road
 Orange Park FL 32073

Provider Number: 0 325261-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	192.09	193.83	1/1/2010
Single Level			
Level H: AIDS	332.44	335.75	1/1/2010
Level U: Fragile Under 21	445.06	449.63	1/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Rate Semester Change
- On FRV [2] as of 04/26/1990

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Medicaid Cost Reimbursement Analysis

Home Office:

HCR Manor Care
 Julie Yoxtheimer
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Medicaid Reimbursement Per Diem Rates

MCHS - Winter Park
 2075 Loch Lomond Drive
 Winter Park FL 32792

Provider Number: 0 325279-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	198.30	197.16	1/1/2010
Level H: AIDS	338.65	339.08	1/1/2010
Level U: Fragile Under 21	451.27	452.96	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change

Distribution:

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 No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: HCR Manor Care
 Julie Yoxtheimer
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Medicaid Reimbursement Per Diem Rates

South Jacksonville
 3648 University Blvd
 Jacksonville FL 32216

Provider Number: 0 325287-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>196.75</u>	<u>192.37</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>337.10</u>	<u>334.29</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>449.72</u>	<u>448.17</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change

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Home Office:

HCR Manor Care
 Julie Yoxtheimer
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Medicaid Reimbursement Per Diem Rates

Heartland of Brooksville
 575 Lamar Ave
 Brooksville FL 34601

Provider Number: 0 325295-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	196.34	197.80	1/1/2010
Level H: AIDS	336.69	339.72	1/1/2010
Level U: Fragile Under 21	449.31	453.60	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 01/01/1988

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Stephen Russell

Home Office:

HCR Manor Care
 Julie Yoxtheimer
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 Toledo OH 43604



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Medicaid Reimbursement Per Diem Rates

Heartland of Boynton Beach
 3600 Old Boynton Beach
 Boynton Beach FL 33436

Provider Number: 0 325309-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	193.70	195.91	1/1/2010
Level H: AIDS	334.05	337.83	1/1/2010
Level U: Fragile Under 21	446.67	451.71	1/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Rate Semester Change
On FRV [2] as of 01/16/1992

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Medicaid Reimbursement Per Diem Rates

Heartland of Ft. Myers
1600 Matthew Drive
Ft. Myers FL 33907

Provider Number: 0 325325-00
Date: 12/29/2009
Fiscal Year End: 9/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>191.81</u>	<u>200.51</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>332.16</u>	<u>342.43</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>444.78</u>	<u>456.31</u>	<u>1/1/2010</u>

Rate Type :

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> X </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Costs
<u> </u> Settlement based on costs	<u> </u> Total Prospective with Interim Component
<u> </u> Prior Provider Prospective data	

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Field audit - interim portion
<u> </u> Desk audited costs
<u> </u> Desk audit - Interim Portion
<u> </u> Desk Audit - Prospective portion

Changes:

<u> </u> Licensure Rating Change
<u> </u> Usual and Customary Limitation
<u> </u> Target Rate limitation change
<u> </u> FRVS Change
<u> X </u> Rate Semester Change
On FRV [2] as of 04/25/1991

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Home Office: HCR Manor Care
Julie Yoxtheimer
333 North Summit Street
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Medicaid Reimbursement Per Diem Rates

Heartland of Lauderhill
 2599 NW 55th Avenue
 Lauderhill FL 33313

Provider Number: 0 325333-00
 Date: 12/29/2009
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	189.35	191.18	1/1/2010
Single Level			
Level H: AIDS	329.70	333.10	1/1/2010
Level U: Fragile Under 21	442.32	446.98	1/1/2010

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

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 12/27/1989

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Stephen Russell

Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Heartland of Prosperity Oaks
 11375 Prosperity Oaks
 Palm Beach FL 33410

Provider Number: 0 325341-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.09	208.76	1/1/2010
Level H: AIDS	347.44	350.68	1/1/2010
Level U: Fragile Under 21	460.06	464.56	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 07/07/1992

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Home Office:

HCR Manor Care
 Julie Yoxtheimer
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Medicaid Reimbursement Per Diem Rates

Heartland of Tamarac
 5901 N.W. 79th Avenue
 Tamarac FL 33321

Provider Number: 0 325350-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.94	204.15	1/1/2010
	Level H: AIDS	342.29	346.07	1/1/2010
	Level U: Fragile Under 21	454.91	459.95	1/1/2010

Rate Type :

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

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 07/07/1988

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Home Office:

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 Julie Yoxtheimer
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Medicaid Reimbursement Per Diem Rates

MCHS- Boca Raton
375 N W 51st Street
Boca Raton FL 33431

Provider Number: 0 325368-00
Date: 12/29/2009
Fiscal Year End: 5/31/2009
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.27	209.12	1/1/2010
Level H: AIDS	346.62	351.04	1/1/2010
Level U: Fragile Under 21	459.24	464.92	1/1/2010

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

Basis:
<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"/> Rate Semester Change
<input type="checkbox"/> Not on FRV [1]

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Stephen Russell

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



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Medicaid Reimbursement Per Diem Rates

MCHS- Boynton Beach
3001 S Congress Ave
Boynton Beach FL 33426

Provider Number: 0 325376-00
Date: 12/29/2009
Fiscal Year End: 5/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>207.34</u>	<u>201.51</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>347.69</u>	<u>343.43</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>460.31</u>	<u>457.31</u>	<u>1/1/2010</u>

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

Basis:
<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"/> Rate Semester Change

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Home Office:

HCR Manor Care
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Medicaid Reimbursement Per Diem Rates

MCHS - Ft. Myers
 13881 Eagle Ridge Drive
 Ft. Myers Fl 33912

Provider Number: 0 325384-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.24	204.77	1/1/2010
Level H: AIDS	346.59	346.69	1/1/2010
Level U: Fragile Under 21	459.21	460.57	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 05/01/2000

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Stephen Russell

Home Office:

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 Julie Yoxtheimer
 333 North Summit Street
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Medicaid Reimbursement Per Diem Rates

MCHS-Lely Palms
 1000 Lely Palms Drive
 Naples FL 34113

Provider Number: 0 325422-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	212.51	214.72	1/1/2010
	Level H: AIDS	352.86	356.64	1/1/2010
	Level U: Fragile Under 21	465.48	470.52	1/1/2010

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

Basis:
<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"/> Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

MCHS - Naples

 3601 Lakewood Blvd

 Naples FL 34112

Provider Number: 0 325449-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>201.89</u>	<u>200.40</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>342.24</u>	<u>342.32</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>454.86</u>	<u>456.20</u>	<u>1/1/2010</u>

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<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"/> Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

MCHS- Plantation
 6931 W Sunrise Blvd
 Plantation FL 33313

Provider Number: 0 325457-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.24	208.19	1/1/2010
Level H: AIDS	349.59	350.11	1/1/2010
Level U: Fragile Under 21	462.21	463.99	1/1/2010

Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:
<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"/> Rate Semester Change

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Stephen Russell

Home Office:

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 Julie Yoxtheimer
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Medicaid Reimbursement Per Diem Rates

MCHS - Sarasota
 5511 Swift Road
 Sarasota FL 34231

Provider Number: 0 325465-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	201.88	203.56	1/1/2010
Level H: AIDS	342.23	345.48	1/1/2010
Level U: Fragile Under 21	454.85	459.36	1/1/2010

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<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"/> Rate Semester Change On FRV [2] as of 12/01/1996

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HCR Manor Care
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Medicaid Reimbursement Per Diem Rates

MCHS Venice
 1450 E. Venice
 Venice FL 34292

Provider Number: 0 325473-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	212.16	195.11	1/1/2010
Single Level			
Level H: AIDS	352.51	337.03	1/1/2010
Level U: Fragile Under 21	465.13	450.91	1/1/2010

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Rate Semester Change
 On FRV [2] as of 06/05/1997

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Medicaid Reimbursement Per Diem Rates

MCHS West Palm Beach
 2300 Village Blvd
 West Palm Beach FL 33409

Provider Number: 0 325481-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.04	207.21	1/1/2010
Level H: AIDS	347.39	349.13	1/1/2010
Level U: Fragile Under 21	460.01	463.01	1/1/2010

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<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"/> Rate Semester Change On FRV [2] as of 06/01/1996

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Medicaid Reimbursement Per Diem Rates

Kensington Manor
 3250 12th Street
 Sarasota FL 34237

Provider Number: 0 325490-00
 Date: 12/29/2009
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>223.13</u>	<u>222.01</u>	<u>1/1/2010</u>
Level H: AIDS	<u>363.48</u>	<u>363.93</u>	<u>1/1/2010</u>
Level U: Fragile Under 21	<u>476.10</u>	<u>477.81</u>	<u>1/1/2010</u>

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<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"/> Rate Semester Change On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

MCHS- Delray

 16200 Jog Road

 Delray Beach FL 33446

Provider Number: 0 325520-00
 Date: 12/29/2009
 Fiscal Year End: 4/30/2009
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>197.22</u>	<u>189.57</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>337.57</u>	<u>331.49</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>450.19</u>	<u>445.37</u>	<u>1/1/2010</u>

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<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"/> Rate Semester Change On FRV [2] as of 02/17/1999

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Stephen Russell

Home Office:

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 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604



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Medicaid Reimbursement Per Diem Rates

MCHS - Carrollwood
 3030 W. Bearss Avenue
 Tampa FL 33618

Provider Number: 0 325678-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	212.67	210.99	1/1/2010
Level H: AIDS	353.02	352.91	1/1/2010
Level U: Fragile Under 21	465.64	466.79	1/1/2010

Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:
<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"/> Rate Semester Change
On FRV [2] as of 07/20/1990

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Medicaid Reimbursement Per Diem Rates

MCHS - Dunedin
 870 Patricia Ave
 Dunedin FL 34698

Provider Number: 0 325686-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.31	199.83	1/1/2010
Level H: AIDS	332.66	341.75	1/1/2010
Level U: Fragile Under 21	445.28	455.63	1/1/2010

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 05/01/1996

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Home Office:

HCR Manor Care
 Julie Yoxtheimer
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Medicaid Reimbursement Per Diem Rates

MCHS - Palm Harbor
 2851 Tampa Rd
 Palm Harbor FL 34684

Provider Number: 0 325694-00
 Date: 12/29/2009
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	195.69	190.75	1/1/2010
Level H: AIDS	336.04	332.67	1/1/2010
Level U: Fragile Under 21	448.66	446.55	1/1/2010

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<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"/> Rate Semester Change
On FRV [2] as of 09/28/1990

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Home Office:

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 Julie Yoxtheimer
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Medicaid Reimbursement Per Diem Rates

Heartland of Zephyrhills
 38220 Henry Drive
 Zephyrhills FL 33540

Provider Number: 0 325708-00
 Date: 12/29/2009
 Fiscal Year End: 9/30/2009
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	184.06	191.47	1/1/2010
	Level H: AIDS	324.41	333.39	1/1/2010
	Level U: Fragile Under 21	437.03	447.27	1/1/2010

Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:
<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"/> Rate Semester Change On FRV [2] as of 02/04/1988

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Medicaid Reimbursement Per Diem Rates

Moosehaven
 1701 Park Avenue
 Orange Park FL 32073

Provider Number: 0 326011-00
 Date: 12/29/2009
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.70	210.11	1/1/2010
Level H: AIDS	349.05	352.03	1/1/2010
Level U: Fragile Under 21	461.67	465.91	1/1/2010

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget
<input 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"/> Rate Semester Change On FRV [2] as of 04/17/2008

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