

Medicaid Reimbursement Per Diem Rates

Surrey Place Care Ce	enter			Provider Number:	0 001135-00
110 Southeast Lee Av	venue			Date:	12/21/2010
Live Oak FL 32060				Fiscal Year End:	9/30/2010
				Audit Status:	Unaudited [3]
Provider Type:				Aunt Status.	
Trovider Type.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		208.79	210.59	1/1/2011
	Level H: AIDS	_	352.13	355.45	1/1/2011
	Level U: Fragile Under 21		467.16	471.70	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Prospecti X	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Basis:		Changes:			
Desk audit Desk audit	ted costs t - interim portion	 X	Usual a Target I FRVS C Rate Se	re Rating Change nd Customary Limitati Rate limitation change Change mester Change 7 [2] as of 01/21/1988	on

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No Change in Rate

Home Office:

Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299

V6.89.1.2:9QTGI

Report Calculated: 12/21/2010 Report Printed: 12/21/2010 Book:0 ID:635240011352011010120101221092540

Stephen Russell

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

-	RE of Palm Beach			Provider Number:	0 001136-00
405 Lakewood Road				Date:	12/21/2010
Lake Worth FL 3346	1			Fiscal Year End:	9/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	203.60	212.06	1/1/2011
	Level H: AIDS		346.94	356.92	1/1/2011
	Level U: Fragile Under 21	-	461.97	473.17	1/1/2011
Rate Type :					
Interim		X	Prospective		
Interim	Total Interim	X	X T	otal Prospective	for Now Costs
Interim	Interim Component	X	X T	Otal Prospective Prospective Adjusted	
Interim	Interim Component Settlement based on costs	X	X T	Otal Prospective Prospective Adjusted	for New Costs h Interim Component
	Interim Component		X T P T	Otal Prospective Prospective Adjusted	
Interim	Interim Component Settlement based on costs	X	X T P T	Otal Prospective Prospective Adjusted	
Interim Basis:	Interim Component Settlement based on costs		X T P T	Total Prospective Prospective Adjusted Total Prospective with	
	Interim Component Settlement based on costs Prior Provider Prospective data		X T P T Licensure	Otal Prospective Prospective Adjusted	h Interim Component

Field audited costsTarget Rate limitation ofField audit - interim portionFRVS ChangeDesk audited costsXDesk audit - Interim PortionX

On FRV [2] as of 07/01/1988

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Desk Audit - Prospective portion

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Medicaid Reimbursement Per Diem Rates

Cross Pointe Care Cer	nter		Provider Number:	0 001281-00
440 Phippen Care Roa			Date:	12/21/2010
Dania Beach FL 3300	4		Fiscal Year End:	11/30/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	231.52	235.20	1/1/2011
	Level H: AIDS	374.86	380.06	1/1/2011
	Level U: Fragile Under 21	489.89	496.31	1/1/2011
	Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data]	Total Prospective Prospective Adjusted	for New Costs h Interim Component

Basis:	Changes:
X Budget	Licensure Rating Change
Unaudited costs Field audited costs	Usual and Customary Limitation Target Rate limitation change
Field audit - interim portion Desk audited costs	FRVS Change
Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Semester Change On FRV [2] as of 05/01/2000
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Medicaid Reimbursement Per Diem Rates

Cross Terrace Rehabi	litation Center			Provider Number:	0 001300-00
1351 San Christopher		-		Date:	12/21/2010
Dunedin FL 34698		-		Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:					
- VI			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		212.31	212.94	1/1/2011
	Level H: AIDS		355.65	357.80	1/1/2011
	Level U: Fragile Under 21		470.68	474.05	1/1/2011
Rate Type :					
Interim		Χ	Prospecti	ive	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			Total Prospective wit	h Interim Component
Basis:		Change	es:		
Budget			Licensu	re Rating Change	
X Unaudited	costs		Usual a	nd Customary Limitati	on
Field audit	ed costs		Target I	Rate limitation change	
Field audit	- interim portion		FRVS (Change	

 X
 Rate Semester Change

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

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Desk audited costs

Desk audit - Interim Portion

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Desk Audit - Prospective portion



Medicaid Reimbursement Per Diem Rates

Florida Baptist Retire	ement Center		Provider Number:	0 001416-00
1006 33rd Street			Date:	12/21/2010
Vero Beach FL 3296)		Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	220.93	222.44	1/1/2011
	Level H: AIDS	364.27	367.30	1/1/2011
	Level U: Fragile Under 21	479.30	483.55	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Prospe	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audit Desk audit	ed costs - interim portion	Usual Targe FRVS	sure Rating Change and Customary Limitati t Rate limitation change S Change Semester Change RV [2] as of 07/30/2008	
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Medicaid Reimbursement Per Diem Rates

illage Place Health and Rehab Center			Provider Number:	0 002400-00
370 Harbor Blvd.			Date:	12/21/2010
ort Charlotte FL 33952			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
Nursing Home Single Level	-	Rate 236.10	Rate	Date 1/1/2011
Single Level	-	230.10	230.05	1/1/2011
Level H: AIDS		379.44	383.71	1/1/2011
Level U: Fragile Under 21		494.47	499.96	1/1/2011
-				
Interim Total Interim Interim Component Settlement based on costs	<u> </u>	P	otal Prospective rospective Adjusted	
Total Interim	X Changes	T P T	rospective Adjusted	for New Costs h Interim Component
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data		T P T S:	rospective Adjusted otal Prospective with	
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Budget		T T T	rospective Adjusted otal Prospective with Rating Change	h Interim Component
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Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion		Licensure Usual and Target Rat FRVS Cha	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
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Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	Changes 	Licensure Usual and Target Rat FRVS Cha Rate Seme On FRV [2 Medicaid 0	Rating Change Customary Limitation e limitation change unge ster Change 2] as of 09/22/1987	h Interim Component on t Analysis



Medicaid Reimbursement Per Diem Rates

West Broward Care	e Center			Provider Number:	0 002419-00
7751 W. Broward H				Date:	12/21/2010
Plantation FL 3332	4			Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:				Tual Status.	
		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		231.29	220.91	1/1/2011
	Level H: AIDS		374.63	365.77	1/1/2011
	Level U: Fragile Under 21		489.66	482.02	1/1/2011
Interin	m Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Prospect X	ive Total Prospective Prospective Adjusted Total Prospective wit	
Basis:	_	Changes:			
Field aud	ed costs dited costs dit - interim portion lited costs		Usual a	re Rating Change nd Customary Limitation Rate limitation change Change	on
Desk aud	lit - Interim Portion dit - Prospective portion	<u> </u>		emester Change V [2] as of 10/01/1985	

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Medicaid Reimbursement Per Diem Rates

Frinity Regional Reh	ab Center			Provider Number:	0 003521-00
2144 Welbilt Boulev	ard			Date:	12/21/2010
Trinity FL 34655				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		221.23	224.48	1/1/2011
	Level H: AIDS		364.57	369.34	1/1/2011
	Level U: Fragile Under 21		479.60	485.59	1/1/2011
X	Total Interim Interim Component Settlement based on costs			Total Prospective Prospective Adjusted Total Prospective with	
Basis:	Prior Provider Prospective data	Change	s:		
			Licensu	re Rating Change	
Budget X Unaudited	costs			nd Customary Limitation)n
Field audit				ate limitation change	/11
	t - interim portion		FRVS C	•	
Desk audit	-			č	
	- Interim Portion	X		nester Change	
Desk Audi	t - Prospective portion		On FRV	[2] as of 11/25/2008	
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Traditions Management of Florida, LLC

1022 Main Street, Suite H Dunedin FL 34698 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Braden River Care C	enter		Provider Numbe	er: 0 005021-00
2010 Manatee Avenu	le		Date	e: 12/21/2010
Bradenton FL 34208			Fiscal Year End	: 4/30/2010
			Audit Statu	s: Unaudited [3]
Provider Type:		G	. N	
		Currer Rate	nt New Rate	Effective Date
Nursing Home	Single Level	209.0	7 191.90	1/1/2011
	Level H: AIDS	352.4	1 336.76	1/1/2011
	Level U: Fragile Under 21	467.4	4 453.01	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data		Prospective Adjust Total Prospective	ted for New Costs with Interim Component
Basis:		Changes:		
Budget		Lice	nsure Rating Change	
X Unaudited			al and Customary Limit	
Field audit			et Rate limitation chang	ge
Field audi Desk audit	t - interim portion ed costs		5 Change	
Desk audit	a - Interim Portionb - Prospective portion		Semester Change FRV [2] as of 08/01/19	94
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Medicaid Reimbursement Per Diem Rates

Osceola Health Care	Center			Provider Number:	0 005219-00
4201 W. New Nolte I	Rd.			Date:	12/21/2010
St. Cloud FL 34772				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		C	urrent	New	Effective
Nursing Home	Single Level		Rate 26.86	Rate	Date
tursing nome	Shigh Level		20.00		1/1/2011
	Level H: AIDS	3	370.20	375.07	1/1/2011
	Level U: Fragile Under 21		185.23	491.32	1/1/2011
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	h Interim Component
Basis:		Changes:			
Budget			Licensur	e Rating Change	
X Unaudited	costs		Usual an	d Customary Limitatio	on
Field audit			-	ate limitation change	
	t - interim portion		FRVS C	hange	
Desk audit Desk audit	- Interim Portion	<u> </u>	Rate Sen	nester Change	
	t - Prospective portion			[2] as of 10/28/1991	
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Medicaid Reimbursement Per Diem Rates

ebary Manor				Provider Number:	0 005372-00
N. Highway 17-92	2			Date:	12/21/2010
ebary FL 32713				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
rovider Type:		_	Current Rate	New Rate	Effective Date
ursing Home	Single Level	-	208.23	205.49	1/1/2011
	Level H: AIDS		351.57	350.35	1/1/2011
	Level U: Fragile Under 21		466.60	466.60	1/1/2011
X	Total Interim Interim Component Settlement based on costs		Pr	otal Prospective cospective Adjusted otal Prospective with	for New Costs h Interim Component
X	Interim Component	Changes	To	ospective Adjusted	
X Basis:	Interim Component Settlement based on costs	Changes	To Pr To 5:	ospective Adjusted otal Prospective with	
X Basis: Budget X Unaudited	Interim Component Settlement based on costs Prior Provider Prospective data	Changes	Te Pr Te S: Licensure I Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitatio	h Interim Component
X Basis: Budget X Unaudited Field audi Field audi	Interim Component Settlement based on costs Prior Provider Prospective data	Change	Te Pr Te S: Licensure I Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
X Basis: Budget X Unaudited Field audi Field audi Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data	Changes	Licensure I Usual and C Target Rate FRVS Cha	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
X Basis: Budget X Unaudited Field audi Field audi Desk audit Desk audit Desk Audit Desk Audit	Interim Component Settlement based on costs Prior Provider Prospective data		Licensure I Usual and C Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change ster Change	h Interim Component
X Basis: Budget X Unaudited Field audi Field audi Desk audit Desk audit Desk Audit Desk Audit	Interim Component Settlement based on costs Prior Provider Prospective data		Licensure I Usual and 0 Target Rate FRVS Cha Rate Seme: On FRV [2	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 02/01/1998	h Interim Component

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Medicaid Reimbursement Per Diem Rates

Flagler Pines				Provider Number:	0 005374-00
300 South Lemon Str	reet			Date:	12/21/2010
Bunnell FL 32110				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 212.80	New Rate 214.45	Effective Date 1/1/2011
	Level H: AIDS		356.14	359.31	1/1/2011
	Level U: Fragile Under 21		471.17	475.56	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Prospectiv	ve Total Prospective Prospective Adjusted Total Prospective witl	

Changes: **Basis:** Licensure Rating Change Budget Х Unaudited costs Usual and Customary Limitation Field audited costs Target Rate limitation change FRVS Change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Х Rate Semester Change On FRV [2] as of 07/01/2004 Desk Audit - Prospective portion **Distribution:**

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Pensacola Administrative Services, LLC

2 North Palafox Street



Medicaid Reimbursement Per Diem Rates

Longwood Health Ca				Provider Number:	0 005379-00
1520 South Grant Str				Date:	12/21/2010
Longwood FL 32750)			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		212.23	208.91	1/1/2011
	Level H: AIDS		355.57	353.77	1/1/2011
	Level U: Fragile Under 21		470.60	470.02	1/1/2011
Rate Type :					
Interim		X	Prospective	2	
	Total Interim		1	Total Prospective	
	Interim Component		F	Prospective Adjusted	for New Costs
X	Settlement based on costs		1	Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	Rating Change	

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Usual and Customary Limitation	l
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Target Rate limitation change

Rate Semester Change On FRV [2] as of 01/29/1998

FRVS Change

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X Unaudited costs

Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

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Desk Audit - Prospective portion



Medicaid Reimbursement Per Diem Rates

he Rehabilitation Center	of Winter Park			Provider Number:	0 005380-00
700 Monroe Avenue				Date:	12/21/2010
laitland FL 32751				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current Rate	New Rate	Effective Date
Sursing Home S	ingle Level		229.46	234.16	1/1/2011
Le	evel H: AIDS		372.80	379.02	1/1/2011
Le	evel U: Fragile Under 21		487.83	495.27	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Interim			Total Prospective	
Interi	im Component			Prospective Adjusted	for New Costs
1110011			1	Tospective Aujusteu	for new Costs
	ement based on costs				h Interim Component
Settle	-				
Settle	ement based on costs	Change	1		
Settle Prior Basis:	ement based on costs	Change	1 es:	Total Prospective with	
Settle Prior	ement based on costs Provider Prospective data	Change	7	Fotal Prospective with	h Interim Component
Settle Prior Basis: Budget	ement based on costs Provider Prospective data	Change	Es: Licensure Usual and	Total Prospective with	h Interim Component
Settle Prior Basis: Budget X Unaudited costs	ement based on costs Provider Prospective data	Change	Es: Licensure Usual and	Fotal Prospective with Rating Change Customary Limitation te limitation change	h Interim Component
Settle Prior Basis: Budget X Unaudited costs Field audited co Field audit - inte Desk audited co	ement based on costs Provider Prospective data		Licensure Usual and Target Ra FRVS Ch	Fotal Prospective with Rating Change Customary Limitation te limitation change ange	h Interim Component
Settle Prior Basis: Budget Unaudited costs Field audited co Field audit - inte Desk audited co Desk audit - Inte	ement based on costs Provider Prospective data osts erim portion osts erim Portion	Change	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective with Rating Change Customary Limitation te limitation change ange ester Change	h Interim Component
Settle Prior Basis: Budget X Unaudited costs Field audited co Field audited co Desk audited co Desk audit - Inte Desk Audit - Pre	ement based on costs Provider Prospective data		Licensure Usual and Target Ra FRVS Ch	Fotal Prospective with Rating Change Customary Limitation te limitation change ange	h Interim Component
Settle Prior Basis: Budget X Unaudited costs Field audited co Field audited co Desk audited co Desk audited co Desk audit - Inte Desk Audit - Pro Distribution:	ement based on costs Provider Prospective data osts erim portion osts erim Portion ospective portion		Licensure Usual and Target Ra FRVS Ch	Fotal Prospective with Rating Change Customary Limitation te limitation change ange ester Change	h Interim Component
Settle Prior Basis: Budget X Unaudited costs Field audited co Field audited co Desk audited co Desk audited co Desk Audit - Inte Desk Audit - Pro Distribution: Contract Management	ement based on costs Provider Prospective data osts erim portion osts erim Portion ospective portion		Licensure Usual and Target Ra FRVS Ch Rate Seme On FRV [Fotal Prospective with Rating Change Customary Limitation te limitation change ange ester Change 2] as of 10/01/1985 Stephen Russell	h Interim Component
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2 North Palafox Street



Medicaid Reimbursement Per Diem Rates

Brynwood Center				Provider Number:	0 005381-00
1656 South Jefferson				Date:	12/21/2010
Monticello FL 32344				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NT			Rate	Rate	
Nursing Home	Single Level		219.35	219.64	1/1/2011
	Level H: AIDS		362.69	364.50	1/1/2011
	Level U: Fragile Under 21		477.72	480.75	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		 	Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Change	es:		
Budget			Licensu	re Rating Change	
X Unaudited				nd Customary Limitation	on
Field audit				Rate limitation change	
Field audi Desk audit	t - interim portion		FRVS C	Change	
	- Interim Portion	X	Rate Ser	mester Change	
	t - Prospective portion			[2] as of 01/01/2002	
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2 North Palafox Street



Medicaid Reimbursement Per Diem Rates

-	hipola Retirement Center			Provider Number:	0 005383-00
294 3rd Avenue		_		Date:	12/21/2010
Iarianna FL 32446				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
rovider Type:			_		
			Current Rate	New Rate	Effective Date
lursing Home	Single Level		201.75	205.95	1/1/2011
	Level H: AIDS		345.09	350.81	1/1/2011
	Level U: Fragile Under 21		460.12	467.06	1/1/2011
	Level 0. Magne Onder 21		400.12	407.00	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim			otal Prospective	fan Nam Casta
	Interim Component Settlement based on costs			rospective Adjusted	h Interim Component
	Prior Provider Prospective data			otal Prospective wit	ii internii Component
Basis:		Change	es:		
			Liconcura	Pating Change	
Budget X Unaudited	aaata			Rating Change Customary Limitati	on
Field audit				e limitation change	UII
	- interim portion		FRVS Cha	-	
Desk audite	-			C	
	- Interim Portion	X		ster Change	
Desk Audit	t - Prospective portion		On FRV [2	2] as of 05/07/1991	
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			-		
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nome onnee.		Services, LLC			
	2 North Palafox Street				



Medicaid Reimbursement Per Diem Rates

Glencove Nursing Pa				Provider Number:	0 005384-00
1027 East Highway E Panama City FL 3240				Date:	12/21/2010
				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		222.10	225.06	1/1/2011
	Level H: AIDS		365.44	369.92	1/1/2011
	Level U: Fragile Under 21		480.47	486.17	1/1/2011
X	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	;	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audit Desk audit	ed costs t - interim portion		Usual and Target Ra FRVS Ch Rate Sem	e Rating Change I Customary Limitation ate limitation change hange ester Change [2] as of 09/01/1992	Dn
Distribution:				Stephen Russell	
Permanent File For info	ement / Fiscal Agent rmation Only nge in Rate			Cost Reimbursement	2

Home Office:

Pensacola Administrative Services, LLC

2 North Palafox Street



Medicaid Reimbursement Per Diem Rates

Panama City Nursing	g Center			Provider Number:	0 005385-00
924 West 13th Street				Date:	12/21/2010
Panama City FL 324	01			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		211.10	213.95	1/1/2011
	Level H: AIDS		354.44	358.81	1/1/2011
	Level U: Fragile Under 21		469.47	475.06	1/1/2011
X	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Prospecti	ve Total Prospective Prospective Adjusted Total Prospective with	
Desk audit Desk audit	ted costs t - interim portion	Change	Licensu Usual ai Target F FRVS C	re Rating Change nd Customary Limitatio Rate limitation change Change mester Change 7 [2] as of 08/01/2004	on
Distribution:				Stephen Russell	
Permanent File	ement / Fiscal Agent rmation Only			d Cost Reimbursement	t Analysis
	nge in Rate		stept	my the	mer vi

Home Office:

No Change in Rate



Medicaid Reimbursement Per Diem Rates

Riverchase Care Cent	er			Provider Number:	0 005386-00
1017 Strong Road				Date:	12/21/2010
Quincy FL 32351				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:				riddit Status.	
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	200.54	206.00	1/1/2011
	Level H: AIDS		343.88	350.86	1/1/2011
	Level U: Fragile Under 21	-	458.91	467.11	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes	F 7	Fotal Prospective Prospective Adjusted Fotal Prospective with	for New Costs h Interim Component
Desk audite Desk audit	ed costs - interim portion		Usual and Target Ra FRVS Ch Rate Semo	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 01/01/1994	on
Distribution:				Stephen Russell	
Permanent File For infor	ement / Fiscal Agent mation Only nge in Rate			Cost Reimbursement m Rece	•

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Medicaid Reimbursement Per Diem Rates

Suwannee Health Car	re Center			Provider Number:	0 005387-00
1620 Helvenston Stre				Date:	12/21/2010
Live Oak FL 32064				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:				Addit Status.	Unaudited [5]
		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	218.73	221.59	1/1/2011
	Level H: AIDS		362.07	366.45	1/1/2011
	Level U: Fragile Under 21		477.10	482.70	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	Pr	otal Prospective rospective Adjusted otal Prospective with	for New Costs h Interim Component
Basis:		Changes	5:		
Desk audit	ed costs t - interim portion		Usual and Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change nge ster Change	on

Stephen Russell

On FRV [2] as of 09/01/1988

Medicaid Cost Reimbursement Analysis

Stephen Russell

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Pensacola Administrative Services, LLC

2 North Palafox Street

Desk Audit - Prospective portion

Contract Management / Fiscal Agent

For information Only No Change in Rate



Medicaid Reimbursement Per Diem Rates

erkshire Manor]	Provider Number:	0 005388-00
255 NE 135th Street			Date:	12/21/2010
orth Miami FL 331	61		Fiscal Year End:	6/30/2009
			Audit Status:	Unaudited [3]
rovider Type:				
		Current	New	Effective
ursing Home	Single Level	Rate 230.00	Rate	Date 1/1/2011
un sing mome	Single Level	250.00	230.44	1/1/2011
	Level H: AIDS	373.34	381.30	1/1/2011
	Level U: Fragile Under 21	488.37	497.55	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Pro	tal Prospective ospective Adjusted tal Prospective with	for New Costs 1 Interim Component
Basis:	-	Changes:		
Budget			ating Change	
X Unaudited				
Field audit			Customary Limitation limitation	on
Field audit Field audit	ted costs		limitation change	on
Field audit Desk audit	ted costs t - interim portion ed costs	Target Rate	limitation change	on
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Field audit Desk audit Desk audit Desk Audi	ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Target Rate FRVS Char X Rate Semes	limitation change	on
Field audit Desk audit Desk audit Desk Audi Distribution:	ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Target Rate FRVS Char X Rate Semes On FRV [2]	limitation change nge ter Change	n

Stephen Russell

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For information Only No Change in Rate

Pensacola Administrative Services, LLC

2 North Palafox Street



Medicaid Reimbursement Per Diem Rates

arnegie Gardens Nu	rsing Center			Provider Number:	0 005519-00
415 South Hickory S	Street			Date:	12/21/2010
Ielbourne FL 32901				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
			Rate	Rate	Date
ursing Home	Single Level		219.08	219.83	1/1/2011
	Level H: AIDS		362.42	364.69	1/1/2011
	Level U: Fragile Under 21	-	477.45	480.94	1/1/2011
		-			
]	Total Interim Interim Component			otal Prospective ospective Adjusted	for New Costs
S			P	ospective Adjusted	for New Costs h Interim Component
S	Interim Component Settlement based on costs	Changes	Pi To	ospective Adjusted	
Basis:	Interim Component Settlement based on costs	Changes	Pi To	ospective Adjusted otal Prospective with	
	Interim Component Settlement based on costs Prior Provider Prospective data	Changes	Pr Te Te	ospective Adjusted	h Interim Component
Basis: Budget X Unaudited Field audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs	Changes	Licensure 1 Usual and Target Rate	Rating Change Customary Limitation	h Interim Component
Basis: Budget X Unaudited Field audit	Interim Component Settlement based on costs Prior Provider Prospective data	Changes	Pr To To Licensure I Usual and	Rating Change Customary Limitation	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data	Changes	Licensure D Usual and Target Rate FRVS Cha	Rating Change Customary Limitation nge	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs		Licensure D Usual and Target Rate FRVS Cha	Rating Change Customary Limitation	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion t - Prospective portion		Licensure D Usual and Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change nge ster Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Contract Manage	Interim Component Settlement based on costs Prior Provider Prospective data		Licensure 1 Usual and Target Rate FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 10/01/1985	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion t - Prospective portion	 X	Licensure I Usual and Target Rate FRVS Cha Rate Seme On FRV [2 Medicaid 0	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 10/01/1985 Stephen Russell	h Interim Component

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Pensacola Administrative Services, LLC

2 North Palafox Street



Medicaid Reimbursement Per Diem Rates

Fountainhead Care Co 390 NE 135th Street	enter	-		Provider Number: Date:	0 005523-00
North Miami FL 3316	61	_		Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 221.57	New <u>Rate</u> 212.69	Effective Date 1/1/2011
	Single 2010	-	221.07		1/1/2011
	Level H: AIDS		364.91	357.55	1/1/2011
	Level U: Fragile Under 21		479.94	473.80	1/1/2011
Rate Type :		v	Drognasti		
Interim	Total Interim	<u> </u>	Prospectiv X	ve Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
s	Settlement based on costs Prior Provider Prospective data			Total Prospective with	1 Interim Component
Basis:		Change	5:		

Settlement based on costs Prior Provider Prospective data	Total Prospective with Interim Component
Basis:	Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 02/01/1998
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Stephen Russell Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis
Home Office: 1 - No Home Office	



Medicaid Reimbursement Per Diem Rates

orth Campus Rehabilitation and Nursing Center			Provider Number:	0 005524-00
00 East Dixie Avenue			Date:	12/21/2010
cesburg FL 34748			Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
rovider Type:				
••		Current Rate	New Rate	Effective Date
ursing Home Single Level	_	215.82	218.68	1/1/2011
Level H: AIDS		359.16	363.54	1/1/2011
Level U: Fragile Under 21	-	474.19	479.79	1/1/2011
X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		P	otal Prospective rospective Adjusted otal Prospective with	for New Costs 1 Interim Component
Basis:	Changes	:		
X Budget		Licensure	Rating Change	
Unaudited costs			Customary Limitatio	on
Field audited costs		Target Rat	Customary Limitation change	on
Field audited costs Field audit - interim portion			Customary Limitation change	DD
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	 X	Target Rat FRVS Cha Rate Seme	Customary Limitation e limitation change ange ester Change	on
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	 X	Target Rat FRVS Cha Rate Seme	Customary Limitation e limitation change ange	on
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	X	Target Rat FRVS Cha Rate Seme	Customary Limitation e limitation change ange ester Change	on
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	X	Target Rat FRVS Cha Rate Seme On FRV [2	Customary Limitation e limitation change ange ester Change 2] as of 10/11/1988	
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:		Target Rat FRVS Cha Rate Seme On FRV [2 Medicaid 0	Customary Limitation e limitation change ange ester Change 2] as of 10/11/1988 Stephen Russell	Analysis

Home Office:

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



Medicaid Reimbursement Per Diem Rates

Manor on the Green		_		Provider Number:	0 005543-00
324 Wilder Boulevar		_		Date:	12/21/2010
Daytona Beach FL 32	2114	-		Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	221.35	228.08	1/1/2011
	Level H: AIDS		364.69	372.94	1/1/2011
	Level U: Fragile Under 21		479.72	489.19	1/1/2011
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		Χ	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Changes	:		

Budget X Unaudited costs Field audited costs Field audit - interin	m portion	Licensure Rating Usual and Custor Target Rate limit FRVS Change	nary Limitation
Desk audited costs Desk audit - Interin Desk Audit - Prosp	n Portion	Rate Semester Ch On FRV [2] as o	6
Distribution: Contract Management / I Permanent File For information No Change in R	Only	Medicaid Cost Ro	h en Russell eimbursement Analysis <i>Rassall</i>
Home Office:	1 - No Home Office		



Medicaid Reimbursement Per Diem Rates

Oakwood Garden of	Deland			Provider Number:	0 005547-00
451 South Amelia Av	venue	_		Date:	12/21/2010
Deland FL 32724		_		Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	
Trovider Type.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		211.40	216.39	1/1/2011
	Level H: AIDS		354.74	361.25	1/1/2011
	Level U: Fragile Under 21	_	469.77	477.50	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:	Prospect X	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Budget X Unaudited Field audi Field audi Desk audit Desk audit	ted costs t - interim portion		Usual a Target FRVS Rate Se	ure Rating Change and Customary Limitati Rate limitation change Change emester Change V [2] as of 10/01/1985	on
Distribution:				Stephen Russell	
Contract Manage Permanent File	ement / Fiscal Agent		Medica	id Cost Reimbursemen	t Analysis
For info	rmation Only nge in Rate	-3	typ	hun Ra	sell

Home Office:



Medicaid Reimbursement Per Diem Rates

Oaks Of Kissimmee				Provider Number:	0 005549-00
320 North Mitchell A	venue			Date:	12/21/2010
Kissimmee FL 34741				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		221.87	222.94	1/1/2011
	Level H: AIDS		365.21	367.80	1/1/2011
	Level U: Fragile Under 21	2	480.24	484.05	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective wit	
Basis:		Changes:			
Budget			Licensu	re Rating Change	
X Unaudited				nd Customary Limitati	on
Field audit			-	Rate limitation change	
Field audi Desk audit	t - interim portion		FRVS (Change	
Desk audit	- Interim Portion	X		emester Change	
	t - Prospective portion		On FRV	V [2] as of 07/01/2004	
Distribution:	ement / Fiscal Agent			Stephen Russell	
Contract Manage	ement / Fiscal Ageilt		Medica	id Cost Reimbursemen	t Analysis

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Permanent File

For information Only No Change in Rate



Medicaid Reimbursement Per Diem Rates

ante at Ocala			Provider Number:	0 005701-00
21 Southwest 1st Avenue			Date:	12/21/2010
cala FL 34474			Fiscal Year End:	11/14/2009
			Audit Status:	Unaudited [3]
ovider Type:		Current	New	Effective
		Rate	Rate	Date
ursing Home Single Level	-	204.03	206.05	1/1/2011
Level H: AIDS		347.37	350.91	1/1/2011
Level U: Fragile Under 21	-	462.40	467.16	1/1/2011
X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		P	otal Prospective rospective Adjusted otal Prospective wit	for New Costs h Interim Component
Basis:	Changes	5:		
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		Usual and Target Rat FRVS Cha	Rating Change Customary Limitati e limitation change ange ester Change 2] as of 04/01/1992	on
Don munt i rospective portion				
Distribution:			Stephen Russell	

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



Medicaid Reimbursement Per Diem Rates

alatka Health Care Center			Provider Number:	0 005811-00
10 Kay Larkin Dr.			Date:	12/21/2010
alatka FL 32177			Fiscal Year End:	6/30/2009
			Audit Status:	Unaudited [3]
rovider Type:				
		urrent	New	Effective
		Rate	Rate	Date
ursing Home Single Level	2	20.91	224.35	1/1/2011
Level H: AIDS	3	64.25	369.21	1/1/2011
Level U: Fragile Under 21	4	79.28	485.46	1/1/2011
Interim	X P	rospective		
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data	<u> </u>	P	otal Prospective cospective Adjusted otal Prospective with	for New Costs h Interim Component
Total Interim Interim Component X Settlement based on costs	X F	T	cospective Adjusted	
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data	Changes:	Ti	rospective Adjusted otal Prospective with	
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data	Changes:	T	rospective Adjusted otal Prospective with Rating Change	h Interim Component
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Budget	Changes:	T	rospective Adjusted otal Prospective with	h Interim Component
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion	Changes:	T	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	Changes:	Licensure Usual and Target Rat	Rating Change Customary Limitation e limitation change	h Interim Component
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion	Changes:	Licensure Usual and Target Rat FRVS Cha	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs	Changes:	Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitation e limitation change ster Change 2] as of 05/26/1986	h Interim Component
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	Changes:	Licensure To To To Usual and Target Rat FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitation e limitation change ster Change 2] as of 05/26/1986 Stephen Russell	h Interim Component
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	Changes:	Licensure T T T Usual and Target Rat FRVS Cha Rate Seme On FRV [2 Medicaid 0	Rating Change Customary Limitation e limitation change ster Change 2] as of 05/26/1986	h Interim Component

Home Office:



Medicaid Reimbursement Per Diem Rates

Boynton Health Care	e Center			Provider Number:	0 005814-00
7900 Venture Center				Date:	12/21/2010
Boynton Beach FL 3	3437			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NT • TT		_	Rate	Rate	Date
Nursing Home	Single Level	_	242.04	231.86	1/1/2011
	Level H: AIDS		385.38	376.72	1/1/2011
	Level U: Fragile Under 21	_	500.41	492.97	1/1/2011
Rate Type :	I	X	Prospectiv	ve	
	Total Interim		Χ	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Changes	:		
Budget X Unaudited Field audi			Usual an	re Rating Change nd Customary Limitation Rate limitation change	on
	t - interim portion		FRVS C	Thange	
Desk audi	ted costs		_		

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Stephen Russell

On FRV [2] as of 09/14/1999

Rate Semester Change

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Distribution:

Permanent File

1 - No Home Office

Desk audit - Interim Portion

Contract Management / Fiscal Agent

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Desk Audit - Prospective portion



Medicaid Reimbursement Per Diem Rates

Iealth Care Center of	f Tampa			Provider Number:	0 005826-00
818 East Fletcher A	venue			Date:	12/21/2010
Campa FL 33612				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
U L			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	-	201.86	210.30	1/1/2011
	Level H: AIDS		345.20	355.16	1/1/2011
	Level U: Fragile Under 21	-	460.23	471.41	1/1/2011
Interim		X	Prospective		
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	X To Pr	otal Prospective rospective Adjusted otal Prospective with	for New Costs h Interim Component
	Interim Component Settlement based on costs	X	X To	ospective Adjusted	
Basis:	Interim Component Settlement based on costs		X To Pr To	ospective Adjusted otal Prospective with	
	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To S: Licensure I Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitatio	h Interim Component
Basis: Budget X Unaudited Field audit	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To S: Licensure I Usual and Target Rate	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To S: Licensure I Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To S: Licensure I Usual and Target Rato FRVS Cha	Rating Change Customary Limitation nge	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs red costs t - interim portion ed costs	Changes	X To Pr To C S: Licensure I Usual and Target Rato FRVS Cha Rate Seme	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes	X To Pr To C S: Licensure I Usual and Target Rato FRVS Cha Rate Seme	Rating Change Customary Limitation e limitation change ster Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion	Changes	X To Pr To S: Licensure I Usual and Target Rato FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 09/01/1991	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audi Desk Audi Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes	X To Ph To Control Control X To Ph To To Control X To Control X To Control X To Control X Contro	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 09/01/1991 Stephen Russell	h Interim Component on t Analysis

Home Office:



Medicaid Reimbursement Per Diem Rates

len Oaks Health Ca	re Center			Provider Number:	0 005849-00
00 Pine Street				Date:	12/21/2010
learwater FL 33756				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
			Rate	Rate	Date
ursing Home	Single Level		243.80	244.07	1/1/2011
	Level H: AIDS		387.14	388.93	1/1/2011
	Level U: Fragile Under 21		502.17	505.18	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim		X To	otal Prospective	
	Interim Component		Pr	ospective Adjusted	for New Costs
	Settlement based on costs		To	otal Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Change	s:		
		Change			
Budget		Change	Licensure l	Rating Change	
Budget X Unaudited		Change	Licensure l	Customary Limitation	on
Budget X Unaudited Field audit	ted costs	Change	Licensure I Usual and Target Rate	Customary Limitation change	on
Budget X Unaudited Field audit	ted costs t - interim portion	Change	Licensure l	Customary Limitation change	on
Budget X Unaudited Field audit Field audit Desk audit	ted costs t - interim portion ed costs		Licensure I Usual and Target Rate FRVS Cha	Customary Limitation e limitation change nge	on
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ted costs t - interim portion	Change	Licensure I Usual and Target Rate FRVS Cha	Customary Limitation change	on
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensure I Usual and Target Rate FRVS Cha	Customary Limitation e limitation change nge ster Change [] as of 02/06/1989	on
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Distribution: Distribution:	ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensure I Usual and C Target Rate FRVS Cha Rate Seme On FRV [2	Customary Limitation e limitation change nge ster Change] as of 02/06/1989 Stephen Russell	
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit Desk Audit	ted costs t - interim portion ed costs - Interim Portion t - Prospective portion ement / Fiscal Agent		Licensure I Usual and C Target Rate FRVS Cha Rate Semen On FRV [2 Medicaid C	Customary Limitation e limitation change nge ster Change [] as of 02/06/1989 Stephen Russell Cost Reimbursement	t Analysis
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audi Desk Audi Desk Audi Desk Audi	ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensure I Usual and C Target Rate FRVS Cha Rate Semen On FRV [2 Medicaid C	Customary Limitation e limitation change nge ster Change] as of 02/06/1989 Stephen Russell	t Analysis

Home Office:



Medicaid Reimbursement Per Diem Rates

Heritage Park				Provider Number:	0 005850-00	
37135 Coleman Avenue				Date:	12/21/2010	
Dade City FL 33525				Fiscal Year End:	6/30/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
~ ~			Current	New	Effective	
		_	Rate	Rate	Date	
Nursing Home	Single Level	-	212.94	219.62	1/1/2011	
	Level H: AIDS		356.28	364.48	1/1/2011	
	Level U: Fragile Under 21		471.31	480.73	1/1/2011	
Rate Type : Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component				
Basis:		Changes	5:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Duck and it departs			Usual an	e Rating Change d Customary Limitati ate limitation change hange	on	
Desk audited costs						

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Distribution:

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Desk audit - Interim Portion

Desk Audit - Prospective portion

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No Change in Rate

Home Office:

Pensacola Administrative Services, LLC

2 North Palafox Street

Stephen Russell Medicaid Cost Reimbursement Analysis

Stephen Russell

Rate Semester Change

On FRV [2] as of 09/01/1997



Medicaid Reimbursement Per Diem Rates

Lake Eustis Care Cen	Lake Eustis Care Center			Provider Number:	0 005851-00	
11 W. Woodward Avenue Eustis FL 32726		_		Date:	12/21/2010 6/30/2009	
		-		Fiscal Year End:		
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
		-	Rate	Rate	Date	
Nursing Home	Single Level	-	221.33	221.32	1/1/2011	
	Level H: AIDS		364.67	366.18	1/1/2011	
	Level U: Fragile Under 21		479.70	482.43	1/1/2011	
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Fotal Prospective wit	h Interim Component	
Basis:		Change	5:			
Budget			Licensure	e Rating Change		
X Unaudited				l Customary Limitati	on	
Field audited costs		Target Rate limitation change				
	- interim portion		FRVS Ch	nange		
Desk audit	ed costs - Interim Portion	<u> </u>	 Rate Sem	ester Change		
Desk Audit - Prospective portion		On FRV [2] as of 08/01/1998				
Distribution:		L		Stephen Russell		
	ement / Fiscal Agent			Stephen Russen		

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Medicaid Reimbursement Per Diem Rates

Lake Placid Health Care Center 125 Tomoka Boulevard South			Provider Number:	0 006339-00		
			Date:	12/21/2010		
Lake Placid FL 3385	2		Fiscal Year End:	6/30/2009		
			Audit Status:	Unaudited [3]		
Provider Type:						
		Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	212.25	211.94	1/1/2011		
	Level H: AIDS	355.59	356.80	1/1/2011		
	Level U: Fragile Under 21	470.62	473.05	1/1/2011		
Rate Type :						
Interim		X Prospecti	ive			
Total Interim		X Total Prospective				
Interim Component		Prospective Adjusted for New Costs				
Settlement based on costs		Total Prospective with Interim Component				
1	Prior Provider Prospective data					

Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 01/01/1999
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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Windsor Manor				Provider Number:	0 006340-00	
602 East Laura Street			Date:		12/21/2010	
Starke FL 32091				Fiscal Year End:	6/30/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	213.95	216.83	1/1/2011	
	Level H: AIDS		357.29	361.69	1/1/2011	
	Level U: Fragile Under 21	-	472.32	477.94	1/1/2011	
Interim		X	X Prospective X Total Prospective Prospective Adjusted for New Costs			
	ettlement based on costs rior Provider Prospective data		,	Total Prospective with	h Interim Component	
Basis:		Changes	:			
Budget			Licensure Rating Change			
Budget X Unaudited costs			Usual and Customary Limitation			

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Target Rate limitation change FRVS Change

Rate Semester Change On FRV [2] as of 07/02/1990

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Medicaid Cost Reimbursement Analysis

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Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

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Desk Audit - Prospective portion



Medicaid Reimbursement Per Diem Rates

Rehabilitation Center	of St. Pete			Provider Number:	0 006408-00		
435 42nd Avenue S				Date:	12/21/2010		
St. Petersburg FL 337	705			Fiscal Year End:	6/30/2009		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
Numero Homo		•	Rate	Rate			
Nursing Home	Single Level		229.45	232.75	1/1/2011		
	Level H: AIDS		372.79	377.61	1/1/2011		
	Level U: Fragile Under 21		487.82	493.86	1/1/2011		
X	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data			Total Prospective Prospective Adjusted Total Prospective with			
Basis:		Change	es:				
Budget			Licensu	re Rating Change			
X Unaudited				nd Customary Limitation	on		
Field audit			Target Rate limitation change				
	t - interim portion		FRVS C	Change			
Desk audit	- Interim Portion	X Rate Semester Change					
	t - Prospective portion		X Rate Semester Change Not on FRV [1]				
Distribution:		L		Stephen Russell			
-	ement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis		
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Medicaid Reimbursement Per Diem Rates

Salerno Bay Manor		_		Provider Number:	0 006483-00	
4801 S.E. Cove Road		_		Date:	12/21/2010	
Stuart FL 34997		-		Fiscal Year End:	6/30/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		228.94	227.99	1/1/2011	
	Level H: AIDS		372.28	372.85	1/1/2011	
	Level U: Fragile Under 21		487.31	489.10	1/1/2011	
Rate Type :						
Interim		X	Prospecti	ve		
,	Total Interim	—	X	Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective wit	h Interim Component	
]	Prior Provider Prospective data					
Basis:		Change	es:			
Budget			Licensu	re Rating Change		
X Unaudited	costs		Usual a	nd Customary Limitati	on	
Field audit	ed costs		Target I	Rate limitation change		
Field audit	- interim portion		FRVS Change			

X Rate Semester Change On FRV [2] as of 01/01/1999

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Medicaid Cost Reimbursement Analysis

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Desk audited costs

Desk audit - Interim Portion

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Desk Audit - Prospective portion



Medicaid Reimbursement Per Diem Rates

Royal Manor				Provider Number:	0 006489-00
600 Business Parkwa				Date:	12/21/2010
Royal Palm Beach Fl	L 33411			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
••			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	223.10	233.29	1/1/2011
	Level H: AIDS		366.44	378.15	1/1/2011
	Level U: Fragile Under 21		481.47	494.40	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	P	otal Prospective Prospective Adjusted	for New Costs h Interim Component
Basis:		Changes	:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs			Usual and	Rating Change Customary Limitati te limitation change ange	on
Desk audit	Interim Portiont - Prospective portion	X		ester Change 2] as of 01/01/1999	

Stephen Russell Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Oakbrook of LaBelle		I	Provider Number:	0 006767-00
250 Broward Avenue			Date:	12/21/2010
Labelle FL 33935			Fiscal Year End:	
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
NI		Rate	Rate	Date
Nursing Home	Single Level	238.44	235.64	1/1/2011
	Level H: AIDS	381.78	380.50	1/1/2011
	Level U: Fragile Under 21	496.81	496.75	1/1/2011
I	Fotal Interim nterim Component Settlement based on costs	Pro	tal Prospective ospective Adjusted tal Prospective wit	for New Costs h Interim Component
Basis:	Prior Provider Prospective data	Changes:		
Budget		Licensure R	ating Change	
X Unaudited			Customary Limitati	on
Field audite		Target Rate limitation change		
	- interim portion	FRVS Char	nge	
	ed costs - Interim Portion - Prospective portion	X Rate Semester Change On FRV [2] as of 12/01/2001		
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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

osswinds Health & Rehab Center		Provider Number:	0 007012-00
S. Hwy 90 E.		Date:	12/21/2010 3/31/2010
eenville FL 32331		Fiscal Year End:	
		Audit Status:	Unaudited [3]
ovider Type:			
	Current	New	Effective
arging Homo Single Level	Rate	Rate	Date
ursing Home Single Level	219.40	219.99	1/1/2011
Level H: AIDS	362.74	364.85	1/1/2011
Level U: Fragile Under 21	477.77	481.10	1/1/2011
X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Pr	otal Prospective ospective Adjusted otal Prospective wit	for New Costs h Interim Component
Basis:	Changes:		
X Budget	Licensure I	Rating Change	
Unaudited costs	Usual and O	Customary Limitati	on
Unaudited costs Field audited costs	Usual and C Target Rate	Customary Limitation change	on
Unaudited costs Field audited costs Field audit - interim portion	Usual and O	Customary Limitation change	on
Unaudited costs Field audited costs	Usual and C Target Rate	Customary Limitation limitation change nge	on
Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and C Target Rate FRVS Cha	Customary Limitation limitation change nge	on
Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	Usual and C Target Rate FRVS Cha	Customary Limitation limitation change nge ster Change	on
Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	Usual and C Target Rate FRVS Cha X Rate Semes On FRV [2	Customary Limitation limitation change nge ter Change] as of 10/01/1985	
Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	Usual and C Target Rate FRVS Cha X Rate Semes On FRV [2	Customary Limitation limitation change nge leter Change] as of 10/01/1985 Stephen Russell Cost Reimbursemen	

Home Office:



Medicaid Reimbursement Per Diem Rates

Cross Landings Healt	h & Rehab Center			Provider Number:	0 007014-00
1780 N. Jefferson St.	Date:		Date:	12/21/2010	
Monticello FL 32344				Fiscal Year End:	3/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		222.79	223.40	1/1/2011
	Level H: AIDS		366.13	368.26	1/1/2011
	Level U: Fragile Under 21		481.16	484.51	1/1/2011
Rate Type :		1			
X Interim	Fotal Interim	1	Prospective	otal Prospective	
	Interim Component			rospective Adjusted	for New Costs
	Settlement based on costs			1 0	h Interim Component
	Prior Provider Prospective data				r mermi component
Basis:		Changes:			
N			T : com cumo l	Dating Change	
X Budget Unaudited				Rating Change Customary Limitatio	

Target Rate limitation change FRVS Change

Rate Semester Change On FRV [2] as of 04/01/2009

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

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Field audit - interim portion

Desk audit - Interim Portion

Contract Management / Fiscal Agent

For information Only No Change in Rate

Desk Audit - Prospective portion

Desk audited costs



Medicaid Reimbursement Per Diem Rates

Manatee Springs Care	e and Rehab			Provider Number:	0 008793-00
5627 9th Street East				Date:	12/21/2010
Bradenton FL 34203				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		227.23	229.54	1/1/2011
	Level H: AIDS		370.57	374.40	1/1/2011
	Level U: Fragile Under 21	_	485.60	490.65	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:	P T	Ootal Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audit Desk audit	ed costs t - interim portion		Usual and Target Rat FRVS Char Rate Sema	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 07/01/1987	on
Distribution:				Stephen Russell	
Permanent File For infor	ement / Fiscal Agent rmation Only nge in Rate	3		Cost Reimbursement	•

Home Office:

Putnam Council, Inc.

16 Norcross Street Roswell GA 30075



		rovider Number:	0 010082-00
781 Thelma Avenue		Date:	12/21/2010
biter FL 33458	Η	Fiscal Year End:	5/31/2010
		Audit Status:	Unaudited [3]
ovider Type:			
	Current	New	Effective
Irsing Home Single Level	Rate 209.94	Rate	Date
Irsing Home Single Level		210.02	1/1/2011
Level H: AIDS	353.28	354.88	1/1/2011
Level U: Fragile Under 21	468.31	471.13	1/1/2011
Rate Type :			
X Interim	Prospective		
X Total Interim	Tot	al Prospective	
Interim Component		spective Adjusted	
Settlement based on costs			
			for New Costs n Interim Component
Settlement based on costs			
Settlement based on costs Prior Provider Prospective data Basis:	Tot		
Settlement based on costs Prior Provider Prospective data Basis:	Tot Changes: Licensure Ra Usual and C	al Prospective with ating Change ustomary Limitatio	n Interim Component
Settlement based on costs Prior Provider Prospective data Basis: X Budget	Tot Changes: Licensure Rate Usual and C Target Rate	al Prospective with ating Change ustomary Limitation limitation change	n Interim Component
Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs Field audit - interim portion	Tot Changes: Licensure Ra Usual and C	al Prospective with ating Change ustomary Limitation limitation change	n Interim Component
Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	Changes: Licensure Ra Usual and C Target Rate FRVS Chan	al Prospective with ating Change ustomary Limitatio limitation change ge	n Interim Component
Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Changes: Licensure Ra Usual and C Target Rate FRVS Chan X	al Prospective with ating Change ustomary Limitatio limitation change ge er Change	n Interim Component
Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	Changes: Licensure R: Usual and C Target Rate FRVS Chan X Rate Semest On FRV [2]	al Prospective with ating Change ustomary Limitation limitation change ge er Change as of 07/08/1996	n Interim Component
Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	Changes: Licensure R Usual and C Target Rate FRVS Chan X Rate Semest On FRV [2]	al Prospective with ating Change ustomary Limitation limitation change ge er Change as of 07/08/1996 Stephen Russell	n Interim Component
Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes: Licensure Ri Usual and C Target Rate FRVS Chan X Rate Semest On FRV [2] Medicaid Co	al Prospective with ating Change ustomary Limitation limitation change ge er Change as of 07/08/1996 Stephen Russell ost Reimbursement	n Interim Component
Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	Changes: Licensure R Usual and C Target Rate FRVS Chan X Rate Semest On FRV [2]	al Prospective with ating Change ustomary Limitation limitation change ge er Change as of 07/08/1996 Stephen Russell ost Reimbursement	n Interim Component



	e and Rehabilitation Center -		Provider Number:	0 010453-00
401 Sawyer Road			Date:	12/21/2010 12/31/2009
arasota FL 34233			Fiscal Year End:	
			Audit Status:	Unaudited [3]
rovider Type:		Current Rate	New Rate	Effective Date
ursing Home	Single Level	209.90	211.06	1/1/2011
	Level H: AIDS	353.24	355.92	1/1/2011
	Level U: Fragile Under 21	468.27	472.17	1/1/2011
Rate Type :				
X Interim		Prospective		
X	Total Interim	To	otal Prospective	
	Interim Component	Pr	ospective Adjusted	for New Costs
	Settlement based on costs	To	otal Prospective wit	h Interim Component
	Prior Provider Prospective data			
Basis:		Changes:		
X Budget		Licensure F	Rating Change	
Unaudited	costs		Customary Limitati	on
Field audit			e limitation change	
Field audi	t - interim portion	FRVS Cha		
Desk audit	-			
	- Interim Portion	X Rate Semes		
Desk Audi	t - Prospective portion	On FRV [2] as of 07/10/2009	
Distribution:			Stephen Russell	
•	ement / Fiscal Agent	Medicaid C	Cost Reimbursemen	t Analysis
Permanent File	rmation Only			-
	rmation Only nge in Rate	Steph	n Ra	south
No Chai	ige in Kale			
Home Office:	HCR Manor Care			
	Julie Yoxtheimer			
	333 North Summit Street			
	Toledo OH 43604			



Medicaid Reimbursement Per Diem Rates

25 Boca Del Mar Drive ca Raton FL 33433		Date:	12/21/2010
ca Raton FL 33433			
		Fiscal Year End:	12/31/2009
		Audit Status:	Unaudited [3]
ovider Type:			
	Current Rate	New Rate	Effective Date
Irsing Home Single Level	208.68	209.42	1/1/2011
Level H: AIDS	352.02	354.28	1/1/2011
Level U: Fragile Under 21	467.05	470.53	1/1/2011
Rate Type :			
X Interim	Prospective		
X Total Interim	To	otal Prospective	
Interim Component	Pr	ospective Adjusted	for New Costs
Settlement based on costs	То	otal Prospective with	h Interim Component
Prior Provider Prospective data			
Basis:	hanges:		
X Budget	Licensure I	Rating Change	
Unaudited costs	Usual and	Customary Limitati	on
Field audited costs	Target Rate	e limitation change	
Field audit - interim portion	FRVS Cha	nge	
Desk audited costs			
Desk audit - Interim Portion	X Rate Semes		
Desk Audit - Prospective portion	On FRV [2] as of 08/05/2009	
Distribution:		Stephen Russell	
Contract Management / Fiscal Agent	Medicaid (Cost Reimbursemen	t Analysis
Permanent File			
For information Only No Change in Rate	steph	n Ra	sell

HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604



Medicaid Reimbursement Per Diem Rates

	Provider Number:	0 011998-00
	Date:	<u>12/21/2010</u> <u>3/31/2010</u>
	Fiscal Year End:	
	Audit Status:	Unaudited [3]
Current Rate	New Rate	Effective Date
204.35	204.37	1/1/2011
347.69	349.23	1/1/2011
462.72	465.48	1/1/2011
Prospective		
То	otal Prospective	
Pr	ospective Adjusted	for New Costs
To	otal Prospective wit	h Interim Component
nges:		
Licensure F	Rating Change	
		on
Target Rate	limitation change	
FRVS Char	nge	
On FKV [2	j as of 05/07/2009	
	Stephen Russell	
	a at Daimahana ana an	t Analysis
Medicaid C	ost Reimbursemen	t 7 that y 515
	es Reimbursemen	-
	Current Rate 204.35 347.69 462.72 Prospective To nges: Licensure F Usual and O Target Rate FRVS Char X Rate Semes	Fiscal Year End: Audit Status: Current New Rate Rate 204.35 204.37 347.69 349.23 462.72 465.48 Prospective Prospective Prospective Adjusted Total Prospective with mges: Total Prospective with mges: T

Chattanooga TN 37421



Medicaid Reimbursement Per Diem Rates

St. James Health & R	St. James Health & Rehabilitation Center			Provider Number:	0 015613-00
239 Crooked River R	oad	-		Date:	12/21/2010
Carrabelle FL 32322				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		223.01	225.96	1/1/2011
	Level H: AIDS		366.35	370.82	1/1/2011
	Level U: Fragile Under 21	_	481.38	487.07	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes:		e Total Prospective Prospective Adjusted Total Prospective with	
Desk audit Desk audit	ed costs t - interim portion		Usual and Target Ra FRVS Cl Rate Sem	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 05/26/2009	DN
Distribution:				Stephen Russell	
Permanent File For info	ement / Fiscal Agent rmation Only nge in Rate	-Br		Cost Reimbursement	•

Home Office:



Whitehall Boca Rator	n		Provider Number:	0 016016-00
7300 Del Prado			Date:	12/21/2010
Boca Raton FL 3343	3		Fiscal Year End:	10/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	223.40	224.33	1/1/2011
	Level H: AIDS	366.74	369.19	1/1/2011
	Level U: Fragile Under 21	481.77	485.44	1/1/2011
Rate Type :				
X Interim		Prospective		

X Interim	Prospective
X 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:	Changes:
X Budget	Licensure Rating Change
Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 12/01/2009
Distribution:	Stephen Russell
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Permanent File	Medicaid Cost Reimbursement Analysis
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No Change in Rate	mapunas formas
Home Office: 1 - No Home Office	



Medicaid Reimbursement Per Diem Rates

Bayside Manor			Provider Number:	0 017221-00
4343 Langley Avenue	2	Date:		12/21/2010
Pensacola FL 32504-	8511		Fiscal Year End:	10/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.85	195.90	1/1/2011
	Level H: AIDS	339.19	340.76	1/1/2011
	Level U: Fragile Under 21	454.22	457.01	1/1/2011
Rate Type :				
X Interim		Prospectiv	e	
X	Total Interim	Total Prospective		

X Total Interim Interim Component	Total Prospective Prospective Adjusted for New Costs
Settlement based on costs Prior Provider Prospective data	Total Prospective with Interim Component
Basis:	Changes:
X Budget	Licensure Rating Change
Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Semester Change On FRV [2] as of 05/01/1992
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Medicaid Reimbursement Per Diem Rates

Center		Provider Number:	0 017222-00
		Date:	12/21/2010
		Fiscal Year End:	10/31/2009
		Audit Status:	Unaudited [3]
	Current Rate	New Rate	Effective Date
Single Level	213.63	215.11	1/1/2011
Level H: AIDS	356.97	359.97	1/1/2011
Level U: Fragile Under 21	472.00	476.22	1/1/2011
	Prospective		
Total Interim	Total Prospective		
Interim Component	Prospective Adjusted for New Costs		
Settlement based on costs	T	otal Prospective with	n Interim Component
	Single Level Level H: AIDS Level U: Fragile Under 21 Fotal Interim Interim Component	Single Level Current Rate Single Level 213.63 Level H: AIDS 356.97 Level U: Fragile Under 21 472.00 Prospective Total Interim T Interim Component P Settlement based on costs T	Date: Fiscal Year End: Audit Status: Current New Rate Rate 213.63 215.11 Level H: AIDS 356.97 Level U: Fragile Under 21 472.00 Prospective Fotal Interim Interim Component Settlement based on costs

Prior Provider Prospective data **Basis:** Changes: Licensure Rating Change Х Budget Unaudited costs Usual and Customary Limitation Target Rate limitation change Field audited costs FRVS Change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Х Rate Semester Change On FRV [2] as of 02/01/2005 Desk Audit - Prospective portion **Distribution:**

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Medicaid Reimbursement Per Diem Rates

Rosewood Manor 3107 North H Street			Provider Number:	0 017223-00
Pensacola FL 32501			Date: Fiscal Year End:	<u>12/21/2010</u> 10/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.80	199.04	1/1/2011
	Level H: AIDS	342.14	343.90	1/1/2011
	Level U: Fragile Under 21	457.17	460.15	1/1/2011
X Interim X X	Total Interim Interim Component	I	Fotal Prospective Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data	Ý	Fotal Prospective with	h Interim Component

Basis:	Changes:
X Budget	Licensure Rating Change
Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 10/01/1985
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Medicaid Reimbursement Per Diem Rates

Bay Breeze Nursing	& Retirement Center			Provider Number:	0 017225-00	
3387 Gulf Breeze Par	-		Date:		12/21/2010	
Gulf Breeze FL 3256	3			Fiscal Year End:	10/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:		_	urrent Rate	New Rate	Effective Date	
Nursing Home	Single Level	2	15.06	216.58	1/1/2011	
	Level H: AIDS	3	58.40	361.44	1/1/2011	
	Level U: Fragile Under 21	4	73.43	477.69	1/1/2011	
	Interim Component Settlement based on costs Prior Provider Prospective data			rospective Adjusted otal Prospective with	n Interim Component	
			I	otal Prospective with	I internit Component	
Basis:		Changes:				
X Budget			Licensure	Rating Change		
Unaudited				Customary Limitatio	on	
Field audit		Target Rate limitation change FRVS Change				
Field audi Desk audit	t - interim portion		FRVSCh	ange		
	- Interim Portion	X Rate Semester Change				
	t - Prospective portion		On FRV [2	2] as of 06/30/1994		
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Silvercrest Manor			Provid	der Number:	0 017230-00)
910 Brookmeade Dr		Date: 12/21/		12/21/2010		
Crestview FL 32539			Fisca	l Year End:	10/31/2009	
			A	Audit Status:	Unaudited [3]]
Provider Type:						
		Curr Rat		New Rate	Effective Date	
Nursing Home	Single Level	210	.83 2	211.23	1/1/2011	
	Level H: AIDS	354	.173	56.09	1/1/2011	
	Level U: Fragile Under 21	469	.20 4	72.34	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		Prospec	-	for New Costs h Interim Componen	nt
Basis:		Changes:				

Budget Unaudited costs Field audited costs	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	FRVS Change X Rate Semester Change On FRV [2] as of 08/01/1988
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Medicaid Reimbursement Per Diem Rates

Specialty Center of P	Pensacola			Provider Number:	0 017236-00
6984 Pine Forest Roa				Date:	12/21/2010
Pensacola FL 32526				Fiscal Year End:	10/31/2009
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	
Tioviaci Type.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		216.36	216.51	1/1/2011
	Level H: AIDS		359.70	361.37	1/1/2011
	Level U: Fragile Under 21		474.73	477.62	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		P	otal Prospective rospective Adjusted otal Prospective with	for New Costs h Interim Component
Basis:		Changes:			
Desk audit	ted costs t - interim portion		Usual and Target Rat FRVS Cha	Rating Change Customary Limitatio e limitation change ange ster Change	on

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On FRV [2] as of 12/16/1991

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Desk Audit - Prospective portion

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Medicaid Reimbursement Per Diem Rates

Health Care Center o	f Destin			Provider Number:	0 017242-00
138 Sandestin Lane	Sondostin Long		Date:	12/21/2010	
Destin FL 32550					
				Fiscal Year End:	10/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		219.21	219.44	1/1/2011
	Level H: AIDS	_	362.55	364.30	1/1/2011
	Level U: Fragile Under 21		477.58	480.55	1/1/2011
Rate Type : X Interim			Prospectiv	e	
X	Total Interim		,	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
XBudgetLicensure Rating ChangeUnaudited costsUsual and Customary LimitationField audited costsTarget Rate limitation changeField audit - interim portionFRVS Change			on		
Desk audit	ted costs				

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Desk audit - Interim Portion

Desk Audit - Prospective portion

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Rate Semester Change

On FRV [2] as of 02/24/1988

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I Kelton Ave.	Date: 12/21/2010
pee FL 34761	Fiscal Year End: 12/31/2010
	Audit Status: Unaudited [.
ovider Type:	
	Current New Effective Rate Rate Date
rsing Home Single Level	$\frac{1}{220.62} \frac{1}{223.91} \frac{1}{1/1/2011}$
Level H: AIDS	363.96 368.77 1/1/2011
Level U: Fragile Under 21	478.99 485.02 1/1/2011
K Interim	Prospective
X Total Interim Interim Component Settlement based on costs	Total Prospective Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Compone
X Total Interim Interim Component	Total Prospective Prospective Adjusted for New Costs
X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs Field audit - interim portion	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Compone
X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Compone Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change
X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs Field audit- interim portion Desk audited costs Desk audited costs	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Compone Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 09/08/1997
X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk audited costs	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Compone Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change



Medicaid Reimbursement Per Diem Rates

The Park Summit at C 8500 Royal Palm Blv	· · ·			Provider Number: Date:	0 018066-00
Coral Springs FL 330		- -		Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		212.83	220.62	1/1/2011
	Level H: AIDS		356.17	365.48	1/1/2011
	Level U: Fragile Under 21		471.20	481.73	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	P	Cotal Prospective Prospective Adjusted	for New Costs h Interim Component
Basis:		Change	es:		
Budget X Unaudited	costs			Rating Change Customary Limitation	on

Target Rate limitation change FRVS Change

Rate Semester Change On FRV [2] as of 06/01/1986

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Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

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Desk Audit - Prospective portion

FiveStar Quality Care Inc 400 Centre Street

Newton MA 02458

V6.89.1.2:9QTGI

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Medicaid Reimbursement Per Diem Rates

Bay Village of Saraso	ota		Provider Number:	0 018777-00
3400 Vamo Road	200		Date: 12/21/202	
Sarasota FL 34231-78	899		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective Date
Numain a Home		Rate	Rate	
Nursing Home	Single Level	225.85	225.83	1/1/2011
	Level H: AIDS	369.19	370.69	1/1/2011
	Level U: Fragile Under 21	484.22	486.94	1/1/2011
	Total Interim		otal Prospective	for Now Costs
	Interim Component Settlement based on costs		1 0	h Interim Component
	Prior Provider Prospective data		star i rospective wit	n merni component
Basis:	-	Changest		
Dasis:		Changes:		
X Budget		Licensure l	Rating Change	
Unaudited	costs	Usual and	Customary Limitati	on

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Target Rate limitation change

FRVS Change

Rate Semester Change On FRV [2] as of 02/22/2010

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Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

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Desk Audit - Prospective portion



Medicaid Reimbursement Per Diem Rates

3636 10 AVENUE NORT			Provider Number:	0 019085-00
	Н		Date:	12/21/2010
St. Petersburg FL 33713			Fiscal Year End: 3/31/2011	
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Si	ingle Level	211.31	212.62	1/1/2011
Le	evel H: AIDS	354.65	357.48	1/1/2011
Le	evel U: Fragile Under 21	469.68	473.73	1/1/2011

X Interim			Prospective		
Т о Х То	tal Interim		Total Prospective		
Int	erim Component	Prospective Adjusted for New Costs			
Set	ttlement based on costs		Total Prospective with Interim Component		
Pri	or Provider Prospective data				
Basis:		Changes:			
X Budget			Licensure Rating Change		
Unaudited co	sts		Usual and Customary Limitation		
Field audited	costs		Target Rate limitation change		
Field audit -	interim portion		FRVS Change		
Desk audited	costs				
	Interim Portion	X	Rate Semester Change		
Desk Audit -	Prospective portion		On FRV [2] as of 12/15/1986		
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Home Office:	Signature Healthcare LLC				
	Julie Kleiser				
	12201 Bluegrass Parkway				

Louisville KY 40299



Medicaid Reimbursement Per Diem Rates

Southern Pines Health	ncare Center			Provider Number:	0 019282-00
6140 Congress Street					12/21/2010
New Port Richey FL	34653				3/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				Auun Status.	
Tioviaci Type.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	198.81	199.90	1/1/2011
	Level H: AIDS	_	342.15	344.76	1/1/2011
	Level U: Fragile Under 21		457.18	461.01	1/1/2011
Rate Type : X Interim			Prospective	e	
X	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	h Interim Component
I	Prior Provider Prospective data				
Basis:		Changes:	:		
X Budget Unaudited Field audit Field audit Desk audite	ed costs - interim portion		Usual and	e Rating Change I Customary Limitation ate limitation change nange	on

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Desk audit - Interim Portion

Desk Audit - Prospective portion

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Rate Semester Change

On FRV [2] as of 09/01/1987

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Medicaid Reimbursement Per Diem Rates

Cedar Hills Healthca	re Center			Provider Number:	0 019284-00
2061 Hyde Park Roa		_		Date:	12/21/2010
Jacksonville FL 3221	0	_		Fiscal Year End:	3/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	194.29	194.39	1/1/2011
	Level H: AIDS		337.63	339.25	1/1/2011
	Level U: Fragile Under 21	-	452.66	455.50	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		I	Fotal Prospective Prospective Adjusted	for New Costs h Interim Component
Basis:		Changes:			
X Budget			Licensure	Rating Change	
Unaudited	costs			l Customary Limitatio	on
Field audit				te limitation change	
	t - interim portion		FRVS Ch	ange	
	ed costs - Interim Portion t - Prospective portion	X		ester Change [2] as of 04/01/1993	
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Medicaid Reimbursement Per Diem Rates

Golfcrest Healthcare	Center]	Provider Number:	0 019287-00
600 North 17th Aven			Date:	12/21/2010
Hollywood FL 33020)		Fiscal Year End:	3/31/2011
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
NT • TT		Rate	Rate	Date
Nursing Home	Single Level	206.38	207.66	1/1/2011
	Level H: AIDS	349.72	352.52	1/1/2011
	Level U: Fragile Under 21	464.75	468.77	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data		ospective Adjusted tal Prospective with	h Interim Component
Basis:		Changes:		
X Budget		Licensure F	Rating Change	
Unaudited			Customary Limitation	on
Field audit			limitation change	
	t - interim portion	FRVS Char	nge	
Desk audit	ed costs - Interim Portion	X Rate Semes	ter Change	
	t - Prospective portion		as of 04/01/2003	
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Coastal Health & Rel	hab Center	_		Provider Number:	0 021261-00
820 North Clyde Mor		_	Date: 12/2		12/21/2010
Daytona Beach FL 32	2117	-		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		206.85	207.87	1/1/2011
	Level H: AIDS		250 10	250 72	1/1/2011
	Level n. AIDS		350.19	352.73	1/1/2011
	Level U: Fragile Under 21		465.22	468.98	1/1/2011
Rate Type : X Interim			Prospectiv	/e	
X	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		

Prior Provider Prospectiv	re data
Basis:	Changes:
X Budget	Licensure Rating Change
Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 07/19/2004
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arlton Shores Health and Rehabilitation Center	Provider Number: 0 0221	38-00
50 South Nova Road	Date: 12/21/	2010
aytona Beach FL 32114	Fiscal Year End: 4/30/2	2011
	Audit Status: Unaudit	ed [3]
rovider Type:		
	Current New Effective	
ursing Home Single Level	Rate Rate Date 228.34 231.19 1/1/2011	
ursing frome Single Level	220.34 231.19 1/1/2011	
Level H: AIDS	371.68 376.05 1/1/2011	
Level U: Fragile Under 21	486.71 492.30 1/1/2011	-
		_
Rate Type :		
X Interim	Prospective	
X Total Interim	Total Prospective	
Interim Component	Prospective Adjusted for New Costs	
Settlement based on costs	Total Prospective with Interim Com	ponent
Prior Provider Prospective data		
Basis:	hanges:	
X Budget	Licensure Rating Change	
Unaudited costs	Usual and Customary Limitation	
Field audited costs	Target Rate limitation change FRVS Change	
Field audit - interim portion Desk audited costs		
Desk audit - Interim Portion	X Rate Semester Change	
Desk Audit - Prospective portion	On FRV [2] as of 07/01/1987	
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Medicaid Reimbursement Per Diem Rates

Marco Terrace R	ehabilitation and Care	_		Provider Number:	0 022293-00
9 San Marco Aven		-		Date:	12/21/2010
Augustine FL 320	84	-	Fiscal Year End:		5/31/2011
				Audit Status:	Unaudited [3]
ovider Type:			Current	New	Effective
			Rate	Rate	Date
irsing Home	Single Level		208.78	210.70	1/1/2011
	Level H: AIDS		352.12	355.56	1/1/2011
	Level U: Fragile Under 21		467.15	471.81	1/1/2011
Rate Type :					
			Due en estime		
X Interim	Total Interim		Prospective	otal Prospective	
	Interim Component			cospective Adjusted	for New Costs
	Settlement based on costs				h Interim Component
	Prior Provider Prospective data			Star i rospective wit	n mernin Component
	Those those the data				
Basis:		Change	es:		
X Budget			Licensure 1	Rating Change	
Unaudited	costs		Usual and	Customary Limitati	on
Field audit	ed costs		Target Rate	e limitation change	
Field audi	t - interim portion		FRVS Cha	inge	
Desk audit	_				
Desk audit	- Interim Portion	X		ster Change	
Desk Audi	t - Prospective portion		On FRV [2	2] as of 09/01/1987	
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	rmation Only		steph	in Ra	sould
No Chai	nge in Rate			~	
Home Office:	Brooks Health System				
	Bruce Blake	1			

3599 University Blvd, South Jacksonville FL 32216



Medicaid Reimbursement Per Diem Rates

The Home Association	on, Inc		Provider Number:	0 022994-00
1203 22nd Avenue Tampa FL 33605			Date:	12/21/2010
			Fiscal Year End:	2/28/2010
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.33	212.68	1/1/2011
	Level H: AIDS	354.67	357.54	1/1/2011
	Level U: Fragile Under 21	469.70	473.79	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Pı	otal Prospective rospective Adjusted otal Prospective wit	for New Costs h Interim Component
Basis:		Changes:		
X Budget		Licensure I	Rating Change	
Unaudited	costs	Usual and	Customary Limitati	on

Usual and Customary Limitation Target Rate limitation change FRVS Change

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

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Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

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Desk Audit - Prospective portion

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



Medicaid Reimbursement Per Diem Rates

Okeechobee Health C	Care Facility			Provider Number:	0 023067-00
1646 Highway 441 N				Date:	12/21/2010
Okeechobee FL 34972			Fiscal Year End:		9/30/2009
				Audit Status:	Unaudited [3]
Provider Type:				Tuan Status.	
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		224.71	227.23	1/1/2011
	Level H: AIDS	_	368.05	372.09	1/1/2011
	Level U: Fragile Under 21		483.08	488.34	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	X	ive Total Prospective Prospective Adjusted Total Prospective wit	
Basis:		Changes:]		
Budget X Unaudited Field audit Field audit Desk audit	ted costs t - interim portion		Usual a	rre Rating Change nd Customary Limitati Rate limitation change Change	Dn
	: - Interim Portion t - Prospective portion	X		mester Change [2] as of 03/01/2005	

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Medicaid Reimbursement Per Diem Rates

Bon Secours Maria M	lanor			Provider Number:	0 200107-00
10300 4th Street NorthSt. Petersburg FL 33716			Date: Fiscal Year End:		12/21/2010 8/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		218.00	221.05	1/1/2011
	Level H: AIDS		361.34	365.91	1/1/2011
	Level U: Fragile Under 21		476.37	482.16	1/1/2011
	Total Interim Interim Component Settlement based on costs	<u> </u>	Prospecti X	ve Total Prospective Prospective Adjusted Total Prospective with	
Basis:	Prior Provider Prospective data	Change	es:		
Budget			Licensu	re Rating Change	
X Unaudited				nd Customary Limitation	on
Field audit	ted costs			Rate limitation change	
	t - interim portion		FRVS C	Change	
Desk audit				~	
	- Interim Portion	X		mester Change $V[2]$ as of $10/01/1085$	
	t - Prospective portion		Un FRV	7 [2] as of 10/01/1985	
Distribution:				Stephen Russell	

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Permanent File

Contract Management / Fiscal Agent

For information Only No Change in Rate

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



Medicaid Reimbursement Per Diem Rates

Westminster Oaks	~~~	_		Provider Number:	0 200409-00
4449 Meandering Wa		_		Date:	12/21/2010
Tallahassee FL 32308	8	-		Fiscal Year End:	3/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		194.73	195.00	1/1/2011
	Level H: AIDS		338.07	339.86	1/1/2011
	Level U: Fragile Under 21		453.10	456.11	1/1/2011
Rate Type :					
Interim		X	Prospectiv	e	
,	Total Interim		— X	Total Prospective	
	Interim Component]	Prospective Adjusted	for New Costs
	Settlement based on costs		,	Total Prospective with	h Interim Component
	Prior Provider Prospective data			-	-
Basis:		Change	es:		
Budget			Licensure	e Rating Change	

Unaudited costs Usual and Customary Limitation Х Target Rate limitation change Field audited costs FRVS Change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Х Rate Semester Change On FRV [2] as of 10/21/1988 Desk Audit - Prospective portion **Distribution: Stephen Russell** Contract Management / Fiscal Agent Medicaid Cost Reimbursement Analysis Permanent File Stephus Russell For information Only No Change in Rate Home Office: Westminster Services 80 West Lucerne Circle Orlando FL 32801



Medicaid Reimbursement Per Diem Rates

Floridean Nursing &	Rehab			Provider Number:	0 200425-00
47 NW 32nd Place				Date:	12/21/2010
Miami FL 33125				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		225.99	229.82	1/1/2011
	Level H: AIDS		369.33	374.68	1/1/2011
	Level U: Fragile Under 21	_	484.36	490.93	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:		Cotal Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audit Desk audit	ed costs - interim portion		Usual and Target Rat FRVS Char Rate Sema	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 04/01/1997	on
Distribution:				Stephen Russell	
Contract Manage	ement / Fiscal Agent		Madiaaid	Cost Reimbursement	t Analysis
	rmation Only nge in Rate	-3		ing Rea	•

Home Office:



Under 21		Current Rate 226.59 369.93	Date: Fiscal Year End: Audit Status: New Rate 229.24	12/21/2010 6/30/2009 Unaudited [3] Effective Date 1/1/2011
Under 21		Rate 226.59	Audit Status: New Rate	Unaudited [3] Effective Date
Under 21		Rate 226.59	New Rate	Effective Date
Under 21		Rate 226.59	Rate	Date
Under 21			229.24	1/1/2011
Under 21		369.93		
Under 21			374.10	1/1/2011
		484.96	490.35	1/1/2011
	X	Prospectiv	/e	
			Prospective Adjusted	for New Costs
costs			Total Prospective with	n Interim Component
ective data				
	Change	s:		
		Licensur	e Rating Change	
				on
		Target R	ate limitation change	
		FRVS C	hange	
on	<u> </u>	Rate Sen	nester Change	
			Stephen Russell	
		Medicaio	1 Cost Reimbursement	Analysis
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		/		
Office				
	costs ective data on 	costs ective data	costs ective data Changes: Licensur Usual an Target R FRVS C X Rate Sen Medicaio	X Total Prospective Prospective Adjusted Total Prospective with ective data Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Total Prospective with Stephen Russell Medicaid Cost Reimbursement Medicaid Cost Reimbursement



Medicaid Reimbursement Per Diem Rates

Pines Nursing Home				Provider Number:	0 200620-00
301 NE 141st Street 1			Date:		12/21/2010
North Miami Beach I	FL 33161			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
	~		Rate	Rate	Date
Nursing Home	Single Level		241.74		1/1/2011
	Level H: AIDS		385.08	388.99	1/1/2011
	Level U: Fragile Under 21		500.11	505.24	1/1/2011
Rate Type :					
Interim	Total Interim	X	Prospective X To	otal Prospective	
	Interim Component			rospective Adjusted	for New Costs
	Settlement based on costs			1 5	h Interim Component
	Prior Provider Prospective data			otari rospective wit	r interim component
Basis:		Change	es:		
			.	Rating Change	
Budget			Licensure	Kating Change	
Budget X Unaudited	costs			Customary Limitatio	on

Х

Target Rate limitation change FRVS Change

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

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

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Field audit - interim portion

Desk audit - Interim Portion

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Desk Audit - Prospective portion

Desk audited costs



	ursing Home & R.C. Inc.]	Provider Number:	0 200735-00
88 Blanding Boule			Date:	12/21/2010
cksonville FL 3224	.4		Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
ovider Type:		Current Rate	New Rate	Effective Date
ursing Home	Single Level	209.39	212.23	1/1/2011
	Level H: AIDS	352.73	357.09	1/1/2011
	Level U: Fragile Under 21	467.76	473.34	1/1/2011
Rate Type :				
Interim		X Prospective		
	Total Interim		tal Prospective	
	Interim Component		ospective Adjusted	
	Settlement based on costs	То	tal Prospective wit	h Interim Component
	Prior Provider Prospective data			
Basis:		Changes:		
Budget		Licensure R	ating Change	
X Unaudited			Customary Limitati	on
Field audit			limitation change	
	t - interim portion	FRVS Char	nge	
Desk audit	ed costs - Interim Portion	X Rate Semes	tor Change	
	t - Prospective portion		as of 10/01/1985	
Distribution:			Stephen Russell	
•	ement / Fiscal Agent	Medicaid C	ost Reimbursemen	t Analysis
Permanent File	rmotion Only			-
	rmation Only	steph	n Ra	soll
No Cha	nge in Rate	sop in	. /	
Home Office:	1 - No Home Office			



River Garden Hebrev	v Home			Provider Number:	0 200859-00
	11401 Old St. Augustine Rd.			Date:	12/21/2010
Jacksonville FL 3225	58			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	229.67	232.08	1/1/2011
	Level H: AIDS	_	373.01	376.94	1/1/2011
	Level U: Fragile Under 21	_	488.04	493.19	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	Prospecti X	ve Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes			

Pri	or Provider Prospective data	
Basis:		Changes:
Budget X Unaudited com Field audited Field audit - i Desk audited	costs interim portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change
Desk audit - I	nterim Portion Prospective portion	XRate Semester ChangeOn FRV [2] as of 10/01/1985
Distribution: Contract Manageme Permanent File For informa No Change	ation Only	Stephen Russell Medicaid Cost Reimbursement Analysis Mythun Russell
Home Office:	River Garden Holding Compan Betty Parker 11401 Old St. Augustine Road Jacksonville FL 32258	у



Medicaid Reimbursement Per Diem Rates

AVANTE AT JACK	SONVILLE BEACH			Provider Number:	0 200913-00
1504 Seabreeze Aven	nue	Date:		Date:	12/21/2010
Jacksonville Beach F	L 32250-3369			Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	220.67	222.25	1/1/2011
	Level H: AIDS		364.01	367.11	1/1/2011
	Level U: Fragile Under 21	-	479.04	483.36	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes		Fotal Prospective Prospective Adjusted Fotal Prospective with	
Desk audit Desk audit	ted costs t - interim portion		Usual and Target Ra FRVS Ch Rate Sem	e Rating Change d Customary Limitation ate limitation change hange ester Change [2] as of 07/01/1989	n
Distribution:				Stephen Russell	
Permanent File For infor	ement / Fiscal Agent rmation Only nge in Rate	_3		Cost Reimbursement	•

Home Office:

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



Medicaid Reimbursement Per Diem Rates

5 PALMETTO STREET wwater FL 34625		Date: Fiscal Year End:	<u>12/21/2010</u> 8/31/2009
wider Type:		Fiscal Year End:	8/31/2000
wider Type:			8/31/2009
ovider Type:		Audit Status:	Unaudited [3]
	Current Rate	New Rate	Effective Date
rsing Home Single Level	234.63	238.15	1/1/2011
Level H: AIDS	377.97	383.01	1/1/2011
Level U: Fragile Under 21	493.00	499.26	1/1/2011
Rate Type :			
Interim X		otal Prospective	
Interim Component		ospective Adjusted	for New Costs
Settlement based on costs			h Interim Component
Prior Provider Prospective data		da i rospective with	in Internit Component
Basis: Char	nges:		
Budget	Licensure 1	Rating Change	
X Unaudited costs		Customary Limitation	on
Field audited costs		e limitation change	
Field audit - interim portion	FRVS Cha	nge	
Desk audited costs			
Desk audit - Interim Portion		ster Change	
Desk Audit - Prospective portion	On FRV [2	2] as of 02/01/1996	
Distribution:		Stephen Russell	
Contract Management / Fiscal Agent —	Medicaid (Cost Reimbursement	t Analysis
Permanent File			•
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No Change in Rate		-	

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



Medicaid Reimbursement Per Diem Rates

Memorial Manor Nurs 777 South Douglas Ro Pembroke Pines FL 33	oad		Provider Number: Date: Fiscal Year End: Audit Status:	0 201006-00 12/21/2010 4/30/2010 Unaudited [3]	
Provider Type: Nursing Home	Single Level	Current Rate 234.80	New Rate 237.65	Effective Date 1/1/2011	
	Level H: AIDS Level U: Fragile Under 21	378.14 493.17	<u>382.51</u> <u>498.76</u>	1/1/2011 1/1/2011	
Rate Type : Interim		X Prospecti	ve		

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:	Changes:		
Budget	Licensure Rating Change		
X Unaudited costs	Usual and Customary Limitation		
Field audited costs	Target Rate limitation change		
Field audit - interim portion	FRVS Change		
Desk audited costs			
Desk audit - Interim Portion	X Rate Semester Change		
Desk Audit - Prospective portion	On FRV [2] as of 07/14/1989		
Distribution:	Stephen Russell		
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Analysis		
Permanent File	•		
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No Change in Rate	soport for		

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



Medicaid Reimbursement Per Diem Rates

Gulf Coast Village				Provider Number:	0 201120-00
1333 Santa Barbara H			Date: Fiscal Year End:		12/21/2010
Cape Coral FL 33991	1				12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		209.71	217.08	1/1/2011
	Level H: AIDS		353.05	361.94	1/1/2011
	Level U: Fragile Under 21		468.08	478.19	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective with	
Basis:	Prior Provider Prospective data	Change	es:		
	ted costs t - interim portion		Usual a	re Rating Change nd Customary Limitatio Rate limitation change Change	on
	ed costs z - Interim Portion t - Prospective portion	X		mester Change [2] as of 08/28/1989	
Distribution:				Stephen Russell	
-	ement / Fiscal Agent		Medicai	id Cost Reimbursement	t Analysis
Permanent File					

Stephen Russell

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Hobe Sound Geriatric				Provider Number:	0 201545-00
9555 SE Federal Hig	-		Date:		12/21/2010
Hobe Sound FL 3345	55			Fiscal Year End: 12/31	
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		214.95	217.13	1/1/2011
	Level H: AIDS		358.29	361.99	1/1/2011
	Level U: Fragile Under 21		473.32	478.24	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim		X T	otal Prospective	
Interim Component			P	Prospective Adjusted	for New Costs
	Settlement based on costs		T	otal Prospective with	h Interim Component
]	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	Rating Change	
V Unaudited	aasta	-	Uavaland	Customore Limitati	

Interim Component Settlement based on costs Prior Provider Prospective data	Prospective Adjusted for New Costs Total Prospective with Interim Component
Basis:	Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X 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 Home Office: 1 - No Home Office	Stephen Russell Medicaid Cost Reimbursement Analysis Mythur Russell



Medicaid Reimbursement Per Diem Rates

Mary Lee Depugh Nu	arsing Center			Provider Number:	0 201588-00
59 West Morse Bou				Date:	12/21/2010
Winter Park FL 3278	9			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	190.32	194.11	1/1/2011
	Level H: AIDS		333.66	338.97	1/1/2011
	Level U: Fragile Under 21		448.69	455.22	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data	Changes	 	Prospective Adjusted Total Prospective with	
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs t - interim portion		Licensu Usual a Target 1 FRVS	rre Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1985	on
Distribution:				Stephen Russell	
Permanent File	ement / Fiscal Agent			id Cost Reimbursement	-
No Cha	nge in Rate		nger	my pa	

No Change in Rate

Home Office:



Guardian Care Nursing & Rehabilitation Center	Provider Number: 0 201651-00
500 West Church Street	Date: 12/21/2010
Drlando FL 32805	Fiscal Year End:6/30/2010
	Audit Status: Unaudited [3]
Provider Type:	
	Current New Effective
Nursing Home Single Level	Rate Rate Date 216.35 219.61 1/1/2011
ursing frome bingle Level	
Level H: AIDS	359.69 364.47 1/1/2011
Level U: Fragile Under 21	474.72 480.72 1/1/2011
Total Interim Interim Component	X Total Prospective Prospective Adjusted for New Costs
	*
Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Prospective Adjusted for New Costs Total Prospective with Interim Componen Changes:
Interim Component Settlement based on costs Prior Provider Prospective data	Prospective Adjusted for New Costs Total Prospective with Interim Componen
Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Prospective Adjusted for New Costs Total Prospective with Interim Componen Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs	Prospective Adjusted for New Costs Total Prospective with Interim Componen Changes: Licensure Rating Change Usual and Customary Limitation
Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Prospective Adjusted for New Costs Total Prospective with Interim Componen Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Prospective Adjusted for New Costs Total Prospective with Interim Component Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Prospective Adjusted for New Costs Total Prospective with Interim Component Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	Prospective Adjusted for New Costs Total Prospective with Interim Componen Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 10/01/1985
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Prospective Adjusted for New Costs Total Prospective with Interim Componen Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 10/01/1985



Medicaid Reimbursement Per Diem Rates

estchester Gardens Rehabilitation & Care Center			Provider Number:	0 202011-00
01 McMullen Booth Road			Date:	12/21/2010
earwater FL 33761			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
ovider Type:				
		Current Rate	New Rate	Effective Date
Irsing Home Single Level	-	213.23	218.15	1/1/2011
	-			
Level H: AIDS		356.57	363.01	1/1/2011
Level U: Fragile Under 21		471.60	479.26	1/1/2011
Interim Total Interim Interim Component	<u> </u>	F	Total Prospective Prospective Adjusted	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data			Total Prospective Prospective Adjusted	for New Costs h Interim Component
Total Interim Interim Component Settlement based on costs	X Changes	X 1 F T S:	Total Prospective Prospective Adjusted Total Prospective wit	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X 1 F T S: Licensure	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X T F T S: Licensure Usual and	Total Prospective Prospective Adjusted Total Prospective wit	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs		X T F T S: Licensure Usual and	Fotal Prospective Prospective Adjusted Fotal Prospective wit Rating Change Customary Limitation te limitation change	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audit - interim portion Desk audited costs	Changes	X T F T Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation te limitation change ange	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs		X T F J Licensure Usual and Target Ra FRVS Ch Rate Semo	Fotal Prospective Prospective Adjusted Fotal Prospective wit Rating Change Customary Limitation te limitation change	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Changes	X T F J Licensure Usual and Target Ra FRVS Ch Rate Semo	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitative te limitation change ange ester Change 2] as of 09/01/1989	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	Changes	X T F J Licensure Usual and Target Ra FRVS Ch Rate Seme On FRV [Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitative te limitation change ange ester Change 2] as of 09/01/1989 Stephen Russell	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Value Budget X Unaudited costs Field audited costs Field audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	Changes	X T F F Usual and Target Ra FRVS Ch Rate Semo On FRV [Medicaid	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitative te limitation change ange ester Change 2] as of 09/01/1989	h Interim Component on t Analysis

1107 Hazeltine Blvd Chaska MN 55318



Medicaid Reimbursement Per Diem Rates

The Rohr Home		_		Provider Number:	0 202533-00
2135 Marshall Edwards Drive				Date:	12/21/2010
Bartow FL 33830				Fiscal Year End:	9/30/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	233.43	236.22	1/1/2011
	Level H: AIDS		376.77	381.08	1/1/2011
	Level U: Fragile Under 21	-	491.80	497.33	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data	Changes		Prospective Adjusted Total Prospective with	
Desk audit Desk audit	ed costs - interim portion	 X	Usual and Target Ra FRVS Cl Rate Sem	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/1989	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis
	rmation Only nge in Rate			in Real	•

Home Office:

1 - No Home Office



51 Maine Street	SON AT BAYVIEW			Provider Number:	0 202606-00
	<u>, </u>			Date:	12/21/2010
t. Augustine FL 32084	4			Fiscal Year End:	9/30/2010
				Audit Status:	Unaudited [3]
rovider Type: Jursing Home	Single Level	-	Current Rate 210.48	New Rate 221.22	Effective Date 1/1/2011
	Level H: AIDS		353.82	366.08	1/1/2011
	Level U: Fragile Under 21		468.85	482.33	1/1/2011
In Se Pr	otal Interim terim Component ettlement based on costs ior Provider Prospective data	<u> </u>	Prospecti X	ive Total Prospective Prospective Adjusted Total Prospective with	
Desk audited Desk audit -	d costs interim portion	Changes	Licensu Usual a Target l FRVS (Rate Se	re Rating Change nd Customary Limitatio Rate limitation change Change mester Change V [2] as of 10/01/1985	on
Distribution:				Stephen Russell	
Permanent File	nent / Fiscal Agent nation Only ge in Rate			id Cost Reimbursement	•



Medicaid Reimbursement Per Diem Rates

FLOYD SUNSH	INE MANOR, INC.			Provider Number:	0 202681-00
55 18th Street				Date:	12/21/2010
rasota FL 34234				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
rovider Type:				Hunt Status.	
ioniael Type			Current	New	Effective
			Rate	Rate	Date
ursing Home	Single Level		220.40	233.00	1/1/2011
	Level H: AIDS		363.74	377.86	1/1/2011
	Level U: Fragile Under 21		478.77	494.11	1/1/2011
Rate Type :					
Rate Type .					
Interim		X	Prospective	2	
	Total Interim			Fotal Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs		7	Fotal Prospective with	h Interim Component
- 	Prior Provider Prospective data				
Basis:		Change	s:		
Budget			Licensure	Rating Change	
X Unaudited				l Customary Limitati	on
Field audit	ted costs			te limitation change	
	t - interim portion		FRVS Ch	ange	
Desk audit					
	- Interim Portion	X		ester Change	
	t - Prospective portion		On FRV [[2] as of 10/01/1985	
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid	Cost Reimbursemen	t Analysis
Permanent File					•
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For info	rmation Only nge in Rate		steph	in Ru	soll

Home Office:



es of Sarasota		Provider Number:	0 202703-00
1 North Orange Avenue		Date:	12/21/2010
asota FL 34236		Fiscal Year End:	7/31/2009
		Audit Status:	Unaudited [3]
ovider Type:			
	Current Rate	New Rate	Effective Date
rsing Home Single Level	245.52	<u>248.19</u>	1/1/2011
Level H: AIDS	388.86	393.05	1/1/2011
Level U: Fragile Under 21	503.89	509.30	1/1/2011
Total Interim Interim Component	X	Total Prospective Prospective Adjusted	
Interim Component Settlement based on costs Prior Provider Prospective data		-	
Interim Component Settlement based on costs	Changes:	Prospective Adjusted	
Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	Prospective Adjusted	
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X	Changes: Licensu Usual a	Prospective Adjusted Total Prospective with ure Rating Change nd Customary Limitatio	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs	Changes: Licensu Usual a Target I	Prospective Adjusted Total Prospective with ure Rating Change nd Customary Limitation Rate limitation change	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X	Changes: Licensu Usual a	Prospective Adjusted Total Prospective with ure Rating Change nd Customary Limitation Rate limitation change	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Changes: Licensu Usual a Target I FRVS C X	Prospective Adjusted Total Prospective with Tre Rating Change nd Customary Limitation Rate limitation change Change	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion	Changes: Licensu Usual a Target I FRVS C X	Prospective Adjusted Total Prospective with the Rating Change nd Customary Limitation Rate limitation change Change	h Interim Component
Interim Component Settlement based on costs 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: Licensu Usual a Target I FRVS C X	Prospective Adjusted Total Prospective with Tre Rating Change nd Customary Limitation Rate limitation change Change	h Interim Component
Interim Component Settlement based on costs 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 Distribution: Contract Management / Fiscal Agent	Changes: Licensu Usual a Target I FRVS 0 X Rate Se On FRV	Prospective Adjusted Total Prospective with Tre Rating Change nd Customary Limitation Rate limitation change Change mester Change V [2] as of 10/01/1985	h Interim Component
Interim Component Settlement based on costs 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: Licensu Usual a Target I FRVS 0 X Rate Se On FRV Medicat	Prospective Adjusted Total Prospective with Total Prospective with re Rating Change nd Customary Limitation Rate limitation change Change mester Change V [2] as of 10/01/1985 Stephen Russell	h Interim Component



Medicaid Reimbursement Per Diem Rates

SUNNYSIDE NURS	ING HOME		Provider Number:	0 202711-00
5201 BAHIA VISTA	ST		Date:	12/21/2010
Sarasota FL 34232			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	254.60	258.15	1/1/2011
	Level H: AIDS	397.94	403.01	1/1/2011
	Level U: Fragile Under 21	512.97	519.26	1/1/2011
Rate Type :				
Interim		X Prospecti	ve	
,	Total Interim	X	Total Prospective	

Internin	A 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:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 10/01/1985
Distribution:	Stephen Russell
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Permanent File	-
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No Change in Rate	superior the

Home Office:

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



Medicaid Reimbursement Per Diem Rates

A				
Avenue	_		Date:	12/21/2010
	-		Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
		Current	New	Effective
	-			Date
Single Level	-	177.79	180.25	1/1/2011
Level H: AIDS		321.13	325.11	1/1/2011
Level U: Fragile Under 21	-	436.16	441.36	1/1/2011
			Total Prospective with	h Interim Component
	Changes	:		
		Licensure	e Rating Change	
				on
_		- FRVS Cl	nange	
	<u> </u>	 Rate Sem	ester Change	
	L		Stephen Russell	
ment / Fiscal Agent				
	Level U: Fragile Under 21 Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion - Prospective portion	Level H: AIDS Level U: Fragile Under 21	Rate Rate Single Level 177.79 Level H: AIDS 321.13 Level U: Fragile Under 21 436.16 Cotal Interim X Interim Component X Settlement based on costs	Audit Status: Single Level

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	RSING AND CONVALESCENT (Provider Number:	0 202941-00
29 ABRAHAM ST			Date:	12/21/2010
llahassee FL 32304			Fiscal Year End:	6/30/2009
			Audit Status:	Unaudited [3]
ovider Type:		Current Rate	New Rate	Effective Date
ursing Home	Single Level	203.71	206.50	1/1/2011
	Level H: AIDS	347.05	351.36	1/1/2011
	Level U: Fragile Under 21	462.08	467.61	1/1/2011
S	Interim Component Settlement based on costs Prior Provider Prospective data	To anges:	-	h Interim Component
	ed costs	Usual and	Rating Change Customary Limitation e limitation change nge	on
	ed costs - Interim Portion t - Prospective portion		ster Change [] as of 10/01/1985	
Distribution:			Stephen Russell	
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Medicaid Reimbursement Per Diem Rates

AVANTE AT LEES	BURG		Provider Number:	0 203122-00
2000 Edgewood Ave	enue		Date:	12/21/2010
Leesburg FL 34748			Fiscal Year End:	5/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	224.07	228.04	1/1/2011
	Level H: AIDS	367.41	372.90	1/1/2011
	Level U: Fragile Under 21	482.44	489.15	1/1/2011
Rate Type :				
Interim	l	X Prospectiv	ve	
	Total Interim	X	Total Prospective	
	Interim Component		Prospective Adjusted	for New Costs
	Settlement based on costs		Total Prospective with	h Interim Component
	Prior Provider Prospective data			

Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 01/01/1991
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> Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 540-N Hollywood FL 33021-6744



Medicaid Reimbursement Per Diem Rates

Villa Maria Nursing & Rehabilitation			Provider Number:	0 203165-00	
1050 NE 125th Street		Date: Fiscal Year End:		<u>12/21/2010</u> 9/30/2009	
North Miami FL 331	61				
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	236.81	240.38	1/1/2011	
	Level H: AIDS	380.15	385.24	1/1/2011	
	Level U: Fragile Under 21	495.18	501.49	1/1/2011	
	Settlement based on costs Prior Provider Prospective data	Changes:		h Interim Component	
	red costs t - interim portion	Usual and	Rating Change Customary Limitatio e limitation change nge	on	
	ed costs - Interim Portion t - Prospective portion	X Rate Seme	ster Change		
Distribution:			Stephen Russell		
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Home Office:

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



Medicaid Reimbursement Per Diem Rates

Glades Health Care C				Provider Number:	0 203203-00
230 S. Barfield Highv	way		Date:		12/21/2010
Pahokee FL 33476	FL 33476			Fiscal Year End:	2/28/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		215.27	219.42	1/1/2011
	Level H: AIDS		358.61	364.28	1/1/2011
	Level U: Fragile Under 21		473.64	480.53	1/1/2011
Rate Type :	Total Interim	X	Prospective X T	otal Prospective	
	Interim Component			rospective Adjusted	for New Costs
:	Settlement based on costs Prior Provider Prospective data			1 0	h Interim Component
Basis:		Change	es:		
Budget				Rating Change	
X Unaudited	costs		Usual and	Customary Limitati	on

Usual and Customary Limitation Target Rate limitation change

 FRVS Change

 X
 Rate Semester Change

 Not on FRV [1]

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Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

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Desk Audit - Prospective portion

Council on Aging of Florida, Inc.

1311 SW 16th Street Gainesville FL 32608



Medicaid Reimbursement Per Diem Rates

Avante At Inverness				Provider Number:	0 203220-00
304 South Citrus Avenue				Date:	12/21/2010
Inverness FL 34452-4	rness FL 34452-4753			Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	219.10	220.13	1/1/2011
	Level H: AIDS	-	362.44	364.99	1/1/2011
	Level U: Fragile Under 21		477.47	481.24	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Pr	otal Prospective ospective Adjusted otal Prospective wit	for New Costs h Interim Component
Basis:		Changes	:		
Desk audit	ed costs - interim portion		Usual and Target Rate FRVS Cha	Rating Change Customary Limitati e limitation change nge ster Change	on

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On FRV [2] as of 01/01/1991

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Desk Audit - Prospective portion

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Medicaid Reimbursement Per Diem Rates

ante At Lake Worth, Inc.			Provider Number:	0 203238-00
01 North A Street			Date:	12/21/2010
ke Worth FL 33460-6013			Fiscal Year End:	5/31/2010
			Audit Status:	Unaudited [3]
ovider Type:				
		Current	New	Effective
uning Home Single Level		Rate	Rate	
Irsing Home Single Level		242.11	246.49	1/1/2011
Level H: AIDS		385.45	391.35	1/1/2011
Level U: Fragile Under 21		500.48	507.60	1/1/2011
C				
Interim Total Interim Interim Component	X	F	e Fotal Prospective Prospective Adjusted	for New Costs
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		T	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Interim Total Interim Interim Component Settlement based on costs	X	T	Total Prospective Prospective Adjusted	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		es:	Total Prospective Prospective Adjusted	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs		es: Licensure Usual and	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change	h Interim Component
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs		Es: Licensure Usual and Target Ra	Fotal Prospective Prospective Adjusted Fotal Prospective wit Rating Change Customary Limitation te limitation change	h Interim Component
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion		es: Licensure Usual and	Fotal Prospective Prospective Adjusted Fotal Prospective wit Rating Change Customary Limitation te limitation change	h Interim Component
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion		Es: Licensure Usual and Target Ra FRVS Ch Rate Semo	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitative te limitation change ange ester Change	h Interim Component
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion		Es: Licensure Usual and Target Ra FRVS Ch Rate Semo	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation te limitation change ange	h Interim Component
Interim Total Interim Interim Component Settlement based on costs 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		Es: Licensure Usual and Target Ra FRVS Ch Rate Semo	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitative te limitation change ange ester Change	h Interim Component
Interim Total Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Unaudited costs Field audited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Etistribution: Contract Management / Fiscal Agent		Es: Licensure Usual and Target Ra FRVS Ch Rate Semu On FRV [Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitative te limitation change ange ester Change 2] as of 01/01/1991	h Interim Component
Interim Total Interim Interim Component Settlement based on costs 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	Chang	Es: Licensure Usual and Target Ra FRVS Ch Rate Seme On FRV [Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitative te limitation change ange ester Change 2] as of 01/01/1991 Stephen Russell	h Interim Component on t Analysis

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Medicaid Reimbursement Per Diem Rates

Palace at Kendall Nursing and Rehab Center	_	Provider Number:	0 203327-00
15 S.W. 84TH STREET	-	Date:	12/21/2010
ami FL 33173	-	Fiscal Year End:	7/31/2009
		Audit Status:	Unaudited [3]
ovider Type:	Current Rate	New Rate	Effective Date
rsing Home Single Level	219.56	223.11	1/1/2011
Level H: AIDS	362.90	367.97	1/1/2011
Level U: Fragile Under 21	477.93	484.22	1/1/2011
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Pr	otal Prospective ospective Adjusted otal Prospective wit	for New Costs h Interim Component
Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File	Usual and 0 Target Rate FRVS Cha X Rate Sement On FRV [2] Medicaid C	ster Change [] as of 03/18/1991 Stephen Russell Cost Reimbursemen	t Analysis
For information Only No Change in Rate	Steel	n Ru	mell

11355 SW 84th St Miami FL 33173



Medicaid Reimbursement Per Diem Rates

TimberRidge Nursing	g & Rehab Center			Provider Number:	0 203335-00	
9848 SW 110th Stree	et			Date:	12/21/2010	
Ocala FL 34481				Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
		•	urrent Rate	New Rate	Effective Date	
Nursing Home	Single Level		13.82	213.94	1/1/2011	
	Single Level		15.02		1/1/2011	
	Level H: AIDS	3	57.16	358.80	1/1/2011	
	Level U: Fragile Under 21	4	72.19	475.05	1/1/2011	
	Total Interim Interim Component	<u>X</u> F	Prospecti X	Total Prospective Prospective Adjusted		
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	n Interim Component	
Basis:		Changes:				
Budget			Licensu	re Rating Change		
X Unaudited				nd Customary Limitatio	on	
Field audit	ed costs	Target Rate limitation change FRVS Change				
Desk audit	_		11000			
	- Interim Portion	X Rate Semester Change				
	t - Prospective portion		On FRV	/ [2] as of 03/01/1991		
Distribution:	mont / Fiscal A cont			Stephen Russell		
Permanent File	ement / Fiscal Agent		Medica	id Cost Reimbursement	t Analysis	
For info	mation Only nge in Rate	-30	ip t	mu Ra	sell	

Home Office:



arianna Health & Rehabilitation		Provider Number:	0 203475-00
95 5th Avenue		Date:	12/21/2010
arianna FL 32447		Fiscal Year End:	9/30/2009
		Audit Status:	Unaudited [3]
rovider Type:			
	Current Rate	New Rate	Effective Date
ursing Home Single Level	199.69	201.82	1/1/2011
Level H: AIDS	343.03	346.68	1/1/2011
Level U: Fragile Under 21	458.06	462.93	1/1/2011
Rate Type :			
Interim	X Prospec		
Total Interim	X	Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	h Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
	Licon	ura Pating Changa	
Budget		sure Rating Change	
X Unaudited costs	Usual	and Customary Limitati	on
X Unaudited costs Field audited costs	Usual Target	and Customary Limitati Rate limitation change	on
X Unaudited costs Field audited costs Field audit - interim portion	Usual Target	and Customary Limitati	on
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	Usual Target FRVS	and Customary Limitati Rate limitation change Change	on
X Unaudited costs Field audited costs Field audit - interim portion	Usual Target FRVS	and Customary Limitati Rate limitation change	on
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual Target FRVS	and Customary Limitati Rate limitation change Change Semester Change	on
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	Usual Target FRVS X Rate S On FF	and Customary Limitati Rate limitation change Change Gemester Change RV [2] as of 01/01/1989 Stephen Russell	
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File	Usual Target FRVS X Rate S On FR	and Customary Limitati Rate limitation change Change Semester Change RV [2] as of 01/01/1989 Stephen Russell aid Cost Reimbursemen	t Analysis
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	Usual Target FRVS X Rate S On FR	and Customary Limitati Rate limitation change Change Gemester Change RV [2] as of 01/01/1989 Stephen Russell	t Analysis



Medicaid Reimbursement Per Diem Rates

Manor at Carpenter's				Provider Number:	0 203599-00
1001 Carpenter's V		Date:			12/21/2010
Lakeland FL 3380	9			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type	:				
		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		218.18	215.06	1/1/2011
	Level H: AIDS		361.52	359.92	1/1/2011
	Level U: Fragile Under 21		476.55	476.17	1/1/2011
Rate Type : Interi	2	<u> </u>	Prospect X	ive Total Prospective Prospective Adjusted Total Prospective wit	
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion			Usual a	re Rating Change nd Customary Limitati Rate limitation change Change	on
Desk au Desk au Desk Au	X		emester Change V [2] as of 06/01/1991		

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Medicaid Cost Reimbursement Analysis

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ckson Memorial Perdue Medical Center			Provider Number:	0 203670-00
9590 Old Cutler Road			Date:	12/21/2010
liami FL 33157			Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
rovider Type:		Current	New	Effective
ursing Home Single Level	-	Rate 242.91	Rate	Date 1/1/2011
Level H: AIDS		386.25	390.43	1/1/2011
Level U: Fragile Under 2		501.28	506.68	1/1/2011
Total Interim Interim Component Settlement based on costs Prior Provider Prospective da Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	Changes 	Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitation e limitation change ange	h Interim Component
Desk audit - Interim Portion Desk Audit - Prospective portion	<u> </u>		ester Change 2] as of 10/01/1985	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate			Stephen Russell Cost Reimbursement	-
Home Office: Public Health Trust of Eric Rodriguez 1611 N.W. 12th Ave Miami FL 33136	-			



Medicaid Reimbursement Per Diem Rates

John Knox Village O	f Florida			Provider Number:	0 203769-00	
651 S.W. 6TH STRE		-		Date:	12/21/2010	
Pompano Beach FL 3	Pompano Beach FL 33060			Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		216.78	222.17	1/1/2011	
	Level H: AIDS		360.12	367.03	1/1/2011	
	Level U: Fragile Under 21		475.15	483.28	1/1/2011	
Rate Type :						
Interim		Χ	Prospecti	ive		
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs Prior Provider Prospective data			_ I otal Prospective wit	h Interim Component	
Basis:		Change	es:			
Budget			Licensu	re Rating Change		
X Unaudited	costs		Usual and Customary Limitation			
Field audit	ed costs			Rate limitation change		
Field audit	t - interim portion	FRVS Change				

 X
 Rate Semester Change

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

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Medicaid Cost Reimbursement Analysis

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Desk audited costs

Desk audit - Interim Portion

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Desk Audit - Prospective portion



Westminster Asbury		_		Provider Number:	0 203815-00
1533 4th Avenue We			Date:		12/21/2010
Bradenton FL 34205		-		Fiscal Year End:	3/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		201.34	204.64	1/1/2011
	Level H: AIDS		344.68	349.50	1/1/2011
	Level U: Fragile Under 21		459.71	465.75	1/1/2011
Rate Type :					
Interim		X	Prospective	е	
	Total Interim			Total Prospective	
	Interim Component		I	Prospective Adjusted	for New Costs
	Settlement based on costs		1	Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	e Rating Change	
N U I' I					

Total I	nterim		Х	Total Prospective
Interin	n Component			Prospective Adjusted for New Costs
Settlen	nent based on costs			Total Prospective with Interim Component
Prior P	rovider Prospective data			
Basis:		Changes:		
Budget			Licensu	ure Rating Change
X Unaudited costs				and Customary Limitation
Field audited cos	ts		-	Rate limitation change
Field audit - inter	rim portion	FRVS Change		
Desk audited cost	ts			
Desk audit - Inter		X		emester Change
Desk Audit - Pros	spective portion		On FR	V [2] as of 08/01/1991
Distribution:				Stephen Russell
Contract Management	/ Fiscal Agent		M. 1.	-
Permanent File				aid Cost Reimbursement Analysis
For information	n Only	S.	t.s.	hus Russell
No Change in	Rate		1	my / and
Home Office:	Westminster Services			
	80 West Lucerne Circle			
	Orlando FL 32801			



Medicaid Reimbursement Per Diem Rates

Oak Bluffs Health Center 420 Bay Avenue			Provider Number:	0 203823-00
			Date:	12/21/2010
Clearwater FL 34616			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	199.07	202.26	1/1/2011
	Level H: AIDS	342.41	347.12	1/1/2011
	Level U: Fragile Under 21	457.44	463.37	1/1/2011
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X Prospec	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Basis:		Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion		Usual Usual Targe FRVS	sure Rating Change and Customary Limitati t Rate limitation change S Change Semester Change	on

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On FRV [2] as of 07/15/1991

Medicaid Cost Reimbursement Analysis

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Desk Audit - Prospective portion

Contract Management / Fiscal Agent

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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:	12/21/2010	
			Fiscal Year End:	12/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:					
		Current	New	Effective	
N		Rate	Rate	Date	
Nursing Home	Single Level	178.44	180.24	1/1/2011	
	Level H: AIDS	321.78	325.10	1/1/2011	
	Level U: Fragile Under 21	436.81	441.35	1/1/2011	
	Settlement based on costs Prior Provider Prospective data		Total Prospective wit	h Interim Component	
Basis:		Changes:			
Budget		Licensu	re Rating Change		
X Unaudited		Usual and Customary Limitation			
Field audited costs		Target Rate limitation change			
	- interim portion	FRVS	Change		
Desk audit	ed costs - Interim Portion	X Rate Se	emester Change		
	t - Prospective portion		V [2] as of 10/08/1991		
Distribution:			Stephen Russell		
Contract Management / Fiscal Agent					
Permanent File		Medicaid Cost Reimbursement Analysis			

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-

Stephen Russell

Home Office:



Medicaid Reimbursement Per Diem Rates

Mease Continuing Care 910 New York Avenue				Provider Number:	0 204072-00
				Date:	12/21/2010
Dunedin FL 34698				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	210.27	217.43	1/1/2011
	Level H: AIDS	_	353.61	362.29	1/1/2011
	Level U: Fragile Under 21	_	468.64	478.54	1/1/2011
Interim		<u> </u>	Prospect X	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Basis:	1	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion			Usual a Target FRVS Rate Se	ure Rating Change and Customary Limitati Rate limitation change Change emester Change	on
Desk Audit - Prospective portion			On FRV [2] as of 01/07/1992		

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Medicaid Cost Reimbursement Analysis Stephen Russell

Stephen Russell

Home Office:



	ng Term Care Center	_		Provider Number:	0 204161-00	
500 NW 22nd Avenue		-	Date:		12/21/2010	
ami FL 33142		-		Fiscal Year End:	9/30/2008	
				Audit Status:	Unaudited [3]	
ovider Type:						
			Current Rate	New Rate	Effective Date	
ursing Home	Single Level		240.43	243.10	1/1/2011	
	Level H: AIDS		202 77	297.06	1/1/2011	
			383.77	387.96	1/1/2011	
	Level U: Fragile Under 21		498.80	504.21	1/1/2011	
Rate Type :						
Interim		X	Prospective			
	Total Interim			otal Prospective		
	Interim Component			cospective Adjusted		
	Settlement based on costs		1	otal Prospective with	h Interim Component	
¹	Prior Provider Prospective data					
Basis:		Chang	ges:			
Dudget			Licensure	Rating Change		
Budget X Unaudited	costs			Customary Limitati	on	
Field audit			Target Rate limitation change			
Field audit	- interim portion		FRVS Cha	inge		
Desk audite	_					
	- Interim Portion	X				
	t - Prospective portion		On FRV [2	2] as of 10/01/1985		
Distribution:	ement / Fiscal Agent			Stephen Russell		
Permanent File	ment / 1950al Agelli		Medicaid C	Cost Reimbursemen	t Analysis	
	mation Only		~ /			
	nge in Rate		stiptu	n Ra	saur	
	-		-			
Home Office:	Public Health Trust of Dade	e Countv				
	Eric Rodriguez					
	1611 N.W. 12th Avenue					
	Miami FL 33136					



Medicaid Reimbursement Per Diem Rates

Regents Park Of Boca Raton 6363 Verde Trail Boca Raton FL 33433				Provider Number:	0 204170-00	
			Date:		12/21/2010	
				Fiscal Year End:	2/28/2010	
				Audit Status:	Unaudited [3]	
Provider Type:					[2]	
		Curre		New Rate	Effective Date	
Nursing Home	Single Level	234.	92	237.73	1/1/2011	
	Level H: AIDS	378.	26	382.59	1/1/2011	
	Level U: Fragile Under 21	493.	29	498.84	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		P	otal Prospective rospective Adjusted	for New Costs h Interim Component	
Desk audit Desk audit	ed costs - interim portion	Usu Tar FR X Rat	al and get Rat VS Cha e Seme	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 08/01/1994	on	
Distribution:				Stephen Russell		
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate				Cost Reimbursement		

Home Office:



Medicaid Reimbursement Per Diem Rates

Olds Hall Good Sam	aritan			Provider Number:	0 204391-00
327 Orange Avenue		_		Date:	12/21/2010
Daytona Beach FL 32	2114	-		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	214.27	217.31	1/1/2011
	Level H: AIDS		357.61	362.17	1/1/2011
	Level U: Fragile Under 21	_	472.64	478.42	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Prospectiv X	ve Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes:	1		

Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 10/01/1985
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Medicaid Cost Reimbursement Analysis

Stephen Russell

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



Medicaid Reimbursement Per Diem Rates

YLOR HOME FO	OR THE AGED, INC.		Provider Number:	0 204536-00
37 Spring Park Ro			Date:	12/21/2010
cksonville FL 3220	17		Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
rovider Type:		Current Rate	New Rate	Effective Date
ursing Home	Single Level	200.81	203.73	1/1/2011
	Level H: AIDS	344.15	348.59	1/1/2011
	Level U: Fragile Under 21	459.18	464.84	1/1/2011
	Settlement based on costs Prior Provider Prospective data	Changes:		n Interim Component
Budget			Rating Change	
X Unaudited Field audi Field audi Desk audit	ted costs t - interim portion		Customary Limitation e limitation change nge	on
Field audi Field audi Desk audit Desk audit	ted costs t - interim portion	Target Rate FRVS Cha X Rate Semes	e limitation change	on
Field audi Field audi Desk audit Desk audit Desk Audi Distribution:	ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	Target Rate FRVS Cha X Rate Semes	e limitation change nge ster Change	n

Home Office:

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



Medicaid Reimbursement Per Diem Rates

i-County Nursing H	Ionic			Provider Number:	0 204625-00
280 S.W. SR 26				Date:	12/21/2010
renton FL 32693				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
			Rate	Rate	Date
ursing Home	Single Level		183.59	186.41	1/1/2011
	Level H: AIDS		326.93	331.27	1/1/2011
	Level U: Fragile Under 21		441.96	447.52	1/1/2011
Dete Trans					
Rate Type :					
Interim		X	Prospective		
	Total Interim			otal Prospective	
	Interim Component			ospective Adjusted	
S	Settlement based on costs				for New Costs h Interim Component
S	-				
S	Settlement based on costs	Change	To		
Basis:	Settlement based on costs	Change	To	otal Prospective wit	
	Settlement based on costs Prior Provider Prospective data	Change	To	otal Prospective wit	h Interim Component
Basis:	Settlement based on costs Prior Provider Prospective data	Change	To es: Licensure I Usual and	otal Prospective wit	h Interim Component
Basis: Budget X Unaudited Field audit	Settlement based on costs Prior Provider Prospective data	Change 	To es: Licensure I Usual and	Rating Change Customary Limitation	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit	Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs		Licensure I Usual and 0 Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit	Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion	Change	Licensure I Usual and Usual Arget Rate Semen	Rating Change Customary Limitation e limitation change nge ster Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit	Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion t - Prospective portion		Licensure I Usual and Usual Arget Rate Semen	Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit	Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion t - Prospective portion		Licensure I Usual and Usual Arget Rate Semen	Rating Change Customary Limitation e limitation change nge ster Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit	Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion t - Prospective portion		Licensure I Usual and 0 Target Rate FRVS Cha Rate Seme: On FRV [2	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 05/18/1992	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit	Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion t - Prospective portion	 	Licensure I Usual and C Target Rate FRVS Cha Rate Semen On FRV [2 Medicaid C	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 05/18/1992 Stephen Russell	h Interim Component

Home Office:

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

Health Central Park			Provider Number:	0 204811-00
411 North Dillard St			Date:	12/21/2010
Winter Garden FL 34	.787		Fiscal Year End:	9/30/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.80	220.32	1/1/2011
	Level H: AIDS	361.14	365.18	1/1/2011
	Level U: Fragile Under 21	476.17	481.43	1/1/2011
	Total Interim Interim Component		e Total Prospective Prospective Adjusted	for New Costs
	Settlement based on costs	,	Total Prospective with	n Interim Component
	Prior Provider Prospective data			

Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 10/01/1985
Desk Audit - Prospective portion Distribution:	On FRV [2] as of 10/01/1985

Stephen Russell

Medicaid Cost Reimbursement Analysis

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Home Office:

Permanent File

Contract Management / Fiscal Agent

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1 - No Home Office



Medicaid Reimbursement Per Diem Rates

St. Catherine Labour	e Manor			Provider Number:	0 205150-00
1750 Stockton Street				Date:	12/21/2010
Jacksonville FL 3220)4			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	enduated [5]
Troviaci Type			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	218.01	222.08	1/1/2011
	Level H: AIDS		361.35	366.94	1/1/2011
	Level U: Fragile Under 21		476.38	483.19	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim		X T	otal Prospective	
	Interim Component		P	rospective Adjusted	for New Costs
	Settlement based on costs		T	otal Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Change	s:		
Budget			Licensure	Rating Change	
X Unaudited	costs			Customary Limitati	on
Field audit				te limitation change	
	t - interim portion		FRVS Cha	ange	
Desk audit	ed costs - Interim Portion	<u> </u>	- Data Cam	eter Charac	
	t - Prospective portion	A		ester Change 2] as of 07/01/1993	
Distribution:		L		Stephen Russell	
•	ement / Fiscal Agent		Medicaid	Cost Reimbursemen	t Analysis
Permanent File					
	rmation Only		steph	us Ru	soll
INO Chai	nge in Rate				

Home Office:

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



Medicaid Reimbursement Per Diem Rates

KISSIMMEE GOOD		_		Provider Number:	0 205303-00
1550 Aldersgate Driv		_		Date:	12/21/2010
Kissimmee FL 34746	1	-		Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				N	
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		200.90	203.85	1/1/2011
	Level H: AIDS		344.24	348.71	1/1/2011
	Level U: Fragile Under 21		459.27	464.96	1/1/2011
Rate Type :					
Interim		X	Prospectiv	e	
,	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	h Interim Component
]]	Prior Provider Prospective data				
Basis:		Change	es:		
Pudgot			Licensur	e Rating Change	

Licensure Rating Change Budget Х Unaudited costs Usual and Customary Limitation Field audited costs Target Rate limitation change FRVS Change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Х Rate Semester Change On FRV [2] as of 10/01/1985 Desk Audit - Prospective portion **Distribution: Stephen Russell** Contract Management / Fiscal Agent Medicaid Cost Reimbursement Analysis Permanent File Stephen Russell For information Only No Change in Rate Home Office: Evangelical Lutheran Good Samaritan Kim Kouri 4800 West 57th Street Sioux Falls SD 57117



Medicaid Reimbursement Per Diem Rates

merican Finnish Nu	arsing Home		Provider Number:	0 205460-00
800 South Drive			Date:	12/21/2010
ake Worth FL 3346	1		Fiscal Year End:	6/30/2009
			Audit Status:	Unaudited [3]
rovider Type:				
		Current	New	Effective
• •		Rate	Rate	Date
ursing Home	Single Level	229.01	233.04	1/1/2011
	Level H: AIDS	372.35	377.90	1/1/2011
	Level U: Fragile Under 21	487.38	494.15	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Pr	otal Prospective ospective Adjusted otal Prospective with	for New Costs h Interim Component
	Interim Component Settlement based on costs Prior Provider Prospective data	Pr	ospective Adjusted	
Basis:	Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	ospective Adjusted	
Basis: Budget X Unaudited	Interim Component Settlement based on costs Prior Provider Prospective data	Changes: Licensure I Usual and	ospective Adjusted otal Prospective with Rating Change Customary Limitatio	h Interim Component
Basis: Budget X Unaudited Field audit	Interim Component Settlement based on costs Prior Provider Prospective data	Changes: Licensure I Usual and 0 Target Rate	ospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	Changes: Licensure I Usual and	ospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	Changes: Licensure I Usual and Target Rate FRVS Cha	ospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion red costs	Changes: Licensure I Usual and 0 Target Rate FRVS Cha	ospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change nge	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion sed costs : - Interim Portion t - Prospective portion	Changes: Licensure I Usual and 0 Target Rate FRVS Cha	Adjusted otal Prospective with Rating Change Customary Limitation e limitation change nge ster Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion eed costs : - Interim Portion t - Prospective portion	Changes: Licensure I Usual and 0 Target Rate FRVS Cha X Rate Seme On FRV [2	ospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change nge ster Change] as of 10/01/1985	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion sed costs : - Interim Portion t - Prospective portion	Changes: Licensure I Usual and 0 Target Rate FRVS Cha X Rate Seme On FRV [2	Adjusted otal Prospective with Rating Change Customary Limitation e limitation change nge ster Change] as of 10/01/1985 Stephen Russell Cost Reimbursement	h Interim Component

Home Office:

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

Health Center at Abb	ey Delray			Provider Number:	0 205745-00
2000 Lawson Blvd.				Date:	12/21/2010
Delray Beach FL 334	45			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	223.50	226.24	1/1/2011
	Level H: AIDS		366.84	371.10	1/1/2011
	Level U: Fragile Under 21	_	481.87	487.35	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	^	Prospective Adjusted Fotal Prospective with	for New Costs h Interim Component
Desk audit	ed costs t - interim portion		Usual and Target Ra FRVS Ch Rate Sem	ester Change	on
Desk Audi Distribution:	t - Prospective portion		On FRV	[2] as of 07/01/1988	
	ement / Fiscal Agent			Stephen Russell	
	rmation Only nge in Rate	_3		Cost Reimbursement	•

Home Office:

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



Medicaid Reimbursement Per Diem Rates

ne Commons at Orlando Lutheran Towers			Provider Number:	0 205796-00
0 East Church Street			Date:	12/21/2010
rlando FL 32801			Fiscal Year End:	8/31/2010
			Audit Status:	Unaudited [3]
rovider Type:				
		Current Rate	New Rate	Effective Date
ursing Home Single Level	_	197.74	204.08	1/1/2011
Level H: AIDS		341.08	348.94	1/1/2011
Level U: Fragile Under 21	-	456.11	465.19	1/1/2011
	-			
Data Tyme				
Rate Type :				
Intoning	v	Prospectiv	10	
Interim	X	-		
Total Interim	<u> </u>	X	Total Prospective	
Total Interim Interim Component	<u>A</u>	X	Total Prospective Prospective Adjusted	
Total Interim Interim Component Settlement based on costs	<u> </u>	X	Total Prospective	
Total Interim Interim Component	<u>A</u>	X	Total Prospective Prospective Adjusted	
Total Interim Interim Component Settlement based on costs	<u>A</u> Changes:	<u> </u>	Total Prospective Prospective Adjusted	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:		<u>X</u> 	Total Prospective Prospective Adjusted Total Prospective with	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget		X Licensur	Total Prospective Prospective Adjusted Total Prospective with e Rating Change	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X		X Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio	h Interim Component
Budget X Unaudited costs		X Licensur Usual an Target R	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs		X Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	h Interim Component
Budget X Unaudited costs		Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	Changes	X Licensur Usual an Target R FRVS C Rate Sen	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk audited costs	Changes	X Licensur Usual an Target R FRVS C Rate Sen	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange mester Change [2] as of 10/01/1985	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion	Changes	X Licensur Usual an Target R FRVS C Rate Sen On FRV	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985 Stephen Russell	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File	Changes:	X Licensur Usual an Target R FRVS C Rate Sen On FRV	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange [2] as of 10/01/1985 Stephen Russell d Cost Reimbursement	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion	Changes:	X Licensur Usual an Target R FRVS C Rate Sen On FRV	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985 Stephen Russell	h Interim Component



Medicaid Reimbursement Per Diem Rates

St. John's Nursing Ho	ome			Provider Number:	0 205800-00
3075 NW 35th Avenu	ue			Date:	12/21/2010
Lauderdale Lakes FL	33311			Fiscal Year End:	9/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NT			Rate	Rate	Date
Nursing Home	Single Level		236.98	239.96	1/1/2011
	Level H: AIDS		380.32	384.82	1/1/2011
	Level U: Fragile Under 21		495.35	501.07	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X	Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Change	es:		
Budget			Licensu	re Rating Change	
X Unaudited				nd Customary Limitation	on
Field audit			-	tate limitation change	
	t - interim portion		FRVS C	hange	
Desk audit	- Interim Portion	<u> </u>	Rate Set	nester Change	
	t - Prospective portion		Not on H		
Distribution:		L		Stephen Russell	
Contract Manag Permanent File	ement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis

Stephen Russell

Home Office:

For information Only No Change in Rate

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



Medicaid Reimbursement Per Diem Rates

Lourdes-Noreen Mck	Keen Residence			Provider Number:	0 205923-00
315 South Flagler Dri				Date:	12/21/2010
West Palm Beach FL	33401			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
••		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	239.61	242.51	1/1/2011
	Level H: AIDS		382.95	387.37	1/1/2011
	Level U: Fragile Under 21		497.98	503.62	1/1/2011
Rate Type : Interim		X	Prospecti	ve	
	Total Interim		$-\frac{1105peed}{X}$	Total Prospective	
]	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	h Interim Component
l	Prior Provider Prospective data				
Basis:		Changes	S:		
Budget				re Rating Change	
X Unaudited Field audit				nd Customary Limitation Rate limitation change	on
	- interim portion		FRVS C	•	
Desk audit	-		_		
	- Interim Portion	X	Rate Set	mester Change	

Stephen Russell

On FRV [2] as of 04/01/1993

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Distribution:

Permanent File

1 - No Home Office

Desk Audit - Prospective portion

Contract Management / Fiscal Agent

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Medicaid Reimbursement Per Diem Rates

Suwannee Valley Nu	irsing Center			Provider Number:	0 206300-00
427 N W 15th Ave.				Date:	12/21/2010
Jasper FL 32052				Fiscal Year End:	8/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NT			Rate	Rate	Date
Nursing Home	Single Level		213.25	216.10	1/1/2011
	Level H: AIDS		356.59	360.96	1/1/2011
	Level U: Fragile Under 21		471.62	477.21	1/1/2011
	Level 0. Thughe onder 21		471.02	477.21	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim		X T	otal Prospective	
	Interim Component		Р	rospective Adjusted	for New Costs
				1 5	Ior new costs
	Settlement based on costs		Т	1 0	h Interim Component
	Settlement based on costs Prior Provider Prospective data		T	1 0	
		Change		1 0	
		Change		1 0	
		Change	es:	1 0	
Basis: Budget X Unaudited	Prior Provider Prospective data	Change	Licensure Usual and	Prospective with Rating Change Customary Limitation	h Interim Component
Basis:	Prior Provider Prospective data	Change	Licensure Usual and Target Rat	Potal Prospective with Rating Change Customary Limitation re limitation change	h Interim Component
Basis: Budget X Unaudited Field audi Field audi	Prior Provider Prospective data costs ted costs t - interim portion	Change	Licensure Usual and	Potal Prospective with Rating Change Customary Limitation re limitation change	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit	Prior Provider Prospective data costs ted costs t - interim portion ted costs		Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitation e limitation change ange	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit	Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion	Change	Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitation e limitation change ange ester Change	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit Desk audit Desk Audit	Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion		Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitation e limitation change ange ester Change 2] as of 10/01/1985	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit Desk audit Desk Audit Desk Audit	Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion		Licensure Usual and Target Rat FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitation ce limitation change ange ester Change 2] as of 10/01/1985 Stephen Russell	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit Desk audit Desk Audi Desk Audi Desk Audi	Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion		Licensure Usual and Target Rat FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitation e limitation change ange ester Change 2] as of 10/01/1985	h Interim Component
Basis: Budget X Unaudited Field audi Desk audi Desk audi Desk Audi Desk Audi Desk Audi Desk Audi	Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	 	Licensure Usual and Target Rat FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitation ce limitation change ange ester Change 2] as of 10/01/1985 Stephen Russell	h Interim Component

Home Office:

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

Morton Plant Rehabi	litation Center			Provider Number:	0 206431-00	
400 Corbett Street			Date:		12/21/2010	
Clearwater FL 33756				Fiscal Year End:	12/31/2005	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		218.77	<u>221.43</u>	1/1/2011	
	Shigie Lever		210.77		1/1/2011	
	Level H: AIDS		362.11	366.29	1/1/2011	
	Level U: Fragile Under 21		477.14	482.54	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data			Total Prospective Prospective Adjusted Total Prospective with	for New Costs h Interim Component	
Basis:		Change	es:			
Budget			Licensure	e Rating Change		
X Unaudited				d Customary Limitatio	on	
Field audit			Target Rate limitation change FRVS Change			
	t - interim portion			lange		
	Desk audited costs Desk audit - Interim Portion		X Rate Semester Change			
	Desk Audit - Prospective portion		On FRV [2] as of 10/01/1985			
Distribution:				Stephen Russell		
-	ement / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis	
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Baycare Health System

16331 Bay Vista Drive Clearwater Fl 33760



Medicaid Reimbursement Per Diem Rates

Saint Andrews Estate	s North		Provider Number:	0 206521-00
	6152 North Verde Trail		Date:	12/21/2010
Boca Raton FL 33433	3		Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	227.79	231.39	1/1/2011
	Level H: AIDS	371.13	376.25	1/1/2011
	Level U: Fragile Under 21	486.16	492.50	1/1/2011
Rate Type :				
Interim		X Prospective		
Total Interim Interim Component		X T	otal Prospective rospective Adjusted	for New Costs

Total Prospective with Interim Component

Prior Provider Prospective data	
Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 10/01/1985
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> Acts, Inc Karen Beasley 375 Morris Road West Point PA 19486

Settlement based on costs



Medicaid Reimbursement Per Diem Rates

			Provider Number:	0 206610-00
			Date:	12/21/2010
			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
		Current	New	Effective
	-		<u> </u>	Date
Single Level	-	245.10	253.44	1/1/2011
Level H: AIDS		388.44	398.30	1/1/2011
Level U: Fragile Under 21		503.47	514.55	1/1/2011
	X	Prospective		
otal Interim		X To	otal Prospective	
nterim Component		Pr	rospective Adjusted	for New Costs
ettlement based on costs		To	otal Prospective wit	h Interim Component
rior Provider Prospective data				
	Change	s:		
osts d costs		Usual and	Customary Limitati	on
	Level U: Fragile Under 21 'otal Interim nterim Component ettlement based on costs rior Provider Prospective data	Level H: AIDS Level U: Fragile Under 21 X Total Interim Interim Component ettlement based on costs rior Provider Prospective data Change osts	Single Level Current Rate Single Level 245.10 Level H: AIDS 388.44 Level U: Fragile Under 21 503.47 Cotal Interim X Prospective Y Cotal Interim X To an and the set of the set o	Fiscal Year End: Audit Status: Single Level Current Rate New Rate Level H: AIDS 388.44 398.30 Level U: Fragile Under 21 503.47 514.55 Yotal Interim Yotal Prospective Prospective Yotal Prospective Yotal Interim Prospective Yotal Interim Total Prospective Yotal Interim Prospective Yotal Interim Total Prospective Yotal Interim Total Prospective Yotal Interim Total Prospective Changes: Licensure Rating Change Yotal and Customary Limitation Yotal Prospective

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Desk audit - Interim Portion

Desk Audit - Prospective portion

No Change in Rate

Home Office:

Life Care Retirement Comm.,Inc. John Kaduce 200 East Grand Avenue Des Moines IA 50309-1800 Stephen Russell Medicaid Cost Reimbursement Analysis

Rate Semester Change

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

Stephen Russell



Medicaid Reimbursement Per Diem Rates

Abbey Delray South 1717 Homewood Blv	d	_		Provider Number:	0 206865-00
Delray Beach FL 334				Date:	12/21/2010
		_		Fiscal Year End:	
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		240.96	250.12	1/1/2011
	Level H: AIDS		384.30	394.98	1/1/2011
	Level U: Fragile Under 21		499.33	511.23	1/1/2011
	Total Interim Interim Component	<u> </u>		otal Prospective rospective Adjusted	for New Costs
	Settlement based on costs Prior Provider Prospective data		T	otal Prospective wit	h Interim Component
Basis:		Change	es:		
Budget X Unaudited	costs			Rating Change Customary Limitati	on

Target Rate limitation change FRVS Change

> X Rate Semester Change On FRV [2] as of 04/01/1986

> > **Stephen Russell**

Medicaid Cost Reimbursement Analysis

Stephen Russell

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Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

Contract Management / Fiscal Agent

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Desk Audit - Prospective portion

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



Medicaid Reimbursement Per Diem Rates

Riverside Care Cente	or -			Provider Number:	0 207276-00
899 NW 4th Street				Date:	12/21/2010
Miami FL 33128				Fiscal Year End:	2/28/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		220.93	223.53	1/1/2011
	Level H: AIDS		364.27	368.39	1/1/2011
	Level U: Fragile Under 21		479.30	484.64	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	X	ive Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes:]		
Budget X Unaudited Field audit Field audit Desk audit	ted costs t - interim portion		Usual a	re Rating Change nd Customary Limitatio Rate limitation change Change	on
Desk audit	t - Prospective portion	X		mester Change FRV [1]	

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No Change in Rate

Home Office:

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

Medicaid Cost Reimbursement Analysis

Stephen Russell



Medicaid Reimbursement Per Diem Rates

seph L. Morse Geriatric Center, Inc.			Provider Number:	0 207381-00
47 FRED GLADSTONE DRIVE			Date:	12/21/2010
est Palm Beach FL 33417			Fiscal Year End:	5/31/2010
			Audit Status:	Unaudited [3]
ovider Type:				
		Current	New	Effective
		Rate	Rate	Date
ursing Home Single Level		226.28	228.62	1/1/2011
Level H: AIDS		369.62	373.48	1/1/2011
Level U: Fragile Under 21		484.65	489.73	1/1/2011
Rate Type :				
Interim	X	Prospective		
Total Interim	X	X	Total Prospective	
Total Interim Interim Component	<u> </u>		Fotal Prospective Prospective Adjusted	
Total Interim Interim Component Settlement based on costs	<u> </u>		Fotal Prospective Prospective Adjusted	for New Costs h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data			Fotal Prospective Prospective Adjusted	
Total Interim Interim Component Settlement based on costs	X Change		Fotal Prospective Prospective Adjusted	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		x 1 H	Fotal Prospective Prospective Adjusted Fotal Prospective with	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		x T	Fotal Prospective Prospective Adjusted	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget		Es:	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X		Es:	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation	h Interim Component
Budget Budget X Unaudited costs		X T H H H H H H H H H H H H H H H H H H H	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Change	X T H H H H H H H H H H H H H H H H H H H	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation the limitation change hange	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk Audit - Interim portion Desk Audit - Prospective portion Desk Audit - Prospective portion Desk Audit - Prospective portion	Change	X T H H H H H H H H H H H H H H H H H H H	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation the limitation change ange ester Change Stephen Russell	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Chang	X T H H H H H H H H H H H H H H H H H H H	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation the limitation change ester Change Stephen Russell Cost Reimbursement	h Interim Component

Home Office:

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

TAYLOR CARE CE	NTER, INC.		Provider Number:	0 207446-00
6635 CHESTER AV			Date:	12/21/2010
Jacksonville FL 32217			Fiscal Year End:	8/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.01	223.26	1/1/2011
	Level H: AIDS	357.35	368.12	1/1/2011
	Level U: Fragile Under 21	472.38	484.37	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	Total Prospective Prospective Adjusted Total Prospective wit	for New Costs h Interim Component
Basis:		Changes:		
Budget		Licens	sure Rating Change	
X Unaudited			and Customary Limitati	on
Field audit		Target Rate limitation change FRVS Change		
Field audi Desk audit	t - interim portion		Change	
Desk audit	- Interim Portion t - Prospective portion		emester Change V [2] as of 01/01/2004	
Distribution:			Stephen Russell	
Contract Manage	ement / Fiscal Agent	Medic	aid Cost Reimbursemen	t Analysis

Medicaid Cost Reimbursement Analysis

Stephen Russell

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



Medicaid Reimbursement Per Diem Rates

nrise Health & Rel	habilitation Center		Provider Number:	0 207497-00
800 Nob Hill Road			Date:	12/21/2010
unrise FL 33321			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
rovider Type:				
		Current	New	Effective
• •		Rate	Rate	Date
ursing Home	Single Level	227.69	230.55	1/1/2011
	Level H: AIDS	371.03	375.41	1/1/2011
	Level U: Fragile Under 21	486.06	491.66	1/1/2011
	Total Interim Interim Component Settlement based on costs	Pr	otal Prospective ospective Adjusted otal Prospective with	for New Costs h Interim Component
	Prior Provider Prospective data			-
Basis:	Prior Provider Prospective data	Changes:		
Basis: Budget	Prior Provider Prospective data		Rating Change	
Budget X Unaudited	costs	Licensure I Usual and O	Customary Limitation	on
Budget X Unaudited Field audit	costs red costs	Licensure F Usual and C Target Rate	Customary Limitation change	on
Budget X Unaudited Field audit Field audit	costs ted costs t - interim portion	Licensure I Usual and O	Customary Limitation change	on
Budget X Unaudited Field audit Field audit Desk audit	costs ted costs t - interim portion	Licensure F Usual and C Target Rate FRVS Cha X Rate Semes	Customary Limitation e limitation change nge ster Change	on
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit	costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Licensure F Usual and C Target Rate FRVS Cha X Rate Semes	Customary Limitation e limitation change nge	on
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Distribution: Distribution:	costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Licensure F Usual and C Target Rate FRVS Cha X Rate Semes	Customary Limitation e limitation change nge ster Change	on
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit	costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Licensure H Usual and O Target Rate FRVS Cha X Rate Semes On FRV [2	Customary Limitation e limitation change nge ster Change] as of 10/01/1985	
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit Desk Audit	costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Licensure F Usual and 0 Target Rate FRVS Cha X Rate Semes On FRV [2 Medicaid C	Customary Limitation e limitation change nge ster Change] as of 10/01/1985 Stephen Russell	t Analysis

Home Office:

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



Medicaid Reimbursement Per Diem Rates

BURNDALE OAK	KS HEALTHCARE CENTER]	Provider Number:	0 207527-00
Old Winter Haven	Road			Date:	12/21/2010
burndale FL 33823				Fiscal Year End:	8/31/2009
				Audit Status:	Unaudited [3]
ovider Type:					
			Current Rate	New Rate	Effective Date
irsing Home	Single Level	_	204.28	206.87	1/1/2011
	Level H: AIDS		347.62	351.73	1/1/2011
	Level U: Fragile Under 21		462.65	467.98	1/1/2011
Rate Type :					
Interim		X	Prospective		
ТТ	otal Interim			otal Prospective	
	nterim Component			ospective Adjusted	
	ettlement based on costs		To	otal Prospective wit	h Interim Component
P	rior Provider Prospective data				
Basis:		Changes:]		
Budget			Licensure F	Rating Change	
X Unaudited c	osts		Usual and O	Customary Limitati	on
Field audite	d costs		Target Rate	e limitation change	
	- interim portion		FRVS Char	nge	
Desk audite			·	~	
	- Interim Portion - Prospective portion	X	Rate Semes	ster Change] as of 10/01/1985	
Desk Audit	- 1 tospecuve portion			-	
	ment / Fiscal Agent			Stephen Russell	
Permanent File	Ŭ			Cost Reimbursemen	-
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No Chang	ge in Rate		g in	y /la	
Home Office:	Lyric Health Care				
Home Office:	Lyric Health Care Timothy J Trybus				
Home Office:		e Suite J			



Medicaid Reimbursement Per Diem Rates

akeside Health Cen				Provider Number:	0 207683-00
2501 Australian Ave				Date:	12/21/2010
West Palm Beach FL	33407			Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		212.98	217.06	1/1/2011
	Level H: AIDS		356.32	361.92	1/1/2011
	Level U: Fragile Under 21		471.35	478.17	1/1/2011
Rate Type :	Total Interim	X		otal Prospective	
	Interim Component Settlement based on costs Prior Provider Prospective data			rospective Adjusted otal Prospective with	for New Costs h Interim Component
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited	costs		Usual and	Customary Limitati	on

Target Rate limitation change

FRVS Change

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

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Medicaid Cost Reimbursement Analysis

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Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

Contract Management / Fiscal Agent

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Desk Audit - Prospective portion

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



Medicaid Reimbursement Per Diem Rates

Ponce de Leon Care (Provider Number:	0 207799-00
999 Old Moultrie Ro				Date:	12/21/2010
St. Augustine FL 328	06			Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		222.60	227.86	1/1/2011
	Level H: AIDS		365.94	372.72	1/1/2011
	Level U: Fragile Under 21		480.97	488.97	1/1/2011
	Total Interim Interim Component	X		otal Prospective Prospective Adjusted	for New Costs
:	Settlement based on costs Prior Provider Prospective data				h Interim Component
Basis:		Change	es:		
Budget				Rating Change	
X Unaudited	costs		Usual and	Customary Limitati	on

Target Rate limitation change

FRVS Change

Rate Semester Change On FRV [2] as of 03/01/2004

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Medicaid Cost Reimbursement Analysis

Stephen Russell

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Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

Contract Management / Fiscal Agent

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Desk Audit - Prospective portion

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



Medicaid Reimbursement Per Diem Rates

Florida Club Care Ce	nter			Provider Number:	0 207993-00
220 Sierra Drive				Date:	12/21/2010
Miami FL 33179				Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		245.47	248.45	1/1/2011
	Level H: AIDS	:	388.81	393.31	1/1/2011
	Level U: Fragile Under 21		503.84	509.56	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes:		Fotal Prospective Prospective Adjusted Fotal Prospective with	for New Costs h Interim Component
Desk audit Desk audit	ed costs - interim portion		Usual and Target Ra FRVS Ch Rate Sem	e Rating Change I Customary Limitation ate limitation change hange ester Change [2] as of 10/01/1998	on
Distribution:				Stephen Russell	
U	ement / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis
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Home Office:

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



Medicaid Reimbursement Per Diem Rates

BERNARD L. SAMS	SON NURSING CENTER	_		Provider Number:	0 208442-00
255 - 59 STREET NO				Date:	12/21/2010
St. Petersburg FL 337	/10			Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:			~		
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		232.29	236.66	1/1/2011
	Level H: AIDS		375.63	381.52	1/1/2011
				·	
	Level U: Fragile Under 21		490.66	497.77	1/1/2011
Basis: Budget X Unaudited Field audit	ted costs t - interim portion	Chang	Es: Licensure I Usual and	Rating Change Customary Limitati e limitation change	h Interim Component
Desk Audi	- Interim Portion t - Prospective portion	X	Rate Seme	ster Change	
Distribution:				Stephen Russell	
Permanent File	ement / Fiscal Agent		Medicaid C	Cost Reimbursemen	t Analysis
For info	rmation Only nge in Rate		steph	n Ru	sell
For info	-		steph	n Ra	mell



Medicaid Reimbursement Per Diem Rates

Jupiter Medical Cent	er Pavilion, Inc.			Provider Number:	0 208485-00
	230 South Old Dixie Highway piter FL 33458			Date:	12/21/2010
Jupiter FL 33458			Fiscal Year End:		9/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	229.94	232.88	1/1/2011
	Level H: AIDS		373.28	377.74	1/1/2011
	Level U: Fragile Under 21	-	488.31	493.99	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	î	Prospective Adjusted Fotal Prospective with	h Interim Component
Desk audit Desk audit	ted costs t - interim portion ed costs - Interim Portion		Usual and Target Ra FRVS Ch Rate Sem	ester Change	on
Distribution:	t - Prospective portion		UII FK V	[2] as of 10/01/1985	
	ement / Fiscal Agent			Stephen Russell	
Permanent File	-			Cost Reimbursement	
	rmation Only nge in Rate	-3	typh	in Ru	sell

Home Office:

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

Claridge House				Provider Number:	0 208507-00
13900 NE 3rd Court				Date:	12/21/2010
North Miami FL 331	51		Fiscal Year End: 8/3		8/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuncing Homo	Single Level		Rate 194.30	Rate	Date 1/1/2011
Nursing Home	Single Level		194.30	207.13	1/1/2011
	Level H: AIDS		337.64	351.99	1/1/2011
	Level U: Fragile Under 21		452.67	468.24	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective with	
Basis:		Change	es:		
Budget			Licensur	e Rating Change	
X Unaudited				d Customary Limitatio	on
Field audit				ate limitation change	
	- interim portion		FRVS C	hange	
Desk audit Desk audit	- Interim Portion	<u> </u>	Rate Sen	nester Change	
	t - Prospective portion			[2] as of 08/01/2002	
Distribution:		L		Stephen Russell	
Contract Manage	ement / Fiscal Agent		Modioni	l Cost Reimbursement	Analysis
Permanent File			withital		. miarysis

For information Only

No Change in Rate

Stephen Russell

Home Office:

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

Westminster Towers				Provider Number:	0 208540-00
70 West Lucerne Cire	cle			Date:	12/21/2010
Orlando FL 32801				Fiscal Year End:	3/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status:	
Trovider Type.		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		189.86	190.96	1/1/2011
	Level H: AIDS		333.20	335.82	1/1/2011
	Level U: Fragile Under 21		448.23	452.07	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:	Prospect X	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audit Desk audit	ted costs t - interim portion		Usual a Target FRVS Rate Se	re Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 12/01/1999	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medica	id Cost Reimbursemen	t Analysis
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Home Office:

Westminster Services

80 West Lucerne Circle Orlando FL 32801



Medicaid Reimbursement Per Diem Rates

Baptist Manor		_		Provider Number:	0 208809-00
10095 Hillview Road		_		Date:	12/21/2010
Pensacola FL 32514		-		Fiscal Year End:	9/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	204.31	206.75	1/1/2011
	Level H: AIDS		347.65	351.61	1/1/2011
	Level U: Fragile Under 21	-	462.68	467.86	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes		Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs t - interim portion	Changes	Licensu Usual a Target FRVS	re Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 02/01/2009	Dn
Distribution:				Stephen Russell	
Contract Manage Permanent File	ement / Fiscal Agent		Medica	id Cost Reimbursement	t Analysis
For info	rmation Only nge in Rate		typ	hun Ra	sell

Home Office:

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



Medicaid Reimbursement Per Diem Rates

ntation Key Convalescent Center			Provider Number:	0 208906-00
High Point Road			Date:	12/21/2010
vernier FL 33070			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
ovider Type:				
		rrent ate	New Rate	Effective Date
rsing Home Single Level	19	1.33	197.06	1/1/2011
Level H: AIDS	33	4.67	341.92	1/1/2011
Level U: Fragile Under 21	44	9.70	458.17	1/1/2011
Interim Total Interim Interim Component	<u> </u>]	Total Prospective Prospective Adjuste	
Interim Total Interim	X Pr 	X	Total Prospective Prospective Adjuste	d for New Costs ith Interim Component
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget	Changes:	X ,	Total Prospective Prospective Adjuste Total Prospective w	ith Interim Component
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Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs	Changes:	X , , , , , , , , , , , , , , , , , , ,	Total Prospective Prospective Adjuste Total Prospective w Rating Change Customary Limita ate limitation change	ith Interim Component
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Changes:	X , , , , , , , , , , , , , , , , , , ,	Total Prospective Prospective Adjuste Total Prospective w e Rating Change d Customary Limita ate limitation change hange	ith Interim Component tion e
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9430 Hwy 141 South Hartsville TN 37074



Medicaid Reimbursement Per Diem Rates

Courtenay Springs Vi	-			Provider Number:	0 209325-00
1100 S. Courtenay Pa					12/21/2010
Merritt Island FL 329	52				9/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		221.61	224.25	1/1/2011
	Level H: AIDS		364.95	369.11	1/1/2011
	Level U: Fragile Under 21		479.98	485.36	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim			Total Prospective	
	nterim Component			Prospective Adjusted	
	ettlement based on costs rior Provider Prospective data		1	Total Prospective with	h Interim Component
Basis:		Change	es:		
Budget			Licensure	Rating Change	

Total I	nterim		Х	Total Prospective
Interin	n Component	-		Prospective Adjusted for New Costs
Settlen	nent based on costs	-		Total Prospective with Interim Component
Prior P	rovider Prospective data	-		-
Basis:	С	hanges:		
Budget				re Rating Change
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Desk audited cost				
Desk audit - Inter				mester Change
Desk Audit - Pros	spective portion	(On FRV	/ [2] as of 12/01/1994
Distribution:				Stephen Russell
Contract Management	/ Fiscal Agent	N	Madiaa	-
Permanent File				id Cost Reimbursement Analysis
For information	n Only	51	-	my Russell
No Change in	Rate	10	100	
Home Office:	Retirement Housing Foundation			
	Robin Padilla 911 N. Studebaker Rd			
	Long Beach CA 90815-4900			
	Long Deach CA 90015-4900			



Medicaid Reimbursement Per Diem Rates

Westminster Asbury	Manor		Provider Number:	0 209422-00
1700 21st Avenue W	fest		Date: Fiscal Year End:	
Bradenton FL 34205				
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.04	209.51	1/1/2011
	Level H: AIDS	343.38	354.37	1/1/2011
	Level U: Fragile Under 21	458.41	470.62	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data		ospective Adjusted otal Prospective wit	for New Costs h Interim Component
	Settlement based on costs Prior Provider Prospective data	To	otal Prospective wit	h Interim Component
Basis:		Changes:		
Budget		Licensure H	Rating Change	
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	t - interim portion	FRVS Cha	-	
Desk audit	-			
	t - Interim Portion it - Prospective portion	X Rate Semes	ster Change as of 03/11/1987	
Distribution:		01111 [2	-	
	ement / Fiscal Agent		Stephen Russell	
•		Medicaid C	'ost Reimbursemen	t Analysis

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Permanent File

For information Only No Change in Rate

Westminster Services

80 West Lucerne Circle Orlando FL 32801



Medicaid Reimbursement Per Diem Rates

St. Anne's Nursing C	enter				Provider Number:	0 209473-00
11855 Quail Roost D	Drive	_		Date: 12/21/		12/21/2010
Miami FL 33177		_			Fiscal Year End:	9/30/2009
					Audit Status:	Unaudited [3]
Provider Type:						
			(Current Rate	New Rate	Effective Date
Nursing Home	Single Level			224.72	227.57	1/1/2011
	Level H: AIDS			368.06	372.43	1/1/2011
	Level U: Fragile Under 21			483.09	488.68	1/1/2011
	Total Interim Interim Component Settlement based on costs		<u> </u>	Prospecti X	Total Prospective Prospective Adjusted Total Prospective wit	
	Prior Provider Prospective data				Ţ	I I I I I I I I I I I I I I I I I I I
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Desk audit	ted costs t - interim portion ted costs			Usual a Target l FRVS (-	on
	t - Interim Portion it - Prospective portion		X	Kate Se	mester Change	

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Distribution:

Permanent File

Contract Management / Fiscal Agent

For information Only No Change in Rate

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



Medicaid Reimbursement Per Diem Rates

Bishop's Glen Health	Care Center			Provider Number:	0 209511-00
900 LPGA Blvd		_		Date:	12/21/2010
Holly Hill FL 32117		_		Fiscal Year End:	9/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	227.84	230.16	1/1/2011
	Level H: AIDS		371.18	375.02	1/1/2011
	Level U: Fragile Under 21	-	486.21	491.27	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes	Prospect X	ive Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs t - interim portion		Licensu Usual a Target FRVS Rate Se	ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 12/01/1987	on
Distribution:				Stephen Russell	
Contract Manage Permanent File	ement / Fiscal Agent		Medica	id Cost Reimbursement	t Analysis
For info	rmation Only nge in Rate		ty	hus Rea	sell

Home Office:

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



Medicaid Reimbursement Per Diem Rates

Vinter Park Towers 111 South Lakemount Avenue ,M.S. #101 Vinter Park FL 32792				Provider Number:	0 209848-00		
				Date:	12/21/2010 3/31/2010		
				Fiscal Year End:			
				Audit Status:	Unaudited [3]		
rovider Type:							
			Current	New	Effective		
• •			Rate	Rate	Date		
ursing Home	Single Level		183.52	189.26	1/1/2011		
	Level H: AIDS		326.86	334.12	1/1/2011		
	Level U: Fragile Under 21		441.89	450.37	1/1/2011		
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data			X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component				
	Prior Provider Prospective data				-		
Basis:	Prior Provider Prospective data	Change	es:				
	Prior Provider Prospective data	Change		Rating Change			
Budget X Unaudited	costs	Change	Licensure 1	Customary Limitation	-		
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Budget X Unaudited Field audi Field audi Desk audit Desk Audi Desk Audi	costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensure 1 Usual and Target Rate FRVS Cha Rate Seme On FRV [2	Customary Limitation e limitation change inge ster Change 2] as of 10/01/1987	Dn		
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Home Office:

Westminster Services

80 West Lucerne Circle Orlando FL 32801



Medicaid Reimbursement Per Diem Rates

Sun Terrace Health Center 105 Trinity Lakes Drive Sun City Center FL 33570				Provider Number:	0 209856-00	
			Date:		12/21/2010	
				Fiscal Year End:	8/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:		Curre	ent	New	Effective	
		Rat	e	Rate	Date	
Nursing Home	Single Level	210.	10	216.35	1/1/2011	
	Level H: AIDS	353.	44	361.21	1/1/2011	
	Level U: Fragile Under 21	468.	47	477.46	1/1/2011	
s	Interim Component Settlement based on costs Prior Provider Prospective data	Changes:		rospective Adjusted otal Prospective with	for New Costs h Interim Component	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs		Usu Tai	ual and	Rating Change Customary Limitation e limitation change ange	on	
Desk audit - Interim Portion Desk Audit - Prospective portion		XRate Semester Change On FRV [2] as of 09/01/1987				
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate				Stephen Russell		
		Medicaid Cost Reimbursement Analysis Stephen Russell				

Home Office:

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



Medicaid Reimbursement Per Diem Rates

Life Care Center of Altamonte Springs 989 Orienta Avenue Altamonte Springs FL 32701				Provider Number:	0 210137-00		
		_		12/21/2010 7/31/2010			
		_	Date: Fiscal Year End:				
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	-	198.76	206.17	1/1/2011		
	Level H: AIDS		342.10	351.03	1/1/2011		
	Level U: Fragile Under 21		457.13	467.28	1/1/2011		
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:		X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Changes:					
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion			Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change				
Distribution:]		Stephen Russell			
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Analysis				
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Home Office:

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



Medicaid Reimbursement Per Diem Rates

Covenant Village Car				Provider Number:	0 210188-00
9201 West Broward I	Blvd.			Date:	12/21/2010
Plantation FL 33324				Fiscal Year End:	1/31/2004
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		232.62	236.56	1/1/2011
	Level H: AIDS		375.96	381.42	1/1/2011
	Level U: Fragile Under 21		490.99	497.67	1/1/2011
Rate Type :					
Interim		X	Prospective	2	
	Total Interim		X T	Total Prospective	
· · · · · · · · · · · · · · · · · · ·	Interim Component		P	Prospective Adjusted	for New Costs
	Settlement based on costs		T	Total Prospective with	h Interim Component
]	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited	costs		Henal and	Customary Limitati	on

То	tal Interim		X	Total Prospective
Int	erim Component			Prospective Adjusted for New Costs
Set	ttlement based on costs			Total Prospective with Interim Component
Pri	or Provider Prospective data			
Basis:		Changes:		
Budget X Unaudited co	sts			re Rating Change nd Customary Limitation
Field audited	costs			Rate limitation change
Field audit -	interim portion		FRVS	Change
Desk audited				-
	Interim Portion	X	Rate Se	emester Change
Desk Audit -	Prospective portion		On FR	V [2] as of 03/15/1988
Distribution:	ent / Eiseel A cont			Stephen Russell
Contract Managem	ent / Fiscal Agent		Medica	id Cost Reimbursement Analysis
Permanent File	ation Only			
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Home Office:	Covenant Retirement Comn	nunities		
nome office.	Richard Olson	nunnues		
	5115 North Francisco Aven	ue		

Chicago IL 60625



Medicaid Reimbursement Per Diem Rates

John Knox Village M	ledical Center			Provider Number:	0 210285-00
4100 E. FLETCHER	AVENUE			Date:	12/21/2010
Tampa FL 33613		_		Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type:				Tual Sulus.	
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		212.24	213.37	1/1/2011
	Level H: AIDS		355.58	358.23	1/1/2011
	Level U: Fragile Under 21		470.61	474.48	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Chang	Р Т	otal Prospective rospective Adjusted	for New Costs h Interim Component
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs t - interim portion		Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 12/01/1987	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent	Medicaid Cost Reimbursement Analysis			t Analysis
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Home Office:

Baycare Health System

16331 Bay Vista Drive Clearwater Fl 33760



Medicaid Reimbursement Per Diem Rates

Azalea Trace			Provider Number:	0 210374-00
10100 Hillview Road			Date:	12/21/2010
Pensacola FL 32504			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.00	<u>5</u> 214.00	1/1/2011
	Level H: AIDS	355.40) 358.86	1/1/2011
	Level U: Fragile Under 21	470.43	3 475.11	1/1/2011
Rate Type :		X Prospe		
	Total Interim Interim Component	<u> </u>	Total Prospective Prospective Adjusted	for New Costs
	Settlement based on costs Prior Provider Prospective data		Total Prospective wit	

Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 09/01/1988
Distribution:	Stanhan Pussell

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Permanent File

Contract Management / Fiscal Agent

For information Only No Change in Rate

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



Medicaid Reimbursement Per Diem Rates

Village on the Isle				Provider Number:	0 210463-00
950 SOUTH TAMIA	AMI TRAIL			Date:	12/21/2010
Venice FL 34285				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	232.64	237.84	1/1/2011
	Level H: AIDS		375.98	382.70	1/1/2011
	Level U: Fragile Under 21		491.01	498.95	1/1/2011
Rate Type : Interim	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>		re Total Prospective Prospective Adjusted Total Prospective wit	
Basis:		Changes	:		
Desk audi Desk audi	ited costs it - interim portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change	on

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

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Medicaid Reimbursement Per Diem Rates

HealthPark Care Cen	ter			Provider Number:	0 210587-00
16131 Rose Rush Co	urt			Date:	12/21/2010
Ft. Myers FL 33908				Fiscal Year End:	9/30/2009
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	
Trovider Type.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	228.52	229.60	1/1/2011
	Level H: AIDS		371.86	374.46	1/1/2011
	Level U: Fragile Under 21	_	486.89	490.71	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:	F	Fotal Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audit Desk audit	ed costs - interim portion		Usual and Target Ra FRVS Ch Rate Semo	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 12/18/1992	on
Distribution:				Stanhan Duggall	
Contract Manage	ement / Fiscal Agent			Stephen Russell	
Permanent File				Cost Reimbursemen	•
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Home Office:

Lee Memorial Health System

636 Del Prado Boulevard Cape Coral FL 33990



Medicaid Reimbursement Per Diem Rates

Miami Gardens Care	Centre	_		Provider Number:	0 210617-00
190 NE 191 Street		_		Date:	12/21/2010
North Miami FL 331	70	-		Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		232.70	241.40	1/1/2011
	Level H: AIDS		376.04	386.26	1/1/2011
	Level U: Fragile Under 21		491.07	502.51	1/1/2011
Rate Type :					
Interim		X	Prospecti	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Change	s:		

Basis:	Changes:
Budget	Licensure Rating Change
Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Semester Change On FRV [2] as of 03/11/1992
<u>Distribution:</u>	Stephen Russell
ontract Management / Fiscal Agent	
Permanent File	Medicaid Cost Reimbursement Analysis
For information Only	Stephus Russell
No Change in Rate	superior for
Home Office: 1 - No Home Office	



Medicaid Reimbursement Per Diem Rates

VANTE AT BOCA	A RATON, INC.	_		Provider Number:	0 210676-00
130 NORTHWEST		_	Date: Fiscal Year End:		<u>12/21/2010</u> 5/31/2010
Boca Raton FL 3348	6-1343	-			
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level	-	Rate 238.07	Rate	Date 1/1/2011
	Single Level	-	250.07	234.10	1/1/2011
	Level H: AIDS		381.41	379.02	1/1/2011
	Level U: Fragile Under 21		496.44	495.27	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Fotal Prospective with	h Interim Component
Basis:		Changes	s:		
Budget			Licensure	e Rating Change	
X Unaudited				l Customary Limitatio	on
Field audit				ate limitation change	
	t - interim portion		FRVS Cł	nange	
Desk audit	ed costs	<u> </u>	 Rate Sem	ester Change	
	t - Prospective portion			[2] as of 04/01/1993	
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis
Permanent File					, 020

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Home Office:

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



Medicaid Reimbursement Per Diem Rates

e Edgewater at Waterman Village				Provider Number:	0 210684-00
300 Brookfield Ave.				Date:	12/21/2010
Mount Dora FL 3275	7		Fiscal Year End:		9/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		218.87	221.02	1/1/2011
	Level H: AIDS		362.21	365.88	1/1/2011
	Level U: Fragile Under 21	_	477.24	482.13	1/1/2011
Rate Type :	Total Interim	X	Prospective X To	otal Prospective	
Interim				rospective Adjusted	for New Costs h Interim Component
Interim Basis:	Total Interim Interim Component Settlement based on costs	X Changes:		rospective Adjusted otal Prospective wit	
Interim	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To Licensure	rospective Adjusted otal Prospective wit	h Interim Component
Interim Basis:	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To Licensure I Usual and	rospective Adjusted otal Prospective wit	h Interim Component
Basis: Budget X Unaudited Field audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To Licensure I Usual and	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	X To Pr To Licensure I Usual and Target Rate FRVS Cha	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To Licensure I Usual and Target Rate FRVS Cha	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Interim Interim Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes:	X To Pr To Licensure I Usual and Target Rate FRVS Cha	Rating Change Customary Limitati e limitation change ster Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk Audit Desk Audit Contract Manage	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes:	X To Pr To To Licensure I Usual and Target Rate FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitati e limitation change ster Change 2] as of 05/03/1993 Stephen Russell	h Interim Component
Interim Interim Basis: Budget X Unaudited Field audit Oesk audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes:	X To Pr To To Licensure I Usual and Target Rate FRVS Cha Rate Seme On FRV [2 Medicaid O	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change inge ster Change 2] as of 05/03/1993	h Interim Component on t Analysis

Home Office:



Medicaid Reimbursement Per Diem Rates

Brighton Gardens of	Port St. Lucie			Provider Number:	0 210781-00
1699 E. Lyngate Driv		_	Date:		12/21/2010
Port St. Lucie FL 349	52	_		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	221.81	224.94	1/1/2011
	Level H: AIDS		365.15	369.80	1/1/2011
	Level U: Fragile Under 21	-	480.18	486.05	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data	Changes	1	Prospective Adjusted Fotal Prospective with	for New Costs h Interim Component
Desk audit Desk audit	ed costs - interim portion		Usual and Target Ra FRVS Ch Rate Sem	e Rating Change I Customary Limitation the limitation change hange ester Change [2] as of 10/18/1993	Dn
Distribution:				Stephen Russell	
•	Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis		
	mation Only age in Rate			nes Rea	•

Home Office:

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



Medicaid Reimbursement Per Diem Rates

nory L. Bennett Sta	ate Veteran's Nursing Home		Provider Number:	0 210889-00
20 Mason Avenue			Date:	12/21/2010
aytona Beach FL 32	2117		Fiscal Year End:	6/30/2009
			Audit Status:	Unaudited [3]
rovider Type:				
		Current Rate	New Rate	Effective Date
ursing Home	Single Level	217.87	219.82	1/1/2011
	Level H: AIDS	361.21	364.68	1/1/2011
	Level U: Fragile Under 21	476.24	480.93	1/1/2011
Data Tuna A				
Rate Type :				
Interim		X Prospective		
	Total Interim		Total Prospective	
	Interim Component		Prospective Adjusted	
	Settlement based on costs		Total Prospective wit	h Interim Component
	Prior Provider Prospective data			
Basis:		Changes:		
Budget		Licensure	e Rating Change	
X Unaudited	costs	Usual and	l Customary Limitati	on
Field audit	red costs	Target Ra	ate limitation change	
Field audi	t - interim portion	FRVS Ch	nange	
Desk audit	ed costs			
Desk audit	- Interim Portion	X Rate Sem	ester Change	
	t - Prospective portion	On FRV	[2] as of 01/19/1994	
Distribution:			Stephen Russell	
•	ement / Fiscal Agent	Medicaid	Cost Reimbursemen	t Analysis
Permanent File	rmation Only		/	
	-	Steph	in Ru	south
No Cha	nge in Rate			
Home Office:	Florida Dept. of Veterans Affa	ire		
nome Office:	Walter Gilchrist	11.5		
	11351 Ulmerton Road, Room	332-I		



Medicaid Reimbursement Per Diem Rates

Stratford Court at Palm	Harbor			Provider Number:	0 210943-00
45 Katherine Blvd		-		Date:	12/21/2010
Palm Harbor FL 34684		-		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	—	227.96	227.64	1/1/2011
	Level H: AIDS		371.30	372.50	1/1/2011
	Level U: Fragile Under 21	_	486.33	488.75	1/1/2011
Rate Type :					
Interim		X	Prospective		
To	otal Interim			otal Prospective	
	terim Component			ospective Adjusted	
	ettlement based on costs		To	otal Prospective with	n Interim Component
	tior Provider Prospective data				
Basis:		Changes	:		
Budget			Licensure l	Rating Change	
X Unaudited co	osts		-	Customary Limitation	on
Field audited	d costs		Target Rate limitation change		
	interim portion		FRVS Cha	nge	
Desk audited	l costs Interim Portion	<u> </u>	- Doto Somo	atan Changa	
	- Prospective portion	<u> </u>		ster Change [] as of 02/12/1992	
Distribution:		<u>L</u>		Stephen Russell	
•	Contract Management / Fiscal Agent –		Medicaid (Cost Reimbursement	Analysis
Permanent File					· J 0 • 0
	nation Only			n Ra	11

Home Office:

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



Medicaid Reimbursement Per Diem Rates

	Care Center		Provider Number:	0 210951-00
9 Alternate Keene			Date:	12/21/2010
rgo FL 33771-165	2		Fiscal Year End:	6/30/2009
			Audit Status:	Unaudited [3]
rovider Type:		Current Rate	New Rate	Effective Date
ursing Home	Single Level	188.12	191.41	1/1/2011
	Level H: AIDS	331.46	336.27	1/1/2011
	Level U: Fragile Under 21	446.49	452.52	1/1/2011
	Interim Component			for New Costs
	Settlement based on costs Prior Provider Prospective data	To T		h Interim Component
Basis: Budget X Unaudited Field audi Field audi	Prior Provider Prospective data costs ted costs t - interim portion	Changes: Licensure I Usual and	Rating Change Customary Limitation	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit	Prior Provider Prospective data costs ted costs t - interim portion	Changes: Licensure I Usual and 0 Target Rate FRVS Cha X Rate Sementary	Rating Change Customary Limitation	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit Desk audit Desk Audit	Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	Changes: Licensure I Usual and 0 Target Rate FRVS Cha X Rate Sementary	Rating Change Customary Limitation e limitation change nge ster Change	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit Desk audit Desk Audit	Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	Changes: Licensure I Usual and 0 Target Rate FRVS Cha X Rate Sement On FRV [2]	Rating Change Customary Limitation e limitation change nge ster Change] as of 05/18/1990	h Interim Component

Home Office:

The Goodman Group, LLC

1107 Hazeltine Blvd Chaska MN 55318



Medicaid Reimbursement Per Diem Rates

Stratford Court at Bo	ca Pointe		Provider Number:	0 211010-00
6343 Via Sonrisa Del		Sur		12/21/2010
Boca Raton FL 3343	3		Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	234.22	230.65	1/1/2011
	Level H: AIDS	377.56	375.51	1/1/2011
	Level U: Fragile Under 21	492.59	491.76	1/1/2011
Rate Type :				
Interim	-	X Prospective	•	
	Total Interim		Total Prospective	
Interim Component			Prospective Adjusted	
	Settlement based on costs	1	Cotal Prospective with	h Interim Component
	Prior Provider Prospective data			

Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 03/17/1994
Distribution:	Stankan Duggall

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Permanent File

Contract Management / Fiscal Agent

For information Only No Change in Rate

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



Medicaid Reimbursement Per Diem Rates

	NURSING FACILITY			Provider Number:	0 211052-00	
159 NORTH THIRD	STREET			Date:	12/21/2010	
Macclenny FL 32063				Fiscal Year End:	9/30/2009	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		232.25	234.76	1/1/2011	
	Level H: AIDS		375.59	379.62	1/1/2011	
	Level U: Fragile Under 21		490.62	495.87	1/1/2011	
	Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data	X		ve Total Prospective Prospective Adjusted Total Prospective with		
Desk audit Desk audit Desk Audit	ed costs - interim portion	Change	Licensur Usual an Target R FRVS C Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1985	on	
Distribution:	ement / Fiscal Agent			Stephen Russell		
Permanent File For infor	mation Only age in Rate			l Cost Reimbursement	•	

Home Office:



Medicaid Reimbursement Per Diem Rates

luntington Place Car	e & Rehabilitation Center			Provider Number:	0 211281-00	
775 Huntington Lan	e		Date:		12/21/2010	
ockledge FL 32955				Fiscal Year End:	7/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Curre Rat 193.	e	New Rate 196.21	Effective Date 1/1/2011	
ursing nome	Single Level		01		1/1/2011	
	Level H: AIDS	336.	95	341.07	1/1/2011	
	Level U: Fragile Under 21	451.	98	457.32	1/1/2011	
Rate Type :						
Basis: Budget X Unaudited of Field audited Field audited Desk audited Desk audited Desk Audited	ed costs - interim portion	Changes: Lic Uss Tan FR X	ensu aal aa get I VS (e Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with re Rating Change nd Customary Limitatio Rate limitation change Change mester Change / [2] as of 10/01/1985	n Interim Component	
Permanent File For infor	ement / Fiscal Agent mation Only age in Rate			Stephen Russell id Cost Reimbursement	•	
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109					



Medicaid Reimbursement Per Diem Rates

Hardee Manor Health	Care Center		Provider Number:	0 211435-00	
01 ORANGE DRIV	E		Date:	12/21/2010	
Wauchula FL 33873			Fiscal Year End:		
			Audit Status:	Unaudited [3]	
Provider Type:					
		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	187.69	<u> </u>	1/1/2011	
turising frome	Single Level	107.07		1/1/2011	
	Level H: AIDS	331.03	336.67	1/1/2011	
	Level U: Fragile Under 21	446.06	452.92	1/1/2011	
Rate Type :					
Interim	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospecti X	Total Prospective Prospective Adjusted	l for New Costs th Interim Component	
Interim	Interim Component Settlement based on costs	I	Total Prospective Prospective Adjusted		
Interim	Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	Total Prospective Prospective Adjusted	th Interim Component	
Interim	Interim Component Settlement based on costs Prior Provider Prospective data	X Changes: Licensu Usual a Target I	Total Prospective Prospective Adjusted Total Prospective wi re Rating Change nd Customary Limitat Rate limitation change	th Interim Component	
Basis: Budget X Unaudited Field audit Field audit	Interim Component Settlement based on costs Prior Provider Prospective data	X Changes: Licensu Usual a	Total Prospective Prospective Adjusted Total Prospective wi re Rating Change nd Customary Limitat Rate limitation change	th Interim Component	
Interim Interim Basis: Budget X Unaudited Field audit Desk audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data	X X Changes: Licensu Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective wi re Rating Change nd Customary Limitat Rate limitation change	th Interim Component	
Interim Interim Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audit Desk Audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs c - interim portion ed costs - Interim Portion t - Prospective portion	X X Changes: Licensu Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective wi are Rating Change nd Customary Limitat Rate limitation change Change mester Change	th Interim Component	
Interim Interim Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audit Desk Audit Contract Manage	Interim Component Settlement based on costs Prior Provider Prospective data	X X Changes: Licensu Usual a Target I FRVS 0 X Rate Se On FRV	Total Prospective Prospective Adjusted Total Prospective wi are Rating Change nd Customary Limitat Rate limitation change Change mester Change / [2] as of 10/01/1989 Stephen Russell	th Interim Component	
Interim Interim Basis: Budget X Unaudited Field audit Desk Audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs c - interim portion ed costs - Interim Portion t - Prospective portion	X X Changes: Licensu Usual a Target I FRVS 0 X Rate Se On FRV Medica	Total Prospective Prospective Adjusted Total Prospective wi are Rating Change nd Customary Limitat Rate limitation change Change mester Change / [2] as of 10/01/1989	th Interim Component ion	

Home Office:

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



Medicaid Reimbursement Per Diem Rates

AUREL POINTE H	EALTH AND REHABILITATIO			Provider Number:	0 211516-00
3 South 26th Street	t			Date:	12/21/2010
. Pierce FL 34947				Fiscal Year End:	8/31/2009
				Audit Status:	Unaudited [3]
rovider Type:			G	N.	
			Current Rate	New Rate	Effective Date
ursing Home	Single Level	-	200.92	203.52	1/1/2011
	Level H: AIDS		344.26	348.38	1/1/2011
	Level U: Fragile Under 21		459.29	464.63	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Change	Pr Te s: Licensure 1	otal Prospective rospective Adjusted otal Prospective with Rating Change Customary Limitatio	h Interim Component
	t - interim portion			e limitation change	
	ed costs - Interim Portion t - Prospective portion	<u> </u>		ster Change 2] as of 05/01/1993	
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid (Cost Reimbursemen	t Analysis
Permanent File For infor	rmation Only		1 /	-7	
	nge in Rate		ryen	n Ru	sour
Home Office:	Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Dri Columbia MD 21046	ve Suite J			



Medicaid Reimbursement Per Diem Rates

Life Care Center of C	Citrus County		Provider Number:	0 211532-00	
3325 Jerwayne Lane			Date:	12/21/2010	
Lecanto FL 34461			Fiscal Year End:	7/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:					
		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	194.40	202.12	1/1/2011	
	Level H: AIDS	337.74	346.98	1/1/2011	
	Level U: Fragile Under 21	452.77	463.23	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospectiv X Changes:	Total Prospective Prospective Adjusted	for New Costs h Interim Component	
Desk audite Desk audit	ed costs - interim portion	Usual am Target R FRVS C X Rate Ser	re Rating Change ad Customary Limitati ate limitation change hange nester Change [2] as of 11/15/1994	on	
Distribution:			Stephen Russell		
Permanent File For infor	ement / Fiscal Agent mation Only nge in Rate		d Cost Reimbursemen	•	

Home Office:

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



Medicaid Reimbursement Per Diem Rates

Plaza West				Provider Number:	0 211885-00
912 American Eagle				Date:	12/21/2010
Sun City Center FL 3	33573	_		Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		203.18	206.03	1/1/2011
	Level H: AIDS		346.52	350.89	1/1/2011
	Level U: Fragile Under 21		461.55	467.14	1/1/2011
Rate Type :					
Interim	(X	Prospective	2	
	Total Interim			Fotal Prospective	
	Interim Component		F	Prospective Adjusted	for New Costs
	Settlement based on costs		1	Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Change	s:		
Budget			Licensure	Rating Change	
X Unaudited	costs		Usual and	Customary Limitation	on
Field audi	ted costs		Target Rate limitation change		
Field audi	t - interim portion		FRVS Ch	ange	
Desk audit					
	t - Interim Portion	<u> </u>		ester Change [2] as of 06/10/1994	
	it - Prospective portion		ΟΠΓΚΥ	2] as 01 00/10/1994	
Distribution:	-			Stephen Russell	
•	Contract Management / Fiscal Agent —		Medicaid	Cost Reimbursement	t Analysis
Permanent File For info	rmation Only				-
	nge in Rate		steph	in Ru	sour
	ingo in futto		/		

Home Office:

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



Medicaid Reimbursement Per Diem Rates

Lake Park of Madiso	n			Provider Number:	0 211923-00	
259 S. W. Captain Br	own Rd.	-		Date:	12/21/2010 8/31/2007	
Madison FL 32340		-		Fiscal Year End:		
				Audit Status:	Unaudited [3]	
Provider Type:						
		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	197.92	199.52	1/1/2011	
	Level H: AIDS		341.26	344.38	1/1/2011	
	Level U: Fragile Under 21	-	456.29	460.63	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes		Total Prospective Prospective Adjusted	for New Costs h Interim Component	
Desk audit Desk audit	ted costs t - interim portion		Usual and Target Ra FRVS Ch Rate Sem	e Rating Change I Customary Limitation ate limitation change hange ester Change [2] as of 08/25/1995	on	
Distribution:				Stephen Russell		
Contract Manage	ement / Fiscal Agent		Modioaid	Cost Reimbursemen	t Analysis	
	rmation Only nge in Rate	-3		ing Rec	•	

Home Office:



Medicaid Reimbursement Per Diem Rates

				Provider Number:	0 212032-00
200 45th Street	22.101			Date:	12/21/2010
est Palm Beach FL	33401			Fiscal Year End:	9/30/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current Rate	New Rate	Effective Date
ursing Home	Single Level		245.90	248.58	1/1/2011
C	0	•			
	Level H: AIDS		389.24	393.44	1/1/2011
	Level U: Fragile Under 21		504.27	509.69	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	;	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audit Desk audit	ed costs - interim portion ed costs - Interim Portion		Usual and Target Ra FRVS Ch	lester Change	on
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs z - interim portion ed costs - Interim Portion t - Prospective portion	 X	Usual and Target Ra FRVS Ch	d Customary Limitation ate limitation change hange lester Change [2] as of 10/01/1985	on
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit	ed costs z - interim portion ed costs - Interim Portion t - Prospective portion	 	Usual and Target Ra FRVS Cl Rate Sem On FRV	d Customary Limitation ate limitation change hange lester Change [2] as of 10/01/1985 Stephen Russell	
Budget X Unaudited Field audit Field audit Desk audit Desk Audit Desk Audit Desk Audit Desk Audit	ed costs - interim portion ed costs - Interim Portion t - Prospective portion		Usual and Target Ra FRVS Ch Rate Sem On FRV	d Customary Limitation ate limitation change hange lester Change [2] as of 10/01/1985	t Analysis



Medicaid Reimbursement Per Diem Rates

Westminster Woods	on Julington Creek			Provider Number:	0 212083-00
25 William Bartram S		-		Date:	12/21/2010
Jacksonville FL 3225	9	-		Fiscal Year End:	3/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	197.05	200.28	1/1/2011
	Level H: AIDS		340.39	345.14	1/1/2011
	Level U: Fragile Under 21	-	455.42	461.39	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:	F	Fotal Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audit Desk audit	ed costs t - interim portion	 X	Usual and Target Ra FRVS Ch Rate Semo	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 01/01/1996	on
Distribution:				Stephen Russell	
Contract Manage	ement / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis
	rmation Only nge in Rate	-3		ing Rea	•

Home Office:

Westminster Services

80 West Lucerne Circle Orlando FL 32801



Medicaid Reimbursement Per Diem Rates

Homestead Manor				Provider Number:	0 212121-00
1330 NW First Aven		_		Date:	12/21/2010
Homestead FL 33030)	_		Fiscal Year End:	8/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	196.08	198.98	1/1/2011
	Level H: AIDS		339.42	343.84	1/1/2011
	Level U: Fragile Under 21		454.45	460.09	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes	 	Total Prospective Prospective Adjusted Total Prospective with	
Desk audit Desk audit	ted costs t - interim portion		Licensu Usual a Target 1 FRVS	rre Rating Change nd Customary Limitation Rate limitation change Change emester Change FRV [1]	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medica	id Cost Reimbursement	t Analysis
	rmation Only nge in Rate		tip	low Ru	sell

Home Office:

Salem Housing Corporation

500 Floyd Road NE Calhoun GA 30701



Medicaid Reimbursement Per Diem Rates

÷	and Rehabilitation Center		Provider Number:	0 212164-00
9 Taliaferro Ave.			Date:	12/21/2010
npa FL 33602			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
ovider Type:		_		
		Current Rate	New Rate	Effective Date
rsing Home	Single Level	204.86	209.94	1/1/2011
	Level H: AIDS	348.20	354.80	1/1/2011
	Level U: Fragile Under 21	463.23	471.05	1/1/2011
Rate Type :				
		V Duo an a stirr	_	
Interim	Fotal Interim	X Prospectiv	e Total Prospective	
	nterim Component		Prospective Adjusted	for New Costs
	Settlement based on costs		1 5	th Interim Component
	Prior Provider Prospective data		r	rrr
		Champion		
Basis:		Changes:		
Budget		Licensure	e Rating Change	
X Unaudited	costs		d Customary Limitati	on
Field audite	ed costs		ate limitation change	
Field audit	- interim portion	FRVS Cl	nange	
Desk audite				
	- Interim Portion		ester Change	
	- Prospective portion	UN FKV	[2] as of 10/01/1985	
Distribution: Contract Management / Fiscal Agent		Stephen Russell		
Permanent File	ment, i iseur rigent	Medicaid	Cost Reimbursemen	t Analysis
	mation Only	14	1 7	
	ge in Rate	sign	ing Rea	man vi
Home Office:	Summit Care II, Inc			
	Guy Farmer			
	2851 Remington Green Circle	Ste D		
	2851 Remington Green Circle Tallahassee FL 32308	, 510. D		



Medicaid Reimbursement Per Diem Rates

The Fountains Nursin	ng Home			Provider Number:	0 212393-00
3800 North Federal H	-	-		Date:	12/21/2010
Boca Raton FL 3343		-		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
~ ~			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		211.10	213.95	1/1/2011
	Level H: AIDS		354.44	358.81	1/1/2011
	Level U: Fragile Under 21		469.47	475.06	1/1/2011
Rate Type :					
Interim		X	Prospecti	ve	
	Total Interim		Χ	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			Total Prospective wit	h Interim Component
Basis:		Change	es:		
Budget			Licensu	re Rating Change	
X Unaudited	costs		Usual a	nd Customary Limitati	on
Field audit	ed costs		Target F	Rate limitation change	
Field audit	- interim portion		FRVS C	Change	

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Rate Semester Change

On FRV [2] as of 03/01/1986

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Medicaid Cost Reimbursement Analysis

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Desk audited costs

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Desk audit - Interim Portion

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Desk Audit - Prospective portion

Rohm Service Corp



Medicaid Reimbursement Per Diem Rates

Woodland Terrace				Provider Number:	0 212636-00
20 Chipola Avenue		-		Date:	12/21/2010
Deland FL 32720		-		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	170.11	171.97	1/1/2011
	Level H: AIDS		313.45	316.83	1/1/2011
	Level U: Fragile Under 21	_	428.48	433.08	1/1/2011
Rate Type :					
Interim		X	Prospective		
ب ·	Fotal Interim			otal Prospective	
	Interim Component			rospective Adjusted	
	Settlement based on costs Prior Provider Prospective data		T	otal Prospective with	h Interim Component
Basis:		Changes:			
Budget			Licensure	Rating Change	
X Unaudited	costs		Usual and	Customary Limitati	on
Field audite	ed costs		Target Rate limitation change		
	- interim portion		FRVS Cha	inge	
Desk audit	ed costs - Interim Portion	<u> </u>	Poto Somo	ster Change	
	- Prospective portion	A		2] as of 09/27/1996	
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Contract Manage				Stephen Russell	
•	ment / Fiscal Agent		Medicaid (-	t Analysis
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Medicaid Reimbursement Per Diem Rates

uncoast Manor			Provider Number:	0 212709-00
909 9th Street South			Date:	12/21/2010
t. Petersburg FL 337	705-6272		Fiscal Year End:	3/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	185.65	185.72	1/1/2011
	Level H: AIDS	328.99	330.58	1/1/2011
	Level U: Fragile Under 21	444.02	446.83	1/1/2011
Interim		X Prospective		
	Total Interim Interim Component Settlement based on costs		otal Prospective Prospective Adjusted	for New Costs h Interim Component
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		otal Prospective Prospective Adjusted	
Basis: Budget X Unaudited Field audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	X T P T T T Changes: Licensure Usual and Usual and	otal Prospective Prospective Adjusted Otal Prospective with Rating Change Customary Limitation	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	X T P T Changes: T Licensure Usual and Target Rate FRVS Ch X Rate Seme	otal Prospective Prospective Adjusted Otal Prospective with Rating Change Customary Limitation	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	X T P T Changes: T Licensure Usual and Target Rate FRVS Ch X Rate Seme	otal Prospective rospective Adjusted otal Prospective with Rating Change Customary Limitation te limitation change ange ester Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	X T X T P T Changes: T Licensure Usual and Target Ra FRVS Ch X Rate Seme On FRV [Yotal Prospective Prospective Adjusted Yotal Prospective with Rating Change Customary Limitation the limitation change ange ester Change 2] as of 08/23/1996	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audi Desk Audi Desk Audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	X T Y P T T Changes: T Licensure Usual and Target Ra FRVS Ch X Rate Seme On FRV [Medicaid	Total Prospective Prospective Adjusted Total Prospective with Prospective With Rating Change Customary Limitation te limitation change ange ester Change 2] as of 08/23/1996 Stephen Russell	h Interim Component

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Westminster Services

80 West Lucerne Circle Orlando FL 32801



Medicaid Reimbursement Per Diem Rates

Oceanside Extended	Care Center			Provider Number:	0 212733-00
50 9th Street		_		Date:	12/21/2010
Aiami Beach FL 331	liami Beach FL 33139			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level	-	Rate 162.70	Rate	Date 1/1/2011
au sing mome	Single Level	-	102.70	164.67	1/1/2011
	Level H: AIDS		306.04	309.53	1/1/2011
	Level U: Fragile Under 21		421.07	425.78	1/1/2011
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	h Interim Component
Basis:		Changes	s:		
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitation	on
Field audit			_	ate limitation change	
	t - interim portion		FRVS C	Change	
Desk audit	ed costs - Interim Portion	<u> </u>	Rate Ser	nester Change	
	t - Prospective portion			[2] as of 10/01/1985	
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•	ement / Fiscal Agent		Medicai	d Cost Reimbursement	t Analysis
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Medicaid Reimbursement Per Diem Rates

Fursing Home Single Level Level H: AIDS Level U: Fragile Under 21 Rate Type : Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Current Rate 196.72 <u>340.06</u> <u>455.09</u> X Prospective	Date: Fiscal Year End: Audit Status: New Rate 199.98 344.84 461.09	12/21/2010 6/30/2009 Unaudited [3] Effective Date 1/1/2011 1/1/2011 1/1/2011	
rovider Type: Aursing Home Single Level Level H: AIDS Level U: Fragile Under 21 Rate Type : Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Cha Budget	Current Rate 196.72 340.06 455.09	Audit Status: New Rate 199.98 344.84	Unaudited [3] Effective Date 1/1/2011 1/1/2011	
Image: Note of the state o	Rate 196.72 340.06 455.09	New Rate 199.98 344.84	Effective Date 1/1/2011 1/1/2011	
Image: Note of the state o	Rate 196.72 340.06 455.09	Rate 199.98 344.84	Date 1/1/2011 1/1/2011	
Level H: AIDS Level U: Fragile Under 21	Rate 196.72 340.06 455.09	Rate 199.98 344.84	Date 1/1/2011 1/1/2011	
Level H: AIDS Level U: Fragile Under 21	196.72 340.06 455.09	199.98 344.84	1/1/2011 1/1/2011	
Level H: AIDS Level U: Fragile Under 21	340.06 455.09	344.84	1/1/2011	
Rate Type : Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget	455.09	<u> </u>		
Rate Type : Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget		461.09	1/1/2011	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Cha	X Prospective			
Basis: Cha	Pro	al Prospective spective Adjusted al Prospective with	for New Costs 1 Interim Component	
Budget				
	inges:			
	Licensure R	ating Change		
	Usual and C	ustomary Limitatio	on	
Field audited costs		limitation change		
Field audit - interim portion	FRVS Change			
Desk audited costs	FRVS Char			
Desk audit - Interim Portion		X Rate Semester Change		
Desk Audit - Prospective portion Distribution:	X Rate Semes	er Change as of 01/17/1997		

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



Medicaid Reimbursement Per Diem Rates

Palmetto Sub Acute	Care Center			Provider Number:	0 212806-00
7600 S.W. 8th Street			Date: 12/21/201		12/21/2010
Miami FL 33144				Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			C .	N	
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	252.27	256.09	1/1/2011
	Level H: AIDS		395.61	400.95	1/1/2011
	Level U: Fragile Under 21		510.64	517.20	1/1/2011
Rate Type :					
Interim	l	X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	h Interim Component

Basis:	Changes:
Budget X Unaudited costs Field audited costs	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change
Field audit - interim portion Desk audited costs	FRVS Change
Desk audit - Interim Portion Desk Audit - Prospective portion	XRate Semester Change On FRV [2] as of 01/24/1997
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Medicaid Reimbursement Per Diem Rates

University Center We	est			Provider Number:	0 212831-00
545 West Euclid Ave				Date:	12/21/2010
Deland FL 32720				Fiscal Year End:	8/31/2010
				Audit Status:	Unaudited [3]
Provider Type:		C	Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		205.71	210.43	1/1/2011
	Level H: AIDS		349.05	355.29	1/1/2011
	Level U: Fragile Under 21	2	164.08	471.54	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data]	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audit Desk audit	ed costs t - interim portion	Changes:	Usual and Target Ra FRVS Ch Rate Sem	e Rating Change 1 Customary Limitation ate limitation change nange nester Change [2] as of 10/01/1985	on
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•	ement / Fiscal Agent		Medicaid	Cost Reimbursement	Analysis
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Medicaid Reimbursement Per Diem Rates

Tarpon Bayou Center 515 Chesapeake Drive Tarpon Springs FL 34689		-		Provider Number: Date: Fiscal Year End:	0 212849-00 12/21/2010 8/31/2009
Provider Type:			Current Rate	Audit Status: New Rate	Unaudited [3] Effective Date
Nursing Home	Single Level		197.33	199.82	1/1/2011
	Level H: AIDS		340.67	344.68	1/1/2011
	Level U: Fragile Under 21		455.70	460.93	1/1/2011
Rate Type :					
Interim Total Interim		X	Prospectiv X	ve Total Prospective	
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective with	
Basis:		Change	es:		
Budget			Licensur	e Rating Change	

Usual and Customary Limitation

Target Rate limitation change

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

FRVS Change

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Medicaid Cost Reimbursement Analysis

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Unaudited costs

Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

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Desk Audit - Prospective portion

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Medicaid Reimbursement Per Diem Rates

akeland Hills Center			Provider Number:	0 212865-00	
10 East Bella Vista Drive			Date:	12/21/2010 8/31/2009	
akeland FL 33805			Fiscal Year End:		
			Audit Status:	Unaudited [3]	
rovider Type:					
		Current Rate	New Rate	Effective Date	
ursing Home Single Level		186.21	188.55	1/1/2011	
Single Level		100,21	100.33	1/1/2011	
Level H: AIDS		329.55	333.41	1/1/2011	
Level U: Fragile Under 21		444.58	449.66	1/1/2011	
Interim Total Interim	<u> </u>		Total Prospective	for New Costs	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data			Total Prospective Prospective Adjusted	for New Costs h Interim Component	
Total Interim Interim Component Settlement based on costs	X		Total Prospective Prospective Adjusted		
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:			Fotal Prospective Prospective Adjusted Fotal Prospective with		
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X T	Total Prospective Prospective Adjusted	h Interim Component	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:		X H H H H H H H H H H H H H H H H H H H	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation the limitation change	h Interim Component	
Budget X Unaudited costs Field audited costs Field audit - interim portion		X T	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation the limitation change	h Interim Component	
Budget Budget Y Unaudited costs Field audited costs		X T I I Ves: Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation the limitation change hange	h Interim Component	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	Change	X H H S: Licensure Usual and Target Ra FRVS Ch Rate Sem	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation the limitation change	h Interim Component	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Change	X H H S: Licensure Usual and Target Ra FRVS Ch Rate Sem	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation the limitation change hange ester Change	h Interim Component	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	Change	X T H Licensure Usual and Target Ra FRVS Ch Rate Sem On FRV [Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation the limitation change nange ester Change [2] as of 10/01/1985	h Interim Component	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Change 	X T I I I S: Licensure Usual and Target Ra FRVS Ch Rate Sem On FRV [Medicaid	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation the limitation change ester Change [2] as of 10/01/1985 Stephen Russell	h Interim Component	

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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:	12/21/2010 7/31/2010	
		_		Fiscal Year End:		
				Audit Status:	Unaudited [3]	
Provider Type:					[1]	
JI		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	204.33	208.51	1/1/2011	
	Level H: AIDS		347.67	353.37	1/1/2011	
	Level U: Fragile Under 21	-	462.70	469.62	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes		Fotal Prospective Prospective Adjusted Fotal Prospective with	for New Costs h Interim Component	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion			Usual and Target Ra FRVS Ch Rate Sem	e Rating Change I Customary Limitation the limitation change hange ester Change [2] as of 10/01/1985	on	
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Medicaid Reimbursement Per Diem Rates

The Groves Center 512 South 11th Street		-		Provider Number: Date:	0 212881-00 12/21/2010	
Lake Wales FL 33853		-		Fiscal Year End:	8/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		179.55	182.12	1/1/2011	
	Level H: AIDS		322.89	326.98	1/1/2011	
	Level U: Fragile Under 21		437.92	443.23	1/1/2011	
Rate Type :		X	Prospective			
Total Interim Interim Component			X Total Prospective Prospective Adjusted for New Costs			
Settlement based on costs Prior Provider Prospective data					h Interim Component	
Basis:		Change	es:			
Budget			Licensure	Rating Change		

Licensure Rating Change Budget Х Unaudited costs Usual and Customary Limitation Field audited costs Target Rate limitation change FRVS Change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Х Rate Semester Change On FRV [2] as of 10/01/1985 Desk Audit - Prospective portion **Distribution: Stephen Russell** Contract Management / Fiscal Agent Medicaid Cost Reimbursement Analysis Permanent File Stephen Russell For information Only No Change in Rate Home Office: 1 - No Home Office



Medicaid Reimbursement Per Diem Rates

Egret Cove Center 550 62nd Street South St. Petersburg FL 33707				Provider Number:	0 212890-00		
		_	Date:		12/21/2010		
		_		Fiscal Year End:	7/31/2010		
				Audit Status:	Unaudited [3]		
Provider Type:				That Status.			
j		_	Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	-	184.91	195.30	1/1/2011		
	Level H: AIDS		328.25	340.16	1/1/2011		
	Level U: Fragile Under 21	-	443.28	456.41	1/1/2011		
Rate Type :							
Interim		X	Prospective	2			
	Total Interim		X Total Prospective				
	Interim Component		Prospective Adjusted for New Costs				
Settlement based on costs Prior Provider Prospective data				l'otal Prospective with	h Interim Component		
Basis:		Changes	:				
Budget			Licensure	Rating Change			
			Usual and Customary Limitation				
Field audi	Field audited costs		Target Rate limitation change				
Field audit - interim portion			FRVS Change				
Desk audit		<u> </u>	- Data Sam	actor Change			
Desk audit - Interim Portion Desk Audit - Prospective portion		<u> </u>	XRate Semester ChangeOn FRV [2] as of 10/01/1985				
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No Cha	nge in Rate			·			

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Medicaid Reimbursement Per Diem Rates

Emerald Coast Center				Provider Number:	0 212903-00
114 Third Street Sout				Date:	12/21/2010
Ft. Walton Beach FL	32548			Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		188.77	192.24	1/1/2011
	Level H: AIDS		332.11	337.10	1/1/2011
	Level U: Fragile Under 21		447.14	453.35	1/1/2011
Rate Type : Interim		X	Prospective		
,	Total Interim		X To	otal Prospective	
]	Interim Component		Pr	rospective Adjusted	for New Costs
	Settlement based on costs Prior Provider Prospective data		To	otal Prospective with	n Interim Component
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited				Customary Limitatio	on
Field audit	ed costs		I arget Rate	e limitation change	

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Target Rate limitation change FRVS Change

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

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Field audit - interim portion

Desk audit - Interim Portion

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Desk Audit - Prospective portion

Desk audited costs



Medicaid Reimbursement Per Diem Rates

Clearwater Center 1270 Turner Street Clearwater FL 34616				Provider Number:	0 212911-00
Clearwater FL 34616				Date:	12/21/2010
				Fiscal Year End:	8/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	—	205.83	209.20	1/1/2011
0	0	—			
	Level H: AIDS		349.17	354.06	1/1/2011
	Level U: Fragile Under 21	-	464.20	470.31	1/1/2011
Rate Type : Interim	otal Interim	X	Prospective X To	otal Prospective	
	nterim Component			ospective Adjusted	for New Costs
	ettlement based on costs				h Interim Component
P	rior Provider Prospective data				
Basis:		Changes	:		
Desk audited	ed costs - interim portion		Usual and O	-	on

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

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Desk Audit - Prospective portion

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Florida Presbyterian I	Homes, Inc.		Provider Number:	0 212971-00
16 Lake Hunter Drive			Date:	12/21/2010
Lakeland FL 33803			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.77	202.42	1/1/2011
	Level H: AIDS	360.11	347.28	1/1/2011
	Level U: Fragile Under 21	475.14	463.53	1/1/2011
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:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 03/20/1997
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Medicaid Reimbursement Per Diem Rates

1336 St. Andrew Blvd Panama City FL 32405 Provider Type: Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 Rate Type : Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Current Rate 201.10 344.44 459.47	Date: Fiscal Year End: Audit Status: New Rate 203.12 347.98 464.23	12/21/2010 8/31/2010 Unaudited [3] Effective Date 1/1/2011 1/1/2011
Provider Type: Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 Rate Type : X Interim X Total Interim X Interim Component Settlement based on costs Prior Provider Prospective data V	Rate 201.10 344.44	Audit Status: New Rate 203.12 347.98	Unaudited [3] Effective Date 1/1/2011 1/1/2011
Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 Rate Type : Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Rate 201.10 344.44	New Rate 203.12 347.98	Effective Date 1/1/2011 1/1/2011
Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 Rate Type : Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Rate 201.10 344.44	Rate 203.12 347.98	Date 1/1/2011 1/1/2011
Level H: AIDS Level U: Fragile Under 21 Rate Type : Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Rate 201.10 344.44	Rate 203.12 347.98	Date 1/1/2011 1/1/2011
Level H: AIDS Level U: Fragile Under 21 Rate Type : Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	201.10 344.44	203.12 347.98	1/1/2011 1/1/2011
Level H: AIDS Level U: Fragile Under 21 Rate Type : Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	344.44	347.98	1/1/2011
Level U: Fragile Under 21 Rate Type : X Interim X Total Interim X Interim Component Settlement based on costs Prior Provider Prospective data V		<u> </u>	
Rate Type : Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	459.47	464.23	1/1/2011
Rate Type : Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data			
		Total Prospective Prospective Adjusted Total Prospective with	
Basis: Change	s:		
Budget	Licensur	e Rating Change	
X Unaudited costs		d Customary Limitatio	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	hange	
Desk audited costs Desk audit - Interim Portion X	- Deta Sar	nastar Charge	
Desk Audit - Prospective portion		nester Change [2] as of 10/01/1985	
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Medicaid Reimbursement Per Diem Rates

		Provider Number:	0 212997-00	
		Date:	12/21/2010	
		Fiscal Year End:	8/31/2010	
		Audit Status:	Unaudited [3]	
	Current	New	Effective	
			Date	
	190.93	194.16	1/1/2011	
	334.27	339.02	1/1/2011	
		<u> </u>	1/1/2011	
	449.30	433.27	1/1/2011	
X	Prospective			
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	T	otal Prospective wit	h Interim Component	
ta				
Change	es:			
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X	Rate Seme	ster Change		
	On FRV [2	2] as of 10/01/1985		
		Stephen Russell		
	Medicaid (-	t Analysis	
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	at l	~ ~ ~ .	and 1	
	171 1111 111		Jun UI	
	data Change	$ \begin{array}{c} $	Fiscal Year End: Audit Status: Current New Rate Rate 190.93 194.16 334.27 339.02 449.30 455.27 21 449.30 X Prospective Prospective Prospective Adjusted Total Prospective wit Total Prospective wit data Changes: Licensure Rating Change Usual and Customary Limitati Target Rate limitation change FRVS Change	

Home Office:



Medicaid Reimbursement Per Diem Rates

Boca Ciega Center				Provider Number:	0 213004-00
1414 59th Street Sout	th			Date:	12/21/2010 8/31/2009
Gulfport FL 33707				Fiscal Year End:	
				Audit Status:	Unaudited [3]
Provider Type:					
		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	203.12	206.13	1/1/2011
	Level H: AIDS		346.46	350.99	1/1/2011
	Level U: Fragile Under 21		461.49	467.24	1/1/2011
:	Interim Component Settlement based on costs Prior Provider Prospective data	Changes	 	Prospective Adjusted Total Prospective with	
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs t - interim portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 10/01/1985		on	
Distribution:				Stephen Russell	
Permanent File	ement / Fiscal Agent			id Cost Reimbursemen	•
	mation Only nge in Rate		typ	hun Ru	sell

Home Office:



Medicaid Reimbursement Per Diem Rates

01 NW 88th Avenue marac FL 33321			0 213098-00
Imarac FL 33321		Date:	12/21/2010
		Fiscal Year End:	1/31/2010
		Audit Status:	Unaudited [3]
rovider Type:			
	Current Rate	New Rate	Effective Date
ursing Home Single Level	217.25	<u>219.82</u>	1/1/2011
Level H: AIDS	360.59	364.68	1/1/2011
Level U: Fragile Under 21	475.62	480.93	1/1/2011
Interim Component Settlement based on costs Prior Provider Prospective data		Prospective Adjusted Total Prospective wit	h Interim Component
Basis:	Changes:		
Budget	Licens	ure Rating Change	
Budget X Unaudited costs	Licens	and Customary Limitati	on
Budget	Licens Licens Usual		on
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	Licens Licens Usual Target FRVS	and Customary Limitati Rate limitation change Change	on
Budget X Unaudited costs Field audited costs Field audit - interim portion	Licens Usual = Target FRVS X Rate S	and Customary Limitati Rate limitation change	on
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Licens Usual = Target FRVS X Rate S	and Customary Limitation Rate limitation change Change emester Change V [2] as of 11/01/1997	on
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	Licens Usual a Target FRVS X Rate S On FR	and Customary Limitati Rate limitation change Change emester Change V [2] as of 11/01/1997 Stephen Russell	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	Licens Usual a Target FRVS X Rate S On FR Medica	and Customary Limitation Rate limitation change Change emester Change V [2] as of 11/01/1997	t Analysis

Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309



Medicaid Reimbursement Per Diem Rates

ater's Edge Extende				Provider Number:	0 213152-00
500 S.W. Capri				Date:	12/21/2010
alm City FL 34990				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
rovider Type:		-	Current Rate	New Rate	Effective Date
ursing Home	Single Level	-	250.71	255.80	1/1/2011
	Level H: AIDS		394.05	400.66	1/1/2011
	Level U: Fragile Under 21		509.08	516.91	1/1/2011
	Interim Component		Pi	cospective Adjusted	for New Costs
	Settlement based on costs Prior Provider Prospective data	Change	To		for New Costs h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion	Changes 	Licensure I Usual and Target Rate FRVS Cha	Rating Change Customary Limitation	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensure I Usual and Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change nge ster Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensure I Usual and Target Rate FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 04/21/1997	h Interim Component

Home Office:



Medicaid Reimbursement Per Diem Rates

Life Care Center at W	Vells Crossing			Provider Number:	0 213161-00	
355 Crossing Boulev		_	Date:		12/21/2010	
Orange Park FL 3207	73	_		Fiscal Year End:	7/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
••		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	191.52	195.64	1/1/2011	
	Level H: AIDS		334.86	340.50	1/1/2011	
	Level U: Fragile Under 21		449.89	456.75	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes	<u> </u>	Total Prospective Prospective Adjusted Total Prospective with		
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ted costs t - interim portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 07/23/1997			on	
Distribution:				Stephen Russell		
•	ement / Fiscal Agent		Medicaid Cost Reimbursement Analysis			
	rmation Only nge in Rate			hus Rea	•	

Home Office:

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



Medicaid Reimbursement Per Diem Rates

Haborchase of Venic	e			Provider Number:	0 213322-00
950 Pinebrook Road				Date:	12/21/2010
Venice FL 34292				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					[0]
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	212.09	210.95	1/1/2011
	Level H: AIDS		355.43	355.81	1/1/2011
	Level U: Fragile Under 21		470.46	472.06	1/1/2011
	Total Interim Interim Component	<u> </u>	Prospect X	ive Total Prospective Prospective Adjusted	for New Costs
	Settlement based on costs Prior Provider Prospective data			Total Prospective wit	
Basis:		Changes:			
Budget X Unaudited Field audit			Usual a Target 1	ure Rating Change and Customary Limitati Rate limitation change	on
Desk audit	t - interim portion ed costs - Interim Portion t - Prospective portion	X	Rate Se	Change emester Change V [2] as of 04/01/1997	

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Medicaid Cost Reimbursement Analysis Stephen Russell

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Life Care Center Of (Drlando			Provider Number:	0 213403-00
3211 Rouse Road		_		Date:	12/21/2010
Orlando FL 32817		_		Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				That Status.	
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	198.78	204.19	1/1/2011
	Level H: AIDS		342.12	349.05	1/1/2011
	Level U: Fragile Under 21	-	457.15	465.30	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data	Changes	î	Prospective Adjusted Fotal Prospective with	for New Costs h Interim Component
Desk audit Desk audit	ed costs - interim portion		Usual and Target Ra FRVS Ch Rate Sem	e Rating Change I Customary Limitation the limitation change hange ester Change [2] as of 10/02/1997	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis
	mation Only nge in Rate			nes Rea	•

Home Office:

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



Medicaid Reimbursement Per Diem Rates

Madison Nursing Cer	nter			Provider Number:	0 213462-00
Route 3 Box 2310				Date:	12/21/2010
Madison FL 32340				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		212.90	219.84	1/1/2011
	Level H: AIDS		356.24	364.70	1/1/2011
	Level U: Fragile Under 21		471.27	480.95	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	P	otal Prospective rospective Adjusted	for New Costs h Interim Component
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited	costs		Usual and	Customary Limitati	on

Usual and Customary Limitation Target Rate limitation change FRVS Change

X Rate Semester Change On FRV [2] as of 09/01/1996

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Medicaid Cost Reimbursement Analysis

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Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

Contract Management / Fiscal Agent

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Desk Audit - Prospective portion

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



-	lassic Residence by Hyatt			Provider Number:	0 213837-00
792 Donnelly Drive Lantana FL 33462				Date:	12/21/2010
				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		241.43	238.68	1/1/2011
	Level H: AIDS		384.77	383.54	1/1/2011
	Level U: Fragile Under 21		499.80	499.79	1/1/2011
I S F Budget	Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Change		ve Total Prospective Prospective Adjusted Total Prospective with re Rating Change	
	ed costs - interim portion			nd Customary Limitation Rate limitation change Change	on
Desk Audit	ed costs - Interim Portion - Prospective portion	X		mester Change [2] as of 08/01/1998	
Distribution:	mont / Fiscal A cont			Stephen Russell	
Permanent File For infor	ment / Fiscal Agent mation Only ge in Rate			d Cost Reimbursement	-
Home Office:	1 - No Home Office				



Medicaid Reimbursement Per Diem Rates

Shady Rest Care Pav	ilion, Inc.			Provider Number:	0 213900-00
2310 North Airport F			Date:		12/21/2010
Fort Myers FL 33907	1			Fiscal Year End:	9/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		228.89	231.43	1/1/2011
	Level H: AIDS		372.23	376.29	1/1/2011
	Level U: Fragile Under 21		487.26	492.54	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim		X T	otal Prospective	
	Interim Component		P	Prospective Adjusted	for New Costs
	Settlement based on costs		T	otal Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	Rating Change	
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Prior Provider Prospective data	
Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 07/01/1986
Distribution:	Stephen Russell
Contract Management / Fiscal Agent	- Madicaid Cost Deimhursement Analysis
Permanent File	Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

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Medicaid Reimbursement Per Diem Rates

TMH Skilled Nursin	g Facility			Provider Number:	0 213934-00	
1609 Medical Drive				Date:	12/21/2010 9/30/2009	
Tallahassee FL 3230	8			Fiscal Year End:		
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Nursing Homo	Single Level		Rate	Rate	Date	
Nursing Home	Single Level		208.69	211.49	1/1/2011	
	Level H: AIDS		352.03	356.35	1/1/2011	
	Level U: Fragile Under 21		467.06	472.60	1/1/2011	
			107.00	172.00	1/1/2011	
Rate Type :						
Interim		X	Prospective	2		
	Total Interim			Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs		1	Total Prospective with	Interim Component	
	Prior Provider Prospective data					
Basis:		Change	es:			
Budget				Rating Change		
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Field audi Field audi Desk audi Desk audi Desk Audi Desk Audi Desk Audi Contract Manag Permanent File For info	t - interim portion ted costs t - Interim Portion it - Prospective portion		FRVS Ch Rate Seme On FRV [Medicaid	ange ester Change [2] as of 10/01/1985 Stephen Russell	Analysis	

Home Office:



Medicaid Reimbursement Per Diem Rates

Gramercy Park Nursi	ng Center			Provider Number:	0 214027-00	
17475 S. Dixie Highv	way	_	Date:		12/21/2010	
Miami FL 33157		_		Fiscal Year End:	7/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	205.60	208.23	1/1/2011	
	Level H: AIDS		348.94	353.09	1/1/2011	
	Level U: Fragile Under 21		463.97	469.34	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	Prospect X	ive Total Prospective Prospective Adjusted Total Prospective with		
Desk audit	ted costs t - interim portion		Licensu Usual a Target I FRVS (rre Rating Change nd Customary Limitation Rate limitation change Change emester Change V [2] as of 04/01/2004	on	
Distribution:				Stephen Russell		
•	ement / Fiscal Agent		Medicaid Cost Reimbursement Analysis			
	rmation Only nge in Rate			hus Ra	•	

Home Office:

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



	RSING AND REHAB CENTER]	Provider Number:	0 214035-00
80 N.E 7TH AVEN	UE		Date:	12/21/2010
iami FL 33150			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
ovider Type:		_		
		Current Rate	New Rate	Effective Date
ursing Home	Single Level	242.09	245.60	1/1/2011
	Level H: AIDS	385.43	390.46	1/1/2011
	Level U: Fragile Under 21	500.46	506.71	1/1/2011
Rate Type :				
Interim		X Prospective		
	Total Interim		tal Prospective	
	nterim Component		ospective Adjusted	
	ettlement based on costs	10	tal Prospective wit	h Interim Component
	rior Provider Prospective data			
Basis:		Changes:		
Budget		Licensure F	ating Change	
X Unaudited of	costs		Customary Limitati	on
Field audite	ed costs		limitation change	
	- interim portion	FRVS Chai	nge	
Desk audite		X Rate Semes	ton Change	
	- Interim Portion - Prospective portion		as of 10/01/1985	
Distribution:			Stephen Russell	
•	ment / Fiscal Agent	Medicaid C	ost Reimbursemen	t Analysis
Permanent File	mation Only			-
	ge in Rate	Steph	y Ru	sout
	0	-		
Home Office:	DOS Health Care, Inc			
	Jorge Hernando			
	300 71st Street, Suite 400 Miami FL 33141			
	WIIAIIII I'L 55141			



Marion House Health	h Care Center	_		Provider Number:	0 214043-00
3930 E Silver Spring	şs Blvd	-		Date:	12/21/2010
Ocala FL 32670		-		Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		219.86	232.43	1/1/2011
	Level H: AIDS		363.20	377.29	1/1/2011
	Level U: Fragile Under 21		478.23	493.54	1/1/2011
	Total Interim Interim Component	X	Prospect	ive Total Prospective Prospective Adjusted	for New Costs
	Settlement based on costs Prior Provider Prospective data				h Interim Component
Basis:		Change	s:		

	r Provider Prospective data		
Basis:		Changes:	
Budget		Licensure Rating Change	
K Unaudited cost	ts	Usual and Customary Limit	
Field audited of	costs	Target Rate limitation chang	ge
Field audit - ir	nterim portion	FRVS Change	
Desk audited c Desk audit - In Desk Audit - P		X Rate Semester Change On FRV [2] as of 04/18/19	91
Distribution:		Stephen Russel	1
Contract Manageme	nt / Fiscal Agent	Madiaaid Coat Daimhursam	ant Analysia
Permanent File		Medicaid Cost Reimbursem	•
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No Change	in Rate	my man	
Home Office:	Seniors Management, Inc Lenard Brown		
	1114 Wynwood Avenue		
	Cherry Hill NJ 08002		



Medicaid Reimbursement Per Diem Rates

Life Care Center of H	lilliard			Provider Number:	0 214060-00
US 1 & 3rd Street				Date:	12/21/2010
Hilliard FL 32046				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	•	187.32	193.31	1/1/2011
	Level H: AIDS		330.66	338.17	1/1/2011
	Level U: Fragile Under 21		445.69	454.42	1/1/2011
Rate Type :					
Interim		X	Prospectiv		
	Total Interim			Total Prospective	Con New Consta
	Interim Component Settlement based on costs			Prospective Adjusted Total Prospective with	
	Prior Provider Prospective data			Total Trospective with	n mernin component
Basis:		Change	s:		
Budget			Licensur	e Rating Change	
X Unaudited				d Customary Limitatio	on
Field audit				ate limitation change	
Field audit	- interim portion		FRVS C	nange	
	- Interim Portion	X	Rate Sem	nester Change	
Desk Audi	t - Prospective portion			[2] as of 05/01/1990	
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid	l Cost Reimbursement	Analysis
Permanent File	mustice Only				2
	mation Only nge in Rate		steph	in Ru	sell
			/		

Home Office:

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



-	te Veteran's Nursing Home]	Provider Number:	0 214914-00
19 Parkway Boule			Date:	12/21/2010
nd O Lakes FL 340	539		Fiscal Year End:	
			Audit Status:	Unaudited [3]
ovider Type:		Current Rate	New Rate	Effective Date
ursing Home	Single Level	223.99	227.10	1/1/2011
	Level H: AIDS	367.33	371.96	1/1/2011
	Level U: Fragile Under 21	482.36	488.21	1/1/2011
		Changes: Licensure R Usual and C	otal Prospective ospective Adjusted otal Prospective wit Rating Change Customary Limitation	h Interim Component
Field audit Desk audit Desk audit	t - interim portion	FRVS Char X Rate Semes	nge	
Permanent File	ement / Fiscal Agent	Medicaid C	Stephen Russell	-
	rmation Only nge in Rate	Steph	n Ru	south
Home Office:	Florida Dept. of Veterans Affair Walter Gilchrist 11351 Ulmerton Road, Room 33 Largo Fl 33778-1630			



Medicaid Reimbursement Per Diem Rates

Osprey Point Nursing	Center			Provider Number:	0 215597-00
1104 South Main Street				Date:	12/21/2010
Bushnell FL 33513				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	197.33	200.25	1/1/2011
	Level H: AIDS		340.67	345.11	1/1/2011
	Level U: Fragile Under 21	-	455.70	461.36	1/1/2011
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
]	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				

Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 07/02/1999
Distribution:	Stanhan Duggall

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

Contract Management / Fiscal Agent

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Permanent File



Medicaid Reimbursement Per Diem Rates

Harbour's Edge			Provider Number:	0 216399-00	
401 E. Linton Boulev			Date:	12/21/2010	
Delray Beach FL 334	L 33483		Fiscal Year End:	12/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	240.14	244.70	1/1/2011	
	Level H: AIDS	383.48	389.56	1/1/2011	
	Level U: Fragile Under 21	498.51	505.81	1/1/2011	
	Interim Component Settlement based on costs Prior Provider Prospective data		ospective Adjusted otal Prospective wit	for New Costs h Interim Component	
	Prior Provider Prospective data				
Desk audit Desk audit	ted costs t - interim portion	Usual and C Target Rate FRVS Cha	-	on	
Distribution:			Stephen Russell		
Contract Manag	ement / Fiscal Agent	Madianid	Stephen Russen	t A polycic	

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Permanent File

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LifeSpace Communities, Inc.

100 East Grand Ave. Des Moines IA 50309



•	& Rehabilitation Center		Provider Number:	0 217263-00
36 Northeast 12th A			Date:	12/21/2010
rystal River FL 344	29		Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
ursing Home	Single Level	200.21	208.77	1/1/2011
	Level H: AIDS	343.55	353.63	1/1/2011
	Level U: Fragile Under 21	458.58	469.88	1/1/2011
Rate Type :				
Basis:	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	P T Changes: Licensure	otal Prospective Prospective Adjusted Otal Prospective wit	h Interim Component
X Unaudited Field audit			Customary Limitation te limitation change	on
Field audit Desk audit	t - interim portion	FRVS Cha	ange	
Desk audit	- Interim Portion t - Prospective portion		ester Change 2] as of 07/01/1999	
Distribution:			Stephen Russell	
Permanent File	ement / Fiscal Agent		Cost Reimbursemen	-
	rmation Only nge in Rate	Steph	in Ra	mell
Home Office:	NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406			



Medicaid Reimbursement Per Diem Rates

Ocala Health & Rella	bilitation Center			Provider Number:	0 217395-00
1201 Southeast 24th	Road			Date:	12/21/2010
Ocala FL 34471				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	_	189.38	193.58	1/1/2011
	Level H: AIDS		332.72	338.44	1/1/2011
	Level U: Fragile Under 21	-	447.75	454.69	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Pr	otal Prospective ospective Adjusted otal Prospective with	for New Costs 1 Interim Component
Basis:		Changes	:		
Budget			Licensure I	Rating Change	
X Unaudited	costs		_	Customary Limitatio	
Field audit	1 .				on
	ted costs			e limitation change	n
	t - interim portion		_ Target Rate FRVS Cha	•	DN
Desk audit	t - interim portion ed costs	 	FRVS Cha	nge	on
Desk audit Desk audit	t - interim portion	X	FRVS Cha	•	on
Desk audit Desk audit Desk audit Desk Audi Desk Audi Distribution:	t - interim portion ed costs - Interim Portion t - Prospective portion	X	FRVS Cha	nge ster Change	on
Desk audit Desk audit Desk Audi Distribution: Contract Manage	t - interim portion ed costs - Interim Portion t - Prospective portion	X	FRVS Cha Rate Seme On FRV [2	nge ster Change] as of 07/01/1999 Stephen Russell	
Desk audit Desk audit Desk Audi Distribution: Contract Manage Permanent File	t - interim portion ed costs - Interim Portion t - Prospective portion		FRVS Cha Rate Seme On FRV [2 Medicaid C	nge ster Change] as of 07/01/1999	Analysis

Home Office:

NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406



Medicaid Reimbursement Per Diem Rates

	h & Rehabilitation Center			Provider Number:	0 217727-00	
25 West New Haven				Date:	12/21/2010	
est Melbourne FL 32	904	Fiscal Year End:		Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
ovider Type:						
			Current	New	Effective	
ursing Home	Single Level		Rate 202.14	Rate	Date 1/1/2011	
an sing frome	Single Level	—	202.14		1/1/2011	
	Level H: AIDS		345.48	349.36	1/1/2011	
	Level U: Fragile Under 21	-	460.51	465.61	1/1/2011	
Data Tuma A						
Rate Type :		v	Droopactive			
Interim	otal Interim	X	Prospective X T	otal Prospective		
Interim	otal Interim terim Component	X	X T	otal Prospective	for New Costs	
Interim To In	otal Interim terim Component ottlement based on costs	<u> </u>	X To Pr	ospective Adjusted	for New Costs h Interim Component	
Interim To In Se	terim Component	X	X To Pr	ospective Adjusted		
Interim To In Se	terim Component ettlement based on costs	X		ospective Adjusted		
Interim To In Se Pr	terim Component ettlement based on costs			ospective Adjusted		
Interim Interim In In Se Pr Basis: Budget X Unaudited co	terim Component ettlement based on costs ior Provider Prospective data		X To Ph To Licensure 1 Usual and	rospective Adjusted otal Prospective wit Rating Change Customary Limitati	h Interim Component	
Interim To In In Se Pr Basis: Budget X Unaudited co Field audited	terim Component ettlement based on costs ior Provider Prospective data		X To Pr To Licensure Usual and Target Rate	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component	
Interim To In In Se Pr Basis: Budget X Unaudited co Field audited Field audited	terim Component ettlement based on costs ior Provider Prospective data		X To Ph To Licensure 1 Usual and	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component	
Interim Interim In In In In Se Pr Basis: Budget X Unaudited co Field audited Field audited Given See	terim Component ettlement based on costs ior Provider Prospective data		X To Ph To Licensure I Usual and Target Rato FRVS Cha	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component	
Interim Interim Interim In	terim Component ettlement based on costs ior Provider Prospective data osts d costs interim portion l costs	Changes	X To Pr To Licensure I Usual and Target Rato FRVS Cha Rate Seme	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge	h Interim Component	
Interim Interim Interim Interim In	terim Component ettlement based on costs ior Provider Prospective data	Changes	X To Pr To Licensure I Usual and Target Rato FRVS Cha Rate Seme	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge ster Change	h Interim Component	
Interim To In To In To In To In Se Pr Basis: Budget X Unaudited co Field audited Field audited Field audited Desk audited Desk Audit Desk Audit Desk Audit	terim Component ettlement based on costs ior Provider Prospective data	Changes	X To Ph To Licensure I Usual and Target Rate FRVS Cha Rate Seme On FRV [2	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge ster Change 2] as of 01/01/2011	h Interim Component	
Interim Interim Interim Interim In In Se Pr Basis: Budget X Unaudited co Field audited Field audited Field audited Desk audit -	terim Component ettlement based on costs ior Provider Prospective data	Changes 	X To Ph To Licensure 1 Usual and Target Rate FRVS Cha Rate Seme On FRV [2 Medicaid O	Rating Change Customary Limitati e limitation change ster Change 2] as of 01/01/2011 Stephen Russell	h Interim Component on t Analysis	

Tuscaloosa AL 35406



Medicaid Reimbursement Per Diem Rates

Augustine Health & Rehabilitation Center	-		Provider Number:	0 217735-00
Sunrise Boulevard	-		Date:	12/21/2010
Augustine FL 32086	-		Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
ovider Type:	_			
		urrent Rate	New Rate	Effective Date
rsing Home Single Level		05.23	213.02	1/1/2011
Level H: AIDS	34	48.57	357.88	1/1/2011
Level U: Fragile Under 21		63.60	474.13	1/1/2011
Rate Type :				
Interim	X P	rospective		
		i ospecii e		
Total Interim		X T	otal Prospective	
Interim Component			otal Prospective cospective Adjusted	l for New Costs
		P	ospective Adjusted	l for New Costs th Interim Component
Interim Component		P	ospective Adjusted	
Interim Component Settlement based on costs	Changes:	P	ospective Adjusted	
Interim Component Settlement based on costs Prior Provider Prospective data Basis:		Pi	ospective Adjusted	
Interim Component Settlement based on costs Prior Provider Prospective data		Pr Tr Licensure 2	ospective Adjusted otal Prospective wit	th Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget		Licensure I Usual and Target Rat	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	th Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Field audited costs Field audited costs Field audited costs		Pr To Licensure	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	th Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs		Licensure To Usual and Target Rat FRVS Cha	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge	th Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Field audited costs Field audited costs Field audited costs		Licensure T Usual and Target Rat FRVS Cha Rate Seme	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	th Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Settlement portion Desk audited costs Desk audited costs		Licensure T Usual and Target Rat FRVS Cha Rate Seme	Rating Change Customary Limitati e limitation change nge ster Change 2] as of 07/01/1999	th Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Budget X Inaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent		Licensure T Usual and Target Rat FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitati e limitation change ster Change 2] as of 07/01/1999 Stephen Russell	th Interim Component
Interim Component Settlement based on costs 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 Distribution: Contract Management / Fiscal Agent Permanent File		Licensure T Usual and Target Rat FRVS Cha Rate Seme On FRV [2 Medicaid 0	Rating Change Customary Limitati e limitation change ster Change 2] as of 07/01/1999 Stephen Russell Cost Reimbursemen	th Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Budget X Inaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent		Licensure T Usual and Target Rat FRVS Cha Rate Seme On FRV [2 Medicaid 0	Rating Change Customary Limitati e limitation change ster Change 2] as of 07/01/1999 Stephen Russell	th Interim Component

Tuscaloosa AL 35406



aytona Beach Healt	h and Rehabilitation Center		Provider Number:	0 217743-00
55 Third Avenue			Date:	12/21/2010
aytona Beach FL 32	2117		Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
rovider Type:	Single Level	Current Rate	Rate	Effective Date
ursing Home	Single Level	202.15	206.29	1/1/2011
	Level H: AIDS	345.49	351.15	1/1/2011
	Level U: Fragile Under 21	460.52	467.40	1/1/2011
Rate Type :				
Interim		X Prospe	ctive	
	Total Interim	X	Total Prospective	
	Interim Component		Prospective Adjuste	d for New Costs
	Settlement based on costs		Total Prospective wi	ith Interim Component
]	Prior Provider Prospective data			
Basis:		Changes:		
Basis:		Changes:		
Basis: Budget			sure Rating Change	
	costs	Licen Usual	and Customary Limitat	
Budget		Licen Usual		
Budget X Unaudited Field audit		Licen Usual Targe	and Customary Limitat	
Budget X Unaudited Field audit	ed costs - interim portion	Licen Usual Targe	and Customary Limitat t Rate limitation change	
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion ed costs - Interim Portion	Licen Usual Targe FRVS	and Customary Limitat t Rate limitation change S Change Semester Change	
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit	ed costs - interim portion ed costs	Licen Usual Targe FRVS	and Customary Limital t Rate limitation change S Change	
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit	ed costs - interim portion ed costs - Interim Portion t - Prospective portion	Licen Usual Targe FRVS	and Customary Limitat t Rate limitation change S Change Semester Change	
Budget X Unaudited Field audit Field audit Desk audit Desk Audit Desk Audit Desk Audit Desk Audit	ed costs - interim portion ed costs - Interim Portion	Licen Usual Targe FRVS X Rate S On Fl	and Customary Limitat t Rate limitation change S Change Semester Change RV [2] as of 01/01/1999	9
Budget X Unaudited Field audit Field audit Desk audit Desk Audit Desk Audit Desk Audit Desk Audit	ed costs - interim portion ed costs - Interim Portion t - Prospective portion ement / Fiscal Agent	Licen Usual Targe FRVS X Rate S On Fl Medie	and Customary Limitat t Rate limitation change S Change Semester Change RV [2] as of 01/01/1999 Stephen Russell caid Cost Reimburseme	9 nt Analysis
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi Desk Audi Desk Audi Field audit Desk audit Desk audit Desk audit Desk fution: For infor	ed costs - interim portion ed costs - Interim Portion t - Prospective portion ement / Fiscal Agent rmation Only	Licen Usual Targe FRVS X Rate S On Fl Medie	and Customary Limitat t Rate limitation change S Change Semester Change RV [2] as of 01/01/1999 Stephen Russell caid Cost Reimburseme	9 nt Analysis
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi Desk Audi Desk Audi Field audit Desk audit Desk audit Desk audit Desk fution: For infor	ed costs - interim portion ed costs - Interim Portion t - Prospective portion ement / Fiscal Agent	Licen Usual Targe FRVS X Rate S On Fl Medie	and Customary Limitat t Rate limitation change S Change Semester Change RV [2] as of 01/01/1999 Stephen Russell	9 nt Analysis
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi Desk Audi Desk Audi Extribution: Contract Manage Permanent File For infor No Char	ed costs = interim portion ed costs - Interim Portion t - Prospective portion ement / Fiscal Agent rmation Only nge in Rate	Licen Usual Targe FRVS X Rate S On Fl Medie	and Customary Limitat t Rate limitation change S Change Semester Change RV [2] as of 01/01/1999 Stephen Russell caid Cost Reimburseme	9 nt Analysis
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi Desk Audi Desk Audi Field audit Desk audit Desk audit Desk audit Desk fution: For infor	ed costs - interim portion ed costs - Interim Portion t - Prospective portion ement / Fiscal Agent rmation Only	Licen Usual Targe FRVS X Rate S On Fl Medie	and Customary Limitat t Rate limitation change S Change Semester Change RV [2] as of 01/01/1999 Stephen Russell caid Cost Reimburseme	9 nt Analysis
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi Desk Audi Desk Audi Extribution: Contract Manage Permanent File For infor No Char	ed costs - interim portion ed costs - Interim Portion t - Prospective portion ement / Fiscal Agent rmation Only nge in Rate NHS Management	Licen Usual Targe FRVS X Rate S On Fl Medie	and Customary Limitat t Rate limitation change S Change Semester Change RV [2] as of 01/01/1999 Stephen Russell caid Cost Reimburseme	9 nt Analysis



Medicaid Reimbursement Per Diem Rates

Life Care Center of P	ort St. Lucie			Provider Number:	0 217824-00
3720 South Jennings	Road			Date:	12/21/2010
Port St Lucie FL 349	52		Fiscal Year End: 7/31/201		7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Thun Status.	
J			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level		210.69	215.32	1/1/2011
	Level H: AIDS		354.03	360.18	1/1/2011
		-			
	Level U: Fragile Under 21	-	469.06	476.43	1/1/2011
Rate Type :		X	Prospective		
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs		I	otal Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Changes	:		
Budget			Licensure	Rating Change	
X Unaudited	costs		Usual and	Customary Limitation	on
Field audit	ed costs			te limitation change	
Field audit	- interim portion		FRVS Ch	ange	
Desk audit	ed costs				

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Distribution:

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Desk audit - Interim Portion

Desk Audit - Prospective portion

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Medicaid Cost Reimbursement Analysis

Stephen Russell

Rate Semester Change

On FRV [2] as of 01/01/1999

Stephen Russell

Home Office:

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



Medicaid Reimbursement Per Diem Rates

Lakeshore Villas Hea	lth Care Center			Provider Number:	0 218057-00
16002 Lakeshore Vil	las Drive			Date:	12/21/2010
Tampa FL 33613			Fiscal Year End:		1/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				That Status.	
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	211.53	210.59	1/1/2011
	Level H: AIDS		354.87	355.45	1/1/2011
	Level U: Fragile Under 21		469.90	471.70	1/1/2011
	Total Interim	X		otal Prospective	for New Costs
	Interim Component Settlement based on costs Prior Provider Prospective data			ospective Adjusted otal Prospective wit	h Interim Component
Basis:		Changes	::		
Budget			Licensure I	Rating Change	
X Unaudited	costs			Customary Limitati	on
Field audit	red costs		_	e limitation change	
Field audit Desk audit	t - interim portion		FRVS Cha	nge	
Desk audit	ed costs - Interim Portion t - Prospective portion	X	Rate Semes	ster Change	

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

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

Contract Management / Fiscal Agent

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Medicaid Reimbursement Per Diem Rates

	E HEALTH AND REHAB CENTE			Provider Number:	0 218171-00
50 Fouraker Road				Date:	12/21/2010
ksonville FL 322	21			Fiscal Year End:	8/31/2009
				Audit Status:	Unaudited [3]
ovider Type:					
			Current Rate	New Rate	Effective Date
ursing Home	Single Level	_	197.61	200.16	1/1/2011
	Level H: AIDS		340.95	345.02	1/1/2011
	Level U: Fragile Under 21	_	455.98	461.27	1/1/2011
Rate Type :	1	x	Prospective		
Interim Basis:	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:		otal Prospective ospective Adjusted otal Prospective wit	for New Costs h Interim Component
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To Licensure I Usual and O Target Rate	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Field audi Field audi Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To Licensure I Usual and 0 Target Rato FRVS Cha Rate Seme	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audi Desk audi Desk Aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes	X To Pr To Licensure I Usual and 0 Target Rato FRVS Cha Rate Seme	Adjusted otal Prospective wit Rating Change Customary Limitati limitation change nge	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audi Desk audi Desk Aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data d costs ited costs it - interim portion ited costs it - Interim Portion lit - Prospective portion it - Prospective portion	Changes	X To Pr To Licensure I Usual and O Target Rato FRVS Cha Rate Seme: On FRV [2	Adjusted otal Prospective wit Rating Change Customary Limitati i limitation change nge ster Change] as of 08/10/1990	h Interim Component

Columbia MD 21046



Medicaid Reimbursement Per Diem Rates

Life Care Center of W	Vinter Haven			Provider Number:	0 219380-00
	510 Cypress Gardens Boulevard			Date:	12/21/2010
Winter Haven FL 338	384			Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
		-	Rate	Rate	Date
Nursing Home	Single Level	-	195.93	202.23	1/1/2011
	Level H: AIDS		339.27	347.09	1/1/2011
	Level U: Fragile Under 21		454.30	463.34	1/1/2011
Rate Type :					
Interim		X	Prospectiv	/e	
,	Total Interim		X	Total Prospective	
]]]	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component

Prior Provider Prospective data	
Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 11/03/1999
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Medicaid Cost Reimbursement Analysis

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Home Office:

Permanent File

Contract Management / Fiscal Agent

For information Only No Change in Rate

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



Medicaid Reimbursement Per Diem Rates

Century Care Center.				Provider Number:	0 220604-00	
6020 Industrial Blvd.				Date:	12/21/2010	
Century FL 32535				Fiscal Year End:	7/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		211.72	218.98	1/1/2011	
	Level H: AIDS		355.06	363.84	1/1/2011	
	Level U: Fragile Under 21		470.09	480.09	1/1/2011	
Interim Component Settlement based on costs Prior Provider Prospective data				Prospective Adjusted Total Prospective with		
Basis:	Prior Provider Prospective data	Change	es:			
	ted costs t - interim portion		Usual ar	re Rating Change ad Customary Limitation tate limitation change Thange	on	
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		XRate Semester Change On FRV [2] as of 08/12/1994				
Distribution:				Stephen Russell		
Contract Management / Fiscal Agent Permanent File			Medicaid Cost Reimbursement Analysis			

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No Change in Rate

Home Office:

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

Stephen Russell



ita Kosa Healtii &	Rehabilitation Center		Provider Number:	0 220612-00
86 Broad Steeet			Date:	12/21/2010
lton FL 32570			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
ovider Type:				
		Current Rate	New Rate	Effective Date
irsing Home	Single Level	202.28	209.41	1/1/2011
-	-			
	Level H: AIDS	345.62	354.27	1/1/2011
	Level U: Fragile Under 21	460.65	470.52	1/1/2011
Rate Type :				
Interim		X Prospective	_	
	Total Interim	1	Cotal Prospective	
	Interim Component		Prospective Adjusted	for New Costs
	Settlement based on costs		1 5	h Interim Component
	Prior Provider Prospective data		1	1
Basis:		Changes:		
		Licensure	Rating Change	
Budget X Unaudited	oosta		l Customary Limitati	
	COSIS			
Field audit				on
Field audit	ed costs	Target Ra	te limitation change	on
Field audit	red costs t - interim portion		te limitation change	on
Field audit Desk audit	ed costs t - interim portion ed costs	Target Ra	te limitation change hange	on
Field audit Desk audit Desk audit	red costs t - interim portion	Target Ra Target Ra FRVS Ch X Rate Sem	te limitation change	on
Field audit Desk audit Desk audit Desk Audi Distribution:	ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Target Ra Target Ra FRVS Ch X Rate Sem	te limitation change hange ester Change	on
Field audit Desk audit Desk audit Desk Audi Distribution: Contract Manage	ted costs t - interim portion ed costs - Interim Portion	Target Ra FRVS Ch X Rate Sem On FRV	ester Change [2] as of 10/01/1985 Stephen Russell	
Field audit Desk audit Desk audit Desk Audi Distribution: Contract Manage Permanent File	eed costs t - interim portion ed costs - Interim Portion t - Prospective portion ement / Fiscal Agent	Target Ra FRVS Ch X Rate Sem On FRV Medicaid	te limitation change nange [2] as of 10/01/1985 Stephen Russell Cost Reimbursemen	t Analysis
Field audit Desk audit Desk audit Desk Audi Distribution: Contract Manage Permanent File For infor	red costs t - interim portion ed costs - Interim Portion t - Prospective portion ement / Fiscal Agent rmation Only	Target Ra FRVS Ch X Rate Sem On FRV Medicaid	te limitation change nange [2] as of 10/01/1985 Stephen Russell Cost Reimbursemen	t Analysis
Field audit Desk audit Desk audit Desk Audi Distribution: Contract Manage Permanent File For infor	eed costs t - interim portion ed costs - Interim Portion t - Prospective portion ement / Fiscal Agent	Target Ra FRVS Ch X Rate Sem On FRV Medicaid	ester Change [2] as of 10/01/1985 Stephen Russell	t Analysis
Field audit Desk audit Desk audit Desk Audi Distribution: Contract Manage Permanent File For infor No Char	red costs t - interim portion ed costs - Interim Portion t - Prospective portion ement / Fiscal Agent rmation Only nge in Rate	Target Ra FRVS Ch X Rate Sem On FRV Medicaid	te limitation change nange [2] as of 10/01/1985 Stephen Russell Cost Reimbursemen	t Analysis
Field audit Desk audit Desk audit Desk Audi Distribution: Contract Manage Permanent File For infor	red costs t - interim portion ed costs - Interim Portion t - Prospective portion ement / Fiscal Agent rmation Only	Target Ra FRVS Ch X Rate Sem On FRV Medicaid	te limitation change nange [2] as of 10/01/1985 Stephen Russell Cost Reimbursemen	t Analysis
Field audit Desk audit Desk audit Desk Audi Distribution: Contract Manage Permanent File For infor No Char	eed costs t - interim portion ed costs - Interim Portion t - Prospective portion ement / Fiscal Agent rmation Only nge in Rate Summit Care II, Inc	Target Ra FRVS Cr X Rate Sem On FRV	te limitation change nange [2] as of 10/01/1985 Stephen Russell Cost Reimbursemen	t Analysis



Medicaid Reimbursement Per Diem Rates

Sandy Ridge Care Center	Provider Number:	0 220621-00		
5360 Glover Lane	Date:	12/21/2010		
Milton FL 32570	Fiscal Year End:	7/31/2010		
	Audit Status:	Unaudited [3]		
Provider Type:				
	Current New	Effective		
	Rate Rate	Date		
Nursing Home Single Level	215.86 224.39	1/1/2011		
Level H: AIDS	359.20 369.25	1/1/2011		
Level U: Fragile Under 21	474.23 485.50	1/1/2011		
Total Interim Interim Component Settlement based on costs	X Total Prospective Prospective Adjusted Total Prospective with			
Prior Provider Prospective data				
Basis:	Changes:			
Budget	Licensure Rating Change			
X Unaudited costs	Usual and Customary Limitation			
Field audited costs		Target Rate limitation change		
Field audit - interim portion	FRVS Change			
Desk audited costs	V Pata Samastar Change			
	X Rate Semester Change On FRV [2] as of 02/29/2000			

Contract Management / Fiscal Agent

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Home Office:

Summit Care II, Inc Guy Farmer 2851 Remington Green Circle, Ste. D Tallahassee FL 32308 Medicaid Cost Reimbursement Analysis

Stephen Russell



Medicaid Reimbursement Per Diem Rates

Westminster Care of	Clermont			Provider Number:	0 221465-00
151 East Minnehaha	Ave	-		Date:	12/21/2010
Clermont FL 34711		-		Fiscal Year End:	1/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	183.13	185.33	1/1/2011
	Level H: AIDS		326.47	330.19	1/1/2011
	Level U: Fragile Under 21	-	441.50	446.44	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes	 	Total Prospective Prospective Adjusted Total Prospective with	
Desk audit Desk audit	ed costs - interim portion	 X	Usual ar Target R FRVS C Rate Ser	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 03/01/1987	n
Distribution:				Stephen Russell	
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Analysis		
	rmation Only nge in Rate		tep 1	in Ru	mell

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Medicaid Reimbursement Per Diem Rates

Calusa Harbour				Provider Number:	0 221473-00
2525 East First St.				Date:	12/21/2010
Ft. Myers FL 33901				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		233.14	236.28	1/1/2011
	Level H: AIDS		376.48	381.14	1/1/2011
	Level U: Fragile Under 21		491.51	497.39	1/1/2011
Rate Type :					
Interim		Χ	Prospectiv	ve	
Total Interim		X Total Prospective			

Tot	al Interim	. <u> </u>	X	Total Prospective	
Inte	erim Component			Prospective Adjusted for New Costs	
	element based on costs			Total Prospective with Interim Component	
Pric	or Provider Prospective data			_	
Basis:		Changes:			
Budget			Licens	ure Rating Change	
X Unaudited cos	its		Usual and Customary Limitation		
Field audited	costs		Target Rate limitation change		
Field audit - in	nterim portion	FRVS Change			
Desk audited		N/	D		
Desk audit - In Desk Audit - I	Prospective portion	<u> </u>	Rate Se	emester Change	
Distribution:				Stephen Russell	
Contract Manageme	ent / Fiscal Agent		Madia	-	
Permanent File				aid Cost Reimbursement Analysis	
For informa	tion Only	5 A	T.M.	hun Russell	
No Change	in Rate		1		
Home Office:	Sunrise Senior Living				
	Tony Harris				

7900 W. Park Drive, STE T900

McLean VA 22102



Medicaid Reimbursement Per Diem Rates

estminster Care of Delaney Park	Provider Number: 0 221589-00
5 Annie St	Date: 12/21/2010
lando FL 32806	Fiscal Year End: 1/31/2010
	Audit Status: Unaudited [3]
ovider Type:	
	CurrentNewEffectiveRateRateDate
ursing Home Single Level	197.43 201.02 1/1/2011
Level H: AIDS	340.77 345.88 1/1/2011
Level U: Fragile Under 21	455.80 462.13 1/1/2011
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:	Changes:
Budget	Licensure Rating Change
X Unaudited costs Field audited costs	Usual and Customary Limitation Target Rate limitation change
	FRVS Change
Field audit - interim portion Desk audited costs	
Desk audited costs	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 03/30/1993
Distribution:	Stephen Russell
	-
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Analysis
Permanent File	Medicaid Cost Reimbursement Analysis
	Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates

gents Park at Aventura			Provider Number:	0 223239-00
905 NE 25th Avenue			Date:	12/21/2010
rth Miami Beach FL 33180			Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
ovider Type:				
		Current	New	Effective
Irsing Home Single Level		Rate 211.12	Rate	Date 1/1/2011
It sing frome Single Level		211.12	213.83	1/1/2011
Level H: AIDS		354.46	358.69	1/1/2011
Level U: Fragile Under 21		469.49	474.94	1/1/2011
Rate Type :				
Interim	X	Prospective		
Total Interim		_	otal Prospective	
Interim Component			rospective Adjusted	for New Costs
Settlement based on costs			otal Prospective with	
		-	otal i lospective with	1 Interim Component
Prior Provider Prospective data			otal i l'ospective with	i Interim Component
Prior Provider Prospective data Basis:	Change			I Interim Component
	Change			
Basis:	Change	Es:	Rating Change	-
Budget X Unaudited costs	Change	Licensure 2	Rating Change Customary Limitatio	-
Budget X Unaudited costs Field audited costs	Change	Licensure Usual and Target Rat	Rating Change Customary Limitation e limitation change	-
Budget X Unaudited costs Field audited costs Field audit - interim portion	Change 	Licensure 2	Rating Change Customary Limitation e limitation change	-
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs		Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitation e limitation change inge	
Budget X Unaudited costs Field audited costs Field audit - interim portion	Change	Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitation e limitation change	-
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion		Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitation e limitation change inge ster Change 2] as of 11/21/1988	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		Licensure Usual and Target Rat FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitation e limitation change inge ster Change 2] as of 11/21/1988 Stephen Russell	- Dn
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	 	Licensure 2 Usual and Target Rat FRVS Cha Rate Seme On FRV [2 Medicaid 0	Rating Change Customary Limitation e limitation change inge ster Change 2] as of 11/21/1988 Stephen Russell Cost Reimbursement	on Analysis
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	 	Licensure 2 Usual and Target Rat FRVS Cha Rate Seme On FRV [2 Medicaid 0	Rating Change Customary Limitation e limitation change inge ster Change 2] as of 11/21/1988 Stephen Russell	on Analysis

Home Office:



Medicaid Reimbursement Per Diem Rates

lando Health and F	Rehabilitation Center		Provider Number:	0 223654-00
0 West 29th Street			Date:	12/21/2010
lando FL 32805			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
ovider Type:				
		Current	New	Effective
ursing Home	Single Level	Rate 183.56	Rate	Date 1/1/2011
in sing frome	Shight Level	103.30	190.34	1/1/2011
	Level H: AIDS	326.90	335.20	1/1/2011
	Level U: Fragile Under 21	441.93	451.45	1/1/2011
	Settlement based on costs Prior Provider Prospective data	Changes:	Total Prospective with	h Interim Component
Budget X Unaudited	costs	Licens	sure Rating Change and Customary Limitation	on
Desk audit Desk audit	t - interim portion	FRVS X Rate S	t Rate limitation change & Change Semester Change RV [2] as of 10/01/1985	
Field audit Desk audit Desk audit	t - interim portion ed costs - Interim Portion t - Prospective portion	FRVS X Rate S	S Change Semester Change RV [2] as of 10/01/1985	
Field audit Desk audit Desk audit Desk Audi Distribution:	t - interim portion ed costs - Interim Portion t - Prospective portion	The second secon	S Change Semester Change RV [2] as of 10/01/1985 Stephen Russell	
Field audit Desk audit Desk audit Desk Audi Desk Audi Distribution: Contract Manage Permanent File	t - interim portion ed costs - Interim Portion t - Prospective portion ement / Fiscal Agent	X Rate S Medic	S Change Semester Change RV [2] as of 10/01/1985 Stephen Russell caid Cost Reimbursement	t Analysis
Field audit Desk audit Desk audit Desk Audi Distribution: Contract Manage Permanent File For infor	t - interim portion ed costs - Interim Portion t - Prospective portion	X Rate S Medic	S Change Semester Change RV [2] as of 10/01/1985 Stephen Russell	t Analysis

Home Office:



Medicaid Reimbursement Per Diem Rates

Life Care Center of Sara	isota			Provider Number:	0 223786-00
8104 North Tuttle Aven	ue			Date:	12/21/2010
Sarasota Fl 34243				Fiscal Year End:	1/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuncin a Hama	Single Level	_	Rate	Rate	
Nursing Home	Single Level	-	221.16	224.08	1/1/2011
	Level H: AIDS		364.50	368.94	1/1/2011
	Level U: Fragile Under 21	-	479.53	485.19	1/1/2011
Rate Type :	tal Interim	X	Prospective X To	otal Prospective	
	erim Component			ospective Adjusted	for New Costs
	tlement based on costs				n Interim Component
	or Provider Prospective data				
Basis:		Changes	:		
Budget			Licensure I	Rating Change	
X Unaudited cos				Customary Limitation	on
Field audited	costs		_	e limitation change	
	nterim portion		FRVS Cha	nge	
Desk audited	costs nterim Portion	<u> </u>	 Rate Serror	ster Change	
	Prospective portion			as of $06/29/2000$	

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Distribution:

Permanent File

Contract Management / Fiscal Agent

For information Only No Change in Rate

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



Medicaid Reimbursement Per Diem Rates

Avante at Orlando, ir	ıc.			Provider Number:	0 223808-00
2000 North Semoran	Boulevard	_		Date:	12/21/2010
Orlando FL 32807		_		Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Addit Status.	
riovider rype.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	222.24	220.71	1/1/2011
	Level H: AIDS		365.58	365.57	1/1/2011
	Level U: Fragile Under 21	-	480.61	481.82	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:		Total Prospective Prospective Adjusted	for New Costs 1 Interim Component
Desk audit Desk audit	ed costs t - interim portion		Usual and Target Ra FRVS Ch Rate Sem	e Rating Change I Customary Limitation the limitation change hange ester Change [2] as of 11/01/1990	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid	Cost Reimbursement	Analysis
	rmation Only nge in Rate	13	typh	in Rea	sell

Home Office:

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



Medicaid Reimbursement Per Diem Rates

octors Lake of Orar	ige Park			Provider Number:	0 223883-00
33 Kingsley Avenue				Date:	12/21/2010
range Park FL 3207	73			Fiscal Year End:	9/30/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
• •		—	Rate	Rate	Date
ursing Home	Single Level	_	199.98	202.38	1/1/2011
	Level H: AIDS		343.32	347.24	1/1/2011
	Level U: Fragile Under 21	_	458.35	463.49	1/1/2011
Rate Type : Interim		X	Prospective		
Interim	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	X To Pr	otal Prospective cospective Adjusted otal Prospective with	for New Costs h Interim Component
Interim	Interim Component	X Changes:		cospective Adjusted	
Interim Basis:	Interim Component Settlement based on costs			rospective Adjusted otal Prospective with	
Interim Basis:Budget	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To Licensure	rospective Adjusted otal Prospective with Rating Change	h Interim Component
Interim Basis:	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To Licensure I Usual and	rospective Adjusted otal Prospective with	h Interim Component
Basis: Budget X Unaudited Field audit	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To Licensure I Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs	Changes:	X To Pr To Licensure I Usual and Target Rato FRVS Cha	Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion		X To Pr To Licensure I Usual and Target Rato FRVS Cha Rate Seme	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes:	X To Pr To Licensure I Usual and Target Rato FRVS Cha Rate Seme	Rating Change Customary Limitation e limitation change ster Change 2] as of 11/03/1987	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes:	X To Pr To To Licensure I Usual and Target Rate FRVS Cha Rate Seme On FRV [2]	Rating Change Customary Limitation e limitation change ster Change 2] as of 11/03/1987 Stephen Russell	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes:	X To Ph To Licensure 1 Usual and Target Rato FRVS Cha Rate Seme On FRV [2 Medicaid O	Rating Change Customary Limitation e limitation change ster Change 2] as of 11/03/1987	h Interim Component on t Analysis

Home Office:

SV / Home Office, Inc.

4178 Malbeth Ct Winston-Salem NC 27104



Medicaid Reimbursement Per Diem Rates

Pensacola Health Car	re Facility			Provider Number:	0 224243-00
1717 West Avery Str	eet	_		Date:	12/21/2010
Pensacola FL 32501				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level	_	Rate 199.18	Rate	Date 1/1/2011
Tur sing Home	Single Level	_	177.10	204.35	1/1/2011
	Level H: AIDS		342.52	349.21	1/1/2011
	Level U: Fragile Under 21	-	457.55	465.46	1/1/2011
Rate Type :					
Interim		X	Prospective	a	
	Total Interim		-	Cotal Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs		r	Fotal Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Changes	:		
			Licensur	Rating Change	
Budget X Unaudited	costs		-	l Customary Limitatio	on
Field audi				te limitation change	
Field audi	t - interim portion		FRVS Ch	ange	
Desk audit			_		
	t - Interim Portion t - Prospective portion	<u> </u>		ester Change [2] as of 06/30/1987	
Distribution:			OnTRV	[2] as of 00/30/1987	
	ement / Fiscal Agent			Stephen Russell	
•	ment / Piscal Agent		Medicaid	Cost Reimbursement	Analysis
Permanent Fue			Wiculcalu	Cost Reinibursemen	Anarysis
Permanent File For info	rmation Only			ing Ra	•

Home Office:



Medicaid Reimbursement Per Diem Rates

MK of Haines City L 409 10TH STREET	LC	_		Provider Number:	0 224341-00
Haines City FL 3384	4	_		Date:	12/21/2010
•		-		Fiscal Year End:	11/30/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	194.05	196.41	1/1/2011
	Level H: AIDS	_	337.39	341.27	1/1/2011
	Level U: Fragile Under 21	_	452.42	457.52	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes:		Fotal Prospective Prospective Adjusted Total Prospective with	for New Costs n Interim Component
Desk audit Desk audit	ted costs t - interim portion		Usual and Target Ra FRVS Ch Rate Sem	e Rating Change d Customary Limitation the limitation change hange lester Change [2] as of 12/01/1998	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid	Cost Reimbursement	Analysis
	rmation Only nge in Rate	13		ing Rea	•

Home Office:

M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633



Medicaid Reimbursement Per Diem Rates

th Tampa Health and Rehabi	Intation Center			Provider Number:	0 224910-00
10 S. Manhattan Avenue				Date:	12/21/2010
mpa FL 33611				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
ovider Type:					
			Current	New	Effective
maina Homo Sinalo	Loval		Rate	Rate	Date
Irsing Home Single	Level		206.37	209.22	1/1/2011
Level H:	AIDS		349.71	354.08	1/1/2011
Level U:	Fragile Under 21	_	464.74	470.33	1/1/2011
Rate Type :					
Rate Type :		x	Prospective		
Rate Type : Interim Total Interin	m	X	Prospective X To	otal Prospective	
Interim		<u> </u>	X To	otal Prospective rospective Adjusted	for New Costs
Interim Total Interin Interim Cor		<u> </u>	X To	ospective Adjusted	
Interim Total Interin Interim Cor Settlement b	nponent	<u> </u>	X To	ospective Adjusted	
Interim Total Interin Interim Cor Settlement b	nponent based on costs	X Changes:		ospective Adjusted	for New Costs h Interim Component
Interim Total Interin Total Interin Interim Cor Settlement b Prior Provid Basis:	nponent based on costs			ospective Adjusted otal Prospective wit	
Interim Total Interin Total Interin Interim Cor Settlement b Prior Provid Basis: Budget	nponent based on costs		X To Pr To Licensure 1	ospective Adjusted otal Prospective wit	h Interim Component
Interim Total Interin Total Interin Interim Cor Settlement b Prior Provid Basis:	nponent based on costs		X To Pr To Licensure I Usual and	ospective Adjusted otal Prospective wit	h Interim Component
Interim Total Interin Interim Con Settlement t Prior Provid Basis: Budget X Unaudited costs	nponent based on costs ler Prospective data		X To Pr To Licensure I Usual and	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Interim Interim Total Interin Interim Cor Settlement b Prior Provid Basis: Budget X Unaudited costs Field audited costs	nponent based on costs ler Prospective data		X To Pr To Licensure I Usual and Target Rate	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Interim Interim Total Interin Interim Cor Settlement b Prior Provid Basis: Budget X Unaudited costs Field audited costs Field audit - interim p Desk audited costs Desk audit - Interim P	nponent based on costs ler Prospective data ortion		X To Pr To Licensure I Usual and Target Rate FRVS Cha	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge ster Change	h Interim Component
Interim Total Interin Interim Cor Settlement b Prior Provid Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk Audit - Interim P Desk Audit - Prospecti	nponent based on costs ler Prospective data ortion	Changes:	X To Pr To Licensure I Usual and Target Rate FRVS Cha	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge	h Interim Component
Interim Interim Interim Interim Cor Settlement b Prior Provid Basis: Budget Unaudited costs Field audited costs Field audited costs Field audit - interim p Desk audited costs Desk audit - Interim P Desk Audit - Prospecti Distribution:	nponent based on costs ler Prospective data ortion ortion ive portion	Changes:	X To Pr To Licensure I Usual and Target Rate FRVS Cha	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge ster Change	h Interim Component
Interim Interim Interim Cor Settlement b Prior Provid Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs Desk audit - interim p Desk audit - Interim P Desk Audit - Prospecti Distribution: Contract Management / Fisc	nponent based on costs ler Prospective data ortion ortion ive portion	Changes:	X To Pr To Licensure I Usual and Target Rato FRVS Cha Rate Seme On FRV [2	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge ster Change 2] as of 12/01/1986	h Interim Component
Interim Interim Interim Interim Cor Settlement b Prior Provid Basis: Budget Unaudited costs Field audited costs Field audited costs Field audit - interim p Desk audited costs Desk audit - Interim P Desk Audit - Prospecti Distribution:	nponent based on costs ler Prospective data ortion ortion ive portion al Agent	Changes:	X To Pr To Licensure I Usual and Target Rato FRVS Cha Rate Seme On FRV [2 Medicaid O	Rating Change Customary Limitati e limitation change ster Change 2] as of 12/01/1986 Stephen Russell	h Interim Component on t Analysis



Medicaid Reimbursement Per Diem Rates

MK of North Port LL	.C			Provider Number:	0 225053-00
6940 Outreach Way				Date:	12/21/2010
North Port FL 34287				Fiscal Year End:	2/28/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		211.33	219.35	1/1/2011
	Level H: AIDS	_	354.67	364.21	1/1/2011
	Level U: Fragile Under 21		469.70	480.46	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>		Total Prospective Prospective Adjusted Total Prospective wit	
Basis:		Changes:			
Budget X Unaudited Field audit Field audit Desk audit	ted costs t - interim portion		Usual an	e Rating Change d Customary Limitati ate limitation change hange	on
Desk audit	t - Prospective portion	X		nester Change [2] as of 11/01/1997	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

Home Office:

M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633 Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephus Russell



Medicaid Reimbursement Per Diem Rates

-	Rehabilitation Center		Provider Number:	0 225177-00
5 NW 3rd Street			Date:	12/21/2010
ami Fl 33128			Fiscal Year End:	2/28/2010
			Audit Status:	Unaudited [3]
ovider Type:		_		
		Current Rate	New Rate	Effective Date
uncing Uomo	Single Level	<u>218.93</u>		1/1/2011
ursing Home	Single Level	218.95	221.98	1/1/2011
	Level H: AIDS	362.27	366.84	1/1/2011
	Level U: Fragile Under 21	477.30	483.09	1/1/2011
Dete Terrer				
Rate Type :				
Interim		X Prospective		
	Total Interim		otal Prospective	
	Interim Component		ospective Adjusted	
	Settlement based on costs	To	otal Prospective wit	h Interim Component
]	Prior Provider Prospective data			
Basis:		Changes:		
Budget			Rating Change	
X Unaudited			Customary Limitati	on
Field audit			e limitation change	
	- interim portion	FRVS Cha	nge	
Desk audit				
	- Interim Portion		ster Change	
Desk Audit	t - Prospective portion	Un FRV [2] as of 11/13/2000	
	ement / Fiscal Agent		Stephen Russell	
Permanent File		Medicaid C	Cost Reimbursemen	t Analysis
	mation Only	1- 1	-77	
	nge in Rate	steptu	n Ra	san
		-		
Home Office:	Stacey Enterprises, Inc			
	Richard E. Stacey			
	421 Garrard Street Covington KY 41011			



Medicaid Reimbursement Per Diem Rates

IK of Fernandina Bo	each LLC			Provider Number:	0 225274-00	
525 Lime St				Date:	12/21/2010	
ernandina Beach FL	. 32034		Fiscal Year End:		12/31/2009	
				Audit Status:	Unaudited [3]	
rovider Type:				Tudit Status.		
			Current	New	Effective	
			Rate	Rate	Date	
ursing Home	Single Level		197.10	202.45	1/1/2011	
	Level H: AIDS		340.44	347.31	1/1/2011	
	Level U: Fragile Under 21		455.47	463.56	1/1/2011	
Rate Type :						
Intonina		v	Decomostivo			
Interim		X	Prospective			
	Total Interim	<u> </u>	<u> </u>	otal Prospective	for New Costs	
	Total Interim Interim Component	<u> </u>	X T P	otal Prospective rospective Adjusted		
	Total Interim	<u> </u>	X T P	otal Prospective rospective Adjusted	for New Costs h Interim Component	
	Total Interim Interim Component Settlement based on costs	X Change	X T P T	otal Prospective rospective Adjusted		
Basis:	Total Interim Interim Component Settlement based on costs		$ \begin{array}{c} $	otal Prospective rospective Adjusted otal Prospective wit		
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X T P T Zes:	otal Prospective rospective Adjusted otal Prospective wit	h Interim Component	
Basis:	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X T P T T Licensure Usual and	otal Prospective rospective Adjusted otal Prospective wit	h Interim Component	
Basis: Budget X Unaudited Field audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X T P T T Licensure Usual and	otal Prospective rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component	
Basis: Budget X Unaudited Field audit Field audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs	Change	X T P T T Usual and Target Rat FRVS Cha	otal Prospective rospective Adjusted otal Prospective wit Rating Change Customary Limitative limitation change ange	h Interim Component	
Basis: Budget X Unaudited Field audit Field audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion		X T P T Usual and Target Rat FRVS Cha	otal Prospective rospective Adjusted otal Prospective wit Rating Change Customary Limitati te limitation change ange ester Change	h Interim Component	
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs c - Interim Portion t - Prospective portion	Change	X T P T Usual and Target Rat FRVS Cha	otal Prospective rospective Adjusted otal Prospective wit Rating Change Customary Limitative limitation change ange	h Interim Component	
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Change	X T P T Usual and Target Rat FRVS Cha	otal Prospective rospective Adjusted otal Prospective wit Rating Change Customary Limitati te limitation change ange ester Change	h Interim Component	
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs c - Interim Portion t - Prospective portion	Change	X T P T T S: Licensure Usual and Target Rate FRVS Cha Rate Seme On FRV [2	otal Prospective rospective Adjusted otal Prospective wit Rating Change Customary Limitative limitation change ange ester Change 2] as of 08/01/2000	h Interim Component	
Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audi Desk Audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Change X	X T P T T Usual and Target Rat FRVS Cha Rate Seme On FRV [2 Medicaid	otal Prospective rospective Adjusted otal Prospective wit Rating Change Customary Limitative limitation change ange ester Change 2] as of 08/01/2000 Stephen Russell	h Interim Component on t Analysis	

Home Office:

M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633



Medicaid Reimbursement Per Diem Rates

The Aristocrat			Provider Number:	0 225291-00
10949 Parnu Street			Date:	12/21/2010
Naples FL 34109			Fiscal Year End:	3/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	260.97	256.72	1/1/2011
	Level H: AIDS	404.31	401.58	1/1/2011
	Level U: Fragile Under 21	519.34	517.83	1/1/2011
Rate Type :				
Interim		X Prospectiv	e	
	Total Interim		Total Prospective	
]	Interim Component]	Prospective Adjusted	for New Costs

X Total Prospective with Interim Component	
--	--

Settlement based on costs Prior Provider Prospective data	X Total Prospective with Interim Component
Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 06/09/1994
Distribution:	Stephen Russell

Contract Management / Fiscal Agent Permanent File

For information Only

No Change in Rate

Medicaid Cost Reimbursement Analysis Stephen Russell

Home Office:



Medicaid Reimbursement Per Diem Rates

MK of Winter Garde	n LLC	1	Provider Number:	0 225410-00
12751 W Colonial Dr			Date:	12/21/2010
Winter Garden FL 31	787		Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.83	209.28	1/1/2011
	Level H: AIDS	348.17	354.14	1/1/2011
	Level U: Fragile Under 21	463.20	470.39	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data		ospective Adjusted otal Prospective wit	h Interim Component
Basis:		Changes:		
Budget		Licensure F	Rating Change	
X Unaudited Field audit			Customary Limitatie	on
Field audit Desk audit	t - interim portion ed costs	FRVS Cha	nge	
Desk audit	- Interim Portion t - Prospective portion	X Rate Semes On FRV [2	ter Change] as of 09/01/1999	
Distribution:			Stephen Russell	
Contract Manage Permanent File	ement / Fiscal Agent	Medicaid C	Cost Reimbursemen	t Analysis

For information Only

No Change in Rate

Home Office:

M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633 Stephen Russell



Medicaid Reimbursement Per Diem Rates

	ealth Care Center, LLC		Provider Number:	0 225631-00
51 Springtree Drive			Date:	12/21/2010
nrise FL 33351			Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
ovider Type:				
		Current Rate	New Rate	Effective Date
rsing Home	Single Level	213.23	215.82	1/1/2011
	Level H: AIDS	356.57	360.68	1/1/2011
	Level U: Fragile Under 21	471.60	476.93	1/1/2011
			_	
S	nterim Component ettlement based on costs rior Provider Prospective data	Changes:	Prospective Adjusted Total Prospective wit	for New Costs h Interim Component
Desk audite Desk audit -	ed costs - interim portion	Usual a Target FRVS	ure Rating Change and Customary Limitati Rate limitation change Change emester Change V [2] as of 03/06/1990	on
Distribution:			Stephen Russell	
Contract Manager Permanent File	ment / Fiscal Agent	Medica	aid Cost Reimbursemen	t Analysis
For inform	. 0.1	11-	hun Ra	. / /

5310 NW 33rd Avenue Ft. Lauderdale FL 33309



Medicaid Reimbursement Per Diem Rates

Pinecrest Convalesce	nt Center			Provider Number:	0 225754-00
13650 NE Third Stree		-		Date:	12/21/2010
North Miami FL 331	61	-		Fiscal Year End:	8/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
••			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	228.26	238.71	1/1/2011
	Level H: AIDS		371.60	383.57	1/1/2011
	Level U: Fragile Under 21	-	486.63	499.82	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	H	Fotal Prospective Prospective Adjusted	for New Costs h Interim Component
Basis:		Changes			
Desk audit Desk audit	ed costs t - interim portion	X	Usual and Target Ra FRVS Ch Rate Sem	Rating Change I Customary Limitation te limitation change hange ester Change [2] as of 04/01/1996	on
Distribution:					
	ement / Fiscal Agent			Stephen Russell	
Permanent File				Cost Reimbursement	•
	rmation Only nge in Rate		teph	nes Rea	sell

Home Office:

Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309



Medicaid Reimbursement Per Diem Rates

art Nursing & Res	storative Care Center	_		Provider Number:	0 225991-00
0 Palm Beach Ro	ad	-		Date:	12/21/2010
art FL 33494		-		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
ovider Type:					
			Current	New	Effective
		-	Rate	Rate	Date
rsing Home	Single Level	-	200.57	189.15	1/1/2011
	Level H: AIDS		343.91	334.01	1/1/2011
	Level U: Fragile Under 21		458.94	450.26	1/1/2011
Rate Type :					
Interim		X	Prospecti		
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Change	s:		
Dlui			Licensu	re Rating Change	
Budget X Unaudited	costs			nd Customary Limitation	on.
Field audit				Rate limitation change	511
	t - interim portion		FRVS C	-	
Desk audit	-			6	
	- Interim Portion	X	Rate Ser	mester Change	
	t - Prospective portion			7 [2] as of 10/01/1985	
Desk Audi				Stephen Russell	
Distribution:				Stephen Russen	
Distribution: Contract Manage	ement / Fiscal Agent		Medicai	-	Analysis
Distribution: Contract Manage Permanent File	ement / Fiscal Agent			id Cost Reimbursement	-
Distribution: Contract Manage Permanent File For info				-	-

Home Office:

Eden Park Health Services, Inc. Joseph Ficocello 45 Learned Street Albany NY 12207



Medicaid Reimbursement Per Diem Rates

	g & Restorative Care Center		Provider Number:	0 226009-00
00 Oleander Avenu			Date:	12/21/2010
rt St. Lucie FL 349	52		Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
ovider Type:				
		Current	New	Effective
-		Rate	Rate	Date
irsing Home	Single Level	208.52	207.12	1/1/2011
	Level H: AIDS	351.86	351.98	1/1/2011
	Level U: Fragile Under 21	466.89	468.23	1/1/2011
Rate Type :				
Interim		X Prospective		
r	Total Interim	X To	otal Prospective	
]	Interim Component	Pr	ospective Adjusted	for New Costs
S	Settlement based on costs	То	otal Prospective wit	h Interim Component
H	Prior Provider Prospective data			
Basis:		hanges:		
Basis:		Changes:		
			Rating Change	
Basis: Budget X Unaudited		Licensure F		on
Budget	costs	Licensure F	Rating Change Customary Limitati limitation change	on
Budget X Unaudited Field audited	costs	Licensure F	Customary Limitati limitation change	on
Budget X Unaudited Field audited	costs ed costs - interim portion	Licensure F Usual and C Target Rate	Customary Limitati limitation change	on
Budget X Unaudited Field audit Field audit Desk audit Desk audit	costs ed costs - interim portion ed costs - Interim Portion	Licensure F Usual and C Target Rate FRVS Cha X Rate Semes	Customary Limitati e limitation change nge ster Change	on
Budget X Unaudited Field audite Field audite Desk audite Desk audite Desk Audite	costs ed costs - interim portion ed costs	Licensure F Usual and C Target Rate FRVS Cha X Rate Semes	Customary Limitati e limitation change nge	on
Budget X Unaudited Field audited Field audited Field audited Desk audited Desk audited Desk audited Desk Audited Desk Audited Desk Field Desk Audited Desk Audited Desk Audi	costs ed costs - interim portion ed costs - Interim Portion c - Prospective portion	Licensure F Usual and C Target Rate FRVS Cha X Rate Semes	Customary Limitati e limitation change nge ster Change	on
Budget X Unaudited Field audited Field audited Desk Audited	costs ed costs - interim portion ed costs - Interim Portion	Licensure F Usual and O Target Rate FRVS Cha X Rate Semes On FRV [2	Customary Limitati e limitation change nge ster Change] as of 10/01/1985	
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Contract Manage Permanent File	costs ed costs - interim portion ed costs - Interim Portion - Prospective portion - ment / Fiscal Agent	Licensure F Usual and O Target Rate FRVS Cha X Rate Semes On FRV [2 Medicaid C	Customary Limitati e limitation change nge ster Change] as of 10/01/1985 Stephen Russell Cost Reimbursemen	t Analysis
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit Contract Manage Permanent File For infor	costs ed costs - interim portion ed costs - Interim Portion - Prospective portion - ment / Fiscal Agent mation Only	Licensure F Usual and O Target Rate FRVS Cha X Rate Semes On FRV [2 Medicaid C	Customary Limitati e limitation change nge ster Change] as of 10/01/1985 Stephen Russell Cost Reimbursemen	t Analysis
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit Contract Manage Permanent File For infor	costs ed costs - interim portion ed costs - Interim Portion - Prospective portion - ment / Fiscal Agent	Licensure F Usual and O Target Rate FRVS Cha X Rate Semes On FRV [2 Medicaid C	Customary Limitati e limitation change nge ster Change] as of 10/01/1985 Stephen Russell	t Analysis
Budget X Unaudited of Field audited of Field audited audited audited audited Desk Audited audite	costs ed costs - interim portion ed costs - Interim Portion - Prospective portion - Prospective portion - ment / Fiscal Agent mation Only age in Rate	Licensure F Usual and C Target Rate FRVS Cha X Rate Semes On FRV [2 Medicaid C	Customary Limitati e limitation change nge ster Change] as of 10/01/1985 Stephen Russell Cost Reimbursemen	t Analysis
Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit Contract Manage Permanent File For infor	costs ed costs - interim portion ed costs - Interim Portion - Prospective portion - ment / Fiscal Agent mation Only	Licensure F Usual and C Target Rate FRVS Cha X Rate Semes On FRV [2 Medicaid C	Customary Limitati e limitation change nge ster Change] as of 10/01/1985 Stephen Russell Cost Reimbursemen	t Analysis
Budget X Unaudited Field audite Field audite Desk Audi	costs ed costs - interim portion ed costs - Interim Portion - Prospective portion - Prospective portion - ment / Fiscal Agent mation Only age in Rate Eden Park Management, Inc.	Licensure F Usual and C Target Rate FRVS Cha X Rate Semes On FRV [2 Medicaid C	Customary Limitati e limitation change nge ster Change] as of 10/01/1985 Stephen Russell Cost Reimbursemen	t Analysis



Medicaid Reimbursement Per Diem Rates

			Provider Number:	0 226017-00
0 NW 5th Street			Date:	12/21/2010
ntation FL 33317			Fiscal Year End:	8/31/2010
			Audit Status:	Unaudited [3]
ovider Type:				
	_	urrent Rate	New Rate	Effective Date
Irsing Home Single Level		26.94	236.26	1/1/2011
Level H: AIDS	3'	70.28	381.12	1/1/2011
Level U: Fragile Under 21	4	85.31	497.37	1/1/2011
Settlement based on costs Prior Provider Prospective data Basis:	Changes:			h Interim Component
Budget X Unaudited costs			e Rating Change d Customary Limitati	on
Field audited costs			ate limitation change	
		FRVS C	1	
Field audit - interim portion		TRV5 C	hange	
Desk audited costs Desk audit - Interim Portion		Rate Ser	nester Change	
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		Rate Ser	-	
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:		Rate Ser	nester Change	
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		Rate Ser On FRV	nester Change [2] as of 10/01/1985	t Analysis
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	X	Rate Ser On FRV Medicai	nester Change [2] as of 10/01/1985 Stephen Russell	•

5310 NW 33rd Avenue Ft. Lauderdale FL 33309



Medicaid Reimbursement Per Diem Rates

fartin Nursing and R	Restorative Care Center		Provider Number:	0 226033-00
001 SE Tower Road			Date:	12/21/2010
tuart FL 34997			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
rovider Type:		C. mart	NT.	
		Current Rate	New Rate	Effective Date
ursing Home	Single Level	210.08		1/1/2011
ui sing nome	Single Level	210.08	208.85	1/1/2011
	Level H: AIDS	353.42	353.71	1/1/2011
	Level U: Fragile Under 21	468.45	469.96	1/1/2011
Basis: Budget X Unaudited Field audit Field audit Desk audit	costs ed costs - interim portion	Changes: Licensure I Usual and 0 Target Rate FRVS Cha X Rate Semes	Rating Change Customary Limitati e limitation change	h Interim Component
Distribution:			Stephen Russell	
Contract Manage	ement / Fiscal Agent		-	(A
Permanent File			Cost Reimbursemen	•
	mation Only	Steretan	n Ru	soll
No Char	nge in Rate		. , , , , , , , , , , , , , , , , , , ,	
Home Office:	Eden Park Management, Inc. Thomas R. Ellis 22 Holland Avenue Albany NY 12209			



Medicaid Reimbursement Per Diem Rates

he Manor At Blue V	Vater Bay			Provider Number:	0 226041-00
500 North White Pt	Road	_		Date:	12/21/2010
Viceville FL 32578		_		Fiscal Year End:	8/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuncing Home	Single Level	-	Rate	Rate	Date
Nursing Home	Single Level	-	198.95	201.43	1/1/2011
	Level H: AIDS		342.29	346.29	1/1/2011
	Level U: Fragile Under 21		457.32	462.54	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective with	h Interim Component
Basis:		Change	s:		
Budget			Licensure	e Rating Change	
X Unaudited				d Customary Limitation	on
Field audit				ate limitation change	
	t - interim portion		FRVS Cl	nange	
Desk audit	ed costs - Interim Portion	<u> </u>		lester Change	
	t - Prospective portion			[2] as of 02/02/1993	
Distribution:		J L		Stephen Russell	
Contract Manage	ement / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis
Permanent File			meaneuru		

Permanent File

For information Only

No Change in Rate

Stephen Russell

Home Office:



Medicaid Reimbursement Per Diem Rates

thedral Gerontology Center				Provider Number:	0 226068-00
3 East Ashley Street				Date:	12/21/2010
ksonville FL 32202				Fiscal Year End:	9/30/2010
				Audit Status:	Unaudited [3]
ovider Type:					
		(Current	New	Effective
resing Homo Single Level			Rate	Rate	Date
Irsing Home Single Level			209.68	216.32	1/1/2011
Level H: AIDS			353.02	361.18	1/1/2011
Level U: Fragile Unde	er 21		468.05	477.43	1/1/2011
C					
Interim Total Interim		X		Total Prospective	
		X	<u>Х</u> Т Р	Cotal Prospective Prospective Adjusted	for New Costs h Interim Component
Total Interim Interim Component Settlement based on costs	e data	X anges:	<u>Х</u> Т Р	Cotal Prospective Prospective Adjusted	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective Basis:	e data			Total Prospective Prospective Adjusted Total Prospective wit	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective Basis:	e data		X T P T Licensure	Total Prospective Prospective Adjusted Total Prospective wit	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective Basis:	e data		X T P T Licensure Usual and	Total Prospective Prospective Adjusted Total Prospective wit	h Interim Component
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective Basis: Budget X	e data		X T P T Licensure Usual and	Cotal Prospective Prospective Adjusted Cotal Prospective wit Rating Change Customary Limitati te limitation change	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective Budget X Unaudited costs Field audit - interim portion Desk audited costs	e data	nanges:	X T P T T Licensure Usual and Target Rai FRVS Ch	Total Prospective Prospective Adjusted Total Prospective wit Rating Change Customary Limitati te limitation change ange	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion	e data		X T P T Licensure Usual and Target Ra FRVS Ch Rate Seme	Cotal Prospective Prospective Adjusted Cotal Prospective wit Rating Change Customary Limitati te limitation change	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective Basis: Budget X Unaudited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	e data	nanges:	X T P T Licensure Usual and Target Ra FRVS Ch Rate Seme	Cotal Prospective Prospective Adjusted Cotal Prospective wit Rating Change Customary Limitati te limitation change ange ester Change 2] as of 09/01/1989	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	e data	nanges:	X T P T Licensure Usual and Target Rai FRVS Ch Rate Seme On FRV [Cotal Prospective Prospective Adjusted Cotal Prospective wit Rating Change Customary Limitati te limitation change ange ester Change 2] as of 09/01/1989 Stephen Russell	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective Budget X Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	e data	anges:	X T P T Licensure Usual and Target Rai FRVS Ch Rate Seme On FRV [Cotal Prospective Prospective Adjusted Cotal Prospective wit Rating Change Customary Limitati te limitation change ange ester Change 2] as of 09/01/1989 Stephen Russell Cost Reimbursemen	h Interim Component

Home Office:



Medicaid Reimbursement Per Diem Rates

0 Beacon Woods				
	Drive		Date:	12/21/2010
udson FL 34667			Fiscal Year End:	10/31/2009
			Audit Status:	Unaudited [3]
rovider Type:				
		Current Rate	New Rate	Effective Date
ursing Home	Single Level	216.19	219.28	1/1/2011
	Level H: AIDS	359.53	364.14	1/1/2011
	Level U: Fragile Under 21	474.56	480.39	1/1/2011
	Total Interim	<u> </u>	otal Prospective	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	P	otal Prospective rospective Adjusted otal Prospective wit	for New Costs h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	Changes: Licensure Usual and Target Rat FRVS Cha	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes: Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitati e limitation change ange	h Interim Component



Medicaid Reimbursement Per Diem Rates

The Health Center of	Lake City			Provider Number:	0 226173-00
560 S.W. McFarlane Ave.				Date:	12/21/2010
Lake City FL 32025				Fiscal Year End:	9/30/2009
				Audit Status:	Unaudited [3]
Provider Type:				Addit Status.	onadated [5]
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		199.44	201.79	1/1/2011
	Level H: AIDS		342.78	346.65	1/1/2011
	Level U: Fragile Under 21	_	457.81	462.90	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:	;	e Total Prospective Prospective Adjusted Total Prospective with	
Desk audit	ted costs t - interim portion		Usual and Target Ra FRVS Ch Rate Sem	e Rating Change d Customary Limitation ate limitation change hange ester Change [2] as of 05/01/1999	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid	Cost Reimbursement	Analysis
	rmation Only nge in Rate	-3		eus Ra	

Home Office:



Medicaid Reimbursement Per Diem Rates

arlotte Harbor Hea	lth Care			Provider Number:	0 226327-00
00 Kings Highway				Date:	12/21/2010
ort Charlotte FL 339	rt Charlotte FL 33980			Fiscal Year End:	9/30/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
		_	Rate	Rate	Date
ursing Home	Single Level	_	226.14	228.66	1/1/2011
	Level H: AIDS		369.48	373.52	1/1/2011
	Level U: Fragile Under 21	-	484.51	489.77	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data		X	Prospective Adjusted Total Prospective with	
Basis:		Changes	:		
Budget			Licensu	e Rating Change	
X Unaudited	costs			d Customary Limitation	on
Field audit	red costs			ate limitation change	
	t - interim portion		FRVS C	hange	
Desk audit		<u> </u>	- Doto Sar	nastar Charge	
	- Interim Portion t - Prospective portion	<u> </u>		nester Change [2] as of 06/02/1994	
Distribution:		L		Stephen Russell	
Contract Manage	ement / Fiscal Agent		Madiani	-	Analysis
Permanent File			Medical	d Cost Reimbursement	
For info	rmation Only		1.1-	1 7	

For information Only No Change in Rate Stephen Russell

Home Office:



Medicaid Reimbursement Per Diem Rates

Broward Nursing and	Rehab Center		Provider Number:	0 226335-00
1330 South Andrew Avenue			Date:	12/21/2010
Ft. Lauderdale FL 33	316		Fiscal Year End:	8/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				
JI		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.92	221.22	1/1/2011
	Level H: AIDS	353.26	366.08	1/1/2011
	Level U: Fragile Under 21	468.29	482.33	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data	1	Prospective Adjusted Fotal Prospective wit	h Interim Component
Basis:		Changes:		
Budget			Rating Change	
X Unaudited Field audit			Customary Limitatient te limitation change	on
	- interim portion	FRVS Ch	•	
Desk audit	ed costs			
	- Interim Portion t - Prospective portion		ester Change 2] as of 10/01/1985	
Distribution:				
	ement / Fiscal Agent		Stephen Russell	
Permanent File	-		Cost Reimbursemen	•
For info	mustion Only	12 1	1	//
	mation Only nge in Rate	steph	in Ra	south

Home Office:

Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309



Medicaid Reimbursement Per Diem Rates

The Health Center of	Plant City			Provider Number:	0 226343-00	
701 North Wilder Road				Date:	12/21/2010	
Plant City FL 33566				Fiscal Year End:	9/30/2009	
				Audit Status:	Unaudited [3]	
Provider Type:			Current	New	Effective	
	~		Rate	Rate	Date	
Nursing Home	Single Level		209.19	211.85	1/1/2011	
	Level H: AIDS		352.53	356.71	1/1/2011	
	Level U: Fragile Under 21		467.56	472.96	1/1/2011	
Doto Trmo e						
Rate Type :						
Interim		X	Prospective			
	Total Interim Interim Component			Fotal Prospective Prospective Adjusted	for New Costs	
	Settlement based on costs				h Interim Component	
	Prior Provider Prospective data					
Basis:		Change	s:			
Budget			Licensure	Rating Change		
X Unaudited	costs			l Customary Limitatio	on	
Field audit	red costs			te limitation change		
	t - interim portion		FRVS Ch	ange		
Desk audit	ed costs - Interim Portion	X	Data Sam	actor Change		
	- Interim Portion t - Prospective portion			ester Change [2] as of 10/01/2000		
Distribution:				Stephen Russell		
e	ement / Fiscal Agent		Medicaid	Cost Reimbursement	Analysis	
Permanent File	motion Only				•	
	rmation Only nge in Rate		steph	in Ra	sell	
	ige in faite		-			

Home Office:



Medicaid Reimbursement Per Diem Rates

call view runsing a	nd Rehabilitation Center			Provider Number:	0 226351-00
10 S. Atlanta Avenu				Date:	12/21/2010
w Smyrna Beach FL	. 32069			Fiscal Year End:	1/31/2010
				Audit Status:	Unaudited [3]
ovider Type:					
			Current Rate	New Rate	Effective Date
ursing Home	Single Level	-	203.10	<u>205.68</u>	1/1/2011
II Sing Home	Single Level	-	203.10	205.00	1/1/2011
	Level H: AIDS		346.44	350.54	1/1/2011
	Level U: Fragile Under 21		461.47	466.79	1/1/2011
Rate Type :					
Interim		X	Prospective		
Te	otal Interim			otal Prospective	
In	terim Component		Pr	cospective Adjusted	for New Costs
Se	ettlement based on costs		To	otal Prospective wit	h Interim Component
Pr	ior Provider Prospective data				
Basis:		Change	s:		
Budget			Licensure I	Rating Change	
X Unaudited co	osts		Usual and	а., т, .:	
				Customary Limitati	on
Field audited			Target Rate	e limitation change	on
Field audit -	interim portion			e limitation change	on
Field audit - Desk audited	interim portion l costs		Target Rate FRVS Cha	e limitation change nge	on
Field audit - Desk audited Desk audit -	interim portion	X	Target Rate FRVS Cha	e limitation change	on
Field audit - Desk audited Desk audit -	interim portion l costs Interim Portion	X	Target Rate FRVS Cha	e limitation change nge ster Change	on
Field audit - Desk audited Desk audit - Desk Audit - Distribution:	interim portion l costs Interim Portion	X	Target Rate	e limitation change nge ster Change Stephen Russell	
Field audit - Desk audited Desk audit - Desk Audit - Distribution: Contract Managen Permanent File	interim portion l costs Interim Portion - Prospective portion ment / Fiscal Agent		Target Rate	e limitation change nge ster Change Stephen Russell Cost Reimbursemen	t Analysis
Field audit - Desk audited Desk audit - Desk Audit - Desk Audit - Contract Managen Permanent File For inform	interim portion d costs Interim Portion - Prospective portion nent / Fiscal Agent nation Only		Target Rate	e limitation change nge ster Change Stephen Russell Cost Reimbursemen	t Analysis
Field audit - Desk audited Desk audit - Desk Audit - Distribution: Contract Managen Permanent File	interim portion d costs Interim Portion - Prospective portion nent / Fiscal Agent nation Only		Target Rate	e limitation change nge ster Change Stephen Russell	t Analysis
Field audit - Desk audited Desk audit - Desk Audit - No Chang	interim portion d costs Interim Portion • Prospective portion nent / Fiscal Agent nation Only ge in Rate		Target Rate	e limitation change nge ster Change Stephen Russell Cost Reimbursemen	t Analysis
Field audit - Desk audited Desk audit - Desk Audit - Desk Audit - Contract Managen Permanent File For inform	interim portion d costs Interim Portion • Prospective portion nent / Fiscal Agent nation Only ge in Rate Millenium Health Systems		Target Rate	e limitation change nge ster Change Stephen Russell Cost Reimbursemen	t Analysis
Field audit - Desk audited Desk audit - Desk Audit - No Chang	interim portion d costs Interim Portion • Prospective portion nent / Fiscal Agent nation Only ge in Rate		Target Rate	e limitation change nge ster Change Stephen Russell Cost Reimbursemen	t Analysis



Medicaid Reimbursement Per Diem Rates

South Heritage Nursi	ng Center		Provider Number:	0 226360-00
718 Lakeview Avenu		Date:		12/21/2010
St. Petersburg FL 337	705		Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	202.32	211.56	1/1/2011
	Level H: AIDS	345.66	356.42	1/1/2011
	Level U: Fragile Under 21	460.69	472.67	1/1/2011
	Total Interim Interim Component Settlement based on costs	X	Total Prospective Prospective Adjusted Total Prospective with	l for New Costs th Interim Component
Basis:	Prior Provider Prospective data	Changes:		
Budget X Unaudited		Usual	ure Rating Change and Customary Limitati	
Field audit	ted costs		Rate limitation change	
	t - interim portion	FRVS	Change	
	- Interim Portion		emester Change V [2] as of 01/01/2001	
	t - Prospective portion	UN FR	v [2] as of 01/01/2001	
Distribution:			Stephen Russell	

Stephen Russell

Medicaid Cost Reimbursement Analysis

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Contract Management / Fiscal Agent

For information Only No Change in Rate



Medicaid Reimbursement Per Diem Rates

Imperial Health Care		<u>-</u>		Provider Number:	0 226378-00
900 Imperial Golf Co	urse	-		Date:	12/21/2010
Naples FL 34110		-		Fiscal Year End:	3/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
~ *			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		229.08	232.00	1/1/2011
	Level H: AIDS		372.42	376.86	1/1/2011
	Level U: Fragile Under 21		487.45	493.11	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs		[·] 1	Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited	costs			Customary Limitati	on
Field audit	ed costs			te limitation change	
Field audit	- interim portion		FRVS Ch	ange	

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

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Medicaid Cost Reimbursement Analysis

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Desk audited costs

Desk audit - Interim Portion

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Desk Audit - Prospective portion



Medicaid Reimbursement Per Diem Rates

Health Center of Coc				Provider Number:	0 226581-00
4125 W. Sample Road				Date:	12/21/2010
Coconut Creek FL 33	3073			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		232.30	233.53	1/1/2011
	Level H: AIDS		375.64	378.39	1/1/2011
	Level U: Fragile Under 21		490.67	494.64	1/1/2011
	Total Interim	X		Total Prospective	
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Cotal Prospective with	h Interim Component
Basis:		Change	s:		
Budget			Licensure	Rating Change	
X Unaudited	costs		Usual and	Customary Limitati	on

Target Rate limitation change FRVS Change

X Rate Semester Change On FRV [2] as of 12/09/1997

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Medicaid Cost Reimbursement Analysis

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Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

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For information Only No Change in Rate

Desk Audit - Prospective portion



Medicaid Reimbursement Per Diem Rates

Treasure Isle Care Ce	nter			Provider Number:	0 226602-00
1735 North Treasure Drive				Date:	12/21/2010
North Bay Village FL	. 33141			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level		Rate 201.96	Rate	Date 1/1/2011
Aur sing Home	Single Level		201.90	204.78	1/1/2011
	Level H: AIDS		345.30	349.64	1/1/2011
	Level U: Fragile Under 21		460.33	465.89	1/1/2011
	Level everagine ender 21		100.55	105.07	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>		re Total Prospective Prospective Adjusted Total Prospective with	
Desk audite Desk audit	ed costs - interim portion	Change	Licensura Usual and Target Ra FRVS Cl	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/1997	DN
Distribution:				Stephen Russell	
Contract Manage	ement / Fiscal Agent		Madiacid	l Cost Reimbursement	Analysis
	mation Only age in Rate			ness Remoursement	•

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Medicaid Reimbursement Per Diem Rates

The Health Center of				Provider Number:	0 226700-00
00 Crockett Bouleva			Date:	12/21/2010	
Merritt Island FL 329)53			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		216.62	217.03	1/1/2011
	Level H: AIDS		359.96	361.89	1/1/2011
	Level U: Fragile Under 21		474.99	478.14	1/1/2011
Rate Type :		V	Ducanation		
Interim	Total Interim	<u> </u>	Prospective X To	otal Prospective	
	Interim Component			rospective Adjusted	for New Costs
	Settlement based on costs				h Interim Component
]	Prior Provider Prospective data			-	-
Basis:		Change	es:		
Dasis.					
			Licensure I	Rating Change	
Budget X Unaudited	costs			Rating Change Customary Limitation	n

 Field audited costs
 Farget Rate Initiation change

 Field audit - interim portion
 FRVS Change

 Desk audit - Interim Portion
 X

 Desk Audit - Prospective portion
 On FRV [2] as of 08/01/1990

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Medicaid Cost Reimbursement Analysis

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For information Only No Change in Rate



Medicaid Reimbursement Per Diem Rates

Fair Havens Center, I	LLC			Provider Number:	0 227226-00
201 Curtiss Parkway				Date:	12/21/2010
Miami Springs FL 33	3166			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:				Tuan Status.	
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	151.34	153.06	1/1/2011
	Level H: AIDS		294.68	297.92	1/1/2011
	Level U: Fragile Under 21		409.71	414.17	1/1/2011
Rate Type :	Total Interim	X		otal Prospective	
	Interim Component			ospective Adjusted	
	Settlement based on costs Prior Provider Prospective data		T	otal Prospective wit	h Interim Component
Desk audit Desk audit	ted costs t - interim portion	Change	Licensure I Usual and Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 10/01/1985	on

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Medicaid Cost Reimbursement Analysis

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



Medicaid Reimbursement Per Diem Rates

Alpine Health and Rehabilitation Center 3456 21st Avenue South St. Petersburg FL 33711				Provider Number:	0 227251-00	
			Date:		12/21/2010	
				Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	215.51	221.98	1/1/2011	
	Level H: AIDS		358.85	366.84	1/1/2011	
	Level U: Fragile Under 21	-	473.88	483.09	1/1/2011	
	Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data	X		Fotal Prospective Prospective Adjusted	for New Costs h Interim Component	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 06/01/1989				
Distribution:				Stephen Russell		
Permanent File For infor	ement / Fiscal Agent mation Only age in Rate			Cost Reimbursement	•	

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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:	12/21/2010 12/31/2009
				Fiscal Year End:	
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
·····		-	Rate	Rate	Date
ursing Home	Single Level	-	202.68	201.98	1/1/2011
	Level H: AIDS		346.02	346.84	1/1/2011
	Level U: Fragile Under 21	-	461.05	463.09	1/1/2011
Rate Type :					
Interim		Х	Prospectiv	/e	
Total Interim				Total Prospective	
Interim Component				-	
	Interim Component			Prospective Adjusted	for New Costs
	Interim Component Settlement based on costs			Prospective Adjusted Total Prospective with	
	-				
	Settlement based on costs	Changes			
	Settlement based on costs	Changes			
Basis:	Settlement based on costs Prior Provider Prospective data	Changes			
Basis: Budget X Unaudited	Settlement based on costs Prior Provider Prospective data	Changes	Licensur Usual an	Total Prospective with e Rating Change d Customary Limitatio	h Interim Component
Basis: Budget X Unaudited Field audit	Settlement based on costs Prior Provider Prospective data costs red costs	Changes	Licensur Usual an Target R	Total Prospective with e Rating Change d Customary Limitation ate limitation change	h Interim Component
Basis: Budget X Unaudited Field audit	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	Changes 	Licensur Usual an	Total Prospective with e Rating Change d Customary Limitation ate limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs		Licensur Usual an Target R FRVS C	Total Prospective with e Rating Change d Customary Limitatio ate limitation change hange	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective with e Rating Change d Customary Limitation ate limitation change hange	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensur Usual an Target R FRVS C	Total Prospective with e Rating Change d Customary Limitation ate limitation change hange mester Change [2] as of 11/01/1988	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensur Usual an Target R FRVS C Rate Sen On FRV	Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 11/01/1988 Stephen Russell	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Contract Manag	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensur Usual an Target R FRVS C Rate Sen On FRV	Total Prospective with e Rating Change d Customary Limitation ate limitation change hange mester Change [2] as of 11/01/1988	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit Desk Audit	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensur Usual an Target R FRVS C Rate Sen On FRV	Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 11/01/1988 Stephen Russell	h Interim Component

Home Office:

Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102 Tampa FL 33619



Medicaid Reimbursement Per Diem Rates

dy Lake Specialty	Care Center			Provider Number:	0 227561-00
0 Griffen Avenue				Date:	12/21/2010
ndy Lake FL 32159				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective Date
ursing Home	Single Level	-	Rate 214.46	Rate	1/1/2011
ursing mome	Single Level	-	214.40	216.77	1/1/2011
	Level H: AIDS		357.80	361.63	1/1/2011
	Level U: Fragile Under 21	•	472.83	477.88	1/1/2011
			172.03		1, 1, 2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		P T	otal Prospective Prospective Adjusted Otal Prospective wit	for New Costs h Interim Component
Basis:		Changes	5:		
Dudget			Licensure	Rating Change	
Budget X Unaudited	costs			Customary Limitati	on
Field audit				te limitation change	
Field audi	t - interim portion		FRVS Cha	ange	
Desk audit		<u> </u>	- Data Cama	ester Charac	
	- Interim Portion t - Prospective portion	<u> </u>		ester Change 2] as of 03/30/1999	
Distribution:		<u> </u>		Stephen Russell	
Contract Manage	ement / Fiscal Agent		Madiasid	•	t Analysis
				Cost Reimbursemen	•
Permanent File					
For info	rmation Only nge in Rate		steph	in Ru	sell

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Medicaid Reimbursement Per Diem Rates

Wilton Manors Healt	h & Rehab Center				Provider Number:	0 227579-00
2675 North Andrews	Ave				Date:	12/21/2010
Wilton Manors FL 33	3311	_			Fiscal Year End:	12/31/2009
					Audit Status:	Unaudited [3]
Provider Type:					Audit Status.	
i i ovider Typer			(Current Rate	New Rate	Effective Date
Nursing Home	Single Level			221.14	219.74	1/1/2011
	Level H: AIDS			364.48	364.60	1/1/2011
	Level U: Fragile Under 21			479.51	480.85	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X Changes:	Prospecti X	ve Total Prospective Prospective Adjusted Total Prospective with	
Dasis.			manges.]		
Desk audit Desk audit	ted costs t - interim portion		X	Usual aı Target F FRVS C	re Rating Change nd Customary Limitation Rate limitation change Change mester Change	on

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Medicaid Cost Reimbursement Analysis Stephen Russell

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Medicaid Reimbursement Per Diem Rates

ckledge Rehab &	Nursing Center	_	Provider Number:	0 227587-00
7 Barton Blvd.		-	Date:	12/21/2010
ckledge FL 32955		-	Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
ovider Type:		_		
		Current Rate	New Rate	Effective Date
ursing Home	Single Level	208.53	<u>211.17</u>	1/1/2011
ar sing rionic	Shigh Level	200.33		1/1/2011
	Level H: AIDS	351.87	356.03	1/1/2011
	Level U: Fragile Under 21	466.90	472.28	1/1/2011
Rate Type :				
		<u></u>		
Interim	.	X Prospectiv		
	Total Interim	X	Total Prospective	
	Interim Component		Prospective Adjusted	
	Settlement based on costs		Total Prospective wit	h Interim Component
	Prior Provider Prospective data			
Basis:		Changes:		
Budget		Licensu	e Rating Change	
X Unaudited	costs		d Customary Limitati	on
Field audit	ed costs	Target R	ate limitation change	
Field audi	: - interim portion	FRVS C	hange	
Desk audit	ed costs			
Desk audit	- Interim Portion	X Rate Ser	nester Change	
	t - Prospective portion			
Distribution:	ement / Fiscal Agent		Stephen Russell	
e	ement / riscai Agent	Medicai	d Cost Reimbursemen	t Analysis
Permanent File	motion Only			
	mation Only	Steps	in Ru	south
	nge in Rate			
Home Office:	Greystone Healthcare Ma	agement, LLC		
nome onnee.	Kenneth Hubbard			
		G 1 100		
	3922 Coconut Palms Driv	, Suite 102		



Medicaid Reimbursement Per Diem Rates

reenbriar Rehab &				Provider Number:	0 227625-00
10 21st Avenue We				Date:	12/21/2010
radenton FL 34205				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
rovider Type:					
• •			Current	New	Effective
	~		Rate	Rate	Date
Nursing Home	Single Level		222.21	225.38	1/1/2011
	Level H: AIDS		365.55	370.24	1/1/2011
	Level U: Fragile Under 21		480.58	486.49	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim		_	otal Prospective	
	Interim Component			rospective Adjusted	for New Costs
	0 1 . 1				
	Settlement based on costs		T	otal Prospective with	n Interim Component
	Settlement based on costs Prior Provider Prospective data		T	otal Prospective with	n Interim Component
Basis:		Change		otal Prospective with	n Interim Component
Basis:		Change	es:	-	n Interim Component
Basis: Budget	Prior Provider Prospective data	Change	Licensure	Rating Change	-
Basis:	Prior Provider Prospective data	Change 	Licensure : Usual and	-	-
Basis: Budget X Unaudited Field audi	Prior Provider Prospective data costs ted costs	Change	Licensure : Usual and	Rating Change Customary Limitation e limitation change	-
Basis: Budget X Unaudited Field audi	Prior Provider Prospective data costs ted costs t - interim portion	Change	Licensure Usual and Target Rat	Rating Change Customary Limitation e limitation change	-
Basis: Budget X Unaudited Field audi Field audi Desk audit	Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion	Change 	Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitation e limitation change	-
Basis: Budget X Unaudited Field audi Desk audit Desk audit Desk Audit	Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion		Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitation e limitation change inge	-
Basis: Budget X Unaudited Field audi Field audi Desk audit Desk audit Desk Audit Desk Audit	Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion		Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitation e limitation change inge	-
Basis: Budget X Unaudited Field audi Desk audit Desk audit Desk Audit Desk Audit Desk Audit	Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion		Licensure Usual and Target Rat FRVS Cha Rate Seme	Rating Change Customary Limitation e limitation change inge ster Change	- on
Basis: Budget X Unaudited Field audi Desk audit Desk audit Desk Audit Desk Audit Desk Audit Desk Audit Desk Audit	Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	X	Licensure : Usual and Target Rat FRVS Cha Rate Seme	Rating Change Customary Limitatio e limitation change Inge ster Change Stephen Russell	on : Analysis

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Medicaid Reimbursement Per Diem Rates

Apollo Health & Reh		_		Provider Number:	0 227633-00
1000 24th Street Nor		_		Date:	12/21/2010
St. Petersburg FL 337	713	_		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		219.78	222.34	1/1/2011
0	6				
	Level H: AIDS		363.12	367.20	1/1/2011
	Level U: Fragile Under 21		478.15	483.45	1/1/2011
Rate Type :		X	Prospective		
	Total Interim			otal Prospective	
	Interim Component Settlement based on costs			Prospective Adjusted	for New Costs h Interim Component
	Prior Provider Prospective data		1	otal Prospective with	n mernin Component
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited	costs		Usual and	Customary Limitati	on

Usual and Customary Limitation Target Rate limitation change FRVS Change

XRate Semester ChangeOn FRV [2] as of 09/01/1996

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

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Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

Contract Management / Fiscal Agent

For information Only No Change in Rate

Desk Audit - Prospective portion



Medicaid Reimbursement Per Diem Rates

North Rehabilitation	Center			Provider Number:	0 227641-00
1301 16th Street Nor				Date:	12/21/2010
St. Petersburg FL 337	705			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	206.47	209.65	1/1/2011
	Level H: AIDS		349.81	354.51	1/1/2011
	Level U: Fragile Under 21	-	464.84	470.76	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective with	
Basis:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited Field audit				d Customary Limitation ate limitation change	on
	- interim portion		FRVS C	-	
Desk audit	-	X	_	nester Change	
Distribution:				Stephen Russell	
Contract Manage Permanent File	ement / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
remainent File					

For information Only No Change in Rate

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

ington Health & Rehabilitation Center			Provider Number:	0 227650-00
0 46th Avenue North			Date:	12/21/2010
Petersburg FL 33709			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
ovider Type:				
		Current Rate	New Rate	Effective Date
rsing Home Single Level	_	220.42	223.13	1/1/2011
Level H: AIDS		363.76	367.99	1/1/2011
Level U: Fragile Under 21		478.79	484.24	1/1/2011
Interim Total Interim Interim Component	<u> </u>		otal Prospective ospective Adjusted	for New Costs
Total Interim	X Changes:	X To Pr To	ospective Adjusted	for New Costs h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data			ospective Adjusted	
Budget Budget Munaudited costs		X To Pr To Licensure I Usual and o	ospective Adjusted otal Prospective wit Rating Change Customary Limitati	h Interim Component
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Budget Budget Munaudited costs		X To Pr To Licensure I Usual and o Target Rato FRVS Cha	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Image: Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Inaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs	Changes:	X To Pr To Licensure I Usual and o Target Rato FRVS Cha	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge ster Change	h Interim Component
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Tampa FL 33619



Medicaid Reimbursement Per Diem Rates

Liberty Inn		_		Provider Number:	0 227676-00
5858 Heritage Park W	Vay	_		Date:	12/21/2010
Delray Beach FL 334	84	_		Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		232.66	236.65	1/1/2011
	Level H: AIDS		376.00	381.51	1/1/2011
	Level U: Fragile Under 21		491.03	497.76	1/1/2011
Rate Type : Interim		X	Prospective	2	
,	Total Interim			Total Prospective	
	Interim Component		P	Prospective Adjusted	for New Costs
	Settlement based on costs		Τ	Total Prospective wit	h Interim Component
]	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited	costs		Usual and	Customary Limitati	on
Field audit	ed costs		Target Rat	te limitation change	
Field audit	- interim portion		FRVS Ch	ange	

XRate Semester Change
On FRV [2] as of 06/17/1998

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

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Desk audited costs

Desk audit - Interim Portion

Contract Management / Fiscal Agent

For information Only No Change in Rate

Desk Audit - Prospective portion

Heritage Park Retirement Comm. Robin Myrick 5861 Heritage Park Way Delray Beach FL 33484



Medicaid Reimbursement Per Diem Rates

ark Meadows Healtl	h & Rehab Center	_		Provider Number:	0 227765-00
250 SW 41st Place				Date:	12/21/2010
ainesville FL 32608	, >	-		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
• •		-	Rate	Rate	Date
ursing Home	Single Level	-	214.92	211.57	1/1/2011
	Level H: AIDS		358.26	356.43	1/1/2011
	Louis III Encoile Under 21				
	Level U: Fragile Under 21		473.29	472.68	1/1/2011
	Total Interim	X		Total Prospective	for Now Costs
	Interim Component Settlement based on costs			Prospective Adjusted	h Interim Component
	Prior Provider Prospective data		'	Total Flospective with	n mernin Component
Basis:		Changes			
Da515.		Change			
Budget			Licensure	Rating Change	
X Unaudited	costs			l Customary Limitati	on
Field audit				te limitation change	
	t - interim portion		FRVS Ch	ange	
Desk audit Desk audit	ed costs - Interim Portion	X	 Rate Sem	ester Change	
	t - Prospective portion		Not on FF	-	
Distribution:		L		Stephen Russell	
Contract Manage	ement / Fiscal Agent		Madianid	-	t A polycic
Permanent File				Cost Reimbursemen	•
	maratian Onla			/	
For info	nge in Rate	1	tinh	in Ru	soll

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Medicaid Reimbursement Per Diem Rates

New Horizon Health	& Rehab Center		Provider Number:	0 227773-00
635 SE 17th Street			Date:	12/21/2010
Ocala FL 34471			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.84	221.10	1/1/2011
	Level H: AIDS	362.18	365.96	1/1/2011
	Level U: Fragile Under 21	477.21	482.21	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		Total Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audit Desk audit	ed costs - interim portion	Licensura Usual and Target Ra FRVS Cl	e Rating Change d Customary Limitati ate limitation change hange nester Change	on
Distribution:			Stephen Russell	
Contract Manage Permanent File For infor	ement / Fiscal Agent		Cost Reimbursemen	•

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Medicaid Reimbursement Per Diem Rates

First Coast Health an	d Rehab Center			Provider Number:	0 227838-00
7723 Jasper Avenue				Date:	12/21/2010
Jacksonville FL 3221	1			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		203.35	206.13	1/1/2011
	Level H: AIDS		346.69	350.99	1/1/2011
	Level U: Fragile Under 21		461.72	467.24	1/1/2011
	Total Interim Interim Component Settlement based on costs	<u> </u>		e Total Prospective Prospective Adjusted Total Prospective witl	
Basis:	Prior Provider Prospective data	Change	es:		
Budget X Unaudited Field audit			Usual and	e Rating Change d Customary Limitatio ate limitation change hange	on
	ed costs - Interim Portion t - Prospective portion	X		nester Change [2] as of 05/01/1989	
Distribution:				Stephen Russell	
Permanent File	ement / Fiscal Agent		Medicaid	l Cost Reimbursement	-
For info	mation Only		stret	in Ru	sell

Stephen Russell

Home Office:

No Change in Rate



Medicaid Reimbursement Per Diem Rates

ers Health & Rehab Center	_		Provider Number:	0 227871-00
6 NE 7th Street	_		Date:	12/21/2010
enton FL 32693	_		Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
ovider Type:				
	-	urrent Rate	New Rate	Effective Date
ursing Home Single Level	1	82.29	185.48	1/1/2011
Level H: AIDS	3	25.63	330.34	1/1/2011
Level U: Fragile Under 21	2	40.66	446.59	1/1/2011
Total Interim		X	Fotal Prospective	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Changes:	I	Fotal Prospective Prospective Adjusted Fotal Prospective with	for New Costs h Interim Component
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Medicaid Reimbursement Per Diem Rates

orth Beach Nursing & Re	ehabilitation Center		Provider Number:	0 228001-00
01 N.E. 170th Street			Date:	12/21/2010
orth Miami Beach FL 33160		Fiscal Year End:		12/31/2009
			Audit Status:	Unaudited [3]
rovider Type:		Current Rate	New Rate	Effective Date
ursing Home Si	ingle Level	241.75	246.17	1/1/2011
Le	vel H: AIDS	385.09	391.03	1/1/2011
Le	vel U: Fragile Under 21	500.12	507.28	1/1/2011
Interin Settle	Interim m Component ment based on costs Provider Prospective data Sts erim portion sts	nges: Licensure 1 Usual and Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change	h Interim Component
Desk Audit - Pro	ospective portion			
Distribution: Contract Management	/ Fiscal Agent —		Stephen Russell	
Permanent File For informatic No Change in	on Only		Cost Reimbursement	•
Home Office:	Greystone Healthcare Management, LL Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102 Tampa FL 33619	.C		



Medicaid Reimbursement Per Diem Rates

The Gardens Court			Provider Number:	0 228320-00
3803 PGA Boulevard Palm Beach Gardens FL 33410			Date:	12/21/2010
			Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.54	227.33	1/1/2011
	Level H: AIDS	367.88	372.19	1/1/2011
	Level U: Fragile Under 21	482.91	488.44	1/1/2011
s	Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	Prospective Adjusted Total Prospective wit	for New Costs h Interim Component
	ed costs - interim portion	Usual Target	sure Rating Change and Customary Limitati t Rate limitation change Change	on
	ed costs - Interim Portion t - Prospective portion		Gemester Change RV [2] as of 03/13/1997	
Distribution:			Stephen Russell	
Permanent File For infor	ement / Fiscal Agent mation Only nge in Rate		raid Cost Reimbursemen Inn Rece	-

Home Office:

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



Medicaid Reimbursement Per Diem Rates

Life Care Center of	Melbourne			Provider Number:	0 228338-00
	6 East Sheridan Street		Date:	12/21/2010	
Melbourne FL 32901				Fiscal Year End:	2/28/2010
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	202.30	204.95	1/1/2011
	Level H: AIDS		345.64	349.81	1/1/2011
	Level U: Fragile Under 21		460.67	466.06	1/1/2011
Rate Type : Interin	n Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Prospect X	ive Total Prospective Prospective Adjusted Total Prospective with	
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Desk Aud	lit - Prospective portion			V [2] as of 02/01/1990	

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No Change in Rate

Home Office:

Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320 Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell



Medicaid Reimbursement Per Diem Rates

Park Ridge Nursing	Center			Provider Number:	0 228401-00
730 College Street Jacksonville FL 32204		_		Date:	12/21/2010
		_		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	
JI			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	189.98	192.06	1/1/2011
	Level H: AIDS		333.32	336.92	1/1/2011
	Level U: Fragile Under 21		448.35	453.17	1/1/2011
	Level 0. Traglic Older 21		440.33	455.17	1/1/2011
	Settlement based on costs Prior Provider Prospective data			otal Prospective with	h Interim Component
Basis:		Chaman			
		Changes	S:		
Budget		Change		Rating Change	
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Home Office:

Health Care Managers, Inc Ivonne Burrell 2380 Sadler Road Suite 201 Fernandina Beach FL 32034



Medicaid Reimbursement Per Diem Rates

ear Creek Nursing	Center		Provider Number:	0 228567-00
041 State Rd. 52			Date:	12/21/2010
Hudson FL 34667			Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
· · ·		Rate	Rate	Date
ursing Home	Single Level	181.87	184.34	1/1/2011
	Level H: AIDS	325.21	329.20	1/1/2011
	Level U: Fragile Under 21	440.24	445.45	1/1/2011
Rate Type :				
Interim	l	X Prospective	2	
	Total Interim		Total Prospective	
	Interim Component	F	Prospective Adjusted	for New Costs
	Settlement based on costs	7	Total Prospective with	h Interim Component
	Prior Provider Prospective data			
Basis:		Changes:		
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X Unaudited Field audi Field audi Desk audi Desk audi Desk Audi Desk Audi Contract Manag Permanent File	ted costs it - interim portion ted costs t - Interim Portion it - Prospective portion ement / Fiscal Agent	Usual and Target Ra FRVS Ch X Rate Semo On FRV [Customary Limitation te limitation change ange ester Change 2] as of 01/01/2000 Stephen Russell	t Analysis

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Medicaid Reimbursement Per Diem Rates

Royal Oak Nursing C	Center			Provider Number:	0 228575-00
37300 Royal Oak La	ne	-		Date:	12/21/2010
Dade City FL 33525		-		Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
••			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		188.65	194.86	1/1/2011
	Level H: AIDS		331.99	339.72	1/1/2011
	Level U: Fragile Under 21	_	447.02	455.97	1/1/2011
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Changes:]		
Budget			Licensur	e Rating Change	
X Unaudited				d Customary Limitation	on
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	t - interim portion		FRVS C	hange	
Desk audit	t - Interim Portion	X	Rata San	nester Change	
	it - Prospective portion			[2] as of 01/01/2000	
Distribution:		<u>L</u>		Stephen Russell	
•	ement / Fiscal Agent		Medicaio	d Cost Reimbursement	t Analysis
Permanent File	rmation Only				•
	nge in Rate	-3	tip 1	in Ru	sout
			/		

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Medicaid Reimbursement Per Diem Rates

Heather Hill Nursing Home				Provider Number:	0 228591-00
6630 Kentucky Aven				Date:	12/21/2010
New Port Richey FL	34653	_		Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level		Rate	Rate	Date 1/1/2011
Nul sing Home	Single Level		191.39	195.96	1/1/2011
	Level H: AIDS		334.73	340.82	1/1/2011
	Level U: Fragile Under 21		449.76	457.07	1/1/2011
Rate Type :					
		V	Due ou e et:		
Interim	Total Interim	<u> </u>	Prospecti X	Total Prospective	
	Interim Component		<u>A</u>	Prospective Adjusted	for New Costs
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	Prior Provider Prospective data				FF
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	- Interim Portion	<u> </u>	Rate Sei	mester Change	
	t - Prospective portion			7 [2] as of 10/01/1985	
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicai	d Cost Reimbursement	t Analysis
Permanent File					-
	rmation Only		stept	my Ru	sell
No Cha	nge in Rate			<i>·</i>	

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Medicaid Reimbursement Per Diem Rates

Inn at Sarasota Bay C				Provider Number:	0 228621-00
1303 N. Tamiami Trail				Date:	12/21/2010
Sarasota Fl 34236	Fiscal Year End:		Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		262.53	260.94	1/1/2011
	Level H: AIDS		405.87	405.80	1/1/2011
	Level U: Fragile Under 21		520.90	522.05	1/1/2011
Rate Type : Interim		X	Prospective		
	Total Interim			otal Prospective	
	Interim Component			ospective Adjusted	for New Costs
	Settlement based on costs				h Interim Component
	Prior Provider Prospective data				Thiterin component
Basis:		Change	s:		
Budget			Licensure I	Rating Change	
X Unaudited	costs		Usual and	Customary Limitatio	on
Field audit	ed costs		Target Rate	e limitation change	

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Target Rate limitation change FRVS Change

Rate Semester Change On FRV [2] as of 06/20/2001

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

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Field audit - interim portion

Desk audit - Interim Portion

Contract Management / Fiscal Agent

For information Only No Change in Rate

Desk Audit - Prospective portion

Desk audited costs



Medicaid Reimbursement Per Diem Rates

Winter Haven Health & Reha	ib Center			Provider Number:	0 228702-00
202 Avenue ^'O^' NE			Date:		12/21/2010 6/30/2009
Winter Haven FL 33881				Fiscal Year End:	
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
		-	Rate	Rate	Date
Nursing Home Sin	gle Level	-	187.63	190.26	1/1/2011
Leve	l H: AIDS		330.97	335.12	1/1/2011
Leve	l U: Fragile Under 21		446.00	451.37	1/1/2011
	C				
Rate Type :					
Interim		Х	Prospective		
Interim Total Int	terim	X	Prospective X T	otal Prospective	
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Medicaid Reimbursement Per Diem Rates

Woodland Terrace of	Citrus County			Provider Number:	0 228711-00
124 W. Norvell Brya	nt Hwy	_		Date:	12/21/2010
Hernando FL 34442		_		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	172.40	170.64	1/1/2011
	Level H: AIDS		315.74	315.50	1/1/2011
	Level U: Fragile Under 21	-	430.77	431.75	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes		Fotal Prospective Prospective Adjusted Fotal Prospective with	for New Costs h Interim Component
Desk audit Desk audit	ed costs - interim portion		Usual and Target Ra FRVS Ch Rate Sem	e Rating Change I Customary Limitation the limitation change hange ester Change [2] as of 07/12/2001	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis
	mation Only nge in Rate		typh	nes Rea	sell

Home Office:

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



Medicaid Reimbursement Per Diem Rates

ast Ridge Retiremen	nt Village, Inc.	_		Provider Number:	0 228788-00
9301 SW 87th Aver	nue	_		Date:	12/21/2010
iami Fl 33157		_		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New Rate	Effective Date
Nursing Home	Single Level	-	Rate 232.62	<u></u>	1/1/2011
un sing monie	Single Level	-	232,02		1/1/2011
	Level H: AIDS		375.96	383.15	1/1/2011
	Level U: Fragile Under 21		490.99	499.40	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective wit	h Interim Component
Basis:		Changes	s:		
Budget			Licensur	e Rating Change	
X Unaudited			Usual an	d Customary Limitati	on
Field audit				ate limitation change	
	t - interim portion		FRVS C	hange	
Desk audit Desk audit	ed costs	X		nester Change	
	t - Prospective portion			[2] as of 07/12/2001	
Distribution:		J		Stephen Russell	
•	ement / Fiscal Agent		Medicaio	l Cost Reimbursemen	t Analysis
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Medicaid Reimbursement Per Diem Rates

he Healthcare Cente	er Of Windermere			Provider Number:	0 228877-00
4875 Cason Cove Drive Orlando FL 32811				Date:	12/21/2010
				Fiscal Year End:	9/30/2009
				Audit Status:	Unaudited [3]
rovider Type:					
J 1			Current	New	Effective
	~		Rate	Rate	Date
lursing Home	Single Level		202.28	204.85	1/1/2011
	Level H: AIDS		345.62	349.71	1/1/2011
	Level U: Fragile Under 21		460.65	465.96	1/1/2011
Rate Type :					
Rute Type .					
Interim		X	Prospective		
	Total Interim			Total Prospective	for New Costs
	Interim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data		I	otal Prospective with	h Interim Component
Basis:		Change	es:		
			Licensure	Rating Change	
Budget X Unaudited	costs			Customary Limitati	on.
Field audi				te limitation change	011
	t - interim portion		FRVS Ch	-	
Desk audit	_				
	t - Interim Portion	X	Rate Seme	ester Change	
Desk Audi	it - Prospective portion			2] as of 05/20/1997	
				Stephen Russell	
Distribution :					
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Contract Manag Permanent File	ement / Fiscal Agent			Cost Reimbursemen	•
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Medicaid Reimbursement Per Diem Rates

Parkway Health & Re	ehab			Provider Number:	0 228885-00
800 SE Central Pkwy				Date:	12/21/2010
Stuart FL 34994	1art FL 34994			Fiscal Year End:	3/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		218.99	221.92	1/1/2011
	Level H: AIDS		362.33	366.78	1/1/2011
	Level U: Fragile Under 21		477.36	483.03	1/1/2011
Rate Type : Interim		X	Prospective		
	Total Interim			otal Prospective	
I	Interim Component		Pı	rospective Adjusted	for New Costs
S	Settlement based on costs		T	otal Prospective with	h Interim Component
F	Prior Provider Prospective data				
Basis:		Change	es:		
Budget X Field audited			Usual and	Rating Change Customary Limitatio e limitation change	on

 FRVS Change

 X
 Rate Semester Change

 On FRV [2] as of 03/22/1990

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Medicaid Cost Reimbursement Analysis

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Field audit - interim portion

Desk audit - Interim Portion

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Desk Audit - Prospective portion

Desk audited costs



Medicaid Reimbursement Per Diem Rates

Current	Date: Fiscal Year End: Audit Status:	12/21/2010 7/31/2010
	Audit Status:	II 14. 1[2]
		Unaudited [3]
Rate	New Rate	Effective Date
189.52	192.10	1/1/2011
332.86	336.96	1/1/2011
447.89	453.21	1/1/2011
X Prospective		
	-	for New Costs
10	tai Flospective with	n mernin Component
hanges:		
Licensure I	Rating Change	
Usual and	Customary Limitation	on
Target Rate	e limitation change	
FRVS Cha	nge	
	Stephen Russell	
Medicaid (Cost Reimbursement	t Analysis
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	X Prospective X To Pr To To Pr To To hanges: Licensure I Usual and 0 Target Rate FRVS Cha FRVS Cha X Rate Sement On FRV [2 Medicaid O	447.89 453.21 X Prospective X Total Prospective Adjusted Prospective Adjusted Total Prospective with hanges: Image: Image: Image Additional Prospective With Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 01/01/2000

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Medicaid Reimbursement Per Diem Rates

Brooksville Healthcar	re Center			Provider Number:	0 228958-00	
1114 Chatman Blvd				Date:	12/21/2010	
Brooksville FL 34601	Brooksville FL 34601			Fiscal Year End:	7/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		182.81	185.12	1/1/2011	
	Level H: AIDS		326.15	329.98	1/1/2011	
	Level U: Fragile Under 21		441.18	446.23	1/1/2011	
Rate Type :						
Interim		Χ	Prospecti	ive		
	Total Interim		X Total Prospective			
	Interim Component		Prospective Adjusted for New Costs			
	Settlement based on costs Prior Provider Prospective data			Total Prospective wit	h Interim Component	
Basis:		Change	es:			
Budget			Licensu	re Rating Change		
X Unaudited	costs		Usual and Customary Limitation			
Field audit	ed costs		Target I	Rate limitation change		
Field audit	Field audit - interim portion FRVS Change					

X Rate Semester Change On FRV [2] as of 01/01/2000

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Desk audited costs

Desk audit - Interim Portion

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Desk Audit - Prospective portion



Medicaid Reimbursement Per Diem Rates

Lake Harris Health C	enter			Provider Number:	0 228966-00
701 Lake Port Boulev	vard			Date: 12/21/	
Leesburg FL 34748	eesburg FL 34748			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		197.64	199.40	1/1/2011
	Level H: AIDS		340.98	344.26	1/1/2011
	Level U: Fragile Under 21		456.01	460.51	1/1/2011
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component	Prospective Adjusted for New Cost		for New Costs	
	Settlement based on costs			Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	e Rating Change	

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:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 08/17/1990
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Medicaid Reimbursement Per Diem Rates

The Health Center of	Daytona Beach		Provider Number:	0 229091-00
550 National Healthc			Date:	12/21/2010
Daytona Beach FL 32	2114		Fiscal Year End:	6/30/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.85	214.86	1/1/2011
	Level H: AIDS	355.19	359.72	1/1/2011
	Level U: Fragile Under 21	470.22	475.97	1/1/2011
Rate Type :				
Interim		X Prospective		
	Total Interim Interim Component		Total Prospective Prospective Adjusted	for New Costs
	Settlement based on costs Prior Provider Prospective data			n Interim Component

Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 07/11/1996
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Medicaid Reimbursement Per Diem Rates

Sylvan Health Center				Provider Number:	0 229164-00
2770 Regency Oaks H	3lvd.		Date: Fiscal Year End:		12/21/2010 12/31/2009
Clearwater FL 33759					
				Audit Status:	Unaudited [3]
Provider Type:					
			urrent Rate	New Rate	Effective Date
Nursing Home	Single Level		10.67	207.59	1/1/2011
	Level H: AIDS	3.	54.01	352.45	1/1/2011
	Level U: Fragile Under 21	4	69.04	468.70	1/1/2011
	Total Interim Interim Component Settlement based on costs		X	Total Prospective Prospective Adjusted Total Prospective with	
Basis:	Prior Provider Prospective data	Changes:			
		changest			
Budget				re Rating Change	
X Unaudited				nd Customary Limitation	on
Field audit		Target Rate limitation change FRVS Change			
Field audit Desk audit	- interim portion		1111030	Luange	
Desk audit	- Interim Portion t - Prospective portion	X Rate Semester Change On FRV [2] as of 10/07/1991			
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Medicaid Reimbursement Per Diem Rates

	Retirement Community		Provider Number:	0 229202-00
5000 Shell Point Bo	bulevard		Date:	12/21/2010
. Myers Fl 33908			Fiscal Year End:	6/30/2009
			Audit Status:	Unaudited [3]
rovider Type:				
		Current Rate	New Rate	Effective Date
ursing Home	Single Level	209.22	212.54	1/1/2011
	Level H: AIDS	352.56	357.40	1/1/2011
	Level U: Fragile Under 21	467.59	473.65	1/1/2011
	Total Interim	ХТ	otal Prospective	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	P1	otal Prospective cospective Adjusted otal Prospective wit	for New Costs h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data	Changes: Licensure 1 Usual and Target Rate FRVS Cha	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audi Desk audi Desk Audi Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data	Changes: Licensure 1 Usual and Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change ster Change	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audi Desk audi Desk Audi Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data	Changes: Licensure 1 Usual and Target Rate FRVS Cha X Rate Seme On FRV [2	Rating Change Customary Limitation e limitation change ster Change 2] as of 03/28/2001	h Interim Component



Medicaid Reimbursement Per Diem Rates

rthenon Healthcare	of Ft. Walton			Provider Number:	0 229237-00
LBJ Sr. Drive				Date:	12/21/2010
Walton Beach FL	32548			Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
covider Type: ursing Home	Single Level		Current Rate 198.88	New Rate 201.46	Effective Date 1/1/2011
0	0				
	Level H: AIDS		342.22	346.32	1/1/2011
	Level U: Fragile Under 21		457.25	462.57	1/1/2011
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	X Change	Es: Licensure F Usual and C Target Rate FRVS Cha Rate Semes	Rating Change Customary Limitation e limitation change	h Interim Component
Distribution: Contract Manage	ement / Fiscal Agent			Stephen Russell	
Permanent File	<i>o</i>			Cost Reimbursemen	-
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Home Office:	Parthenon Group 909 Gardengate Circle Pensacola Fl 32504				



Medicaid Reimbursement Per Diem Rates

Gainesville Health Ca	are Center			Provider Number:	0 229288-00	
1311 SW 16th Street			Date: 12/21/20			
Gainesville FL 32608	Gainesville FL 32608			Fiscal Year End:	8/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
		_	Rate	Rate	Date	
Nursing Home	Single Level	-	213.62	216.43	1/1/2011	
	Level H: AIDS		356.96	361.29	1/1/2011	
	Level U: Fragile Under 21	-	471.99	477.54	1/1/2011	
Rate Type : Interim		X	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:		Changes	:			
Budget			Licensure	Rating Change		
			Usual and Customary Limitation			
Field audited costs Target Rate limitation change						
Field audit	- interim portion		FRVS Ch	ange		
Desk audit	ed costs		_			

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Rate Semester Change

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

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Desk audit - Interim Portion

Desk Audit - Prospective portion

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No Change in Rate

Home Office:

Council on Aging of Florida, Inc.

1311 SW 16th Street Gainesville FL 32608



Medicaid Reimbursement Per Diem Rates

The Health Center of	Pensacola	_		Provider Number:	0 229571-00	
475 University Pkw	у	_		Date:	12/21/2010	
Pensacola FL 32514		_		Fiscal Year End:	9/30/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Nursing Home	Single Level	-	Rate 199.64	Rate	Date 1/1/2011	
vursnig nome	Single Level	-	199.04	201.99	1/1/2011	
	Level H: AIDS		342.98	346.85	1/1/2011	
	Level U: Fragile Under 21		458.01	463.10	1/1/2011	
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective with	h Interim Component	
Basis:		Change	s:			
Budget			Licensure	e Rating Change		
X Unaudited	costs			d Customary Limitatio	on	
Field audit				ate limitation change		
	t - interim portion		FRVS Cł	nange		
Desk audit	ed costs - Interim Portion	<u> </u>	Rate Sem	lester Change		
	t - Prospective portion			[2] as of 05/28/1987		
Distribution:		J L		Stephen Russell		
Contract Manage	ement / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis	
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Medicaid Reimbursement Per Diem Rates

ake View Care Center at Delray	Prov	vider Number:	0 229610-00
430 Linton Blvd		Date:	12/21/2010
DelRay Beach FL 33484	Fis	cal Year End:	3/31/2010
		Audit Status:	Unaudited [3]
Provider Type:			
	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.62	208.87	1/1/2011
Level H: AIDS	351.96	353.73	1/1/2011
Level U: Fragile Under 21	466.99	469.98	1/1/2011
Interim Component Settlement based on costs Prior Provider Prospective data Basis:			for New Costs th Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File	Licensure Ratin Usual and Cust Target Rate lin FRVS Change X Rate Semester On FRV [2] as Ste Medicaid Cost	comary Limitati nitation change change s of 09/01/2000 phen Russell Reimbursemer	tt Analysis
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Medicaid Reimbursement Per Diem Rates

Menorah House				Provider Number:	0 229628-00	
945 Central Park Bl		_		Date:	12/21/2010	
Boca Raton FL 33428		_		Fiscal Year End:	3/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	210.42	<u>213.76</u>	1/1/2011	
0	0	-				
	Level H: AIDS		353.76	358.62	1/1/2011	
	Level U: Fragile Under 21		468.79	474.87	1/1/2011	
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	h Interim Component	
Basis:		Change	s:			
Budget			Licensu	e Rating Change		
X Unaudited			Usual and Customary Limitation			
Field audit			Target Rate limitation change			
	t - interim portion		FRVS C	hange		
Desk audit	ed costs - Interim Portion	<u> </u>	Rate Ser	nester Change		
	t - Prospective portion		On FRV [2] as of 10/01/1990			
Distribution:				Stephen Russell		
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Home Office:



Alexander Nininger S	State Veteran's Nursing Home			Provider Number:	0 229849-00
8401 West Cypress D				Date:	12/21/2010
Pembroke Pines Fl 33	3025			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		227.45	231.30	1/1/2011
	Level H: AIDS		370.79	376.16	1/1/2011
	Level U: Fragile Under 21		485.82	492.41	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim			otal Prospective	
	Interim Component			ospective Adjusted	for New Costs
	Settlement based on costs				h Interim Component
	Prior Provider Prospective data			I	I I I I
Basis:		Chang	jes:		
Budget			Licensure I	Rating Change	
X Unaudited	costs			Customary Limitati	on
Field audit				e limitation change	
	t - interim portion		FRVS Cha		
Desk audit	-			8	
	- Interim Portion	X	Rate Semes	ster Change	
	t - Prospective portion			[2] as of 09/06/2001	
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid C	Cost Reimbursemen	t Analysis
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	rmation Only nge in Rate		Steph	n Ru	soll
Home Office:	Florida Dept. of Veterans Affa	airs			
	Walter Gilchrist	222.1			
	11351 Ulmerton Road, Room	332-1			
	Largo Fl 33778-1630				



Medicaid Reimbursement Per Diem Rates

LEAH SHORES	NURSING AND REHAB CENTE			Provider Number:	0 250988-00
35 NW 32 AVE				Date:	12/21/2010
ami FL 33147				Fiscal Year End:	8/31/2009
				Audit Status:	Unaudited [3]
ovider Type:					
			Current Rate	New Rate	Effective Date
ursing Home	Single Level		233.80	236.17	1/1/2011
	Level H: AIDS		377.14	381.03	1/1/2011
	Level U: Fragile Under 21		492.17	497.28	1/1/2011
Rate Type :					
Interim		Х	Prospecti	ve	
	Total Interim		$-\frac{1103pccu}{X}$	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data				in Internit Component
Basis:		Change	es:		
Budget			Licensu	re Rating Change	
X Unaudited	costs		Usual a	nd Customary Limitation	on
Field audit	red costs			Rate limitation change	
Field audit	t - interim portion		FRVS (Change	
Desk audit	_				
Desk audit	- Interim Portion	X	Rate Se	mester Change	
Desk Audi	t - Prospective portion		On FRV	/ [2] as of 02/01/1993	
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U	ement / Fiscal Agent		Medica	id Cost Reimbursemen	t Analysis
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No Char	nge in Rate				
Home Office:	DOS Health Care, Inc				
	Jorge Hernando				

300 71st Street, Suite 400

Miami FL 33141



Medicaid Reimbursement Per Diem Rates

Parthenon Healthcare of Blountstown			Provider Number:	0 251097-00	
17884 N.E. Crozier Street			Date:	12/21/2010	
Blountstown FL 32424			Fiscal Year End:	7/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:					
		Current Rate	New Rate	Effective Date	
Nursing Home Single Level		181.31	183.88	1/1/2011	
Level H: AIDS		324.65	328.74	1/1/2011	
Level U: Fragile Und	er 21	439.68	444.99	1/1/2011	
		437.00		1/1/2011	
Rate Type :					
Interim	X	Prospective			
Total Interim	<u> </u>		otal Prospective		
Interim Component			ospective Adjusted	for New Costs	
Settlement based on cost	S			h Interim Component	
Prior Provider Prospectiv	ve data				
Basis:	Chang	10 5 •			
		,			
Budget			Rating Change		
Budget X Unaudited costs			Rating Change Customary Limitation	on	
		Licensure D		on	
X Unaudited costs		Licensure D	Customary Limitation change	Dn	
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs		Licensure 1 Usual and Target Rate FRVS Cha	Customary Limitation e limitation change nge	on	
X Unaudited costs Field audited costs		Licensure 1 Usual and Target Rate FRVS Cha	Customary Limitation change	on	
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:		Licensure 1 Usual and Target Rate FRVS Cha	Customary Limitation e limitation change nge ster Change	on	
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent		Licensure 1 Usual and Target Rate FRVS Cha Rate Seme On FRV [2	Customary Limitation e limitation change nge ster Change 2] as of 01/01/1987 Stephen Russell		
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:		Licensure I Usual and Target Rate FRVS Cha Rate Seme On FRV [2 Medicaid C	Customary Limitation e limitation change nge ster Change 2] as of 01/01/1987	t Analysis	

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Parthenon Group

909 Gardengate Circle Pensacola Fl 32504



Medicaid Reimbursement Per Diem Rates

Parthenon Healthcare	of Crestview			Provider Number:	0 251101-00	
1849 First Avenue, East		_		Date:	12/21/2010	
Crestview FL 32539		_		Fiscal Year End:	7/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	184.84	187.28	1/1/2011	
	Level H: AIDS		328.18	332.14	1/1/2011	
	Level U: Fragile Under 21	-	443.21	448.39	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes	;	Total Prospective Prospective Adjusted Total Prospective witl	for New Costs h Interim Component	
Desk audit	ed costs - interim portion		Usual and Target Ra FRVS Cl Rate Sem	e Rating Change d Customary Limitation ate limitation change hange hester Change [2] as of 10/30/1987	on	
Distribution:				Stephen Russell		
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Parthenon Group

909 Gardengate Circle Pensacola Fl 32504



Medicaid Reimbursement Per Diem Rates

Brandywyne Health	Care Center			Provider Number:	0 251399-00
1801 North Lake Mariam Drive		_		Date:	12/21/2010
Winter Haven FL 33	884	-		Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
Provider Type:				Tual Status.	
j			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		203.66	206.70	1/1/2011
	Level H: AIDS		347.00	351.56	1/1/2011
	Level U: Fragile Under 21	_	462.03	467.81	1/1/2011
	Total Interim Interim Component Settlement based on costs	<u> </u>	Prospectiv X	re Total Prospective Prospective Adjusted Total Prospective with	
Basis:	Prior Provider Prospective data	Changes:			
Desk audit Desk audit	ted costs t - interim portion		Usual an Target R FRVS C Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 11/01/1999	on
Distribution:					
Contract Manag	ement / Fiscal Agent		N. 1. 1	Stephen Russell	· 1
Permanent File				l Cost Reimbursement	-
	rmation Only nge in Rate	1	tip 1	in Ru	sell

Home Office:



Medicaid Reimbursement Per Diem Rates

Concordia Manor				Provider Number:	0 251666-00
321 13th Avenue No				Date:	12/21/2010
St. Petersburg FL 33	St. Petersburg FL 33701			Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		190.09	204.60	1/1/2011
	Level H: AIDS		333.43	349.46	1/1/2011
	Level U: Fragile Under 21		448.46	465.71	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		<u> </u>	Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Change			
	ted costs t - interim portion		Usual ar	re Rating Change nd Customary Limitatio Cate limitation change Change	on
	ed costs - Interim Portion t - Prospective portion	X		mester Change [2] as of 01/01/2001	
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akhurst Care & Reh	abilitation Center			Provider Number:	0 251721-00
501 SE 24th Road				Date:	12/21/2010
cala FL 34471				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			urrent Rate	New Rate	Effective Date
ursing Home	Single Level	1	90.83	198.67	1/1/2011
	Level H: AIDS	33	34.17	343.53	1/1/2011
	Level U: Fragile Under 21	44	49.20	459.78	1/1/2011
Basis: Budget X Unaudited of Field audited Field audited Desk audited Desk audited	ed costs - interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Manage	ment / Fiscal Agent		N 6 11 1	Stephen Russell	
	mation Only ge in Rate			l Cost Reimbursement	•
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Medicaid Reimbursement Per Diem Rates

Bradford Terrace, LL	LC			Provider Number:	0 251739-00	
808 S. Colley Road			Date:		12/21/2010	
Starke FL 32091				Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	170.61	169.98	1/1/2011	
	Level H: AIDS		313.95	314.84	1/1/2011	
	Level U: Fragile Under 21	-	428.98	431.09	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		 	Total Prospective Prospective Adjusted Total Prospective wit		
Basis:		Changes	:			
Budget			Licensu	are Rating Change		
X Unaudited				nd Customary Limitati	on	
Field audi			_ Target FRVS (Rate limitation change		
Field audi Desk audit	t - interim portion		-	Change		
Desk audit	- Interim Portion t - Prospective portion	X		emester Change V [2] as of 06/30/1992		
Distribution:				Stephen Russell		
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Medicaid Cost Reimbursement Analysis

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



Medicaid Reimbursement Per Diem Rates

Avante at Melbourne				Provider Number:	0 252018-00
1420 South Oak Street				Date:	12/21/2010
Melbourne FL 32901				Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		223.48	234.14	1/1/2011
	Level H: AIDS		366.82	379.00	1/1/2011
	Level U: Fragile Under 21		481.85	495.25	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim		X T	otal Prospective	
	Interim Component		P	rospective Adjusted	for New Costs
	Settlement based on costs		T	otal Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	Rating Change	
V Unaudited	costs			Customary Limitati	on

Basis:	Changes:	
Budget	Licensure Rating Change	
X Unaudited costs	Usual and Customary Limitation	
Field audited costs	Target Rate limitation change	
Field audit - interim portion	FRVS Change	
Desk audited costs		
Desk audit - Interim Portion	X Rate Semester Change	
Desk Audit - Prospective portion	On FRV [2] as of 04/01/1992	
Distribution:	Stephen Russell	
e e	Medicaid Cost Reimbursement Analysis	
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 04/01/1992	

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



Medicaid Reimbursement Per Diem Rates

AVANTE AT ORM	OND BEACH			Provider Number:	0 252034-00
170 North Kings Roa	ad			Date:	12/21/2010
Ormond Beach FL 32	2807			Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		218.09	219.69	1/1/2011
	Level H: AIDS		361.43	364.55	1/1/2011
	Level U: Fragile Under 21		476.46	480.80	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim			otal Prospective	
	Interim Component			rospective Adjusted	for New Costs
	Settlement based on costs		X T	otal Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited				Customary Limitatio	on
Field audi				e limitation change	
	t - interim portion		FRVS Cha	ange	
Desk audit	t - Interim Portion	<u> </u>	Rate Seme	ster Change	
	it - Prospective portion			2] as of 04/01/1992	
Distribution:		L		Stephen Russell	
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Medicaid Reimbursement Per Diem Rates

Avante at Mt. Dora				Provider Number:	0 252042-00
3050 Brown Avenue	2	Date:		12/21/2010	
Mount Dora FL 327	57			Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Onaddited [5]
Trovider Type		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		216.19	221.67	1/1/2011
	Level H: AIDS	_	359.53	366.53	1/1/2011
	Level U: Fragile Under 21		474.56	482.78	1/1/2011
Interin	Total Interim Interim Component	<u> </u>	Prospect:	Total Prospective Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			_ I otal Prospective wit	h Interim Component
Basis:		Changes:]		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs			Usual a	re Rating Change nd Customary Limitati Rate limitation change Change	on
Desk aud	ited costs it - Interim Portion lit - Prospective portion	X	X Rate Semester Change On FRV [2] as of 04/01/1992		

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Medicaid Reimbursement Per Diem Rates

San Jose Health and I	Rehabilitation Center	_		Provider Number:	0 252051-00
9355 San Jose Boulev		-		Date:	12/21/2010
Jacksonville FL 3225	7	-		Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	195.82	198.73	1/1/2011
	Level H: AIDS		339.16	343.59	1/1/2011
	Level U: Fragile Under 21	-	454.19	459.84	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data	Changes		Prospective Adjusted Total Prospective with	
Desk audit Desk audit	ed costs t - interim portion		Usual and Target R FRVS CI Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 12/01/2001	on
Distribution:				Stephen Russell	
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Medicaid Reimbursement Per Diem Rates

Bradenton Health Car	re			Provider Number:	0 252069-00
5305 Cortez Road W	est			Date:	12/21/2010
Bradenton FL 34210				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	200.34	206.91	1/1/2011
	Level H: AIDS		343.68	351.77	1/1/2011
	Level U: Fragile Under 21		458.71	468.02	1/1/2011
	Total Interim Interim Component Settlement based on costs	X	P	Otal Prospective Prospective Adjusted	for New Costs h Interim Component
Basis:	Prior Provider Prospective data	Change	s:		
Budget X Unaudited	costs			Rating Change Customary Limitation	on

Target Rate limitation change

FRVS Change

XRate Semester Change
On FRV [2] as of 12/09/1999

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Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

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Desk Audit - Prospective portion



randon Health and Re	ehab. Center		Provider Number:	0 252077-00
465 Oakfield Drive			Date:	12/21/2010
randon FL 33511			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
rovider Type:		Current Rate	New Rate	Effective Date
lursing Home	Single Level	185.61	191.95	1/1/2011
	Level H: AIDS	328.95	336.81	1/1/2011
	Level U: Fragile Under 21	443.98	453.06	1/1/2011
Se	aterim Component ettlement based on costs rior Provider Prospective data	Changes:	Prospective Adjusted Total Prospective wit	h Interim Component
Desk audited Desk audit -	d costs interim portion	Usual Target FRVS	sure Rating Change and Customary Limitati Rate limitation change Change Gemester Change RV [2] as of 05/07/1997	on
Distribution:			Stephen Russell	
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Medicaid Reimbursement Per Diem Rates

Capital Healthcare C	enter		Р	rovider Number:	0 252093-00
3333 Capital Medica				Date:	12/21/2010
Tallahassee FL 3230	8		F	Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
.		Curren	t	New	Effective
		Rate		Rate	Date
Nursing Home	Single Level	191.6	3	200.80	1/1/2011
	Level H: AIDS	334.9	7	345.66	1/1/2011
	Level U: Fragile Under 21	450.0		461.91	1/1/2011
	Total Interim Interim Component	X Prospe	Tot	al Prospective spective Adjusted	for New Costs
	Settlement based on costs				h Interim Component
	Prior Provider Prospective data			Ĩ	L.
Basis:		Changes:			
Budget		Licer	nsure Ra	ating Change	
X Unaudited	costs			ustomary Limitati	on
Field audit	ted costs			limitation change	
	t - interim portion	FRV	S Chan	ge	
Desk audit			_		
	- Interim Portion			er Change	
	t - Prospective portion	On F	KV [2]	as of 12/01/2001	
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Medicaid Reimbursement Per Diem Rates

Coral Trace Health C	are			Provider Number:	0 252107-00
216 Santa Barbara Bl				Date:	12/21/2010
Cape Coral FL 33991				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level		Rate 202.43	Rate	Date 1/1/2011
Tur sing frome	Single Level		202.43		1/1/2011
	Level H: AIDS		345.77	350.06	1/1/2011
	Level U: Fragile Under 21		460.80	466.31	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X	Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Change	es:		
Budget			Licensu	re Rating Change	
X Unaudited				nd Customary Limitatio	on
Field audit			FRVS C	Rate limitation change	
Field audi Desk audit	t - interim portion			Inange	
	- Interim Portion	X		mester Change	
Desk Audi	t - Prospective portion		On FRV	7 [2] as of 12/01/2001	
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Countryside Healthca	are Center	_		Provider Number:	0 252115-00
3825 Countryside Bl		-		Date:	12/21/2010
Palm Harbour FL 34	684	-		Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	200.82	203.23	1/1/2011
	Level H: AIDS		344.16	348.09	1/1/2011
	Level U: Fragile Under 21	_	459.19	464.34	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Prospectiv X	ve Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes	:		

Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Semester Change On FRV [2] as of 10/19/1987
Distribution:	Stephen Russell
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Medicaid Reimbursement Per Diem Rates

University Hills Heal	th and Rehab.			Provider Number:	0 252123-00
10040 Hillview Road				Date:	12/21/2010
Pensacola FL 32514				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	201.26	203.58	1/1/2011
	Level H: AIDS		344.60	348.44	1/1/2011
	Level U: Fragile Under 21	-	459.63	464.69	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X		e Total Prospective Prospective Adjusted Total Prospective with	
Desk audite Desk audit	ed costs - interim portion	 X	Usual and Target Ra FRVS Cl Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1985	on
Distribution:				Stephen Russell	
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Medicaid Reimbursement Per Diem Rates

Deltona Health Care				Provider Number:	0 252158-00
1851 Elkcam Boulev	ard			Date:	12/21/2010
Deltona FL 32725				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	193.30	203.16	1/1/2011
	Level H: AIDS		336.64	348.02	1/1/2011
	Level U: Fragile Under 21		451.67	464.27	1/1/2011
	Total Interim Interim Component Settlement based on costs	X	P	otal Prospective rospective Adjusted	for New Costs h Interim Component
	Prior Provider Prospective data		1		
Basis:		Changes	:		
Budget				Rating Change	
X Unaudited	costs		Usual and	Customary Limitation	on

Target Rate limitation change

FRVS Change

X Rate Semester Change On FRV [2] as of 05/01/1998

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Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

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Desk Audit - Prospective portion



Medicaid Reimbursement Per Diem Rates

Destin Healthcare and	l Rehab. Center			Provider Number:	0 252166-00
195 Mattie M. Kelly I	Blvd.			Date:	12/21/2010
Destin FL 32541				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		192.76	196.76	1/1/2011
	Level H: AIDS		336.10	341.62	1/1/2011
	Level U: Fragile Under 21		451.13	457.87	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim			Fotal Prospective	
	Interim Component Settlement based on costs			Prospective Adjusted	for New Costs h Interim Component
	Prior Provider Prospective data		1	rotal riospective wit	n merini Component
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited	costs			l Customary Limitati	on
Field audit	ed costs			te limitation change	
Field audit	- interim portion		FRVS Ch	nange	

Х Rate Semester Change On FRV [2] as of 08/11/1994

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Desk audit - Interim Portion

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Desk Audit - Prospective portion

Desk audited costs



Medicaid Reimbursement Per Diem Rates

Heron Pointe Health	and Rehab.			Provider Number:	0 252174-00
1445 Howell Avenue				Date:	12/21/2010
Brooksville FL 3460				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		192.38	194.68	1/1/2011
0	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
	Level H: AIDS		335.72	339.54	1/1/2011
	Level U: Fragile Under 21		450.75	455.79	1/1/2011
Interim	Total Interim	X	Prospective X	e Fotal Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			Fotal Prospective with	1 Interim Component
Basis:		Changes:]		
Budget X Unaudited Field audit			Usual and	e Rating Change I Customary Limitation the limitation change	on
Field audit Desk audit	- interim portion ed costs		FRVS Ch		
Desk audit	- Interim Portion	X	Rate Sem	ester Change	

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

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Desk Audit - Prospective portion

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agnolia Health and Rehab. Center			Provider Number:	0 252182-00
507 South Tuttle Ave			Date:	12/21/2010
urasota FL 34239			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
rovider Type:				
		Current	New	Effective
ursing Home Single Level	-	Rate 205.62	Rate	Date 1/1/2011
ursing frome Single Level	-	203.02		1/1/2011
Level H: AIDS		348.96	356.04	1/1/2011
Level U: Fragile Under 21		463.99	472.29	1/1/2011
-				
Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Change	T	rospective Adjusted otal Prospective wit	for New Costs h Interim Component
Settlement based on costs Prior Provider Prospective data Basis:	Change	T s:	otal Prospective with	
Settlement based on costs Prior Provider Prospective data	Change	T s: Licensure Usual and	otal Prospective with Rating Change Customary Limitatio	h Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs	Change	T Licensure Usual and Target Rat	otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs	Change	T s: Licensure Usual and	otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs	Change	Licensure Usual and Target Rat FRVS Cha	otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion		Licensure Usual and Target Rat FRVS Cha	otal Prospective with Rating Change Customary Limitation e limitation change ange	h Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Bistribution:		Licensure Usual and Target Rat FRVS Cha	otal Prospective with Rating Change Customary Limitation e limitation change ange ster Change	h Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion		Licensure Usual and Target Rat FRVS Cha Rate Seme On FRV [2	otal Prospective with Rating Change Customary Limitation e limitation change inge ster Change 2] as of 09/14/1994	h Interim Component



Emerald Shores Heal	Ith and Rehab.	_		Provider Number:	0 252191-00
626 North Tyndall Parkway		_	Date:		12/21/2010
Callaway Fl 32404		-		Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		195.75	201.09	1/1/2011
	Level H: AIDS		339.09	345.95	1/1/2011
	Level U: Fragile Under 21		454.12	462.20	1/1/2011
Rate Type :	ı Total Interim	X	Prospection	ve Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	h Interim Component
Basis:		Change	es:		

Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 08/30/2000
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Home Office: 1 - No Home Office	



	re & Rehab. Center	_		Provider Number:	0 252204-00
11 Drury Lane		-		Date:	12/21/2010
nglewood FL 3422	4	_		Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
rovider Type:			Current Rate	New Rate	Effective Date
ursing Home	Single Level		191.80	194.43	1/1/2011
	Level H: AIDS		335.14	339.29	1/1/2011
	Level U: Fragile Under 21		450.17	455.54	1/1/2011
Rate Type :					
Interim	L	Χ	Prospective		
	Total Interim		<u>X</u> T	otal Prospective	
	Interim Component		P	rospective Adjusted	
	Interim Component Settlement based on costs		P	rospective Adjusted	for New Costs h Interim Component
	Interim Component		P	rospective Adjusted	
	Interim Component Settlement based on costs	Chang	P T	rospective Adjusted	
Basis:	Interim Component Settlement based on costs	Chang	P. T	rospective Adjusted	
	Interim Component Settlement based on costs Prior Provider Prospective data	Chang	P T es:	rospective Adjusted otal Prospective wit	h Interim Component
Basis:	Interim Component Settlement based on costs Prior Provider Prospective data	Chang	P T Es: Licensure Usual and	rospective Adjusted otal Prospective with Rating Change	h Interim Component
Basis: Budget X Unaudited Field audi	Interim Component Settlement based on costs Prior Provider Prospective data	Chang	P T Es: Licensure Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs		Es: Licensure Usual and Target Rat FRVS Cha	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change ange	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audi Desk audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion	Chang 	Es: Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitation e limitation change ange	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audi Desk audi Desk Aud	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion		Es: Licensure Usual and Target Rat FRVS Cha	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change ange	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audi Desk audi Desk Aud Desk Aud	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion		Es: Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitation e limitation change ange	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audi Desk audi Desk Aud Distribution: Contract Manag	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion		Es: Licensure Usual and Target Rat FRVS Cha Rate Seme On FRV [2	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change ange ester Change 2] as of 05/01/1993	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audi Desk audi Desk Aud Desk Aud Contract Manag Permanent File	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion		P. T Es: Licensure Usual and Target Rat FRVS Cha Rate Seme On FRV [2 Medicaid 0	Rating Change Customary Limitation e limitation change ange ester Change 2] as of 05/01/1993 Stephen Russell	h Interim Component



Medicaid Reimbursement Per Diem Rates

Evans Health Care				Provider Number:	0 252212-00
3735 Evans Avenue				Date:	12/21/2010
Ft Myers FL 33901				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	199.89	207.06	1/1/2011
	Level H: AIDS		343.23	351.92	1/1/2011
	Level U: Fragile Under 21		458.26	468.17	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:	I	Fotal Prospective Prospective Adjusted	for New Costs h Interim Component
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion		Usual and Target Ra FRVS Ch Rate Sem	Rating Change Customary Limitation the limitation change nange ester Change [2] as of 12/14/1998	on
Distribution:				Stephen Russell	
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Medicaid Reimbursement Per Diem Rates

Fletcher Health and F	Rehab. Center			Provider Number:	0 252221-00
518 West Fletcher Ave				Date:	12/21/2010
Tampa FL 33612				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
•••		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		196.30	199.76	1/1/2011
	Level H: AIDS		339.64	344.62	1/1/2011
	Level U: Fragile Under 21	-	454.67	460.87	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:		Total Prospective Prospective Adjusted	for New Costs n Interim Component
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs t - interim portion		Licensure Usual and Target Ra FRVS Ch Rate Sem	e Rating Change I Customary Limitation the limitation change hange ester Change [2] as of 05/19/1998	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid	Cost Reimbursement	Analysis
	rmation Only nge in Rate	3		ing Rea	

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Medicaid Reimbursement Per Diem Rates

Fort Pierce Health Ca	ire			Provider Number:	0 252239-00	
611 South 13th Street Ft. Pierce FL 34950				Date:	12/21/2010	
				Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type:				Tual Status.		
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	204.49	210.49	1/1/2011	
	Level H: AIDS		347.83	355.35	1/1/2011	
	Level U: Fragile Under 21	_	462.86	471.60	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes		re Total Prospective Prospective Adjusted Total Prospective witl		
Desk audit Desk audit	ed costs t - interim portion		Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1985	on	
Distribution:				Stephen Russell		
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	rmation Only nge in Rate	-3		ing Rea	•	

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Medicaid Reimbursement Per Diem Rates

Sea Breeze Health Care 1937 Jenks Avenue				Provider Number:	0 252247-00
				12/21/2010	
Panama City FL 324	05			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					E
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		187.50	190.05	1/1/2011
	Level H: AIDS		330.84	334.91	1/1/2011
	Level U: Fragile Under 21		445.87	451.16	1/1/2011
	Total Interim Interim Component Settlement based on costs	<u> </u>	Prospective X	Total Prospective Prospective Adjusted Total Prospective with	
Basis:	Prior Provider Prospective data	Chang	es:		
	ted costs t - interim portion		Usual ar	re Rating Change nd Customary Limitatio Rate limitation change Thange	on
	ed costs - Interim Portion t - Prospective portion	X		mester Change [2] as of 12/01/2001	
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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Harbor Beach Nursin	g and Rehab. Center			Provider Number:	0 252255-00	
1615 South Miami R			Date:		12/21/2010	
Ft. Lauderdale FL 33	316			Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	214.77	222.65	1/1/2011	
	Level H: AIDS	_	358.11	367.51	1/1/2011	
	Level U: Fragile Under 21		473.14	483.76	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Pr	otal Prospective ospective Adjusted otal Prospective with	for New Costs h Interim Component	
Basis:		Changes	:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Duck on the discharged			Usual and (Rating Change Customary Limitation e limitation change nge	on	
	Desk audited costs Desk audit - Interim Portion		X Rate Semester Change			

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On FRV [2] as of 05/28/1986

Medicaid Cost Reimbursement Analysis

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Desk Audit - Prospective portion

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Medicaid Reimbursement Per Diem Rates

Health Center at Brer	ntwood			Provider Number:	0 252263-00	
2333 North Brentwoo	od Circle	Date:			12/21/2010	
Lecanto FL 34461				6/30/2009		
				Audit Status:	Unaudited [3]	
Provider Type:						
•••			Current	New	Effective	
		_	Rate	Rate	Date	
Nursing Home	Single Level	_	198.77	201.49	1/1/2011	
	Level H: AIDS		342.11	346.35	1/1/2011	
	Level U: Fragile Under 21	-	457.14	462.60	1/1/2011	
Rate Type :		X	Prospective			
	Total Interim			otal Prospective		
	Interim Component			rospective Adjusted	for New Costs	
	Settlement based on costs				h Interim Component	
]	Prior Provider Prospective data			-	-	
Basis:		Changes	s:			
Budget			Licensure	Rating Change		
X Unaudited costs			Usual and Customary Limitation			
Field audit	ed costs		Target Rate limitation change			
Field audit	- interim portion		FRVS Cha	ange		
Desk audit	ed costs		_			

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Rate Semester Change

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

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Desk audit - Interim Portion

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Desk Audit - Prospective portion



Medicaid Reimbursement Per Diem Rates

Heritage Health Care	Center			Provider Number:	0 252271-00
1026 Albee Farm Road Venice FL 34292			Date:		12/21/2010
				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		207.86	210.34	1/1/2011
	Level H: AIDS		351.20	355.20	1/1/2011
	Level U: Fragile Under 21		466.23	471.45	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	P T	Ootal Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audite Desk audit	ed costs - interim portion		Usual and Target Rat FRVS Ch	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 09/23/1988	on
Distribution:				Stephen Russell	
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Medicaid Reimbursement Per Diem Rates

Heritage Healthcare	and Rehab. Center			Provider Number:	0 252280-00	
777 Ninth Street North			Date:		12/21/2010	
Naples FL 34102	Naples FL 34102			Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Nursing Home	Single Level		Rate 217.14	Rate	Date 1/1/2011	
Nul sing Home	Single Level		217.14	221.14	1/1/2011	
	Level H: AIDS		360.48	366.00	1/1/2011	
	Level U: Fragile Under 21		475.51	482.25	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		 	Total Prospective Prospective Adjusted Total Prospective with		
Basis:		Change	es:			
Budget			Licensu	e Rating Change		
X Unaudited	costs			d Customary Limitation	on	
Field audit				ate limitation change		
	t - interim portion		FRVS C	Change		
Desk audit	- Interim Portion	<u> </u>	Rate Set	nester Change		
	t - Prospective portion			[2] as of 09/23/1988		
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Medicaid Reimbursement Per Diem Rates

Heritage Healthcare	Center			Provider Number:	0 252298-00
3101 Ginger Drive			Date:		12/21/2010
Tallahassee FL 3230	8			Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	182.67	185.53	1/1/2011
	Level H: AIDS		326.01	330.39	1/1/2011
	Level U: Fragile Under 21	-	441.04	446.64	1/1/2011
Rate Type :					
Interim		X	Prospectiv		
	Total Interim			Total Prospective	
	Interim Component Settlement based on costs			Prospective Adjusted Total Prospective with	
	Prior Provider Prospective data			Total Prospective with	n mernin Component
Basis:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitatio	on
Field audi	ted costs			ate limitation change	
	t - interim portion		FRVS C	hange	
Desk audit	ted costs t - Interim Portion	<u> </u>	- Data San	nester Change	
	it - Prospective portion			[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:	12/21/2010 6/30/2010		
				Fiscal Year End:			
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	-	190.64	<u>201.86</u>	1/1/2011		
Aut sing Home	Single Level	-	190.04	201.80	1/1/2011		
	Level H: AIDS		333.98	346.72	1/1/2011		
	Level U: Fragile Under 21		449.01	462.97	1/1/2011		
	C			<u> </u>			
Rate Type :							
Interim		X	Prospectiv	/e			
	Total Interim		X	Total Prospective			
Interim Component				Prospective Adjusted	for New Costs		
	Settlement based on costs			Total Prospective with	h Interim Component		
	Prior Provider Prospective data						
Basis:		Change	s:				
Budget			Licensure Rating Change				
X Unaudited costs Field audited costs			Usual and Customary Limitation Target Rate limitation change				
Field audited costs			FRVS Change				
Desk audit	-			8-			
Desk audit - Interim Portion		X	8				
Desk Audit - Prospective portion		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:	12/21/2010 6/30/2009		
		_		Fiscal Year End:			
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	-	201.52	<u>203.92</u>	1/1/2011		
	~9	-			_, _, _ 0 _ 1		
	Level H: AIDS		344.86	348.78	1/1/2011		
	Level U: Fragile Under 21		459.89	465.03	1/1/2011		
Settlement based on costs Prior Provider Prospective data			Total Prospective with Interim Component				
Basis:		Change	s:				
Budget			Licensu	re Rating Change			
X Unaudited costs			Usual and Customary Limitation				
Field audited costs			Target Rate limitation change				
	t - interim portion		FRVS C	hange			
Desk audit	ed costs - Interim Portion	<u> </u>	Rate Sei	nester Change			
Desk Audit - Prospective portion			On FRV [2] as of 03/26/1999				
Distribution:				Stephen Russell			
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Medicaid Reimbursement Per Diem Rates

Largo Health Care Center 9035 Bryan Dairy Rd.			Provider Number:	0 252336-00 12/21/2010		
			Date:			
Largo FL 33777			Fiscal Year End:	6/30/2009		
			Audit Status:	Unaudited [3]		
Provider Type:		Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	209.08	211.51	1/1/2011		
	Level H: AIDS	352.42	356.37	1/1/2011		
	Level U: Fragile Under 21	467.45	472.62	1/1/2011		
:	Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	Prospective Adjusted Total Prospective wit	h Interim Component		
Budget X Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 01/01/1999				
Distribution:		<u></u>	Stephen Russell			
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Medicaid Reimbursement Per Diem Rates

Heritage Park Rehab	and Healthcare			Provider Number:	0 252344-00
2826 Cleveland Aver	nue			Date:	12/21/2010
Ft. Myers FL 33901				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	215.38	217.97	1/1/2011
	Level H: AIDS		358.72	362.83	1/1/2011
	Level U: Fragile Under 21	-	473.75	479.08	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X	Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes	:		
Budget			Licensu	re Rating Change	
X Unaudited				nd Customary Limitatio	on
Field audit			Target FRVS (Rate limitation change	
Field audi Desk audit	t - interim portion			Change	
Desk audit	 Interim Portion t - Prospective portion 	X		mester Change [2] as of 10/01/1985	
Distribution:				Stephen Russell	
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Medicaid Reimbursement Per Diem Rates

and Health and Rel	hab. Center			Provider Number:	0 252352-00
25 Alma Boulevard				Date:	12/21/2010
Ierritt Island FL 329	53			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
ursing Home	Single Level		191.64	193.99	1/1/2011
	Level H: AIDS		334.98	338.85	1/1/2011
	Level U: Fragile Under 21		450.01	455.10	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data			Total Prospective Prospective Adjusted Total Prospective with	
Desk audit Desk audit	ed costs - interim portion	Change	Licensur Usual an Target R FRVS C Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 04/01/1996	on
Distribution:		<u></u>		Stephen Russell	
Permanent File	ement / Fiscal Agent		Medicaid	l Cost Reimbursement	t Analysis
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No Change in Rate

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orth Florida Rehat				Provider Number:	0 252361-00
00 NW 10th Place				Date:	12/21/2010
inesville FL 3260	5			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
ovider Type:			Current Rate	New Rate	Effective Date
ursing Home	Single Level		197.91	200.23	1/1/2011
	Level H: AIDS		341.25	345.09	1/1/2011
	Level U: Fragile Under 21		456.28	461.34	1/1/2011
Interin	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	P T	otal Prospective rospective Adjusted otal Prospective with	for New Costs h Interim Component
Basis: Budget X Unaudited Field aud Field aud Desk audi Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Change	X T P T CS: Licensure Usual and Target Rat FRVS Cha	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component



Medicaid Reimbursement Per Diem Rates

Shoal Creek Rehabili	itation Center			Provider Number:	0 252379-00
500 South Hospital D	Drive			Date:	12/21/2010
Crestview Fl 32539				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 178.70	New Rate 181.41	Effective Date 1/1/2011
	Level H: AIDS		322.04	326.27	1/1/2011
	Level U: Fragile Under 21		437.07	442.52	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Prospecti X	ive Total Prospective Prospective Adjusted Total Prospective with	

Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 04/27/2000
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overnor's Creek Health and Rehab.	_		Provider Number:	0 252387-00
03 Oak Street	_		Date:	12/21/2010
reen Cove Springs FL 32043	_		Fiscal Year End:	6/30/2009
			Audit Status:	Unaudited [3]
rovider Type:				
		Current Rate	New Rate	Effective Date
ursing Home Single Level	-	198.91	201.21	1/1/2011
	-			
Level H: AIDS	_	342.25	346.07	1/1/2011
Level U: Fragile Under 21		457.28	462.32	1/1/2011
Total Interim Interim Component		Pı	otal Prospective	
	Changes	Pi	ospective Adjusted	for New Costs h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data	Changes 	Licensure 1 Usual and Target Rate FRVS Cha	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		Licensure 1 Usual and Target Rate FRVS Cha	Rating Change Customary Limitati e limitation change nge ster Change	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent		Licensure 1 Usual and Target Rate FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitati e limitation change nge ster Change 2] as of 01/01/1997	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		Licensure I Usual and Target Rate FRVS Cha Rate Seme On FRV [2 Medicaid 0	Rating Change Customary Limitati e limitation change nge ster Change 2] as of 01/01/1997 Stephen Russell	h Interim Component on t Analysis



he Palms Rehab. and Healthcare Center			Provider Number:	0 252395-00
405 Babcock Street NE			Date:	12/21/2010
Palm Bay FL 32905			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:		_		
		Current Rate	New Rate	Effective Date
Nursing Home Single Level	-	203.02	208.59	1/1/2011
Level H: AIDS		346.36	353.45	1/1/2011
Level U: Fragile Under 21		461.39	469.70	1/1/2011
C				
Interim Total Interim Interim Component	<u> </u>	Prospect	tive Total Prospective Prospective Adjusted	for New Costs
Settlement based on costs			-	h Interim Component
Prior Provider Prospective data				
Basis:	Change	s:		
Budget X Unaudited costs Field audited costs Field audit - interim portion		Usual a Target	ure Rating Change and Customary Limitation Rate limitation change Change	on
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	<u> </u>		emester Change V [2] as of 03/11/1998	
Distribution:			Stephen Russell	
Contract Management / Fiscal Agent		Medica	aid Cost Reimbursemen	t Analysis
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and Oaks Health and Rehab. Center			Provider Number:	0 252409-00
001 Palm Coast Parkway SE			Date:	12/21/2010
alm Coast FL 32137			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
rovider Type:				
		Current	New	Effective
ursing Home Single Level		Rate 190.11	Rate	Date 1/1/2011
ursing frome Single Level		190.11	175.20	1/1/2011
Level H: AIDS		333.45	340.14	1/1/2011
Level U: Fragile Under 21	_	448.48	456.39	1/1/2011
Interim Total Interim Interim Component	X	Prospecti X	ive Total Prospective Prospective Adjusted	for New Costs
Total Interim	X Changes:		Total Prospective Prospective Adjusted	for New Costs h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data			Total Prospective Prospective Adjusted Total Prospective wit	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget		X Licensu	Total Prospective Prospective Adjusted Total Prospective wit	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget		X Licensu Usual a	Total Prospective Prospective Adjusted Total Prospective wit	h Interim Component
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Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	Changes:	X Licensu Usual a Target I FRVS (Rate Se On FRV	Total Prospective Prospective Adjusted Total Prospective wit re Rating Change nd Customary Limitati Rate limitation change Change mester Change / [2] as of 05/16/1997 Stephen Russell	h Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk Audit - Prospective portion	Changes:	X Licensu Usual a Target I FRVS 0 Rate Se On FRV	Total Prospective Prospective Adjusted Total Prospective wit re Rating Change nd Customary Limitati Rate limitation change Change mester Change V [2] as of 05/16/1997	h Interim Component on t Analysis



Medicaid Reimbursement Per Diem Rates

arts Harbor Health	Care Center			Provider Number:	0 252417-00
565 Harts Road				Date:	12/21/2010
cksonville FL 3221	8			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
	Single Level	-	Rate	Rate	Date
ursing Home	Single Level	-	197.78	200.39	1/1/2011
	Level H: AIDS		341.12	345.25	1/1/2011
	Level U: Fragile Under 21		456.15	461.50	1/1/2011
					1, 1, 2011
Rate Type :					
Rate Type :					
Interim		X	Prospective		
	Total Interim			Fotal Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			I otal Prospective with	h Interim Component
		~			
Basis:		Changes	s:		
			Licensure	Rating Change	
Budget X Unaudited	costs			Customary Limitation	on.
Field audit				te limitation change	011
	t - interim portion		FRVS Ch	•	
Desk audit	_			0	
	- Interim Portion	X	Rate Sem	ester Change	
Desk Audi	t - Prospective portion		On FRV [[2] as of 12/01/2001	
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Permanent File					•
	rmation Only		sterli	in Ra	sell
	nge in Rate		0		

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rshall Health and Rehab. Center	Provider Number: 0 252425-00
7 Marshall Drive	Date: 12/21/2010
ту FL 32347	Fiscal Year End:6/30/2009
	Audit Status: Unaudited [3]
ovider Type:	Current New Effective
	Rate Rate Date
Irsing Home Single Level	183.22 185.71 1/1/2011
Level H: AIDS	326.56 330.57 1/1/2011
Level U: Fragile Under 21	441.59 446.82 1/1/2011
Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Prospective Adjusted for New Costs Total Prospective with Interim Component Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Semester Change On FRV [2] as of 10/01/1985
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	Rehab. Center			Provider Number:	0 252433-00	
401 NE 2nd Street	20/2			Date:	12/21/2010	
ompano Beach FL 3	3062			Fiscal Year End:	6/30/2009	
				Audit Status:	Unaudited [3]	
rovider Type:						
			Current Rate	New Rate	Effective Date	
ursing Home	Single Level		203.83	<u>207.24</u>	1/1/2011	
	Shigie Lever		200.00	201.24	1/1/2011	
	Level H: AIDS		347.17	352.10	1/1/2011	
	Level U: Fragile Under 21		462.20	468.35	1/1/2011	
-			Pr	ospective Adjusted	for New Costs	
I	Interim Component Settlement based on costs Prior Provider Prospective data	Change	To	ospective Adjusted otal Prospective wit	for New Costs h Interim Component	
Basis: Budget X Unaudited of Field audited Field audite Desk audite Desk audite	Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion	Change	Licensure F Usual and O Target Rate FRVS Cha Rate Semes	Aating Change Customary Limitati e limitation change nge ster Change	h Interim Component	
Basis: Budget X Unaudited Field audited Field audited Desk audited Desk audited Desk Audited	Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs		Licensure F Usual and O Target Rate FRVS Cha Rate Semes	Rating Change Customary Limitati e limitation change nge	h Interim Component	
Basis: Budget X Unaudited Field audite Field audite Desk audite Desk audite Desk Audite Desk Audite	Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion : - Prospective portion		Licensure F Usual and O Target Rate FRVS Cha Rate Semes	Aating Change Customary Limitati e limitation change nge ster Change	h Interim Component	
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Medicaid Reimbursement Per Diem Rates

antation Bay Rehat	pilitation Center			Provider Number:	0 252441-00
641 Old Canoe Cree	ek Road			Date:	12/21/2010
t. Cloud FL 34769				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
·····		—	Rate	Rate	Date
ursing Home	Single Level		194.29	205.20	1/1/2011
	Level H: AIDS		337.63	350.06	1/1/2011
	Level U: Fragile Under 21		452.66	466.31	1/1/2011
	Total Interim Interim Component			otal Prospective cospective Adjusted	for New Costs
			X To Pr	cospective Adjusted	for New Costs h Interim Component
	Interim Component Settlement based on costs	Changes:		cospective Adjusted	
Basis:	Interim Component Settlement based on costs	Changes:		rospective Adjusted otal Prospective with	
Basis: Budget X Unaudited	Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	X To Ph To Licensure I Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitatio	h Interim Component
Basis: Budget X Field audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs	Changes:	X To Pr To Licensure Usual and Target Rate	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Field audit Field audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	Changes:	X To Ph To Licensure I Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs : - Interim Portion	Changes:	X To Pr To Licensure I Usual and Target Rate FRVS Cha Rate Seme	Rating Change Customary Limitation e limitation change ster Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		X To Pr To Licensure I Usual and Target Rate FRVS Cha Rate Seme	Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		X To Pr To Licensure I Usual and Target Rate FRVS Cha Rate Seme	Rating Change Customary Limitation e limitation change ster Change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audi Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		X To Ph To Licensure I Usual and Target Rato FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitation e limitation change ster Change 2] as of 07/20/1995	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	 X	X To Ph To Licensure 1 Usual and Target Rate FRVS Cha Rate Seme On FRV [2 Medicaid O	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 07/20/1995 Stephen Russell	h Interim Component

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Medicaid Reimbursement Per Diem Rates

Rio Pinar Health Ca	ure			Provider Number:	0 252450-00
7950 Lake Underhil	ll Road		Date: Fiscal Year End:		12/21/2010
Orlando FL 32822					6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	200.79	205.40	1/1/2011
	Level H: AIDS		344.13	350.26	1/1/2011
	Level U: Fragile Under 21		459.16	466.51	1/1/2011
Interin	n Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Pr	otal Prospective rospective Adjusted otal Prospective wit	for New Costs h Interim Component
Basis:	-	Change	s:		
Field aud Desk aud Desk aud	lited costs lit - interim portion		Usual and C Target Rate FRVS Cha	Rating Change Customary Limitati e limitation change nge ster Change] as of 09/23/1988	on

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Medicaid Reimbursement Per Diem Rates

	d Rehab. Center			Provider Number:	0 252468-00
20 Rosewood Way	,			Date:	12/21/2010
ando FL 32808				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
ovider Type:					
		(Current	New	Effective
• • • • • • • • • • • • • • • • • • • •			Rate	Rate	Date
irsing Home	Single Level		201.12	203.88	1/1/2011
	Level H: AIDS		344.46	348.74	1/1/2011
	Level U: Fragile Under 21		459.49	464.99	1/1/2011
Data Truna a					
Rate Type :					
Interim		X	Prospective		
	Total Interim			otal Prospective	
	Interim Component			ospective Adjusted	
	Settlement based on costs		10	otal Prospective with	1 Intorim (Component
				1	i internii Component
	Prior Provider Prospective data			L	
Basis:	Prior Provider Prospective data	Changes:			
Basis:	Prior Provider Prospective data	Changes:	Licensure	-	
Basis: Budget		Changes:		Rating Change	
Basis:	costs	Changes:	Usual and	Rating Change	
Basis: Budget X Unaudited Field audit	costs red costs	Changes:	Usual and	Rating Change Customary Limitation e limitation change	
Basis: Budget X Unaudited Field audit	costs ted costs t - interim portion	Changes:	Usual and Target Rate	Rating Change Customary Limitation e limitation change	
Basis: Budget X Unaudited Field audit Desk audit Desk audit	costs ted costs t - interim portion ed costs - Interim Portion	Changes:	Usual and Target Rate FRVS Cha Rate Seme	Rating Change Customary Limitation e limitation change nge ster Change	
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit	costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		Usual and Target Rate FRVS Cha Rate Seme	Rating Change Customary Limitation e limitation change nge	
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit	costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		Usual and Target Rate FRVS Cha Rate Seme	Rating Change Customary Limitation e limitation change nge ster Change	
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Contract Manag	costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		Usual and Target Rate FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 12/01/2001 Stephen Russell	- Dn
Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit	costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion ement / Fiscal Agent		Usual and Target Rate FRVS Cha Rate Seme On FRV [2 Medicaid C	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 12/01/2001 Stephen Russell Cost Reimbursement	on : Analysis
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit Desk Audit Desk Audit Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit Field audit Desk Audit	costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		Usual and Target Rate FRVS Cha Rate Seme On FRV [2 Medicaid C	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 12/01/2001 Stephen Russell	on : Analysis

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Medicaid Reimbursement Per Diem Rates

OAKTREE HEALT	THCARE			Provider Number:	0 252476-00
650 Reed Canal Roa				Date:	12/21/2010
South Daytona FL 3	32019			Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		194.00	200.10	1/1/2011
	Level H: AIDS		337.34	344.96	1/1/2011
	Level U: Fragile Under 21		452.37	461.21	1/1/2011
Rate Type : Interir	n Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		Prospect X	ive Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes:			
Field aud Desk aud	lited costs lit - interim portion		Usual a Target I FRVS	are Rating Change and Customary Limitation Rate limitation change Change emester Change	on
	dit - Prospective portion			V [2] as of 05/21/1993	

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Medicaid Reimbursement Per Diem Rates

Edinborough Healthc	are Center		Р	rovider Number:	0 252484-00
1061 Virginia Street				Date:	12/21/2010
Dunedin FL 34698			I	Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
		Currer Rate	nt	New Rate	Effective Date
Nursing Home	Single Level	203.1	2	214.58	1/1/2011
	Level H: AIDS	346.4	6	359.44	1/1/2011
	Level U: Fragile Under 21	461.4	.9	475.69	1/1/2011
	Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prosp X Changes:	Tot	al Prospective spective Adjusted al Prospective wit	for New Costs h Interim Component
Desk audite Desk audit	ed costs - interim portion	Usua Targ FRV X Rate	al and C et Rate 'S Chan Semest	ating Change ustomary Limitati limitation change ge er Change as of 01/01/1989	
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Medicaid Reimbursement Per Diem Rates

Spring Hill Health an	d Rehab. Center			Provider Number:	0 252492-00
12170 Cortez Blvd.				Date:	12/21/2010
Brooksville FL 3461	3			Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		193.10	198.34	1/1/2011
	Level H: AIDS		336.44	343.20	1/1/2011
	Level U: Fragile Under 21		451.47	459.45	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim Interim Component			Cotal Prospective Prospective Adjusted	for New Costs
	Settlement based on costs			1 5	h Interim Component
	Prior Provider Prospective data		1	otal i lospective with	in mernin component
Basis:		Change	es:		
Budget				Rating Change	
X Unaudited Field audit				Customary Limitation te limitation change	on
	t - interim portion		FRVS Ch	•	
Tield addi Desk audit	_				
	- Interim Portion	X	Rate Seme	ester Change	
Desk Audi	t - Prospective portion			2] as of 08/01/1997	
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Medicaid Reimbursement Per Diem Rates

Habana Health Care	Center			Provider Number:	0 252506-00
2916 Habana Way				Date:	12/21/2010
Tampa FL 33614				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	195.82	198.34	1/1/2011
	Level H: AIDS		339.16	343.20	1/1/2011
	Level U: Fragile Under 21		454.19	459.45	1/1/2011
	Total Interim Interim Component Settlement based on costs	<u> </u>	Prospecti X	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Basis:	Prior Provider Prospective data	Changes:			
Budget X Unaudited Field audi Field audi Desk audit	ted costs t - interim portion		Usual a	rre Rating Change nd Customary Limitati Rate limitation change Change	on
	t - Interim Portion it - Prospective portion	X		mester Change V [2] as of 05/01/1989	

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Vista Manor				Provider Number:	0 252522-00
1550 Jess Parrish Cor	urt			Date:	12/21/2010
Titusville FL 32796				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		200.56	202.94	1/1/2011
	Level H: AIDS		343.90	347.80	1/1/2011
	Level U: Fragile Under 21		458.93	464.05	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		<u> </u>	Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Change	s:		
	ted costs t - interim portion		Usual an	e Rating Change d Customary Limitatio ate limitation change hange	on
	ed costs - Interim Portion t - Prospective portion	<u> </u>		nester Change [2] as of 12/01/2001	
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lillcrest Nursing and		-		Provider Number:	0 252531-00
200 Washington Stre				Date:	12/21/2010
Iollywood FL 33021		-		Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Jursing Home	Single Level		198.15	202.71	1/1/2011
	~				
	Level H: AIDS		341.49	347.57	1/1/2011
	Level U: Fragile Under 21		456.52	463.82	1/1/2011
1	Total Interim Interim Component	<u> </u>	Pr	otal Prospective ospective Adjusted	
		X	X To Pr To	ospective Adjusted	for New Costs h Interim Component
Basis:	Interim Component Settlement based on costs		X To Pr To es:	ospective Adjusted	
Basis: Budget X Unaudited	Interim Component Settlement based on costs Prior Provider Prospective data costs			ospective Adjusted otal Prospective wit Rating Change Customary Limitati	h Interim Component
Basis: Budget X Field audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs		X To Pr To Consumer I Usual and 0 Target Rate	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs	Chang	X To Pr To Construction Construction	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge	h Interim Component
Basis: Budget X Field audit Field audit Desk audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion		X To Pr To Pr To Construction Licensure I Usual and 0 Target Rate FRVS Cha Rate Semes	Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge ster Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs	Chang	X To Pr To Pr To Construction Licensure I Usual and 0 Target Rate FRVS Cha Rate Semes	Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge ster Change] as of 06/27/1989	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion	Chang	X To Pr To Es: Licensure I Usual and O Target Rate FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitati e limitation change ge ster Change] as of 06/27/1989 Stephen Russell	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion t - Prospective portion	Chang	X To Pr To Es: Licensure I Usual and O Target Rate FRVS Cha Rate Seme: On FRV [2] Medicaid O	Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge ster Change] as of 06/27/1989	h Interim Component on t Analysis



Medicaid Reimbursement Per Diem Rates

Azalea Court			Provider Number	: 0 252549-00
5065 Wallis Road			Date:	
West Palm Beach FL	. 33415		Fiscal Year End:	6/30/2009
			Audit Status	: Unaudited [3]
Provider Type:				
		Current Rate	Rate	Effective Date
Nursing Home	Single Level	219.62	2 222.23	1/1/2011
	Level H: AIDS	362.96	5 367.09	1/1/2011
	Level U: Fragile Under 21	477.99	483.34	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	Total Prospective Prospective Adjuste Total Prospective w	ed for New Costs vith Interim Component
Basis:		Changes:		
	ted costs t - interim portion	Usual Targe	sure Rating Change and Customary Limita et Rate limitation chang S Change	
	ed costs - Interim Portion t - Prospective portion		Semester Change RV [2] as of 07/09/198	36
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Medicaid Reimbursement Per Diem Rates

Colonial Lakes Healt	h Care			Provider Number:	0 252557-00
15204 West Colonial	Drive		Date: 12/21		
Winter Garden FL 34	1787				6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	
Tiovider Type.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		197.63	200.31	1/1/2011
	Level H: AIDS	_	340.97	345.17	1/1/2011
	Level U: Fragile Under 21		456.00	461.42	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Prospecti X	ive Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes:			
Budget X Unaudited Field audit Field audit Desk audit	ted costs t - interim portion		Usual a	re Rating Change nd Customary Limitatio Rate limitation change Change	Dn
Desk audit	Interim Portiont - Prospective portion	X		mester Change [2] as of 09/01/1990	

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Medicaid Reimbursement Per Diem Rates

Pinebrook Care & Re	ehabilitation Center			Provider Number:	0 252662-00
1240 Pinebrook Road	d			Date:	12/21/2010
Venice FL 34292				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NT 1 TT		_	Rate	Rate	Date
Nursing Home	Single Level	_	212.63	216.22	1/1/2011
	Level H: AIDS		355.97	361.08	1/1/2011
	Level U: Fragile Under 21	-	471.00	477.33	1/1/2011
Rate Type :		X	Prospective		
	Total Interim		X To	otal Prospective	
	Interim Component		Pr	cospective Adjusted	for New Costs
	Settlement based on costs		To	otal Prospective wit	h Interim Component
	Prior Provider Prospective data				
Basis:		Changes	:		
Budget X Unaudited Field audi Field audi			Usual and	Rating Change Customary Limitati e limitation change inge	on
Desk audi	ted costs				

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Desk audit - Interim Portion

Desk Audit - Prospective portion

Permanent File

For information Only

No Change in Rate

Home Office:

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

Rate Semester Change

On FRV [2] as of 01/01/2005

Medicaid Cost Reimbursement Analysis

Stephen Russell



Medicaid Reimbursement Per Diem Rates

Palms of Sebring		_		Provider Number:	0 252671-00
725 South Pine Street	t	-		Date:	12/21/2010
Sebring FL 33870		-		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		215.47	213.67	1/1/2011
	Level H: AIDS		358.81	358.53	1/1/2011
	Level U: Fragile Under 21		473.84	474.78	1/1/2011
Rate Type : Interim		X	Prospective	,	
,	Total Interim		X T	Cotal Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data		T	Cotal Prospective with	h Interim Component
Basis:		Change	es:		
Budget				Rating Change	
X Unaudited	costs		Usual and	Customary Limitati	on

Target Rate limitation change

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

FRVS Change

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Distribution:

Permanent File

Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

Contract Management / Fiscal Agent

For information Only No Change in Rate

Desk Audit - Prospective portion

Covington Senior Living, LLC

1175 Peachtree Street



Sursing Home Single Level 21 Level H: AIDS 32 Level U: Fragile Under 21 44 Rate Type : 4 Interim X Total Interim X Interim Component Settlement based on costs Prior Provider Prospective data 1 Basis: Changes: Field audited costs 1 Field audited costs 1 Desk audited costs 1 Desk audited costs 1 Desk audited costs 1 Desk Audit - Interim Portion 1 Desk Audit - Prospective portion 1 Desk Audit - Prospective portion 1 Desk Audit - Prospective portion 1 Pristribution: 1 Contract Management / Fiscal Agent 1 Permanent File 1			
Provider Type: Ca Nursing Home Single Level 24 Level H: AIDS 34 Level U: Fragile Under 21 44 Rate Type : 44 Interim X Total Interim X Interim Component 5 Settlement based on costs 9 Prior Provider Prospective data 6 Basis: Changes: Budget 1 X Unaudited costs Field audit - interim portion 1 Desk audite costs 1 Desk audit - Interim Portion X Desk Audit - Prospective portion X Distribution: Contract Management / Fiscal Agent Permanent File For information Only		Date:	12/21/2010
Nursing Home Single Level 21 Level H: AIDS 33 Level U: Fragile Under 21 44 Rate Type : 4 Interim X Total Interim X Interim Component 5 Settlement based on costs 9 Prior Provider Prospective data 1 Basis: Changes: Budget 1 X Unaudited costs Field audited costs 1 Desk audit - Interim Portion 1 Desk audit - Interim Portion X Desk Audit - Prospective portion X Distribution: 1 Contract Management / Fiscal Agent 1 Permanent File 1 For information Only 3		Fiscal Year End:	7/31/2010
Nursing Home Single Level 1 Level H: AIDS 34 Level U: Fragile Under 21 44 Rate Type : X P Interim X P Total Interim X P Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Field audited costs Settlement portion Settlement and the prospective data Desk audited costs X P Desk audited costs X X Desk audited costs X X Desk Audit - Interim Portion X X Desk Audit - Prospective portion X X Permanent File F		Audit Status:	Unaudited [3]
Nursing Home Single Level 1 Level H: AIDS 34 Level U: Fragile Under 21 44 Rate Type : X P Interim X P Total Interim X P Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Field audited costs Settlement portion Settlement and the prospective data Desk audited costs X P Desk audited costs X X Desk audited costs X X Desk Audit - Interim Portion X X Desk Audit - Prospective portion X X Permanent File F		N	
Nursing Home Single Level 24 Level H: AIDS 34 Level U: Fragile Under 21 44 Rate Type : X P Interim X P Total Interim X P Interim Component Settlement based on costs 24 Prior Provider Prospective data Changes: 24 Budget 1 1 Y Unaudited costs 1 Field audit - interim portion 1 1 Desk audited costs 1 1 Desk audit - Interim Portion X 1 Desk Audit - Prospective portion X 1 Permanent File 1 1 For information Only X 1	urrent Rate	New Rate	Effective Date
Level U: Fragile Under 21 44 Rate Type :	01.75	206.77	1/1/2011
Level U: Fragile Under 21 44 Rate Type :	45.09	351.63	1/1/2011
Rate Type : Interim X P Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Budget Interim provider Prospective data Settlement based on costs Prior Provider Prospective data Basis: Changes: Prior Provider Prospective data Interim Prospective data Budget Interim Prospective data Settlement costs Interim Prospective data Prield audited costs Interim Protion Desk audit - interim Portion Interim Portion Desk audit - Interim Portion Interim Portion Desk Audit - Prospective portion Interim Portion Distribution: Interim Portion Contract Management / Fiscal Agent Interim Portion Permanent File For information Only			
Interim X P Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: X Unaudited costs Field audited costs Interim Portion Desk audited costs Interim Portion Desk audited costs X Desk audited costs X Desk audited costs X Desk audited costs X Desk Audit - Interim Portion X Desk Audit - Prospective portion X Distribution: Interim Portion Permanent File Interim Portion For information Only Interim Portion	60.12	467.88	1/1/2011
Interim X P Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: X Unaudited costs Field audited costs Interim Portion Desk audited costs Interim Portion Desk audited costs X Desk audited costs X Desk audited costs X Desk audited costs X Desk Audit - Interim Portion X Desk Audit - Prospective portion X Distribution: Interim Portion Permanent File Interim Portion For information Only Interim Portion			
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Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion X Desk Audit - Prospective portion X Desk Audit - Prospective portion X Permanent File For information Only	rospecti	ive	
Settlement based on costs Prior Provider Prospective data Basis: Changes: Budget	Χ	Total Prospective	
Prior Provider Prospective data Basis: Changes: Budget		Prospective Adjusted	
Basis: Changes: Budget		Total Prospective with	h Interim Component
Budget Image: Second state			
X Unaudited costs Field audited costs			
X Unaudited costs Field audited costs	Licensu	re Rating Change	
Field audited costs		nd Customary Limitati	on
Field audit - interim portion Image: Second strict strind strict strict strict strict strict strict strict str		Rate limitation change	
Desk audited costs	FRVS (-	
Desk audit - Interim Portion X Desk Audit - Prospective portion Image: Contract Management / Fiscal Agent Permanent File Image: Contract Management / Fiscal Agent For information Only Image: Contract Management / Fiscal Agent		8-	
Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only	Rate Se	mester Change	
Contract Management / Fiscal Agent Permanent File For information Only			
Permanent File For information Only		Stephen Russell	
For information Only	Medica	id Cost Reimbursemen	t Analysis
		1 -	. / /
No Change in Rate	p	hus Ru	sour
Home Office: Sun Healthcare Group, Inc.			
Reimbursement Department 101 Sun Avenue NE			
Albuquerque NM 87109			



Medicaid Reimbursement Per Diem Rates

Leesburg Health & F	Rehab	_		Provider Number:	0 252956-00
715 East Dixie Aven	ue	_		Date:	12/21/2010
Leesburg FL 32748	Leesburg FL 32748			Fiscal Year End:	2/28/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		216.30	218.97	1/1/2011
	Level H: AIDS		359.64	363.83	1/1/2011
	Level U: Fragile Under 21		474.67	480.08	1/1/2011
Rate Type :					
Interim	1	X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensur	re Rating Change	

Usual and Customary Limitation

Target Rate limitation change

Rate Semester Change On FRV [2] as of 09/01/1989

FRVS Change

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: Anchor Management Phil Castleberg 1344 Longhill Drive Apopka FL 32712

Unaudited costs

Field audited costs

Desk audited costs

Distribution:

Permanent File

Field audit - interim portion

Desk audit - Interim Portion

Contract Management / Fiscal Agent

For information Only No Change in Rate

Desk Audit - Prospective portion

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Medicaid Reimbursement Per Diem Rates

ingwood Care & Reha	bilitation Center	_		Provider Number:	0 253014-00
02 Northgate Court		_		Date:	12/21/2010
rasota FL 34234		_		Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
ovider Type:					
			Current Rate	New Rate	Effective Date
Irsing Home	Single Level		223.13	226.05	1/1/2011
I	evel H: AIDS		366.47	370.91	1/1/2011
L	evel U: Fragile Under 21		481.50	487.16	1/1/2011
Rate Type :					
Rate Type : Interim		X	Prospective		
Interim	l Interim	X	Prospective X To	otal Prospective	
Interim Tota	l Interim im Component	X	X To	otal Prospective ospective Adjusted	for New Costs
Interim Tota Inter		<u> </u>	X To Pr	ospective Adjusted	for New Costs h Interim Component
Interim Tota Inter Settl	rim Component	<u> </u>	X To Pr	ospective Adjusted	
Interim Tota Inter Settl	rim Component ement based on costs	X	X To Pr To	ospective Adjusted	
Interim Tota Tota Inter Settl Prior Basis:	rim Component ement based on costs		X To Pr To es:	ospective Adjusted	
Interim Tota Tota Inter	im Component ement based on costs r Provider Prospective data		X To Pr To es:	ospective Adjusted otal Prospective wit	h Interim Component
Interim Tota Tota Inter Settl Prior Basis: Budget	rim Component ement based on costs r Provider Prospective data			ospective Adjusted otal Prospective wit	h Interim Component
Interim Tota Tota Inter Settl Prior Basis: Budget X Unaudited cost Field audited c Field audit - in	rim Component ement based on costs r Provider Prospective data s osts terim portion			ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
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Interim Tota Inter Settl Prior Basis: Budget X Unaudited cost Field audited c Field audit - in Desk audited c Inter	rim Component ement based on costs r Provider Prospective data s osts terim portion osts terim Portion		X To Pr To Es: Licensure I Usual and O Target Rate FRVS Cha Rate Semen	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge ster Change	h Interim Component
Interim Tota Tota Inter Settl Prior Basis: Budget X Unaudited cost Field audited c Field audited c Desk audit - In Desk Audit - P	rim Component ement based on costs r Provider Prospective data s osts terim portion osts	Chang	X To Pr To Es: Licensure I Usual and O Target Rate FRVS Cha Rate Semen	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge	h Interim Component
Interim Tota Inter Settl Settl Prior Basis: Budget X Unaudited cost Field audited c Field audited c Desk audited c Desk audited c Desk audit - In Desk Audit - P Distribution:	rim Component ement based on costs r Provider Prospective data s osts terim portion osts terim Portion rospective portion	Chang	X To Pr To Es: Licensure I Usual and O Target Rate FRVS Cha Rate Semen	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge ster Change	h Interim Component
Interim Tota Inter Settl Prior Basis: Budget X Unaudited cost Field audited c Field audited c Desk audit - In Desk Audit - P Distribution: Contract Managemen	rim Component ement based on costs r Provider Prospective data s osts terim portion osts terim Portion rospective portion	Chang	X To Pr To Es: Licensure I Usual and 0 Target Rate FRVS Cha Rate Seme: On FRV [2	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge ster Change] as of 01/01/2005	h Interim Component
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101 Sun Avenue NE Albuquerque NM 87109



outhern Oaks Health	n Care	_		Provider Number:	0 253146-00
55 Old Canoe Creek Road		_		Date:	12/21/2010
t. Cloud FL 34769	Cloud FL 34769			Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current Rate	New Rate	Effective Date
ursing Home	Single Level		188.42	191.06	1/1/2011
	Level H: AIDS		331.76	335.92	1/1/2011
	Level U: Fragile Under 21		446.79	452.17	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Change		Total Prospective Prospective Adjusted Total Prospective with	
Desk audite Desk audit	ed costs - interim portion		Licensur Usual an Target R FRVS C	re Rating Change ad Customary Limitation ate limitation change Thange nester Change	on
Distribution:	ement / Fiscal Agent			Stephen Russell	
Permanent File	mont / Fiscal Agelli		Medicaio	d Cost Reimbursement	t Analysis
For infor	rmation Only nge in Rate		step 1	in Ra	sell
Home Office:	1 - No Home Office				



Medicaid Reimbursement Per Diem Rates

The Palms At Park Pl	ace	_		Provider Number:	0 253421-00	
221 Park Place Blvd.		_		Date:	12/21/2010	
Kissimmee FL 34741		_		Fiscal Year End:	7/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
51			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	185.31	188.10	1/1/2011	
	Level H: AIDS		328.65	332.96	1/1/2011	
	Level U: Fragile Under 21	_	443.68	449.21	1/1/2011	
Rate Type :	Total Interim	X	Prospective	e Fotal Prospective		
	Interim Component Settlement based on costs Prior Provider Prospective data		I	Prospective Adjusted	for New Costs h Interim Component	
Basis:		Changes	:			
	ed costs - interim portion		Usual and	e Rating Change I Customary Limitation the limitation change nange	on	
	- Interim Portion t - Prospective portion	X		ester Change [2] as of 01/13/1994		
Distribution:				Stephen Russell		
•	ement / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis	
	rmation Only nge in Rate		tph	in Ru	sell	

Home Office:



Medicaid Reimbursement Per Diem Rates

set Point Care & Rehabilitation Center		Provider Number:	0 253430-00
0 Sunset Point Road		Date:	12/21/2010
arwater FL 33765		Fiscal Year End:	7/31/2009
		Audit Status:	Unaudited [3]
ovider Type:	~		
	Current Rate	New Rate	Effective Date
rsing Home Single Level	<u>193.07</u>	195.51	1/1/2011
	190107		
Level H: AIDS	336.41	340.37	1/1/2011
Level U: Fragile Under 21	451.44	456.62	1/1/2011
Rate Type :			
Interim	X Prospective		
Total Interim		otal Prospective	
Interim Component		ospective Adjusted	for New Costs
Settlement based on costs	Te	otal Prospective with	h Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget		Rating Change	
X Unaudited costs		Customary Limitation	on
Field audited costs	FRVS Cha	e limitation change	
Field audit - interim portion Desk audited costs		nge	
Desk audited costs	X Rate Seme	ster Change	
Desk Audit - Prospective portion		2] as of 10/01/1985	
Distribution:		Stephen Russell	
Contract Management / Fiscal Agent	Medicaid (Cost Reimbursement	t Analysis
Permanent File			-
For information Only No Change in Rate	Et. in he	n Ru	soll

Home Office:

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



Medicaid Reimbursement Per Diem Rates

Bay Tree Care & Rel	nabilitation Center		Provider Number:	0 253448-00	
2600 Highlands Boulevard, North Palm Harbor FL 34684			Date:	12/21/2010 7/31/2010	
			Fiscal Year End:		
			Audit Status:	Unaudited [3]	
Provider Type:					
		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	204.92	209.03	1/1/2011	
	Level H: AIDS	348.26	353.89	1/1/2011	
	Level U: Fragile Under 21	463.29	470.14	1/1/2011	
	Settlement based on costs Prior Provider Prospective data	Changes:	otal Prospective wit	h Interim Component	
Budget X Unaudited Field audit Field audit Desk audit	ted costs t - interim portion	Usual and	Rating Change Customary Limitati te limitation change ange	on	
Desk audit Desk Audi	- Interim Portion t - Prospective portion		ester Change 2] as of 01/01/2007		
Distribution:			Stephen Russell		
	ement / Fiscal Agent		-		

Home Office:

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



Medicaid Reimbursement Per Diem Rates

urrey Place Health &	& Rehab Center			Provider Number:	0 253456-00
100 S.W. 33rd Avenue				Date:	12/21/2010
cala FL 32674	cala FL 32674			Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
· · ·		-	Rate	Rate	Date
lursing Home	Single Level	-	192.91	198.89	1/1/2011
	Level H: AIDS		336.25	343.75	1/1/2011
	Level U: Fragile Under 21		451.28	460.00	1/1/2011
Rate Type :					
]	Total Interim Interim Component	<u> </u>	P	otal Prospective rospective Adjusted	
		<u> </u>	X To Pr	cospective Adjusted	for New Costs h Interim Component
	Interim Component Settlement based on costs	X Changes		cospective Adjusted	
Basis:	Interim Component Settlement based on costs		X To Pr To S:	cospective Adjusted	
Basis: Budget X Unaudited	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To S: Licensure I Usual and	rospective Adjusted otal Prospective wit Rating Change Customary Limitatio	h Interim Component
Basis: Budget X Field audit	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To S: Licensure I Usual and Target Rate	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To S: Licensure I Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To S: Licensure I Usual and Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs red costs t - interim portion ed costs	Change	X To Pr To S: Licensure I Usual and Target Rato FRVS Cha Rate Seme	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion t - Prospective portion	Change	X To Pr To S: Licensure I Usual and Target Rato FRVS Cha Rate Seme	Rating Change Customary Limitation e limitation change ster Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Contract Manage	Interim Component Settlement based on costs Prior Provider Prospective data	Change	X To Ph To S: Licensure I Usual and Target Rate FRVS Cha Rate Seme On FRV [2]	Rating Change Customary Limitation e limitation change ster Change 2] as of 03/04/1988	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes 	X To Ph To S: Licensure I Usual and Target Rate FRVS Cha Rate Seme On FRV [2]	Rating Change Customary Limitative e limitation change ster Change 2] as of 03/04/1988 Stephen Russell Cost Reimbursemen	h Interim Component

Home Office:



Medicaid Reimbursement Per Diem Rates

rsing Home Single Level Level H: AIDS Level U: Fragile Under 2	21 X	Current Rate 210.58 353.92 468.95 Prospective		12/21/2010 7/31/2009 Unaudited [3] Effective Date 1/1/2011 1/1/2011 1/1/2011
ovider Type: Irsing Home Single Level Level H: AIDS Level U: Fragile Under 2 Rate Type : Interim		Rate 210.58 353.92 468.95 Prospective	Audit Status: New Rate 213.86 358.72 474.97	Unaudited [3] Effective Date 1/1/2011 1/1/2011
Interim Single Level Level H: AIDS Level U: Fragile Under 2		Rate 210.58 353.92 468.95 Prospective	New Rate 213.86 358.72 474.97	Effective Date 1/1/2011 1/1/2011
Interim Single Level Level H: AIDS Level U: Fragile Under 2		Rate 210.58 353.92 468.95 Prospective	Rate 213.86 358.72 474.97	Date 1/1/2011 1/1/2011
Level H: AIDS Level U: Fragile Under 2 Rate Type : Interim		Rate 210.58 353.92 468.95 Prospective	Rate 213.86 358.72 474.97	Date 1/1/2011 1/1/2011
Level H: AIDS Level U: Fragile Under 2 Rate Type : Interim		353.92 468.95 Prospective	358.72 474.97	1/1/2011
Level U: Fragile Under 2 Rate Type : Interim		468.95 Prospective	474.97	
Rate Type :		Prospective		1/1/2011
Interim	X	_		
Interim	X	_		
Interim Component Settlement based on costs Prior Provider Prospective c Basis:	lata Change	F	Fotal Prospective Prospective Adjusted Fotal Prospective wit	for New Costs h Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Licensure Usual and Target Ra FRVS Ch	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 10/01/1998	on
Distribution:			Stephen Russell	
Contract Management / Fiscal Agent Permanent File			Cost Reimbursemen	•
For information Only No Change in Rate		steph	nes Rec	soll

101 Sun Avenue NĒ Albuquerque NM 87109



Medicaid Reimbursement Per Diem Rates

JESTHOFF PROC	GRESSIVE CARE CTR	_		Provider Number:	0 253472-00
0 LONGWOOD AVE ockledge FL 32955		_		Date:	12/21/2010
		-		Fiscal Year End:	9/30/2009
				Audit Status:	Unaudited [3]
ovider Type:					
			Current Rate	New Rate	Effective Date
irsing Home	Single Level	-	219.58	222.52	1/1/2011
in sing monie	Single Level	_	217.50		1/1/2011
	Level H: AIDS		362.92	367.38	1/1/2011
	Level U: Fragile Under 21	-	477.95	483.63	1/1/2011
		-			
	Total Interim Interim Component		P	otal Prospective rospective Adjusted	
			P	rospective Adjusted	for New Costs h Interim Component
	Interim Component Settlement based on costs	Changes	P T	rospective Adjusted	
Basis:	Interim Component Settlement based on costs	Changes	P T	rospective Adjusted otal Prospective with	
	Interim Component Settlement based on costs Prior Provider Prospective data	Changes	P T	rospective Adjusted otal Prospective with Rating Change	h Interim Component
Basis:	Interim Component Settlement based on costs Prior Provider Prospective data	Changes	Licensure Usual and Target Rat	rospective Adjusted otal Prospective with Rating Change Customary Limitation re limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit	Interim Component Settlement based on costs Prior Provider Prospective data costs red costs t - interim portion	Changes	P T	rospective Adjusted otal Prospective with Rating Change Customary Limitation re limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs red costs t - interim portion ed costs		Licensure Usual and Target Rat FRVS Cha	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change ange	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs red costs t - interim portion	Changes	Licensure Usual and Target Rat FRVS Cha	rospective Adjusted otal Prospective with Rating Change Customary Limitation re limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensure Usual and Target Rat FRVS Cha	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change ange ester Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk Audit Desk Audi Contract Manage	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensure Usual and Target Rat FRVS Cha Rate Seme On FRV [2	rospective Adjusted otal Prospective with Rating Change Customary Limitation the limitation change ange ester Change 2] as of 05/30/1995	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Contract Manage Permanent File	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensure Usual and Target Rat FRVS Cha Rate Seme On FRV [2	rospective Adjusted otal Prospective with Rating Change Customary Limitation the limitation change ange ester Change 2] as of 05/30/1995 Stephen Russell Cost Reimbursement	h Interim Component

Home Office:

Wuesthoff Health System, INC.

110 Longwood Ave. Rockledge FL 32955



Medicaid Reimbursement Per Diem Rates

Forum at Deer Creek				Provider Number:	0 253481-00	
3001 Deer Creek Blvd				Date:	12/21/2010	
Deerfield Beach FL 33442				Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
NT 1 TT			Rate	Rate	Date	
Nursing Home	Single Level		239.16	246.85	1/1/2011	
	Level H: AIDS		382.50	391.71	1/1/2011	
	Level U: Fragile Under 21		497.53	507.96	1/1/2011	
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective with	for New Costs h Interim Component	
Basis:		Change	es:			
Budget			Licensure	e Rating Change		
X Unaudited				d Customary Limitati	on	
Field audi	ted costs			ate limitation change		
	t - interim portion		FRVS C	hange		
Desk audit	ed costs - Interim Portion	<u> </u>	Data Sam	nester Change		
	t - Prospective portion			[2] as of 06/04/1990		
Distribution:	- •	L		Stophon Duggell		
Contract Manag	ement / Fiscal Agent			Stephen Russell		
Permanent File			Medicaid	l Cost Reimbursement	t Analysis	

Stephen Russell

Home Office:

For information Only No Change in Rate

FiveStar Quality Care Inc

400 Centre Street Newton MA 02458



Medicaid Reimbursement Per Diem Rates

Eden Springs Nursing a	and Rehab Center			Provider Number:	0 253707-00
579 Crawfordville Highway				Date:	12/21/2010
Crawfordville FL 3232	6			Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
		Curr Rat		New Rate	Effective Date
Nursing Home	Single Level	209		221.98	1/1/2011
	Level H: AIDS	353	25	366.84	1/1/2011
	Level U: Fragile Under 21	468	28	483.09	1/1/2011
Rate Type :					
Interim		X Pros	pective		
To	otal Interim		<u>Х</u> Т	otal Prospective	
In	terim Component		P	rospective Adjusted	for New Costs
Se	ttlement based on costs		Т	otal Prospective with	h Interim Component
Pr	ior Provider Prospective data				
Basis:		Changes:			
LI					
Budget		Lic	ensure	Rating Change	
X Unaudited co				Customary Limitatio	on
Field audited			-	e limitation change	
	interim portion	FR	VS Cha	ange	
Desk audited	costs Interim Portion	X Ra	o Somo	ester Change	
	Prospective portion			2] as of 10/01/1985	
Distribution:					
Contract Managem	nent / Fiscal Agent			Stephen Russell	
Permanent File	-	Me	dicaid (Cost Reimbursement	t Analysis
For inform	ation Only	67	. /.	in Ra	soll
No Chang	e in Rate	My	~n	n /h	~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Home Office:	DOS Health Care				
	300 71 Street				

300 71 Street Miami Beach Fl 33141



Medicaid Reimbursement Per Diem Rates

Jackson Plaza Nursing & Rehab				Provider Number:	0 253723-00
1861 NW 8th Ave. Miami FL 33136		_		Date:	12/21/2010
		_		Fiscal Year End:	2/28/2010
				Audit Status:	Unaudited [3]
Provider Type:				Tual Suites.	
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	233.56	236.56	1/1/2011
	Level H: AIDS		376.90	381.42	1/1/2011
	Level U: Fragile Under 21	_	491.93	497.67	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim	<u> </u>	X T	otal Prospective	
	Total Interim Interim Component	X	X T	rospective Adjusted	
	Total Interim Interim Component Settlement based on costs	X	X T	rospective Adjusted	for New Costs h Interim Component
	Total Interim Interim Component			rospective Adjusted	
	Total Interim Interim Component Settlement based on costs	X Changes:		rospective Adjusted	
	Total Interim Interim Component Settlement based on costs			rospective Adjusted	
Basis: Budget X Unaudited	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X T Pr T Licensure	rospective Adjusted otal Prospective wit Rating Change Customary Limitati	h Interim Component
Basis:	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To Licensure Usual and Target Rat	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion		X T Pr T Licensure	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs	Changes:	X To Provide the second	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change ange	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To Licensure Usual and Target Rat FRVS Cha Rate Seme	Rating Change Customary Limitatie e limitation change ange	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes:	X To Pr To Licensure Usual and Target Rat FRVS Cha Rate Seme	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change ange ester Change 2] as of 07/26/2002	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes:	X To Pr To Licensure Usual and Target Rat FRVS Cha Rate Seme	Rating Change Customary Limitatie e limitation change ange	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes:	X To Provide the second	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change ange ester Change 2] as of 07/26/2002	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audi Desk Audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes:	X To Print Print P	Rating Change Customary Limitatie e limitation change ange ester Change 2] as of 07/26/2002 Stephen Russell	h Interim Component on t Analysis

Home Office:

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



Medicaid Reimbursement Per Diem Rates

Manor Pines Convale	escent Center, LLC			Provider Number:	0 254177-00
701 NE 26th Street				Date:	12/21/2010
t. Lauderdale FL 33	305			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	201.68	205.02	1/1/2011
	Level H: AIDS		345.02	349.88	1/1/2011
	Level U: Fragile Under 21	_	460.05	466.13	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:	Pr To	otal Prospective rospective Adjusted otal Prospective wit	for New Costs h Interim Component
Desk audit Desk audit	ted costs t - interim portion		Usual and Target Rate FRVS Cha Rate Seme	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 03/06/2002	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicoid	Cost Reimbursemen	t Analysis
	rmation Only nge in Rate	13		an Rec	•
Home Office:	1601 Management, LLC. Sally Bolen 1701 N.E. 26th Street				

Wilton Manors FL 33305



Medicaid Reimbursement Per Diem Rates

-	& Rehabilitation Center		Provider Number:	0 254291-00
05 NE 16th Aver			Date:	12/21/2010
th Miami FL 331	61		Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
ovider Type:				
		Curren Rate	t New Rate	Effective Date
rsing Home	Single Level	247.04	4 252.11	1/1/2011
	Level H: AIDS	390.38	396.97	1/1/2011
	Level U: Fragile Under 21	505.4	1 513.22	1/1/2011
Basis:	Settlement based on costs Prior Provider Prospective data	Changes:	Total Prospective wi	th Interim Component
	ited costs it - interim portion	Usua Targe	nsure Rating Change l and Customary Limitat et Rate limitation change S Change	
	ted costs t - Interim Portion it - Prospective portion		Semester Change RV [2] as of 05/01/1996	5
Distribution			Stephen Russell	
Contract Manag Permanent File	ement / Fiscal Agent		caid Cost Reimbursemen	
For info	ormation Only	et.n	hun Re	soll.

1800 NE 168th Street, Suite 200

Miami Beach FL 33162



Medicaid Reimbursement Per Diem Rates

	Rehabilitation Center			Provider Number:	0 254762-00
11300 110th Ave. Nor	th			Date:	12/21/2010
Seminole FL 33778				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 208.93	New Rate 203.19	Effective Date 1/1/2011
and sing mome	Single Level		200.75	203.19	1/1/2011
	Level H: AIDS		352.27	348.05	1/1/2011
	Level U: Fragile Under 21		467.30	464.30	1/1/2011
Rate Type :					
	Fotal Interim Interim Component Pettlement based on costs Prior Provider Prospective data	X Change	Pi Ti	otal Prospective cospective Adjusted otal Prospective wit Rating Change	for New Costs h Interim Component
X Unaudited c Field audite			Usual and	Customary Limitati e limitation change	on
Desk audite	_	X	Rate Seme	ster Change 2] as of 05/21/2002	
Distribution:				Stephen Russell	
Contract Manager Permanent File	Contract Management / Fiscal Agent		Medicaid (Cost Reimbursemen	t Analysis
For inform	mation Only ge in Rate		stiph	n Ru	soll
Home Office:	KR Management				
	3500 Oak Manor Lane Largo FL 33774				



Medicaid Reimbursement Per Diem Rates

dgeWood Nursing C	Lenter			Provider Number:	0 254878-00	
771 Edgewood Avenue West				Date:	12/21/2010	
acksonville FL 3220	8			Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Nursing Home	Single Level	-	Rate 187.69	Rate	Date 1/1/2011	
ui sing fiome	Single Level	_	107.09	183.73	1/1/2011	
	Level H: AIDS		331.03	328.59	1/1/2011	
	Level U: Fragile Under 21	-	446.06	444.84	1/1/2011	
]	Total Interim Interim Component Settlement based on costs	X	P	otal Prospective rospective Adjusted otal Prospective wit	for New Costs h Interim Component	
Interim	Interim Component	X	X To	rospective Adjusted		
Interim	Interim Component Settlement based on costs		X To Pr To	rospective Adjusted otal Prospective wit		
Interim	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To Clicensure	rospective Adjusted otal Prospective wit	h Interim Component	
Interim	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To To Licensure 2 Usual and	rospective Adjusted otal Prospective wit	h Interim Component	
Basis: Budget X Unaudited Field audit	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To To Licensure 2 Usual and	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component	
Interim Interim Basis: Budget X Unaudited Field audit Field audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs	Changes	X To Print Print P	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change unge	h Interim Component	
Basis: Budget X Unaudited Field audit Desk audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To To Licensure 1 Usual and Target Rat FRVS Cha Rate Seme	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component	
Basis: Budget X Unaudited Field audit Desk audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion t - Prospective portion	Changes	X To Pr To To Licensure 1 Usual and Target Rat FRVS Cha Rate Seme	Rating Change Customary Limitati e limitation change ster Change	h Interim Component	
Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audit Contract Manage	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion t - Prospective portion	Changes	X To Ph To To Licensure 1 Usual and Target Rat FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitati e limitation change ster Change 2] as of 06/01/1993 Stephen Russell	h Interim Component	
Interim Interim Basis: Budget X Unaudited Field audit Field audit Desk audit Desk Audit Desk Audit Desk Audit Desk Audit Extribution: Contract Manage Permanent File	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion t - Prospective portion	Changes	X To Print To To Licensure To Usual and Target Rate FRVS Cha Rate Seme On FRV [2] Medicaid O	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change inge ster Change 2] as of 06/01/1993	h Interim Component on t Analysis	

Home Office:

Sterling Healthcare Wendell Philips 16 Norcross St., STE 50B Roswell GA 30075



Medicaid Reimbursement Per Diem Rates

oodlands Care Center of Alachua County		Provider Number:	0 255572-00
07 SW 24th Avenue		Date:	12/21/2010
inesville Fl 32607		Fiscal Year End:	12/31/2009
		Audit Status:	Unaudited [3]
covider Type:	Current Rate	New Rate	Effective Date
ursing Home Single Level	173.63	172.88	1/1/2011
Level H: AIDS	316.97	317.74	1/1/2011
Level U: Fragile Under 21	432.00	433.99	1/1/2011
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget	Changes:	Total Prospective Prospective Adjusted Total Prospective with e Rating Change	
X Unaudited costs Field audited costs Field audit - interim portion	Usual and	d Customary Limitation ate limitation change	on
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 06/27/2002	
Distribution:		Stephen Russell	
Contract Management / Fiscal Agent	Madiania	l Cost Reimbursement	t Analysis
Permanent File For information Only		in Ru	. /

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



Medicaid Reimbursement Per Diem Rates

mond Ridge Heal	th & Rehabilitation Center	_		Provider Number:	0 256269-00
0 W. Marc Knigh	ton Court			Date:	12/21/2010
anto FL 34461				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
ovider Type:					
			Current	New	Effective
rsing Home	Single Level		Rate 198.18	Rate	Date 1/1/2011
i sing i tome	Single Level		190.10	199.00	1/1/2011
	Level H: AIDS		341.52	344.52	1/1/2011
	Level U: Fragile Under 21		456.55	460.77	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim			otal Prospective	
	Interim Component			rospective Adjusted	for New Costs
	Settlement based on costs		To	otal Prospective wit	h Interim Component
	Prior Provider Prospective data			L.	L.
Basis:	-	Chang	061		
Dasis:		Change	es:		
Budget			Licensure 1	Rating Change	
X Unaudited	costs			Customary Limitati	on
Field audit				e limitation change	
Field audit	- interim portion		FRVS Cha	inge	
Desk audit	_				
	- Interim Portion	X		ster Change	
	t - Prospective portion		On FRV [2	2] as of 06/23/1989	
Distribution:				Stephen Russell	
e	ement / Fiscal Agent		Medicaid (Cost Reimbursemen	t Analysis
Permanent File	mation Only				-
EOF IIIIOI			steph	in Ra	soll
	ige in Nate				
No Char	-				
No Char	Summit Care II Inc				
	Summit Care II, Inc Guy Farmer				
No Char		cle, Ste. D			



Medicaid Reimbursement Per Diem Rates

5 21st Avenue We				0 256277-00
	st		Date:	12/21/2010
denton FL 34209			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
ovider Type:				
		Current Rate	New Rate	Effective Date
rsing Home	Single Level	<u>228.39</u>	<u>231.50</u>	1/1/2011
I sing mome	Single Level	220.39	231.50	1/1/2011
	Level H: AIDS	371.73	376.36	1/1/2011
	Level U: Fragile Under 21	486.76	492.61	1/1/2011
Rate Type :				
Interim		X Prospective		
Т	otal Interim	X To	otal Prospective	
Iı	nterim Component	Pr	ospective Adjusted	for New Costs
S	ettlement based on costs	То	otal Prospective wit	h Interim Component
P	rior Provider Prospective data			
Basis:		Changes:		
Dasis.		Changes.		
Budget		Licensure l	Rating Change	
X Unaudited c	osts		Customary Limitati	on
Field audite			e limitation change	
Field audit	- interim portion	FRVS Cha	-	
Desk audite	_		-	
	Interim Portion	X Rate Seme	ster Change	
Desk Audit	- Prospective portion	On FRV [2] as of 02/08/1989	
Distribution:			Stephen Russell	
•	nent / Fiscal Agent	Medicaid C	Cost Reimbursemen	t Analysis
Permanent File				•
	nation Only	Steph	n Ru	soll
No Chang	ge in Rate			
Home Office:				
HOME ()ttice.	Summit Care II, Inc			
Home Office.	Guv Farmer			
Home office.	Guy Farmer 2851 Remington Green Circle, St	e. D		



Medicaid Reimbursement Per Diem Rates

	Rehabilitation Center			Provider Number:	0 256757-00
41 Armsdale Road				Date:	12/21/2010
cksonville FL 322	18			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
ovider Type:			_		
			Current Rate	New Rate	Effective Date
ursing Home	Single Level	_	185.58	187.64	1/1/2011
	Level H: AIDS		328.92	332.50	1/1/2011
	Level U: Fragile Under 21	_	443.95	448.75	1/1/2011
Rate Type :					
Rate Type :		X	Prospective		
Interim	Total Interim	X	X T	otal Prospective	for Nou Costs
Interim	Total Interim Interim Component	<u> </u>	X T	rospective Adjusted	
Interim	Total Interim Interim Component Settlement based on costs	<u> </u>	X T	rospective Adjusted	for New Costs h Interim Component
Interim	Total Interim Interim Component	X Changes:		rospective Adjusted	
Interim Basis:	Total Interim Interim Component Settlement based on costs		X To	rospective Adjusted	
Interim	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X T Pr T Licensure	rospective Adjusted otal Prospective wit Rating Change Customary Limitati	h Interim Component
Interim Basis:	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To Licensure Usual and Target Rat	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Field audi Field audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion		X T Pr T Licensure	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field audi Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	X To Provide the second	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge	h Interim Component
Basis: Budget X Field audi Field audi Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion		X To Pr To Licensure Usual and Target Rat FRVS Cha Rate Seme	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audi Desk audi Desk Aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	Changes:	X To Pr To Licensure Usual and Target Rat FRVS Cha Rate Seme	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge ster Change	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audi Desk Aud Desk Aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	Changes:	X To Provide the second	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change inge ster Change 2] as of 01/21/1998	h Interim Component
Basis: Budget X Unaudited Field audi Desk audi Desk Aud Desk Aud Desk Aud Desk Aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	Changes:	X To Provide the second	Rating Change Customary Limitati e limitation change ster Change 2] as of 01/21/1998 Stephen Russell	h Interim Component on t Analysis

Fernandina Beach FL 32034



Medicaid Reimbursement Per Diem Rates

	are & Rehabilitation Center		Provider Number:	0 256846-00
00 Twelfth Street			Date:	12/21/2010
ples FL 33940			Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
ovider Type:				
		Current	New	Effective
	Single Level	Rate	Rate	Date
ursing Home	Single Level	209.39	212.41	1/1/2011
	Level H: AIDS	352.73	357.27	1/1/2011
	Level U: Fragile Under 21	467.76	473.52	1/1/2011
	C			
Rate Type :				
		T D		
Interim		X Prospect		
	Total Interim	<u> </u>	_ Total Prospective	
	Interim Component		Prospective Adjusted	
	Settlement based on costs		Total Prospective wi	th Interim Component
	Prior Provider Prospective data			
Basis:		Changes:		
<u>_</u>				
Budget		Licens	ure Rating Change	
X Unaudited	costs		and Customary Limitati	
Field audit	ted costs	Target	Rate limitation change	
Field audit	t - interim portion	FRVS	Change	
Desk audit	ed costs			
Desk audit	- Interim Portion		emester Change	
Desk Audi	t - Prospective portion	On FR	V [2] as of 01/01/2005	
Distribution:			Stephen Russell	
Contract Manage	ement / Fiscal Agent	ХЛ. 11	-	4.4.4.4.1
Permanent File			aid Cost Reimbursemer	-
For info	rmation Only	St. us.	hun Ra	sould
No Cha	nge in Rate	mg.	nay / h	
Home Office:	Sun Healthcare Group. Inc.			
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department			
Home Office:				



Medicaid Reimbursement Per Diem Rates

		Provider Number:	0 256935-00
		Date:	12/21/2010
		Fiscal Year End:	8/31/2010
		Audit Status:	Unaudited [3]
	Current Rate	New Rate	Effective Date
	204.42	207.19	1/1/2011
	347.76	352.05	1/1/2011
	462.79	468.30	1/1/2011
X	Prospective		
	_	otal Prospective	
	P.	rospective Adjusted	for New Costs
	Т	otal Prospective wit	h Interim Component
Change	es:		
	Licensure	Rating Change	
	Usual and	Customary Limitati	on
		-	
	FRVS Cha	ange	
v	Dote Same	estan Chan	
		U	
L		Stephen Russell	
	Medicaid (Cost Reimbursemen	t Analysis
		ing Red	•
	-		//
	 	Rate 204.42 347.76 462.79 X Prospective X T P T Changes: Licensure Usual and Target Rate FRVS Cha X Rate Seme On FRV [2 Medicaid	Date: Fiscal Year End: Audit Status: Current New Rate Rate 204.42 207.19 347.76 352.05 462.79 468.30 X Prospective X Total Prospective Y Prospective Y Prospective Adjusted Total Prospective adjusted Total Prospective with E Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change X Rate Semester Change On FRV [2] as of 12/01/2002 Stephen Russel

Home Office:

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



Medicaid Reimbursement Per Diem Rates

PG of Port St Lucie		_		Provider Number:	0 257249-00
1751 Hillmoor Drive		_		Date:	12/21/2010
Port St. Lucie FL 349	952	-		Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	200.36	203.78	1/1/2011
	Level H: AIDS		343.70	348.64	1/1/2011
	Level U: Fragile Under 21	_	458.73	464.89	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X		ve Total Prospective Prospective Adjusted Total Prospective with	
Desk audit Desk audit	ted costs t - interim portion	 X	Usual an Target R FRVS C Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 02/25/1988	on
Distribution:				Stephen Russell	
Permanent File	ement / Fiscal Agent			d Cost Reimbursement	•
	nge in Rate	-2	rjen	my ta	

Home Office:



Medicaid Reimbursement Per Diem Rates

PG of West Palm Bea	ach			Provider Number:	0 257257-00
300 EXECUTIVE CH	ENTER DRIVE	_		Date:	12/21/2010
West Palm Beach FL	33401	-		Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	
Tionaci Type.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	208.82	211.97	1/1/2011
	Level H: AIDS		352.16	356.83	1/1/2011
	Level U: Fragile Under 21		467.19	473.08	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Prospectiv	ve Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Change	s:		
Budget X Unaudited Field audit Field audit Desk audit	ed costs - interim portion		Usual an	e Rating Change d Customary Limitatic ate limitation change hange	n
Desk audit	- Interim Portion t - Prospective portion	X		nester Change [2] as of 04/20/1988	
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
	rmation Only nge in Rate			in Ru	•

Home Office:



Medicaid Reimbursement Per Diem Rates

PG of Gainesville				Provider Number:	0 257265-00
227SW 62nd Bouleva	rd			Date:	12/21/2010
Gainesville FL 32607				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	199.85	<u>202.71</u>	1/1/2011
	Single 2010	_	1////02		1/1/2011
	Level H: AIDS		343.19	347.57	1/1/2011
	Level U: Fragile Under 21	-	458.22	463.82	1/1/2011
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	nterim Component			Prospective Adjusted	
	ettlement based on costs rior Provider Prospective data			Total Prospective with	h Interim Component
	nor riovider riospective data				
Basis:		Changes	s:		
Budget			_	re Rating Change	
X Unaudited of Field audited				nd Customary Limitation Rate limitation change	on
	- interim portion		FRVS C	•	
Desk audite	-		_	0.1	

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Distribution:

Contract Management / Fiscal Agent Permanent File

Desk audit - Interim Portion

Desk Audit - Prospective portion

For information Only

No Change in Rate

Home Office:

Cypress Administrative Services, LLC Alan Wengrofsky 4 West Red Oak Lane, Suite 201 White Plains NY 10604 Stephen Russell Medicaid Cost Reimbursement Analysis

Rate Semester Change

On FRV [2] as of 08/01/1999

Stephen Russell



Medicaid Reimbursement Per Diem Rates

PG of Jacksonville				Provider Number:	0 257273-00
5275 Spring Park Ro				Date:	12/21/2010
Jacksonville FL 3221	6			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		209.16	<u>212.51</u>	1/1/2011
Tur sing Home	Single Level		207.10		1/1/2011
	Level H: AIDS		352.50	357.37	1/1/2011
	Level U: Fragile Under 21		467.53	473.62	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Prospective X	ve Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Change	es:		
Budget			Licensu	re Rating Change	
X Unaudited				nd Customary Limitation	on
Field audit				tate limitation change	
	t - interim portion		FRVS C	Change	
Desk audit	- Interim Portion	<u> </u>	Rate Set	nester Change	
	t - Prospective portion			[2] as of 03/14/1990	
Distribution:		L		Stephen Russell	
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Permanent File			meatear		· · · · · · · · · · · · · · · · · · ·

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No Change in Rate



Medicaid Reimbursement Per Diem Rates

of Ocala				Provider Number:	0 257290-00
700 SW 34th Street				Date:	12/21/2010
ala FL 34474				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
ovider Type:					
			Current Rate	New Rate	Effective Date
irsing Home Single Lo	evel	_	204.06	<u>206.98</u>	1/1/2011
II sing Home Single L		-	204.00	200.98	1/1/2011
Level H: A	IDS		347.40	351.84	1/1/2011
Level U: Fr	agile Under 21	-	462.43	468.09	1/1/2011
	0	-			
Interim Total Interim Interim Compo	onent	X		Cotal Prospective Prospective Adjusted	for New Costs
Total Interim Interim Compo Settlement bas			X T P	Cotal Prospective Prospective Adjusted	for New Costs h Interim Component
Total Interim Interim Compo Settlement bas	ed on costs	Changes		Cotal Prospective Prospective Adjusted	
Total Interim Interim Compo Settlement bas Prior Provider Basis:	ed on costs			Total Prospective Prospective Adjusted Total Prospective wit	
Total Interim Interim Compo Settlement bas Prior Provider	ed on costs		X 1 F 1 : Licensure	Total Prospective Prospective Adjusted Total Prospective wit	h Interim Component
Interim Total Interim Interim Compo Settlement bas Prior Provider Prior Provider Budget Settlement bas	ed on costs		X T F T Z Licensure Usual and	Total Prospective Prospective Adjusted Total Prospective wit	h Interim Component
Basis: Total Interim Budget Prior Provider Budget Settlement bas Field audited costs Field audited costs Field audit - interim port	ed on costs Prospective data		X T F T Z Licensure Usual and	Total Prospective Prospective Adjusted Total Prospective wit Rating Change Customary Limitative te limitation change	h Interim Component
Budget X Field audited costs Field audited costs Desk audited costs	ed on costs Prospective data	Changes	X T F T Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective wit Rating Change Customary Limitati te limitation change ange	h Interim Component
Basis: Total Interim Budget Prior Provider Budget Settlement bas Field audited costs Field audited costs Field audit - interim port	ed on costs Prospective data ion		X T F T Licensure Usual and Target Ra FRVS Ch Rate Seme	Total Prospective Prospective Adjusted Total Prospective wit Rating Change Customary Limitative te limitation change	h Interim Component
Budget Total Interim Multiple Interim Compo Settlement bas Prior Provider Budget Viaudited costs Field audited costs Field audit - interim port Desk audited costs Desk audited costs	ed on costs Prospective data ion	Changes	X T F T Licensure Usual and Target Ra FRVS Ch Rate Seme	Fotal Prospective Adjusted Prospective Adjusted Prospective with Cotal Prospective with Rating Change Customary Limitative te limitation change ange ester Change 2] as of 08/01/1999	h Interim Component
Budget Total Interim Compo Settlement bas Prior Provider Budget Vinaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk Audit - Interim Port Desk Audit - Prospective Distribution: Contract Management / Fiscal	ed on costs Prospective data ion ion portion	Changes	X T F T Licensure Usual and Target Ra FRVS Ch Rate Seme On FRV [Fotal Prospective Prospective Adjusted Prospective wit Fotal Prospective wit Customary Limitative Limitation change ange ester Change 2] as of 08/01/1999 Stephen Russell	h Interim Component
Basis: Total Interim Interim Compo Settlement bas Prior Provider Prior Provider Budget Vunaudited costs Field audited costs Field audited costs Field audit - interim port Desk audited costs Desk audit - Interim Port Desk Audit - Prospective Distribution: Distribution:	ed on costs Prospective data ion ion portion	Changes	X T F T Licensure Usual and Target Ra FRVS Ch Rate Seme On FRV [Fotal Prospective Adjusted Prospective Adjusted Prospective with Cotal Prospective with Rating Change Customary Limitation te limitation change ange ester Change 2] as of 08/01/1999 Stephen Russell Cost Reimbursemen	h Interim Component

Home Office:



Medicaid Reimbursement Per Diem Rates

G of Orlando		_		Provider Number:	0 257303-00
554 East Econlockhatchee Trail				Date:	12/21/2010
Orlando FL 32825		<u>.</u>		Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
June: a Home	Single Level		Rate	Rate	
Nursing Home	Single Level		210.89	214.45	1/1/2011
	Level H: AIDS		354.23	359.31	1/1/2011
	Level U: Fragile Under 21		469.26	475.56	1/1/2011
	Lever et magne ender 21		407.20	475.50	1/1/2011
	Settlement based on costs		To	otal Prospective with	h Interim Component
	Prior Provider Prospective data	Change			
Basis:	Prior Provider Prospective data	Change	es:		
Basis:	Prior Provider Prospective data	Change		Rating Change	
Basis: Budget X Unaudited	costs	Change	Licensure D	Customary Limitation	on
Basis: Budget X Unaudited Field audit	costs red costs	Change	Licensure 1 Usual and Target Rate	Customary Limitation change	on
Basis: Budget X Unaudited Field audit Field audit	costs red costs t - interim portion	Change	Licensure D	Customary Limitation change	on
Basis: Budget X Unaudited Field audit Field audit Desk audit	costs red costs t - interim portion	Change	Licensure 1 Usual and Target Rate FRVS Cha	Customary Limitation e limitation change ange ster Change	on
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit	costs red costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensure 1 Usual and Target Rate FRVS Cha	Customary Limitation e limitation change ange	on
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit	costs red costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensure 1 Usual and Target Rate FRVS Cha	Customary Limitation e limitation change ange ster Change	on
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Contract Manage	costs red costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensure 1 Usual and Target Rate FRVS Cha Rate Seme On FRV [2	Customary Limitation e limitation change unge ster Change 2] as of 09/21/1987	
Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit	costs red costs t - interim portion ed costs - Interim Portion t - Prospective portion	X	Licensure 1 Usual and Target Rate FRVS Cha Rate Seme On FRV [2 Medicaid C	Customary Limitation e limitation change ange ster Change 2] as of 09/21/1987 Stephen Russell	t Analysis

Home Office:



Medicaid Reimbursement Per Diem Rates

PG of Vero Beach				Provider Number:	0 257311-00
1755 37th Street		-		Date:	12/21/2010
Vero Beach FL 3296	0	_		Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	199.96	203.16	1/1/2011
	Level H: AIDS		343.30	348.02	1/1/2011
	Level U: Fragile Under 21	_	458.33	464.27	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:	F	Fotal Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audit Desk audit	ed costs t - interim portion		Usual and Target Ra FRVS Ch Rate Sem	Rating Change Customary Limitation te limitation change hange ester Change [2] as of 11/25/1987	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis
	rmation Only nge in Rate	13		ing Rea	•

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Medicaid Reimbursement Per Diem Rates

PG of Winter Haven				Provider Number:	0 257320-00
1120 Cypress Garden				Date:	12/21/2010
Winter Haven FL 338	384			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					[-]
		Cur Ra		New Rate	Effective Date
Nursing Home	Single Level	190	5.49	199.68	1/1/2011
	Level H: AIDS	339	9.83	344.54	1/1/2011
	Level U: Fragile Under 21	454	1.86	460.79	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Pro	F	Fotal Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audit Desk audit	ted costs t - interim portion	U Ta F V X R	sual and arget Ra RVS Ch ate Semo	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 07/09/1987	on
Distribution:				Stephen Russell	
Permanent File	ement / Fiscal Agent			Cost Reimbursement	•
	rmation Only nge in Rate	Step	eh	us Ru	soll

Home Office:



Medicaid Reimbursement Per Diem Rates

Citrus Health and Rel	nabilitation Center		Pr	ovider Number:	0 257419-00
701 Medical Court Ea	ast			Date:	12/21/2010
Inverness FL 34452			F	iscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
		Curren Rate	t	New Rate	Effective Date
Nursing Home	Single Level	220.9	3	229.01	1/1/2011
	Level H: AIDS	364.2	7	373.87	1/1/2011
	Level U: Fragile Under 21	479.3	0	490.12	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospe X Changes:	Tota Pros	al Prospective spective Adjusted al Prospective wit	for New Costs h Interim Component
Desk audit Desk audit	ed costs - interim portion	Usua Targ FRV X Rate	l and Cu et Rate l S Chang Semeste	ting Change astomary Limitati imitation change ge er Change as of 07/29/1994	
Distribution:			S	tephen Russell	
Permanent File For infor	ement / Fiscal Agent mation Only nge in Rate		caid Co	st Reimbursemen	•

Home Office:

Provident Resources Group, Inc.

5565 Bankers Ave. Baton Rouge LA 70808



Medicaid Reimbursement Per Diem Rates

PG of Clearwater				Provider Number:	0 257460-00	
3480 McMullen Booth Road			Date:		12/21/2010	
Clearwater FL 33761				Fiscal Year End:	6/30/2009	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home Single Le	vel	-	209.21	212.78	1/1/2011	
Level H: All	DS		352.55	357.64	1/1/2011	
Level U: Fra	gile Under 21	-	467.58	473.89	1/1/2011	
Interim Total Interim Interim Compose Settlement base Prior Provider F	d on costs	X	P	Cotal Prospective Prospective Adjusted	for New Costs h Interim Component	
Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective point	on N	Changes	Licensure Usual and Target Rat FRVS Ch	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 09/18/1987	on	
Distribution:				Stephen Russell		
Contract Management / Fiscal A Permanent File	Ageint			Cost Reimbursement	•	
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Medicaid Reimbursement Per Diem Rates

PG of Largo		_		Provider Number:	0 257478-00
10500 Starkey Road		_		Date:	12/21/2010
Largo FL 33777		-		Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		221.98	225.73	1/1/2011
	Level H: AIDS		365.32	370.59	1/1/2011
	Level U: Fragile Under 21	_	480.35	486.84	1/1/2011
Rate Type :					
Interim		X	Prospectiv	e	
	Total Interim		-	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	e Rating Change	
X Unaudited	costs		Usual and	d Customary Limitatio	on
Field audit	ted costs		Target R	ate limitation change	
	t - interim portion		FRVS Cl	hange	
Desk audit	ed costs - Interim Portion	<u> </u>	Data Sam	actor Change	
	t - Prospective portion			nester Change [2] as of 07/31/1987	
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid	Cost Reimbursement	Analysis
Permanent File					•
	rmation Only	-3	teph	in Ru	sell
INO Chai	nge in Rate				

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Medicaid Reimbursement Per Diem Rates

PG of North Miami				Provider Number:	0 257494-00
21251 East Dixie Hig	ghway			Date:	12/21/2010
Aventura FL 33180				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:				Tual Status.	
		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		216.49	219.58	1/1/2011
	Level H: AIDS		359.83	364.44	1/1/2011
	Level U: Fragile Under 21	_	474.86	480.69	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:		e Total Prospective Prospective Adjusted Total Prospective witl	
Desk audit Desk audit	ted costs t - interim portion		Usual an Target R FRVS C Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/13/1988	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid	l Cost Reimbursement	t Analysis
	rmation Only nge in Rate	B		in Ra	•

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Medicaid Reimbursement Per Diem Rates

PG of Pinellas]	Provider Number:	0 257508-00
200 16th Avenue SE			Date:	12/21/2010
Largo FL 33771			Fiscal Year End:	6/30/2009
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
	~	Rate	Rate	Date
Nursing Home	Single Level	207.16	210.53	1/1/2011
	Level H: AIDS	350.50	355.39	1/1/2011
	Level U: Fragile Under 21	465.53	471.64	1/1/2011
	Total Interim Interim Component Settlement based on costs	Pro	tal Prospective ospective Adjusted tal Prospective with	for New Costs h Interim Component
Basis:	Prior Provider Prospective data	Changes:		
Budget		Licensure F	ating Change	
X Unaudited			Customary Limitation	on
Field audit			limitation change	
	- interim portion	FRVS Char	ige	
Desk audit	ed costs - Interim Portion	X Rate Semes	ter Change	
	t - Prospective portion		as of 06/25/1991	
Distribution:			Stephen Russell	

Stephen Russell

Medicaid Cost Reimbursement Analysis

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For information Only No Change in Rate



Medicaid Reimbursement Per Diem Rates

PG of Sun City				Provider Number:	0 257516-00	
3850 Upper Creek Dr				Date:	12/21/2010	
Sun City Center FL 3	n City Center FL 33573			Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level		200.53	203.64	1/1/2011	
	Level H: AIDS		343.87	348.50	1/1/2011	
	Level U: Fragile Under 21		458.90	464.75	1/1/2011	
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective with	h Interim Component	
Basis:		Change	es:			
Budget			Licensure	e Rating Change		
X Unaudited	costs			d Customary Limitatio	on	
Field audit	red costs			ate limitation change		
	t - interim portion		FRVS Cl	hange		
Desk audit	ed costs - Interim Portion	<u> </u>	Rate Ser	nester Change		
	t - Prospective portion			[2] as of 06/01/1991		
Distribution:		L		Stephen Russell		
Contract Manage	ement / Fiscal Agent		M . 1' ' 1	-	Analasia	
Permanent File			wiedicaid	Cost Reimbursement	a Analysis	

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Medicaid Reimbursement Per Diem Rates

PG of Tampa				Provider Number:	0 257524-00
3612 138th Avenue				Date:	12/21/2010
Tampa FL 33613				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		205.14	213.21	1/1/2011
	Level H: AIDS		348.48	358.07	1/1/2011
	Level U: Fragile Under 21		463.51	474.32	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Prospecti X	ve Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes:			
Desk audit Desk audit	ted costs t - interim portion		Usual ar Target F FRVS C Rate Ser	re Rating Change nd Customary Limitation Rate limitation change Change mester Change 7 [2] as of 07/01/1990	Dn

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Home Office:

Cypress Administrative Services, LLC Alan Wengrofsky 4 West Red Oak Lane, Suite 201 White Plains NY 10604 Medicaid Cost Reimbursement Analysis

Stephen Russell

Stephen Russell



Medicaid Reimbursement Per Diem Rates

	re and Rehabilitation Center]	Provider Number:	0 258342-00
0 Oak Manor Lar	ne		Date:	12/21/2010
go FL 33774			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
ovider Type:				
		Current Rate	New Rate	Effective Date
rsing Home	Single Level	<u>198.35</u>	<u>200.70</u>	1/1/2011
1 sing 110ine	Shigie Level	190.35	200.70	1/1/2011
	Level H: AIDS	341.69	345.56	1/1/2011
	Level U: Fragile Under 21	456.72	461.81	1/1/2011
Rate Type :				
Interim		V Due en estime		
	Total Interim	X Prospective X To	otal Prospective	
	Interim Component		ospective Adjusted	for New Costs
	Settlement based on costs		1 5	h Interim Component
	Prior Provider Prospective data		I. I	I I I I
Basis:		Changes:		
		0		
Budget		Licensure F	Rating Change	
X Unaudited			Customary Limitati	on
Field audi			e limitation change	
	t - interim portion	FRVS Char	nge	
Desk audit	ed costs	X Rate Semes	ster Change	
	t - Prospective portion] as of 08/08/1990	
Distribution:			Stephen Russell	
Contract Manag	ement / Fiscal Agent	Madiasid	-	t Apolygia
Permanent File			Cost Reimbursemen	-
	rmation Only	Steph	y Ra	soll
No Cha	nge in Rate	-sep in		
Home Office:	KR Management			

Largo FL 33774



Medicaid Reimbursement Per Diem Rates

Indigo Manor				Provider Number:	0 258750-00
595 Williamson Blvd			Date:		12/21/2010
Daytona Beach FL 32	tona Beach FL 32114			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		219.21	221.47	1/1/2011
	Level H: AIDS		362.55	366.33	1/1/2011
	Level U: Fragile Under 21		477.58	482.58	1/1/2011
Rate Type :		Х	Prospective		
	Total Interim	<u> </u>		Fotal Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			1 0	h Interim Component
I	Prior Provider Prospective data			-	-
Basis:		Change	2 5:		
Budget			Licensure	Rating Change	
X Unaudited Field audit				Customary Limitation te limitation change	on
			—	e	

 Field audited costs
 Iarget Rate limitation change

 Field audit - interim portion
 FRVS Change

 Desk audited costs
 X

 Desk audit - Interim Portion
 X

 Desk Audit - Prospective portion
 On FRV [2] as of 01/01/2001

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

Fairfax Senior Living Robert Hostler 10387 Main Street, Suite 200 Fairfax VA 22030 Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell



Medicaid Reimbursement Per Diem Rates

Haven of Our Lady o	f Peace			Provider Number:	0 258831-00
	900 Summit Boulevard			Date:	12/21/2010
Pensacola Fl 32503		_		Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					[1]
51			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	-	208.99	211.97	1/1/2011
	Level H: AIDS		352.33	356.83	1/1/2011
	Level U: Fragile Under 21	-	467.36	473.08	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	F	Fotal Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audit Desk audit	ed costs - interim portion		Usual and Target Ra FRVS Ch Rate Semo	Rating Change Customary Limitation the limitation change hange ester Change [2] as of 11/08/2001	on
Distribution:	1 1			Stephen Russell	
Contract Manage	ement / Fiscal Agent		Mallaria	•	
Permanent File				Cost Reimbursement	•
	mation Only		teph	in Ra	sell
No Char	nge in Rate			<i></i>	

Home Office:

Sacred Heart Hospital Mike Myers 5151 North 9th Avenue Pensacola FL 32513-2700



Medicaid Reimbursement Per Diem Rates

Life Care Center of In	iverrary			Provider Number:	0 259080-00
	251 Rock Island Road			Date:	12/21/2010
Lauderhill FL 33319				Fiscal Year End:	8/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	213.77	216.22	1/1/2011
	Level H: AIDS		357.11	361.08	1/1/2011
	Level U: Fragile Under 21		472.14	477.33	1/1/2011
Rate Type :					
Interim		Х	Prospective	3	

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:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 01/30/2003
Distribution:	Stephen Russell
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Permanent File	•
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No Change in Rate	
Home Office: Life Care Centers Of Americ	za
Doug Ruth 3570 NW Keith Street	

Cleveland TN 37320



Medicaid Reimbursement Per Diem Rates

akeview Terrace Sk			Provider Number:	
0 Lodge Terrace D	Drive		Date:	12/21/2010
toona FL 32702			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
rovider Type:				
		Current	New	Effective
ursing Home	Single Level	Rate	Rate	Date 1/1/2011
ui sing mome	Single Level	205.25	209.47	1/1/2011
	Level H: AIDS	348.57	354.33	1/1/2011
	Level U: Fragile Under 21	463.60	470.58	1/1/2011
	Total Interim Interim Component Settlement based on costs	Pr	tal Prospective ospective Adjusted tal Prospective wit	for New Costs h Interim Component
	Total Interim Interim Component	X To Pr To	ospective Adjusted	
Basis:	Total Interim Interim Component Settlement based on costs	X To Pr To Changes:	ospective Adjusted	
Basis: Budget X Unaudited	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X To Pr To Changes: Licensure F Usual and O Usual and O	espective Adjusted tal Prospective wit Rating Change Customary Limitati	h Interim Component
Basis: Budget X Unaudited Field audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X To Pr To Changes: To Licensure H Usual and O Target Rate To	extension of the second	h Interim Component
Basis: Budget X Unaudited Field audi Field audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	X To Pr To Changes: Licensure F Usual and O Usual and O	extension of the second	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X To Pr To Changes: To Licensure F Usual and O Target Rate FRVS Cha X Rate Semes	Adjusted tal Prospective wit Rating Change Customary Limitati limitation change nge ter Change	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit Desk audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	X To Pr To Changes: To Licensure F Usual and O Target Rate FRVS Cha X Rate Semes	Adjusted tal Prospective wit Rating Change Customary Limitati limitation change nge	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit Desk audit Desk Audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	X To Pr To Changes: To Licensure F Usual and O Target Rate FRVS Cha X Rate Semes	Adjusted tal Prospective wit Rating Change Customary Limitati limitation change nge ter Change	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit Desk audit Desk Audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	X To Pr To Changes: Licensure F Usual and O Target Rate FRVS Cha FRVS Cha X Rate Semes On FRV [2	exating Change Customary Limitati limitation change ter Change as of 05/28/1987	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	X To Pr To Changes: To Licensure F Usual and O Target Rate FRVS Cha X Rate Semes On FRV [2 Medicaid O	Customary Limitati limitation change ter Change as of 05/28/1987	h Interim Component on t Analysis



Medicaid Reimbursement Per Diem Rates

iHealth Post-Acute Care - Santa Rosa			Provider Number:	0 259331-00
30 Northrop Road	_		Date:	12/21/2010
ilton FL 32570	_		Fiscal Year End:	6/30/2009
			Audit Status:	Unaudited [3]
rovider Type:				
		Current Rate	New Rate	Effective Date
ursing Home Single Level		197.41	200.16	1/1/2011
Level H: AIDS		340.75	345.02	1/1/2011
Level U: Fragile Under 21	_	455.78	461.27	1/1/2011
Interim	v	Prospective	2	
Total Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:		X 7	Fotal Prospective Prospective Adjusted	for New Costs h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data	A Changes:	X T F T Licensure Usual and Target Ra FRVS Ch Rate Semo	Fotal Prospective Prospective Adjusted Fotal Prospective wit Rating Change Customary Limitation te limitation change	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk audit - Interim Portion Desk audit - Interim Portion	Changes:	X T F T Licensure Usual and Target Ra FRVS Ch Rate Semo	Fotal Prospective Prospective Adjusted Fotal Prospective wit Rating Change Customary Limitation te limitation change ange ester Change	h Interim Component



Medicaid Reimbursement Per Diem Rates

	New Port Richey			Provider Number:	0 259357-00	
400 Trouble Creek				Date:	12/21/2010	
New Port Richey FL	34653			Fiscal Year End:	8/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
		(Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		194.96	202.49	1/1/2011	
	Level H: AIDS		338.30	347.35	1/1/2011	
	Level U: Fragile Under 21		453.33	463.60	1/1/2011	
Rate Type :		V	D			
Interim		X	Prospective			
	Total Interim		X T	tal Prospective		
	Total Interim Interim Component			otal Prospective ospective Adjusted	for New Costs	
	Total Interim Interim Component Settlement based on costs		Pı	ospective Adjusted	for New Costs h Interim Component	
	Interim Component		Pı	ospective Adjusted		
	Interim Component Settlement based on costs	Changes:	Pı	ospective Adjusted		
	Interim Component Settlement based on costs	Changes:	Pr To	ospective Adjusted		
Basis: Budget X Unaudited	Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	Pr To To Licensure I Usual and	ospective Adjusted otal Prospective wit Rating Change Customary Limitati	h Interim Component	
Basis: Budget X Unaudited Field audit	Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	Licensure I Usual and Target Rate	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component	
Basis: Budget X Unaudited Field audit Field audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	Changes:	Pr To To Licensure I Usual and	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component	
Basis: Budget X Unaudited Field audit Field audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion red costs	Changes:	Licensure 1 Usual and 0 Target Rate FRVS Cha	Rating Change Customary Limitati e limitation change	h Interim Component	
Basis: Budget X Unaudited Field audit Desk audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion		Licensure I Usual and U Target Rate FRVS Cha	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component	
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion sed costs : - Interim Portion t - Prospective portion		Licensure I Usual and U Target Rate FRVS Cha	Rating Change Customary Limitati e limitation change nge ster Change	h Interim Component	
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Contract Manage	Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs c - Interim Portion t - Prospective portion		Licensure 1 Usual and 0 Target Rate FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitati e limitation change nge ster Change	h Interim Component	
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Home Office:

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



Medicaid Reimbursement Per Diem Rates

The Nursing Center a	at University Village			Provider Number:	0 259462-00	
	12250 North 22nd Street			Date:	12/21/2010	
Tampa FL 33612		_		Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
•••			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	223.08	229.15	1/1/2011	
	Level H: AIDS		366.42	374.01	1/1/2011	
	Level U: Fragile Under 21	-	481.45	490.26	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:		re Total Prospective Prospective Adjusted Total Prospective with		
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ted costs t - interim portion		Licensure Usual an Target R FRVS C Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 11/09/1989	DN	
Distribution:				Stephen Russell		
Contract Manage Permanent File	ement / Fiscal Agent		Medicaid	l Cost Reimbursement	Analysis	
For info	rmation Only nge in Rate	13	typh	in Ra	soll	

Home Office:

John A. Mccoy, Inc. Samuel Sanders 799 Overlook Drive Winter Haven FL 33884



Medicaid Reimbursement Per Diem Rates

Hamlin Place				Provider Number:	0 259586-00
2180 Hypoluxo Road	Date.		Date:	12/21/2010	
Lantana FL 33462	antana FL 33462			Fiscal Year End:	8/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
- VI			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		239.90	243.23	1/1/2011
	Level H: AIDS		383.24	388.09	1/1/2011
	Level U: Fragile Under 21		498.27	504.34	1/1/2011
Rate Type :					
Interim		X	Prospectiv		
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective wit	h Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensu	re Rating Change	
X Unaudited	costs		Usual ar	nd Customary Limitati	on
Field audit	red costs		Target R	Rate limitation change	
Field audit	t - interim portion		FRVS C	Change	

X Rate Semester Change

 On FRV [2] as of 07/01/1995

Stephen Russell

Medicaid Cost Reimbursement Analysis

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Desk audited costs

Desk audit - Interim Portion

Contract Management / Fiscal Agent

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Desk Audit - Prospective portion

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

Avante at St. Cloud	, Inc.			Provider Number:	0 259870-00
1301 Kansas Avanu				Date:	12/21/2010
St. Cloud FL 34769				Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:		-	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	227.35	225.86	1/1/2011
	Level H: AIDS		370.69	370.72	1/1/2011
	Level U: Fragile Under 21		485.72	486.97	1/1/2011
Rate Type :					
Interir	n Total Interim	<u> </u>	Prospectiv	ve Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs Prior Provider Prospective data		X	Total Prospective with	h Interim Component

Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 04/01/1992
Distribution:	Stanhan Dugcall

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Medicaid Cost Reimbursement Analysis

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Contract Management / Fiscal Agent

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



Medicaid Reimbursement Per Diem Rates

Beneva Lakes Healthcare and Rehabilitation Center 741 S. Beneva Road Sarasota FL 34232				Provider Number:	0 259896-00	
				Date:	12/21/2010 6/30/2009	
				Fiscal Year End:		
				Audit Status:	Unaudited [3]	
rovider Type:						
			Current Rate	New Rate	Effective Date	
ursing Home	Single Level	-	202.92	<u>205.36</u>	1/1/2011	
	Single Level	-	202.72		1/1/2011	
	Level H: AIDS		346.26	350.22	1/1/2011	
	Level U: Fragile Under 21		461.29	466.47	1/1/2011	
	-					
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi	ed costs - interim portion	X Changes	Licensu Usual a Target I FRVS (Rate Se	Total Prospective Prospective Adjusted Total Prospective with re Rating Change nd Customary Limitatio Rate limitation change	n Interim Component	
Distribution:		Stephen Russell				
Contract Management / Fiscal Agent Permanent File			Medicaid Cost Reimbursement Analysis			
For information Only No Change in Rate		_	steps	hun Rec	mell	
Home Office:	1 - No Home Office					



Medicaid Reimbursement Per Diem Rates

Date: Fiscal Year End: Audit Status: New Rate 192.60	6/30/2010
Audit Status: New Rate	: Unaudited [3] Effective
New Rate	Effective
Rate	
Rate	
	240
	1/1/2011
337.46	1/1/2011
453.71	1/1/2011
	1/1/2011
ive Total Prospective	
Prospective Adjuste	ed for New Costs
	vith Interim Component
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ure Rating Change	
and Customary Limita	tion
Rate limitation change	
Change	
emester Change V [2] as of 02/25/199	1
v [2] as of 02/23/199	1
Stephen Russell	
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Medicaid Reimbursement Per Diem Rates

oral Bay Healthcare	e and Rehabilitation		Provider Number:	0 259918-00
39 S. Haverhill Ro			Date:	12/21/2010
est Palm Beach FL	. 33415		Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
rovider Type:				
		Current Rate	New Rate	Effective Date
ursing Home	Single Level	<u>201.53</u>	<u>207.29</u>	1/1/2011
ursing nome	Single Level	201.33	201.29	1/1/2011
	Level H: AIDS	344.87	352.15	1/1/2011
	Level U: Fragile Under 21	459.90	468.40	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data		ospective Adjusted otal Prospective wit	for New Costs h Interim Component
Budget X Unaudited	costs	Licensure I	Rating Change Customary Limitation	
Field audi Field audi Desk audit Desk audit Desk Audi	t - interim portion red costs r - Interim Portion t - Prospective portion	FRVS Cha	e limitation change nge	on
Field audi Field audi Desk audit Desk audit Desk Audi Distribution:	t - interim portion red costs - Interim Portion t - Prospective portion	FRVS Cha	e limitation change nge ster Change	on
Field audi Field audi Desk audit Desk audit Desk Audi Distribution: Contract Manag	t - interim portion red costs r - Interim Portion t - Prospective portion	FRVS Cha X Rate Semes On FRV [2	e limitation change nge ster Change] as of 05/04/1993	
Field audi Field audi Desk audit Desk audit Desk Audi Distribution: Contract Manag Permanent File	t - interim portion red costs - Interim Portion t - Prospective portion	FRVS Cha X Rate Semes On FRV [2	e limitation change nge ster Change] as of 05/04/1993 Stephen Russell Cost Reimbursemen	

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1 - No Home Office



Medicaid Reimbursement Per Diem Rates

Oakbridge Healthcar	e Center			Provider Number:	0 259926-00
3110 Oakbridge Blvc	l., E.	_		Date:	12/21/2010
Lakeland FL 33803		_		Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:				Tual Status.	
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		202.40	206.81	1/1/2011
	Level H: AIDS		345.74	351.67	1/1/2011
	Level U: Fragile Under 21	_	460.77	467.92	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:	Prospect X	ive Total Prospective Prospective Adjusted Total Prospective with	
Desk audit Desk audit	ted costs t - interim portion		Usual a Target FRVS Rate Se	ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/02/1991	on
Distribution:				Stephen Russell	
Contract Manage Permanent File	ement / Fiscal Agent		Medica	id Cost Reimbursement	Analysis
For info	rmation Only nge in Rate	-3	tip.	hus Rea	sell

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1 - No Home Office



Medicaid Reimbursement Per Diem Rates

			Provider Number:	0 259934-00
311 S. Orange Blossom Trail			Date:	<u> 12/21/2010</u> <u> 6/30/2010</u>
rlando FL 32837			Fiscal Year End:	
			Audit Status:	Unaudited [3]
rovider Type:		Current	New	Effective
ursing Home Single Level		Rate 194.43	Rate 198.24	Date 1/1/2011
Level H: AIDS		337.77	343.10	1/1/2011
Level U: Fragile Under 21		452.80	459.35	1/1/2011
Rate Type : Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	X Change	Prospectiv	ve Total Prospective Prospective Adjusted Total Prospective wit	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion		Usual an Target R FRVS C	re Rating Change ad Customary Limitation tate limitation change Thange nester Change	on
			Stephen Russell	
Distribution: Contract Management / Fiscal Agent			d Cost Reimbursemen	



Medicaid Reimbursement Per Diem Rates

Riverfront Nursing a	nd Rehab Center			Provider Number:	0 259942-00
105 15th Street East				Date:	12/21/2010
Bradenton FL 34208				Fiscal Year End:	8/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuncing Home	Single Level	—	Rate	Rate	Date
Nursing Home	Single Level	—	214.63	217.43	1/1/2011
	Level H: AIDS		357.97	362.29	1/1/2011
	Level U: Fragile Under 21	-	473.00	478.54	1/1/2011
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	h Interim Component
Basis:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited	costs		_	d Customary Limitatio	on
Field audit	ted costs			ate limitation change	
	t - interim portion		FRVS C	hange	
Desk audit	ed costs - Interim Portion	<u> </u>	- Rate Son	nester Change	
	t - Prospective portion			[2] as of 07/01/1992	
Distribution:		L		Stephen Russell	
Contract Manage	ement / Fiscal Agent		Mediani	d Cost Reimbursement	t Analysis
Permanent File			Meulcal		
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Council on Aging of Florida, Inc.

1311 SW 16th Street Gainesville FL 32608



Medicaid Reimbursement Per Diem Rates

rasota Memorial Nursing & Rehabilitation Facilit			Provider Number:	0 260355-00
40 Rand Blvd.			Date:	12/21/2010
rasota FL 34238			Fiscal Year End:	9/30/2009
			Audit Status:	Unaudited [3]
ovider Type:				
		Current Rate	New Rate	Effective Date
Irsing Home Single Level		208.94	211.64	1/1/2011
Level H: AIDS		352.28	356.50	1/1/2011
Level U: Fragile Under 21		467.31	472.75	1/1/2011
Rate Type :				
Interim	X	Prospectiv	ve	
Total Interim		X	Total Prospective	
Interim Component		<u> </u>	Prospective Adjusted	
Interim Component Settlement based on costs		X	Prospective Adjusted	for New Costs h Interim Component
Interim Component			Prospective Adjusted	
Interim Component Settlement based on costs	Chang		Prospective Adjusted	
Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Chang	es:	Prospective Adjusted Total Prospective wit	
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Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X	Chang	es: Licensur Usual ar	Prospective Adjusted Total Prospective wit re Rating Change nd Customary Limitation	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs	Chang	Licensur Usual ar Target R	Prospective Adjusted Total Prospective wit re Rating Change nd Customary Limitati Rate limitation change	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs	Chang	es: Licensur Usual ar	Prospective Adjusted Total Prospective wit re Rating Change nd Customary Limitati Rate limitation change	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs	Chang	es: Licensun Usual ar Target R FRVS C	Prospective Adjusted Total Prospective wit re Rating Change nd Customary Limitati Rate limitation change	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs		es: Licensun Usual ar Target R FRVS C	Prospective Adjusted Total Prospective wit re Rating Change nd Customary Limitati Rate limitation change Change	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion		es: Licensun Usual ar Target R FRVS C	Prospective Adjusted Total Prospective wit re Rating Change nd Customary Limitati Rate limitation change Change mester Change	h Interim Component
Interim Component Settlement based on costs 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 Distribution: Contract Management / Fiscal Agent		es: Licensur Usual ar Target R FRVS C Rate Ser	Prospective Adjusted Total Prospective wit re Rating Change nd Customary Limitati Rate limitation change Change mester Change Stephen Russell	h Interim Component
Interim Component Settlement based on costs 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 Distribution: Contract Management / Fiscal Agent Permanent File	X	es: Licensur Usual ar Target R FRVS C Rate Ser	Prospective Adjusted Total Prospective wit re Rating Change nd Customary Limitati Rate limitation change Change mester Change Stephen Russell d Cost Reimbursemen	h Interim Component on t Analysis
Interim Component Settlement based on costs 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 Distribution: Contract Management / Fiscal Agent	X	es: Licensur Usual ar Target R FRVS C Rate Ser	Prospective Adjusted Total Prospective wit re Rating Change nd Customary Limitati Rate limitation change Change mester Change Stephen Russell	h Interim Component on t Analysis



Medicaid Reimbursement Per Diem Rates

Bridgeview Center, L	LC			Provider Number:	0 260371-00	
350 South Ridgewoo				Date:	12/21/2010	
Ormond Beach FL 32	2174			Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:					[0]	
		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	216.52	219.88	1/1/2011	
	Level H: AIDS		359.86	364.74	1/1/2011	
	Level U: Fragile Under 21	_	474.89	480.99	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:		re Total Prospective Prospective Adjusted Total Prospective with		
Desk audit Desk audit	ed costs t - interim portion		Usual an Target R FRVS C Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/24/1996	on	
Distribution:				Stephen Russell		
•	ement / Fiscal Agent		Medicoid	l Cost Reimbursement	Analysis	
	rmation Only nge in Rate	-3		in Ren Ren	•	

Home Office:



Medicaid Reimbursement Per Diem Rates

Bayview Center, LLC				Provider Number:	0 260444-00
301 South Bay Street				Date:	12/21/2010
Eustis FL 32726	Eustis FL 32726			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	-	215.77	214.85	1/1/2011
	Level H: AIDS		359.11	359.71	1/1/2011
	Level U: Fragile Under 21		474.14	475.96	1/1/2011
Rate Type :					
Interim		X	Prospectiv	ve	

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:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 09/01/1991
Distribution:	Stephen Russell
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Analysis
Permanent File	-
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Medicaid Reimbursement Per Diem Rates

Ruleme Center, LLC			Provider Number:	0 260452-00
2810 Ruleme Street			Date:	12/21/2010
Eustis FL 32726			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	220.99	219.13	1/1/2011
	Level H: AIDS	364.33	363.99	1/1/2011
	Level U: Fragile Under 21	479.36	480.24	1/1/2011
Rate Type :	Total Interim Interim Component	X Prospec	tive Total Prospective Prospective Adjusted	l for New Costs
	Settlement based on costs Prior Provider Prospective data		Total Prospective wi	th Interim Component
Desk audi Desk audi	ted costs it - interim portion	Usual Targer FRVS X Rate S	sure Rating Change and Customary Limitat t Rate limitation change change Semester Change n FRV [1]	

Stephen Russell

Medicaid Cost Reimbursement Analysis

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Distribution:

Permanent File

Contract Management / Fiscal Agent

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Medicaid Reimbursement Per Diem Rates

Tierra Pines Center, LLC				Provider Number:	0 260568-00
7380 Ulmerton Road				Date:	12/21/2010
Largo FL 33771				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		214.66	217.31	1/1/2011
	Level H: AIDS		358.00	362.17	1/1/2011
	Level U: Fragile Under 21		473.03	478.42	1/1/2011
Rate Type : Interim		X	Drogmostiva		
	Total Interim	Λ	Prospective X To	otal Prospective	
	Interim Component			rospective Adjusted	for New Costs
	Settlement based on costs				n Interim Component
1	Prior Provider Prospective data			-	-
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited				Customary Limitatio	on
Field audited costs Target Rate limitation change					

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FRVS Change

Rate Semester Change On FRV [2] as of 07/24/1996

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Medicaid Cost Reimbursement Analysis

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Field audit - interim portion

Desk audit - Interim Portion

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Desk Audit - Prospective portion

Desk audited costs



Medicaid Reimbursement Per Diem Rates

Highlands Lake Cent	er, LLC			Provider Number:	0 260576-00
4240 Lakeland Highl	ands Road			Date:	12/21/2010
Lakeland FL 33813		_		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
~		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	221.02	221.04	1/1/2011
	Level H: AIDS		364.36	365.90	1/1/2011
	Level U: Fragile Under 21	-	479.39	482.15	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	Prospecti X	ve Total Prospective Prospective Adjusted Total Prospective with	
Desk audit Desk audit	ted costs t - interim portion		Licensu Usual a Target H FRVS C Rate Se	re Rating Change nd Customary Limitatio Rate limitation change Change mester Change 7 [2] as of 09/29/1988	on
Distribution:				Stephen Russell	
Contract Manage Permanent File	ement / Fiscal Agent		Medica	id Cost Reimbursement	t Analysis
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Medicaid Reimbursement Per Diem Rates

Coquina Center, LLC	2			Provider Number:	0 260649-00
170 N. Center Street				Date:	12/21/2010
Ormond Beach FL 32	2074			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:				ruan Status.	
J. J. J. J.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		218.24	220.59	1/1/2011
	Level H: AIDS	_	361.58	365.45	1/1/2011
	Level U: Fragile Under 21		476.61	481.70	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Prospecti X	ive Total Prospective Prospective Adjusted Total Prospective wit	
Basis:		Changes:			
Desk audit Desk audit	ted costs t - interim portion ted costs t - Interim Portion		Usual a Target I FRVS (Rate Se	mester Change	on
	it - Prospective portion			[2] as of 11/01/1987	

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Medicaid Reimbursement Per Diem Rates

Island Lake Center, L	LC			Provider Number:	0 260657-00
155 Landover Place				Date:	12/21/2010
Longwood FL 32750				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	213.24	215.92	1/1/2011
	Level H: AIDS		356.58	360.78	1/1/2011
	Level U: Fragile Under 21		471.61	477.03	1/1/2011
Rate Type :					
Interim		X	Prospectiv	ve	
, ,	Total Interim		— x	Total Prospective	

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:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 04/10/1989
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Medicaid Reimbursement Per Diem Rates

ndian River Center I	LC			Provider Number:	0 260665-00
7201 Greensboro Dri				Date:	12/21/2010
West Melbourne FL	32904			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NT			Rate	Rate	Date
Nursing Home	Single Level		219.05	221.93	1/1/2011
	Level H: AIDS		362.39	366.79	1/1/2011
	Level U: Fragile Under 21		477.42	483.04	1/1/2011
	Total Interim Interim Component Settlement based on costs			Total Prospective Prospective Adjusted Total Prospective with	
Basis:	Prior Provider Prospective data	Change	s:		
Budget X Unaudited	aasta			e Rating Change	
Field audit				d Customary Limitatio ate limitation change	JII
	t - interim portion		FRVS C	-	
Desk audit	_				
	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 08/29/1989	
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Medicaid Reimbursement Per Diem Rates

Riverwood Center, L	LC			Provider Number:	0 260673-00
2802 Parental Home				Date:	12/21/2010
Jacksonville FL 3221	6			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level	-	Rate 208.56	Rate	Date 1/1/2011
Nursing Home	Single Level	-	208.50	211.24	1/1/2011
	Level H: AIDS		351.90	356.10	1/1/2011
	Level U: Fragile Under 21		466.93	472.35	1/1/2011
:	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective with	
Basis:		Changes	5:		
Budget			Licensur	e Rating Change	
X Unaudited	costs		Usual an	d Customary Limitatio	on
Field audit			_	ate limitation change	
	- interim portion		FRVS C	hange	
Desk audit Desk audit	ed costs - Interim Portion	<u> </u>	Rate Sen	nester Change	
	t - Prospective portion			[2] as of 07/24/1996	
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Medicaid Reimbursement Per Diem Rates

Fairway Oaks Center	ИС			Provider Number:	0 260690-00
13806 N. 46th Street	, LLC			Date:	12/21/2010
Tampa FL 33613				Fiscal Year End:	12/31/2009
Dravidar Tyma				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		215.70	218.37	1/1/2011
	Level H: AIDS		359.04	363.23	1/1/2011
	Level U: Fragile Under 21		474.07	479.48	1/1/2011
Rate Type :					
Interim		X	Prospecti		
	Total Interim		X	Total Prospective	
	Interim Component Settlement based on costs			Prospective Adjusted	h Interim Costs
	Prior Provider Prospective data				n merm Component
Basis:		Chang	es:		
Budget			Licensu	re Rating Change	
X Unaudited	costs			nd Customary Limitati	on
Field audit	ed costs			Rate limitation change	
Field audit	- interim portion		FRVS C	Change	

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Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

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Rate Semester Change

On FRV [2] as of 07/01/1990

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Sinai Plaza Nursing &	& Rehab			Provider Number:	0 260771-00
201 NE 112th Street				Date:	12/21/2010
Miami FL 33161				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	234.00	237.48	1/1/2011
	Level H: AIDS		377.34	382.34	1/1/2011
	Level U: Fragile Under 21		492.37	498.59	1/1/2011
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	h Interim Component
Basis:		Change	s:		
Budget			Licensur	re Rating Change	
X Unaudited				d Customary Limitatio	on
Field audit			Target R FRVS C	ate limitation change	
Field audi Desk audit	t - interim portion ed costs			munge	
Desk audit	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 11/02/1990	
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicai	d Cost Reimbursement	t Analysis
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No Change in Rate

Home Office:

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

Stephen Russell



Medicaid Reimbursement Per Diem Rates

Alhambra Health & F	Rehab Center			Provider Number:	0 261254-00
7501 38th Avenue No		-		Date:	12/21/2010
St. Petersburg FL 337	'10	_		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
- VI			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		212.12	215.29	1/1/2011
	Level H: AIDS		355.46	360.15	1/1/2011
	Level U: Fragile Under 21		470.49	476.40	1/1/2011
Rate Type :					
Interim		X	Prospecti		
	Total Interim		X	Total Prospective	
	Interim Component Settlement based on costs			Prospective Adjusted Total Prospective wit	
	Prior Provider Prospective data				n menn component
Basis:		Change	es:		
Budget			Licensu	re Rating Change	
X Unaudited	costs		Usual a	nd Customary Limitati	on
Field audit	ed costs		Target H	Rate limitation change	
Field audit	t - interim portion		FRVS C	Change	

XRate Semester ChangeOn FRV [2] as of 04/13/1994

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Desk audited costs

Desk audit - Interim Portion

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Desk Audit - Prospective portion

Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102 Tampa FL 33619



Medicaid Reimbursement Per Diem Rates

	Provider Number: 0 261599-00
14 13th Road South	Date: 12/21/2010
est Palm Beach FL 33415	Fiscal Year End: 6/30/2010
	Audit Status: Unaudited [3]
ovider Type:	
	CurrentNewEffectiveRateRateDate
ursing Home Single Level	219.09 222.61 1/1/2011
inding frome Single Level	
Level H: AIDS	362.43 367.47 1/1/2011
Level U: Fragile Under 21	477.46 483.72 1/1/2011
Settlement based on costs Prior Provider Prospective data Basis:	Total Prospective with Interim Component Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
	FRVS Change
Field audit - interim portion	
Desk audited costs Desk audit - Interim Portion	X Rate Semester Change
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Semester Change On FRV [2] as of 07/11/1988
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	On FRV [2] as of 07/11/1988
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	On FRV [2] as of 07/11/1988 Stephen Russell



Medicaid Reimbursement Per Diem Rates

	ation and Health Center			Provider Number:	0 261611-00
730 Lucerne Terrace	2			Date:	12/21/2010
rlando FL 32806				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current Rate	New Rate	Effective Date
ursing Home	Single Level		203.98	<u>207.16</u>	1/1/2011
	Single Level		203.70	207.10	1/1/2011
	Level H: AIDS		347.32	352.02	1/1/2011
	Level U: Fragile Under 21		462.35	468.27	1/1/2011
Rate Type :					
Interim	Total Interim	X	Prospective		
	Total Interim		X 7	Lotal Prochactiva	
				Fotal Prospective	for Now Costs
	Interim Component		H	Prospective Adjusted	
	Interim Component Settlement based on costs		H	Prospective Adjusted	for New Costs h Interim Component
	Interim Component		F	Prospective Adjusted	
	Interim Component Settlement based on costs	Change	F	Prospective Adjusted	
Basis:	Interim Component Settlement based on costs	Change	F 7 es:	Prospective Adjusted Fotal Prospective with	
Basis:	Interim Component Settlement based on costs Prior Provider Prospective data	Change	Es:	Prospective Adjusted Fotal Prospective with Rating Change	h Interim Component
Basis:	Interim Component Settlement based on costs Prior Provider Prospective data	Change	Es: Licensure Usual and	Prospective Adjusted Fotal Prospective with	h Interim Component
Basis: Budget X Unaudited Field audit	Interim Component Settlement based on costs Prior Provider Prospective data	Change 	Es: Licensure Usual and	Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation the limitation change	h Interim Component
Basis: Budget X Unaudited Field audit	Interim Component Settlement based on costs Prior Provider Prospective data	Change 	Es: Licensure Usual and Target Ra	Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation the limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion	Change	Es: Licensure Usual and Target Ra FRVS Ch Rate Sem	Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation the limitation change hange ester Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion t - Prospective portion		Es: Licensure Usual and Target Ra FRVS Ch Rate Sem	Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation the limitation change hange	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion t - Prospective portion		Es: Licensure Usual and Target Ra FRVS Ch Rate Sem	Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation the limitation change hange ester Change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audi Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion t - Prospective portion		Es: Licensure Usual and Target Ra FRVS Ch Rate Sem On FRV [Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation the limitation change hange ester Change [2] as of 10/01/1985 Stephen Russell	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion t - Prospective portion		Es: Licensure Usual and Target Ra FRVS Ch Rate Sem On FRV [Prospective Adjusted Total Prospective with e Rating Change I Customary Limitation the limitation change hange ester Change [2] as of 10/01/1985	h Interim Component



Medicaid Reimbursement Per Diem Rates

Avalon Health Care	Center			Provider Number:	0 261629-00
1270 SW Main Blvd		_		Date:	12/21/2010
Lake City FL 32025		_		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	183.97	185.94	1/1/2011
	Level H: AIDS		327.31	330.80	1/1/2011
	Level U: Fragile Under 21	-	442.34	447.05	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Prospect:	ive Total Prospective Prospective Adjusted Total Prospective with	
Desk audit Desk audit	ed costs t - interim portion	Changes	Licensu Usual a Target 1 FRVS (Rate Se	re Rating Change nd Customary Limitatio Rate limitation change Change mester Change V [2] as of 10/01/1985	on
Distribution:				Stephen Russell	
Permanent File	ement / Fiscal Agent		Medica	id Cost Reimbursement	t Analysis
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1 - No Home Office



Medicaid Reimbursement Per Diem Rates

erald Healthcare Center	Provider Number: 0 261637-00
5 SE Walton Road	Date: 12/21/2010
t St. Lucie FL 34952	Fiscal Year End: 12/31/2009
	Audit Status: Unaudited [3]
ovider Type:	
	Current New Effective
rsing Home Single Level	Rate Rate Date 204.08 206.65 1/1/2011
Ising Home Single Level	204.08 206.65 1/1/2011
Level H: AIDS	347.42 351.51 1/1/2011
Level U: Fragile Under 21	462.45 467.76 1/1/2011
-	
	X Total Prospective
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion	Prospective Adjusted for New Costs
Interim Component Settlement based on costs 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	Prospective Adjusted for New Costs Total Prospective with Interim Component Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change
Interim Component Settlement based on costs 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 Distribution: Contract Management / Fiscal Agent	Prospective Adjusted for New Costs Total Prospective with Interim Component Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 11/01/1987
Interim Component Settlement based on costs 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	Prospective Adjusted for New Costs Total Prospective with Interim Component Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 11/01/1987

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Medicaid Reimbursement Per Diem Rates

Hawthorne Health &	Rehab Center			Provider Number:	0 261670-00
851 West Lumsden R	load	_		Date:	12/21/2010
Brandon FL 33511		-	Fiscal Year End:		6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	184.42	192.40	1/1/2011
	Level H: AIDS		327.76	337.26	1/1/2011
	Level U: Fragile Under 21	_	442.79	453.51	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	F	Fotal Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audit Desk audit	ed costs - interim portion	 X	Usual and Target Ra FRVS Ch Rate Sem	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 03/27/1995	on
Distribution:	1 1			Stephen Russell	
•	ement / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis
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Medicaid Reimbursement Per Diem Rates

antic Shores Nursing and Rehab			Provider Number:	0 263389-00
51 Stack Blvd.			Date:	12/21/2010
lbourne FL 32901			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
ovider Type:				
		Current	New	Effective
· II · · · · ·		Rate	Rate	Date
Irsing Home Single Level		209.53	211.72	1/1/2011
Level H: AIDS		352.87	356.58	1/1/2011
Level U: Fragile Under 21		467.90	472.83	1/1/2011
-				
Rate Type :				
Interim	X	Prospective	•	
Total Interim			Total Prospective	
			otal i lospective	
Interim Component			Prospective Adjusted	for New Costs
		F	Prospective Adjusted	for New Costs h Interim Component
Interim Component		F	Prospective Adjusted	
Interim Component Settlement based on costs	Change	F 7	Prospective Adjusted	
Interim Component Settlement based on costs Prior Provider Prospective data	Change	F 7	Prospective Adjusted	
Interim Component Settlement based on costs Prior Provider Prospective data	Change	F 7 es:	Prospective Adjusted	
Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Change 	Es: Licensure Usual and	Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget	Chang	Es: Licensure Usual and	Prospective Adjusted Fotal Prospective with Rating Change	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X	Change	Es: Licensure Usual and	Prospective Adjusted Cotal Prospective with Rating Change Customary Limitation te limitation change	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs		Es: Licensure Usual and Target Ra FRVS Ch	Prospective Adjusted Cotal Prospective with Rating Change Customary Limitation te limitation change ange	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Change 	Es: Licensure Usual and Target Ra FRVS Ch Rate Semo	Prospective Adjusted Cotal Prospective with Rating Change Customary Limitation te limitation change ange ester Change	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		Es: Licensure Usual and Target Ra FRVS Ch Rate Semo	Prospective Adjusted Cotal Prospective with Rating Change Customary Limitation te limitation change ange	h Interim Component
Interim Component Settlement based on costs 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		Es: Licensure Usual and Target Ra FRVS Ch Rate Semo	Prospective Adjusted Cotal Prospective with Rating Change Customary Limitation te limitation change ange ester Change	h Interim Component
Interim Component Settlement based on costs 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 Desk Audit - Prospective portion Desk Audit - Prospective portion		Es: Licensure Usual and Target Ra FRVS Ch Rate Sema On FRV [Prospective Adjusted Cotal Prospective with Rating Change Customary Limitation te limitation change ange ester Change 2] as of 12/08/1995 Stephen Russell	h Interim Component
Interim Component Settlement based on costs 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 Distribution: Contract Management / Fiscal Agent Permanent File	 	Es: Licensure Usual and Target Ra FRVS Ch Rate Semo On FRV [Prospective Adjusted Cotal Prospective with Rating Change Customary Limitation te limitation change ange ester Change 2] as of 12/08/1995 Stephen Russell Cost Reimbursement	h Interim Component
Interim Component Settlement based on costs 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 Desk Audit - Prospective portion Desk Audit - Prospective portion	 	Es: Licensure Usual and Target Ra FRVS Ch Rate Semo On FRV [Prospective Adjusted Cotal Prospective with Rating Change Customary Limitation te limitation change ange ester Change 2] as of 12/08/1995 Stephen Russell	h Interim Component



Medicaid Reimbursement Per Diem Rates

Bonifay Nursing and	Rehab			Provider Number:	0 263443-00
306 West Brock Ave	nue			Date:	12/21/2010
Bonifay FL 32425				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		177.19	179.10	1/1/2011
	Level H: AIDS		320.53	323.96	1/1/2011
	Level U: Fragile Under 21		435.56	440.21	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X	Total Prospective Prospective Adjusted Total Prospective with	
Basis:	Prior Provider Prospective data	Change			
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ted costs t - interim portion	Change	Licensu Usual aı Target F FRVS C Rate Ser	re Rating Change nd Customary Limitatio Rate limitation change Change mester Change [2] as of 10/01/2003	Dn
Distribution:				Stephen Russell	
Contract Manage	ement / Fiscal Agent		Modicoi	d Cost Reimbursement	Apolycic

Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Haben Blvd. netto FL 34221		Date:	12/21/2010
netto FL 34221		Date.	12/21/2010
		Fiscal Year End:	12/31/2009
		Audit Status:	Unaudited [3]
ovider Type:	Current Rate	New Rate	Effective Date
rsing Home Single Level	209.26	211.65	1/1/2011
Level H: AIDS	352.60	356.51	1/1/2011
Level U: Fragile Under 2	467.63	472.76	1/1/2011
C			<u> </u>
Settlement based on costs Prior Provider Prospective o Basis:	Changes:		h Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	Usual a Target I FRVS C	rre Rating Change and Customary Limitati Rate limitation change Change emester Change V [2] as of 03/07/1988	
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Medicaid Reimbursement Per Diem Rates

		Provider Number:	0 263460-00	
		Date:	12/21/2010	
	Fiscal Year End:		12/31/2009	
			Unaudited [3]	
			[-]	
C	urrent	New	Effective	
			Date	
	216.91	219.37	1/1/2011	
3	860.25	364.23	1/1/2011	
	75.28	480.48	1/1/2011	
X I	Prospectiv	e		
	X	Total Prospective		
		Prospective Adjusted	for New Costs	
		Total Prospective with	h Interim Component	
Changes:				
			on	
	-	•		
	FRVSCI	nange		
<u> </u>	Rate Sem	ester Change		
		Stephen Russell		
	Medicaid	Cost Reimbursement	Analysis	
		Cost Reimbursement	-	
		X X X Changes: Licensure Usual and Target Ra FRVS CI X Rate Sem	Date: Fiscal Year End: Audit Status: Current New Rate Rate 216.91 219.37 360.25 364.23 475.28 480.48 X Prospective X Total Prospective Total Prospective Adjusted Total Prospective adjusted Total Prospective Prospective Adjusted Total Prospective Adjusted Total Prospective adjusted Total Prospective Adjusted Total Prospective adjusted Mathematical Prospective Adjusted Total Prospective adjusted Total Prospective Adjusted Total Prospective adjusted Mathematical Prospective Rating Change Rate Semester Change Mathematical Prospective Prospective Prospective Rate Imitation Prospective Prospective Prospective Adjusted Target Rate Imitation Prospective	

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Medicaid Reimbursement Per Diem Rates

Arbor Trail Nursing a	and Rehab		Provider Number:	0 263478-00
611 Turner Camp Ro	ad		Date: 12/21/20	
Inverness FL 34453			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		~		
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.73	199.94	1/1/2011
	Level H: AIDS	341.07	344.80	1/1/2011
	Level U: Fragile Under 21	456.10	461.05	1/1/2011
Rate Type :				
Interim		X Prospecti	ve	
	Total Interim	X	Total Prospective	
	Interim Component		Prospective Adjusted	
	Settlement based on costs		Total Prospective with	n Interim Component
-	Prior Provider Prospective data			

Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 07/17/1987
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Medicaid Reimbursement Per Diem Rates

inellas Point Nursin	g and Rehab	_		Provider Number:	0 263486-00
601 31st Street Nort		_	Date:		12/21/2010
t. Petersburg FL 337	712	-		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	227.18	226.17	1/1/2011
	Level H: AIDS		370.52	371.03	1/1/2011
	Level U: Fragile Under 21		485.55	487.28	1/1/2011
	Settlement based on costs Prior Provider Prospective data		T	otal Prospective wit	h Interim Component
Basis:		Change	s:		
Budget			Licensure	Rating Change	
X Unaudited				Customary Limitati	on
Field audit			_	e limitation change	
	t - interim portion		FRVS Cha	inge	
Desk audit Desk audit	ed costs - Interim Portion	X	Rate Seme	ster Change	
	t - Prospective portion			2] as of 03/08/1995	
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Medicaid Reimbursement Per Diem Rates

cksonville Nursing	and Rehab	_		Provider Number:	0 263494-00
34 Dunn Ave.		_		Date:	12/21/2010
cksonville FL 3221	8	_		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
			Rate	Rate	Date
ursing Home	Single Level		207.33	209.40	1/1/2011
	Level H: AIDS		350.67	354.26	1/1/2011
		—		<u> </u>	
	Level U: Fragile Under 21	_	465.70	470.51	1/1/2011
	Total Interim	<u> </u>		otal Prospective	for New Costs
			X To Pr To	ospective Adjusted	for New Costs h Interim Component
	Total Interim Interim Component Settlement based on costs	X Changes:	X To Pr To	ospective Adjusted	
Basis:	Total Interim Interim Component Settlement based on costs			ospective Adjusted	
Basis: Budget X Unaudited	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To Licensure I Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitatio	h Interim Component
Basis: Budget X Unaudited Field audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs		X To Pr To Licensure I Usual and o Target Rate	rospective Adjusted otal Prospective with Rating Change Customary Limitation	h Interim Component
Basis: Budget X Unaudited Field audit Field audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion		X To Pr To Licensure I Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitation	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion		X To Pr To Licensure I Usual and 0 Target Rato FRVS Cha	rospective Adjusted otal Prospective with Rating Change Customary Limitation	h Interim Component
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Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs : - Interim Portion t - Prospective portion	Changes:	X To Pr To Licensure I Usual and Target Rato FRVS Cha Rate Seme: On FRV [2	Rating Change Customary Limitation e limitation change nge ster Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes:	X To Pr To Licensure I Usual and O Target Rato FRVS Cha Rate Seme: On FRV [2 Medicaid O	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 10/31/1990 Stephen Russell	h Interim Component on t Analysis

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Medicaid Reimbursement Per Diem Rates

Port Orange Nursing	and Rehab			Provider Number:	0 263508-00
	5600 Victory Gardens Blvd.			Date:	12/21/2010
Port Orange FL 32127				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		213.09	216.07	1/1/2011
	Level H: AIDS		356.43	360.93	1/1/2011
	Level U: Fragile Under 21		471.46	477.18	1/1/2011
Data Tuna d					
Rate Type :					
Interim		X	Prospecti	ve	
	Total Interim		Χ	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
				Tatal Das an asting with	h Interim Common and

Settlement based on costs Prior Provider Prospective data	Total Prospective with Interim Component
Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs Field audited costs	Usual and Customary Limitation Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Semester Change On FRV [2] as of 10/09/1992
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Medicaid Reimbursement Per Diem Rates

Macclenny Nursing a	and Rehab		Provider Number:	0 263516-00
755 South 5th Street			Date:	12/21/2010
MacClenny FL 3206	3		Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.20	194.35	1/1/2011
	Level H: AIDS	335.54	339.21	1/1/2011
	Level U: Fragile Under 21	450.57	455.46	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data		Prospective Adjusted Total Prospective wit	h Interim Component
	Settlement based on costs Prior Provider Prospective data		Total Prospective wit	h Interim Component
Basis:		Changes:		
Budget		Licensu	ure Rating Change	
X Unaudited Field audit			and Customary Limitati Rate limitation change	on
	t - interim portion		Change	
Desk audit	-		C	
	- Interim Portion t - Prospective portion		emester Change V [2] as of 08/27/1990	
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	ement / Fiscal Agent		Stephen Russell	
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Medicaid Reimbursement Per Diem Rates

Medicana Nursing and Rehab 1710 Lake Worth Road				Provider Number:	0 263524-00
				Date:	12/21/2010
Lake Worth FL 33460)			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	213.57	215.40	1/1/2011
	Level H: AIDS		356.91	360.26	1/1/2011
	Level U: Fragile Under 21		471.94	476.51	1/1/2011
Rate Type :					
Interim		X	Prospective	<u>}</u>	

Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Basis:	Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 02/01/1997
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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: Fiscal Year End:		12/21/2010 12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	208.93	211.32	1/1/2011	
	Level H: AIDS		352.27	356.18	1/1/2011	
	Level U: Fragile Under 21		467.30	472.43	1/1/2011	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data			X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component			
Basis:		Change	s:			
Budget X Unaudited costs Field audited costs Field audit - interim portion			Usual and	e Rating Change d Customary Limitatio ate limitation change hange	on	
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		X	X Rate Semester Change On FRV [2] as of 07/06/1993			
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Metrowest Nursing and Rehab				Provider Number:	0 263541-00
5900 West Gate Drive					12/21/2010
Orlando FL 32835				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:				Tual Status.	
		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		213.59	213.78	1/1/2011
	Level H: AIDS	_	356.93	358.64	1/1/2011
	Level U: Fragile Under 21		471.96	474.89	1/1/2011
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		<u> </u>	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component		
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs			Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change		
Desk audit - Interim Portion Desk Audit - Prospective portion		X	XRate Semester ChangeOn FRV [2] as of 10/21/1994		

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Moultrie Creek Nursing and Rehab 200 Mariner Health Way St. Augustine FL 32086				Provider Number:	0 263559-00	
					12/21/2010	
				Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	200.19	202.50	1/1/2011	
	Level H: AIDS	_	343.53	347.36	1/1/2011	
	Level U: Fragile Under 21	-	458.56	463.61	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes		Total Prospective Prospective Adjusted Total Prospective with		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion			Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 05/01/1996			
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Medicaid Reimbursement Per Diem Rates

range City Nursing	and Rehab	_		Provider Number:	0 263567-00
810 Enterprise Road	1	_		Date:	12/21/2010
eBary FL 32713		-		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
T • TT		-	Rate	Rate	Date
ursing Home	Single Level	-	202.31	204.84	1/1/2011
	Level H: AIDS		345.65	349.70	1/1/2011
	Level U: Fragile Under 21		460.68	465.95	1/1/2011
Rate Type :	Total Interim	X	Prospective X To	otal Prospective	
Interim	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	X To Pr	ospective Adjusted	for New Costs h Interim Component
Interim	Interim Component Settlement based on costs	X		ospective Adjusted	
Interim	Interim Component Settlement based on costs		X To Pr To	ospective Adjusted	
Interim Basis: Budget X Unaudited	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To S: Licensure I Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitation	h Interim Component
Basis: Budget X Unaudited Field audit	Interim Component Settlement based on costs Prior Provider Prospective data costs red costs		X To Pr To S: Licensure I Usual and Target Rate	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit	Interim Component Settlement based on costs Prior Provider Prospective data costs red costs t - interim portion		X To Pr To S: Licensure I Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs red costs t - interim portion ed costs		X To Pr To S: Licensure I Usual and Target Rato FRVS Cha	Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs red costs t - interim portion	Changes	X To Pr To To To S: Licensure I Usual and Target Rato FRVS Cha Rate Seme	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes	X To Pr To To To S: Licensure I Usual and Target Rato FRVS Cha Rate Seme	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 06/26/1991	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk Audit Desk Audit Contract Manage	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes	X To Pr To S: Licensure I Usual and Target Rato FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitation e limitation change ster Change 2] as of 06/26/1991 Stephen Russell	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk Audi Desk Audi Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes	X To Ph To Construction X To Ph To To S: Usual and Target Rate FRVS Cha Rate Seme On FRV [2] Medicaid C	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 06/26/1991	h Interim Component

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Medicaid Reimbursement Per Diem Rates

Bayshore Pointe Nur	sing and Rehab			Provider Number:	0 263575-00
3117 West Gandy Bl	vd.			Date:	12/21/2010
Fampa FL 33611				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	
Torider Type.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	200.86		
Nursing Home	Single Level	-	200.80	203.29	1/1/2011
	Level H: AIDS		344.20	348.15	1/1/2011
	Level U: Fragile Under 21		459.23	464.40	1/1/2011
	Level 0. Magne Older 21		439.23	404.40	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data		[_]	Prospective Adjusted Fotal Prospective wit	h Interim Component
Basis:		Changes	s:		
Budget			Licensure	Rating Change	
X Unaudited	costs			Customary Limitati	on
Field audit				te limitation change	
Field audit	t - interim portion		FRVS Ch	ange	
Desk audit			— .		
	- Interim Portion t - Prospective portion	X		ester Change [2] as of 01/01/1986	
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r ennanent Phe					. /
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Medicaid Reimbursement Per Diem Rates

Royal Oaks Nursing		_		Provider Number:	0 263583-00
225 Knox McRae D	rive	_		Date:	12/21/2010
Fitusville FL 32780		-		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		203.35	206.12	1/1/2011
	Level H: AIDS		346.69	350.98	1/1/2011
	Level U: Fragile Under 21		461.72	467.23	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim		X T	Total Prospective	
	Interim Component		P	Prospective Adjusted	for New Costs
	Settlement based on costs		T	Total Prospective with	h Interim Component
]	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	Rating Change	
V Unaudited	agete			Customore Limitati	

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 Target Rate limitation change

 Field audit - interim portion
 FRVS Change

 Desk audited costs
 Target Rate Semester Change

 Desk audit - Interim Portion
 X

 Desk Audit - Prospective portion
 On FRV [2] as of 04/09/1993

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Medicaid Reimbursement Per Diem Rates

Tuskawilla Nursing a	nd Rehab			Provider Number:	0 263591-00
1024 Willa Springs I				Date:	12/21/2010
Winter Springs FL 32	2708			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		203.03	205.39	1/1/2011
	Level H: AIDS		346.37	350.25	1/1/2011
	Level U: Fragile Under 21		461.40	466.50	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective with	
Basis:		Change	s:		
	ted costs t - interim portion		Usual a	re Rating Change nd Customary Limitatio Rate limitation change Change	Dn
	ed costs - Interim Portion t - Prospective portion	X		mester Change 7 [2] as of 11/07/1994	
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Medicaid Reimbursement Per Diem Rates

Hunter's Creek Nursi	ng and Rehab			Provider Number:	0 263605-00
14155 Town Loop B	lvd.			Date:	12/21/2010
Orlando FL 32837				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
~			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		223.84	226.33	1/1/2011
	Level H: AIDS	_	367.18	371.19	1/1/2011
	Level U: Fragile Under 21		482.21	487.44	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Pr	otal Prospective rospective Adjusted otal Prospective wit	for New Costs h Interim Component
Basis:		Changes	:		
Desk audit	ted costs t - interim portion red costs		Usual and Target Rate FRVS Cha	-	on
Desk audit	- Interim Portion	X		ster Change	

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On FRV [2] as of 05/26/1998

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Desk Audit - Prospective portion

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Medicaid Reimbursement Per Diem Rates

oulevard Manor Nu	Irsing and Rehab		Provider Number:	0 263613-00
839 South Seacrest			Date:	12/21/2010
Boynton Beach FL 3.	3435		Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	202.40	203.47	1/1/2011
	Level H: AIDS	245 74	240.22	1/1/2011
	Level H. AIDS	345.74	348.33	1/1/2011
	Level U: Fragile Under 21	460.77	464.58	1/1/2011
Rate Type :	Total Interim	X Prospective	otal Prospective	
Interim	Total Interim Interim Component Settlement based on costs		ospective Adjusted	for New Costs h Interim Component
Interim	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		ospective Adjusted	
Interim	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X To Y To To To Changes: To	ospective Adjusted	
Interim	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X To M Pr To To Changes: Licensure 1	ospective Adjusted otal Prospective wit	h Interim Component
Interim	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X To Y To Prime To Changes: Licensure I Usual and to Usual and to	rospective Adjusted otal Prospective wit	h Interim Component
Basis: Budget X Unaudited Field audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X To Y To Prime To Changes: Licensure I Usual and to Usual and to	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X To Pr To Changes: To Licensure I Usual and I Target Rate FRVS Cha	Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X To Pr To Changes: To Licensure I Usual and I Target Rate FRVS Cha X Rate Seme	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component

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Medicaid Reimbursement Per Diem Rates

Palm City Nursing ar	id Rehab			Provider Number:	0 263621-00
2505 SW Martin Hig	hway	_		Date:	12/21/2010
Palm City FL 34990		_		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					[1]
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		205.04	207.39	1/1/2011
	Level H: AIDS		348.38	352.25	1/1/2011
	Level U: Fragile Under 21	_	463.41	468.50	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:	Prospect X	ive Total Prospective Prospective Adjusted Total Prospective with	
Desk audit	ed costs t - interim portion	 X	Usual a Target FRVS Rate Se	re Rating Change nd Customary Limitatio Rate limitation change Change emester Change V [2] as of 10/19/1993	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medica	id Cost Reimbursement	t Analysis
	rmation Only nge in Rate			hus Rea	•

Home Office:



Medicaid Reimbursement Per Diem Rates

ay Pointe Nursing Pavillion	_	Provider Number:	0 263834-00
201 31st Street South	_	Date:	12/21/2010
t. Petersburg FL 33712	_	Fiscal Year End:	1/31/2010
		Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	195.69	198.34	1/1/2011
Level H: AIDS	339.03	343.20	1/1/2011
Level U: Fragile Under 21	454.06	459.45	1/1/2011
Total Interim Interim Component Settlement based on costs	X	Total Prospective Prospective Adjusted Total Prospective wit	for New Costs h Interim Component
Prior Provider Prospective data Basis:	Changes:		
Budget		ure Rating Change	
X Unaudited costs		and Customary Limitati	on
Field audited costs		Rate limitation change	
Field audit - interim portion	FKVS	Change	
Desk audited costs Desk audit - Interim Portion	X Rate S	emester Change	
		V [2] as of 01/01/1991	
Desk Audit - Prospective portion	Un FR	v [2] as 01 01/01/1991	

Contract Management / Fiscal Agent Permanent File

For information Only

No Change in Rate

Medicaid Cost Reimbursement Analysis Stephen Russell

Home Office:



Medicaid Reimbursement Per Diem Rates

Boca Raton Rehabilit	ation Center			Provider Number:	0 263842-00
55 Meadows Road				Date:	12/21/2010
Boca Raton FL 33486				Fiscal Year End:	1/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			rrent .ate	New Rate	Effective Date
Nursing Home	Single Level	18	9.30	191.53	1/1/2011
	Level H: AIDS	33	2.64	336.39	1/1/2011
	Level U: Fragile Under 21	44	7.67	452.64	1/1/2011
	Settlement based on costs Prior Provider Prospective data	Changes:	1		h Interim Component
Budget		I	licensure	Rating Change	
X Unaudited Field audit				Customary Limitation change	on
	- interim portion		FRVS Cha	•	
Desk audit Desk audit	•			ester Change 2] as of 04/01/1998	
Distribution:				Stephen Russell	
•	ement / Fiscal Agent	N	Aedicaid (Cost Reimbursement	t Analysis
Permanent File For infor	mation Only			in Ra	

Home Office:



	rsing Center of Broward			Provider Number:	0 263851-00
1 East Sample Road				Date:	12/21/2010
ompano Beach FL 3	3064			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
ursing Uomo	Single Level	-	Rate 216.31	Rate	Date
ursing Home	Single Level	-	210.51	219.38	1/1/2011
	Level H: AIDS		359.65	364.24	1/1/2011
	Level U: Fragile Under 21		474.68	480.49	1/1/2011
Rate Type :					
Interim		X	Prospective		
Interim	Fotal Interim	X	X To	otal Prospective	
Interim	nterim Component	X	X To	ospective Adjusted	
Interim	nterim Component Settlement based on costs	<u> </u>	X To	ospective Adjusted	for New Costs h Interim Component
Interim	nterim Component	<u> </u>	X To	ospective Adjusted	
Interim	nterim Component Settlement based on costs	X		ospective Adjusted	
Interim	nterim Component Settlement based on costs		X To Pr To	ospective Adjusted otal Prospective wit	
Interim	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To S: Licensure I	ospective Adjusted otal Prospective wit	h Interim Component
Interim	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To S: Licensure I Usual and	ospective Adjusted otal Prospective wit Rating Change Customary Limitati	h Interim Component
Interim Interim I I I I I I I I I I I I I I I I I I I	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To S: Licensure I Usual and	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Interim Interim I I I I I I I I I I I I I I I I I I I	costs ed costs - interim portion		X To Pr To S: Licensure I Usual and 0 Target Rate	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Interim Interim <td< td=""><td>costs ed costs - interim portion</td><td></td><td>X To Pr To S: Licensure I Usual and Target Rato FRVS Cha</td><td>ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change</td><td>h Interim Component</td></td<>	costs ed costs - interim portion		X To Pr To S: Licensure I Usual and Target Rato FRVS Cha	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Interim Interim I I I I I I I I I I I I I I I I I I I	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs	Change	X To Pr To S: Licensure I Usual and O Target Rate FRVS Cha Rate Semen	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge	h Interim Component
Interim Interim I I I I I I I I I I I I I I I I I I I	enterim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion - Prospective portion	Change	X To Pr To S: Licensure I Usual and O Target Rate FRVS Cha Rate Semen	Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge	h Interim Component
Interim Interim I I I I I I I I I I I I I I I I I I I	costs ed costs - interim portion ed costs - Interim Portion	Change	X To Pr To S: Licensure I Usual and O Target Rato FRVS Cha Rate Seme: On FRV [2	Rating Change Customary Limitati e limitation change ge ster Change] as of 10/26/1988 Stephen Russell	h Interim Component
Interim Interim Interim I I I I I I I I I I I I I I I I I I I	enterim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion - Prospective portion ment / Fiscal Agent	Change	X To Pr To S: Licensure I Usual and O Target Rate FRVS Cha Rate Seme On FRV [2] Medicaid O	Rating Change Customary Limitati e limitation change [] as of 10/26/1988 Stephen Russell Cost Reimbursemen	h Interim Component on t Analysis
Interim Interim Interim I I I I I I I I I I I I I I I I I I I	costs ed costs - interim portion ed costs - Interim Portion - Prospective portion	Change	X To Pr To S: Licensure I Usual and O Target Rate FRVS Cha Rate Seme On FRV [2] Medicaid O	Rating Change Customary Limitati e limitation change ge ster Change] as of 10/26/1988 Stephen Russell	h Interim Component on t Analysis



ehabilitation and Healthcare Center of	f Cape Coral			Provider Number:	0 263869-00
529 Del Prado Blvd				Date:	12/21/2010
ape Coral FL 33904				Fiscal Year End:	1/31/2010
				Audit Status:	Unaudited [3]
rovider Type:		(Current Rate	New Rate	Effective Date
ursing Home Single Leve			193.93	196.16	1/1/2011
Level H: AID	5		337.27	341.02	1/1/2011
Level U: Frag	le Under 21	-	452.30	457.27	1/1/2011
Total Interim Interim Compone Settlement based Prior Provider Pro Basis:	on costs ospective data	Changes:		Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective po			Usual an Target R FRVS C Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 12/01/1985	on
Distribution:				Stephen Russell	
Contract Management / Fiscal Ag Permanent File For information Only No Change in Rate	ent	-Si		d Cost Reimbursement	-



Medicaid Reimbursement Per Diem Rates

rrollwood Care Center		Provider Number:	0 263877-00
002 Hutchinson Road		Date:	12/21/2010
mpa FL 33625		Fiscal Year End:	1/31/2010
		Audit Status:	Unaudited [3]
ovider Type:			
	Current	New	Effective
uning Home Single Level	Rate	Rate	Date
ursing Home Single Level	188.03	190.34	1/1/2011
Level H: AIDS	331.37	335.20	1/1/2011
Level U: Fragile Under 21	446.40	451.45	1/1/2011
Interim Total Interim Interim Component Settlement based on costs	Pr	otal Prospective ospective Adjusted	for New Costs
Prior Provider Prospective data		tal Prospective with	h Interim Component
Prior Provider Prospective data Basis:	Changes:		h Interim Component
Basis:	Changes:	-	h Interim Component
	Changes: Licensure F	Rating Change	-
Basis:	Changes: Licensure I Usual and C Target Rate	Rating Change Customary Limitation e limitation change	-
Budget X Unaudited costs Field audited costs Field audit - interim portion	Changes: Licensure F Usual and O	Rating Change Customary Limitation e limitation change	-
Budget X Unaudited costs Field audited costs	Changes: Licensure I Usual and C Target Rate	Rating Change Customary Limitation limitation change nge	-
Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	Changes: Licensure I Usual and O Target Rate FRVS Cha	Rating Change Customary Limitation limitation change nge	-
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	Changes: Licensure I Usual and 0 Target Rate FRVS Cha X Rate Semes	Rating Change Customary Limitation limitation change nge ster Change Stephen Russell	on
Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	Changes: Licensure H Usual and O Target Rate FRVS Cha X Rate Semes Medicaid O	Rating Change Customary Limitation limitation change nge ster Change	on t Analysis

Home Office:



	ation and Extended Care		Provider Number:	0 263885-00
02 59th St West			Date:	12/21/2010
adenton FL 34209			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
ovider Type:		Current	New	Effective
		Rate	Rate	Date
irsing Home	Single Level	195.31	197.45	1/1/2011
	Level H: AIDS	338.65	342.31	1/1/2011
	Level U: Fragile Under 21	453.68	458.56	1/1/2011
	Total Interim Interim Component		otal Prospective ospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			for New Costs h Interim Component
	Settlement based on costs Prior Provider Prospective data	Changes: Licensure H Usual and O		h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	Changes: To Licensure F Usual and 0 Target Rate FRVS Cha X Rate Semes	Rating Change Customary Limitati e limitation change nge	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	Changes: To Licensure F Usual and 0 Target Rate FRVS Cha X Rate Semes	Rating Change Customary Limitati e limitation change nge ster Change	h Interim Component



Medicaid Reimbursement Per Diem Rates

Evergreen Woods				Provider Number:	0 263893-00
7045 Evregreen Woo	ds Trail			Date:	12/21/2010
Springhill FL 34608				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		195.90	189.00	1/1/2011
	Level H: AIDS		339.24	333.86	1/1/2011
	Level U: Fragile Under 21		454.27	450.11	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data	Changes:		Prospective Adjusted Fotal Prospective with	for New Costs h Interim Component
Desk audit Desk audit	ed costs t - interim portion		Usual and Target Ra FRVS Ch Rate Sem	e Rating Change I Customary Limitation ate limitation change hange lester Change [2] as of 01/01/1989	DN
Distribution:				Stephen Russell	
Permanent File For infor	ement / Fiscal Agent rmation Only nge in Rate	13		Cost Reimbursement	-

Home Office:



Medicaid Reimbursement Per Diem Rates

Highland Pines Rehal	bilitation Center			Provider Number:	0 263907-00
1111 South Highland				Date:	12/21/2010
Clearwater FL 33756				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		Curre Rate		New Rate	Effective Date
Nursing Home	Single Level	194.4	45	192.92	1/1/2011
	Level H: AIDS	337.7	79	337.78	1/1/2011
	Level U: Fragile Under 21	452.3	32	454.03	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prosp	X	re Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Lice Usu Tary FR	al an get R VS C e Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1985	on
Distribution:				Stephen Russell	
Permanent File For infor	ement / Fiscal Agent mation Only nge in Rate	Mec Step		l Cost Reimbursement	

Home Office:



Medicaid Reimbursement Per Diem Rates

rospective X 1 F	Date: Fiscal Year End: Audit Status: New Rate 202.85 347.71 463.96	12/21/2010 1/31/2010 Unaudited [3] Effective Date 1/1/2011 1/1/2011 1/1/2011
Rate 04.61 47.95 52.98 rospective X	Audit Status: New Rate 202.85 347.71 463.96	Unaudited [3] Effective Date 1/1/2011 1/1/2011
Rate 04.61 47.95 52.98 rospective X	New Rate 202.85 347.71 463.96	Effective Date 1/1/2011 1/1/2011
Rate 04.61 47.95 52.98 rospective X	Rate 202.85 347.71 463.96	Effective Date 1/1/2011 1/1/2011
Rate 04.61 47.95 52.98 rospective X	Rate 202.85 347.71 463.96	Date 1/1/2011 1/1/2011
47.95 52.98 rospective X 7	<u>347.71</u> <u>463.96</u>	1/1/2011
52.98 rospective X	463.96	
52.98 rospective X	463.96	
rospective X	 e	1/1/2011
X		
7	Fotal Prospective wit	h Interim Component
Licensure	e Rating Change	
		on
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Madiaaid	-	t Analysis
p h	in Ru	sould
	icensure Jsual and Target Ra TRVS Ch Cate Sem On FRV	icensure Rating Change Jsual and Customary Limitati Target Rate limitation change TRVS Change Rate Semester Change On FRV [2] as of 10/01/1985 Stephen Russell Medicaid Cost Reimbursemen

Home Office:



ompano Rehabilitation and Nursi	ing Center		Provider Number:	0 263923-00	
1 West Sample Road			Date:	12/21/2010	
Compano Beach FL 33064			Fiscal Year End:	1/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:					
		Current Rate	New Rate	Effective Date	
Nursing Home Single I	Level	202.80	205.40	1/1/2011	
Level H: A	AIDS	346.14	350.26	1/1/2011	
Level U: I	Fragile Under 21	461.17	466.51	1/1/2011	
Prior Provide Basis:	or Prospective data	Changes:			
Budget X Unaudited costs Field audited costs		Usual and C Target Rate	Rating Change Customary Limitation e limitation change	on	
Field audit - interim por Desk audited costs Desk audit - Interim Por Desk Audit - Prospectiv	rtion	K FRVS Cha X Rate Semes On FRV [2]	-		
Distribution:			Stephen Russell		
	l Δ gent		-		
Contract Management / Fisca Permanent File	rgent	Medicaid C	Cost Reimbursemen	t Analysis	



Mellonville Aver	nue		Date:	12/21/2010
ford FL 32771			Fiscal Year End:	1/31/2010
			Audit Status:	Unaudited [3]
ovider Type:				
		Current Rate	New Rate	Effective Date
rsing Home	Single Level	179.93	182.03	1/1/2011
	Level H: AIDS	323.27	326.89	1/1/2011
	Level U: Fragile Under 21	438.30	443.14	1/1/2011
Interim	_	X Prospective X To	otal Prospective	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X To Pr	otal Prospective ospective Adjusted otal Prospective wit	for New Costs h Interim Component
Basis: Budget X Unaudited Field audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X To Pr To Changes: To Licensure I Usual and o Target Rate FRVS Cha	ospective Adjusted otal Prospective wit Rating Change Customary Limitation e limitation change nge	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X To Pr To Changes: To Usual and of Target Rate FRVS Cha FRVS Cha X Rate Sementary	ospective Adjusted otal Prospective wit Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X To Pr To Changes: To Usual and of Target Rate FRVS Cha FRVS Cha X Rate Sementary	ospective Adjusted otal Prospective wit Rating Change Customary Limitation limitation change nge	h Interim Component



Rehabilitation and He	ealthcare of Tampa			Provider Number:	0 263940-00
4411 North Habana A	Ave.			Date:	12/21/2010
Гатра FL 33614				Fiscal Year End:	1/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		186.42	188.78	1/1/2011
	Level H: AIDS		329.76	333.64	1/1/2011
	Level U: Fragile Under 21		444.79	449.89	1/1/2011
	Settlement based on costs Prior Provider Prospective data	Change			h Interim Component
Desk audit Desk audit	ted costs t - interim portion		Usual and C Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change nge ster Change [] as of 10/01/1985	on
Distribution:					
	ement / Fiscal Agent		M. 11 11 4	Stephen Russell	(A
	rmation Only nge in Rate			Cost Reimbursemen	2
Home Office:	1 - No Home Office				



e Abbey Rehabilit	ation and Nursing Center			Provider Number:	0 263958-00
01 9th St. North				Date:	12/21/2010
Petersburg FL 337	702			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
ovider Type:					
		Curr Ra		New Rate	Effective Date
ursing Home	Single Level	199		202.28	1/1/2011
	Level H: AIDS	342	.98	347.14	1/1/2011
	Level U: Fragile Under 21	458	.01	463.39	1/1/2011
Rate Type :		V D			
Interim	Total Interim	X Pros	pective X T	otal Prospective	
	Interim Component			rospective Adjusted	for New Costs
	Settlement based on costs				h Interim Component
	Prior Provider Prospective data				I
Basis:		Changes:			
Budget		Li	censure	Rating Change	
X Unaudited				Customary Limitation	on
Field audit			-	e limitation change	
	t - interim portion	FF	VS Cha	ange	
Desk audit	ed costs - Interim Portion	X Ra	te Seme	ster Change	
	t - Prospective portion			2] as of 10/01/1985	
Distribution:		L		Stephen Russell	
•	ement / Fiscal Agent	M	edicaid (Cost Reimbursement	t Analysis
Permanent File	rmation Only				-
	rmation Only nge in Rate	Step	en	in Ru	sell
	-				
Home Office:	1 - No Home Office				



Medicaid Reimbursement Per Diem Rates

The Oaks at Avon			Provider Number:	0 263966-00	
1010 US 27 N			Date:	12/21/2010	
Avon Park FL 33825			Fiscal Year End:	12/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:					
		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	196.05	198.56	1/1/2011	
C					
	Level H: AIDS	339.39	343.42	1/1/2011	
	Level U: Fragile Under 21	454.42	459.67	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Pr	otal Prospective ospective Adjusted otal Prospective with	for New Costs h Interim Component	
Desk audit Desk audit	costs ed costs - interim portion	Usual and C Target Rate FRVS Cha X Rate Semes	Rating Change Customary Limitation e limitation change nge ster Change] as of 01/05/1993	on	
Distribution:			Stephen Russell		
•	ement / Fiscal Agent	Medicaid C	Cost Reimbursement	t Analysis	
	rmation Only nge in Rate	Steph		sould	

Home Office:



Titusville Rehabilitat	ion and Nursing Center			Provider Number:	0 263974-00
705 Jess Parrish Cou	ırt			Date:	12/21/2010
Titusville FL 32796				Fiscal Year End:	1/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		196.72	199.13	1/1/2011
	Level H: AIDS		340.06	343.99	1/1/2011
	Level U: Fragile Under 21		455.09	460.24	1/1/2011
:	Interim Component Settlement based on costs Prior Provider Prospective data	Change	T	rospective Adjusted otal Prospective wit	for New Costs h Interim Component
Desk audit Desk audit	ed costs t - interim portion		Usual and Target Rate FRVS Cha	Rating Change Customary Limitati e limitation change nge ster Change 2] as of 10/01/1985	on
Distribution:				Stephen Russell	
Contract Manage Permanent File	ement / Fiscal Agent		Medicaid C	Cost Reimbursemen	t Analysis
For info	rmation Only nge in Rate		steph	ng Ra	mell
Home Office:	1 - No Home Office				



arasota Health and I	Rehabilitation Center			Provider Number:	0 263982-00
524 East Avenue S				Date:	12/21/2010
arasota FL 34239				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
rovider Type:		_	Current Rate	New Rate	Effective Date
ursing Home	Single Level	_	199.09	201.21	1/1/2011
	Level H: AIDS	_	342.43	346.07	1/1/2011
	Level U: Fragile Under 21	_	457.46	462.32	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data	Changes	T	rospective Adjusted otal Prospective wit	h Interim Component
	ted costs t - interim portion		Usual and	Rating Change Customary Limitation te limitation change ange	on
	ed costs - Interim Portion t - Prospective portion	<u> </u>		ester Change 2] as of 10/01/1985	
Distribution:				Stephen Russell	
Permanent File For info	ement / Fiscal Agent rmation Only nge in Rate	-3		Cost Reimbursemen	
Home Office:	1 - No Home Office				



				Provider Number:	0 263991-00
719 Dallas Drive				Date:	12/21/2010
udson FL 34667				Fiscal Year End:	1/31/2010
				Audit Status:	Unaudited [3]
rovider Type:					
			Current Rate	New Rate	Effective Date
ursing Home	Single Level		182.54	184.65	1/1/2011
-	-				
	Level H: AIDS		325.88	329.51	1/1/2011
	Level U: Fragile Under 21		440.91	445.76	1/1/2011
Rate Type :					
Interim		Х	Prospecti	ve	
	Total Interim	<u> </u>	Prospecti X	ve Total Prospective	
,	Total Interim Interim Component	<u> </u>			for New Costs
, 		<u> </u>		Total Prospective Prospective Adjusted	for New Costs h Interim Component
	Interim Component	<u> </u>		Total Prospective Prospective Adjusted	
	Interim Component Settlement based on costs		X	Total Prospective Prospective Adjusted	
	Interim Component Settlement based on costs	X Change	X	Total Prospective Prospective Adjusted	
	Interim Component Settlement based on costs		 	Total Prospective Prospective Adjusted	
Basis:	Interim Component Settlement based on costs Prior Provider Prospective data		X es: Licensu	Total Prospective Prospective Adjusted Total Prospective with	h Interim Component
Basis:	Interim Component Settlement based on costs Prior Provider Prospective data		X es: Licensur Usual ar	Total Prospective Prospective Adjusted Total Prospective with	h Interim Component
Basis: Budget X Unaudited Field audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion		X es: Licensur Usual ar	Total Prospective Prospective Adjusted Total Prospective with re Rating Change ad Customary Limitation cate limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs	Change	X Licensur Usual ar Target F FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change ad Customary Limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs c - interim portion ed costs - Interim Portion		X Licensur Usual ar Target F FRVS C Rate Ser	Total Prospective Prospective Adjusted Total Prospective with re Rating Change ad Customary Limitation Cate limitation change Change mester Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion t - Prospective portion	Change	X Licensur Usual ar Target F FRVS C Rate Ser	Total Prospective Prospective Adjusted Total Prospective with re Rating Change ad Customary Limitation change Change mester Change [2] as of 09/01/1993	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion t - Prospective portion	Change	X Licensur Usual ar Target F FRVS C Rate Ser On FRV	Total Prospective Prospective Adjusted Total Prospective with re Rating Change ad Customary Limitation tate limitation change Change nester Change [2] as of 09/01/1993 Stephen Russell	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs c - interim portion ed costs - Interim Portion t - Prospective portion	Change 	X Licensur Usual ar Target F FRVS C Rate Ser On FRV	Total Prospective Prospective Adjusted Total Prospective with re Rating Change ad Customary Limitation change mester Change [2] as of 09/01/1993 Stephen Russell d Cost Reimbursement	h Interim Component on t Analysis
Basis: Budget X Unaudited Field audit Desk Audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs c - interim portion ed costs - Interim Portion t - Prospective portion	Change 	X Licensur Usual ar Target F FRVS C Rate Ser On FRV	Total Prospective Prospective Adjusted Total Prospective with re Rating Change ad Customary Limitation tate limitation change Change nester Change [2] as of 09/01/1993 Stephen Russell	h Interim Component on t Analysis



Medicaid Reimbursement Per Diem Rates

Vinkler Court		_		Provider Number:	0 264008-00
250 Winkler Ave		_		Date:	12/21/2010
Fort Myers FL 33916	Myers FL 33916		Fiscal Year End:		12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	198.35	201.19	1/1/2011
	Level H: AIDS		341.69	346.05	1/1/2011
	Level U: Fragile Under 21		456.72	462.30	1/1/2011
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	h Interim Component
Basis:		Changes	:		
Budget X Unaudited Field audit Field audit Desk audit	ted costs t - interim portion		Usual an	e Rating Change d Customary Limitatio ate limitation change hange	on
Desk audit	Interim Portiont - Prospective portion	X		nester Change [2] as of 04/12/1995	
Distribution:		, <u> </u>		Stephen Russell	
Permanent File	ement / Fiscal Agent		Medicai	d Cost Reimbursement	t Analysis

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No Change in Rate

Stephen Russell

Home Office:



ountstown Health and Rehabilitation Center			Provider Number:	0 264067-00
690 S.W. Chipola Road			Date:	12/21/2010
ountstown FL 32424			Fiscal Year End:	10/31/2008
			Audit Status:	Unaudited [3]
rovider Type:				
		Current Rate	New Rate	Effective Date
ursing Home Single Level		204.90	200.07	1/1/2011
Level H: AIDS		348.24	344.93	1/1/2011
Level U: Fragile Under	er 21	463.27	461.18	1/1/2011
Rate Type :				
		D		
Interim	Х	Prospective		
Interim Total Interim	<u> </u>	Prospective X	- Fotal Prospective	
	<u> </u>	X		l for New Costs
Total Interim			Fotal Prospective Prospective Adjusted	l for New Costs th Interim Component
Total Interim Interim Component			Fotal Prospective Prospective Adjusted	
Total Interim Interim Component Settlement based on costs			Fotal Prospective Prospective Adjusted	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective Basis:	e data	 ges:	Fotal Prospective Prospective Adjusted Fotal Prospective wit	
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Budget X Unaudited costs Field audited costs Field audit - interim portion	e data	ges: Licensure Usual and	Fotal Prospective Prospective Adjusted Fotal Prospective wit Rating Change Customary Limitati the limitation change	th Interim Component
Budget X Unaudited costs Field audit - interim portion Desk audited costs	e data Chang	X 1 ges: 1 Licensure 1 Usual and 1 Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective wit Rating Change Customary Limitati the limitation change hange	th Interim Component
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Medicaid Reimbursement Per Diem Rates

Crystal Oaks of Pine 6767 86th Avenue N		_		Provider Number:	0 264351-00
Pinellas Park FL 337		_			12/21/2010
		_		Fiscal Year End:	10/31/2007
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		211.14	214.18	1/1/2011
	Level H: AIDS		354.48	359.04	1/1/2011
	Level U: Fragile Under 21		469.51	475.29	1/1/2011
Rate Type :					
Interim	1	X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensur	e Rating Change	

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Usual and Customary Limitation

Target Rate limitation change FRVS Change

Rate Semester Change On FRV [2] as of 02/06/1998

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

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Unaudited costs

Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

Contract Management / Fiscal Agent

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Desk Audit - Prospective portion

Х



Medicaid Reimbursement Per Diem Rates

Lafayette Healthcare	Center			Provider Number:	0 264482-00
512 West Main Sreet		-		Date:	12/21/2010
Mayo FL 32066		_		Fiscal Year End:	10/31/2007
				Audit Status:	Unaudited [3]
Provider Type:			Comment	Nam	
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		202.32	204.78	1/1/2011
	Level H: AIDS		345.66	349.64	1/1/2011
	Level U: Fragile Under 21		460.69	465.89	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Change	P T	otal Prospective rospective Adjusted	for New Costs h Interim Component
Desk audite Desk audit	ed costs - interim portion		Usual and Target Rat FRVS Cha	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 07/15/1997	on
Distribution:				Stephen Russell	
Permanent File For infor	ement / Fiscal Agent mation Only nge in Rate			Cost Reimbursement	-

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Medicaid Reimbursement Per Diem Rates

ford Chester Sims State Veteran's Nursing Home	_		Provider Number:	0 264491-00
9 Tram Road	-		Date:	12/21/2010
ingfield FL 32404	_		Fiscal Year End:	6/30/2009
			Audit Status:	Unaudited [3]
ovider Type:				
		Current Rate	New Rate	Effective Date
Irsing Home Single Level		212.33	215.92	1/1/2011
Level H: AIDS		355.67	360.78	1/1/2011
Level U: Fragile Under 21	_	470.70	477.03	1/1/2011
Rate Type :				
Rate Type : Interim	X	Prospective		
	<u> </u>	X T	otal Prospective	
Interim Total Interim Interim Component	<u> </u>	X T	otal Prospective rospective Adjusted	
Interim Total Interim Interim Component Settlement based on costs	<u> </u>	X T	otal Prospective rospective Adjusted	for New Costs h Interim Component
Interim Total Interim Interim Component	<u> </u>	X T	otal Prospective rospective Adjusted	
Interim Total Interim Interim Component Settlement based on costs	X Changes:	X T	otal Prospective rospective Adjusted	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X T P T	otal Prospective rospective Adjusted	
Interim Total Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Unaudited costs		X T P T Licensure Usual and	otal Prospective rospective Adjusted otal Prospective wit Rating Change Customary Limitati	h Interim Component
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Interim Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion		X T P T Licensure Usual and	otal Prospective rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
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Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audit - interim portion Desk audited costs	Changes:	X T P T T Licensure Usual and Target Rat FRVS Cha Rate Seme	otal Prospective rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change ange	h Interim Component
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes:	X T P T T Licensure Usual and Target Rat FRVS Cha Rate Seme	otal Prospective rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change ange	h Interim Component
Interim Interim Total Interim Interim Component Settlement based on costs 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 Distribution: Contract Management / Fiscal Agent	Changes:	X T P T T Licensure Usual and Target Rat FRVS Cha Rate Seme On FRV [2	otal Prospective rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change ange ester Change 2] as of 11/05/2003	h Interim Component
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes:	X T P T T Licensure Usual and Target Rat FRVS Cha Rate Seme On FRV [2 Medicaid 0	otal Prospective rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change ange ester Change 2] as of 11/05/2003 Stephen Russell	h Interim Component on It Analysis

Largo Fl 33778-1630



Medicaid Reimbursement Per Diem Rates

Conway Lakes Nur	sing Center			Provider Number:	0 264512-00
5201 Curry Ford Ro	bad			Date:	12/21/2010
Orlando FL 32812			Fiscal Year End:		12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	onaudited [5]
i i o i u ci i ji poi		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		214.46	217.24	1/1/2011
	Level H: AIDS	_	357.80	362.10	1/1/2011
	Level U: Fragile Under 21		472.83	478.35	1/1/2011
Interin	m Total Interim Interim Component Settlement based on costs	<u> </u>	Prospect	ive Total Prospective Prospective Adjusted Total Prospective wit	
	Prior Provider Prospective data				
Basis:		Changes:			
Field aud	d costs lited costs lit - interim portion lited costs		Usual a	re Rating Change nd Customary Limitati Rate limitation change Change	on
Desk aud	lited costs lit - Interim Portion dit - Prospective portion	X		emester Change V [2] as of 12/23/1991	

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Home Office:

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

Medicaid Cost Reimbursement Analysis

Stephen Russell



Medicaid Reimbursement Per Diem Rates

Belleair East Health	Care Center			Provider Number:	0 264521-00
1150 PONCE DE LE				Date:	12/21/2010
Clearwater FL 33756				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	208.27	211.05	1/1/2011
	Level H: AIDS		351.61	355.91	1/1/2011
	Level U: Fragile Under 21	-	466.64	472.16	1/1/2011
:	Interim Component Settlement based on costs Prior Provider Prospective data	Changes	,	Prospective Adjusted Total Prospective with	for New Costs h Interim Component
Desk audit	ed costs t - interim portion		Usual and Target Ra FRVS Ch Rate Sem	ester Change	on
Desk Audi Distribution:	t - Prospective portion		On FRV	[2] as of 10/01/1985	
	ement / Fiscal Agent			Stephen Russell	
Permanent File For infor	rmation Only nge in Rate			Cost Reimbursement	•

Home Office:



Medicaid Reimbursement Per Diem Rates

East Bay Nursing Cer	nter			Provider Number:	0 264539-00
1470 East Bay Drive				Date:	12/21/2010
Clearwater FL 33764				Fiscal Year End: 12/31/200	
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		210.78	213.43	1/1/2011
	Level H: AIDS		354.12	358.29	1/1/2011
	Level U: Fragile Under 21		469.15	474.54	1/1/2011
Rate Type : Interim		X	Prospective		
	Total Interim		-	otal Prospective	
	Interim Component		P	rospective Adjusted	for New Costs
	Settlement based on costs		T	otal Prospective with	h Interim Component
]	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited				Customary Limitatio	on
Field audit	ed costs		Target Rat	e limitation change	

FRVS Change Field audit - interim portion Rate Semester Change Desk audit - Interim Portion Х On FRV [2] as of 07/26/1990 Desk Audit - Prospective portion

Stephen Russell

Medicaid Cost Reimbursement Analysis

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Desk audited costs

Contract Management / Fiscal Agent

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Medicaid Reimbursement Per Diem Rates

IELBOURNE TER	RACE RESTORATIVE CARE CE			Provider Number:	0 264547-00
51 Florida Ave				Date:	12/21/2010
Ielbourne FL 32901	-			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	215.36	218.31	1/1/2011
	Level H: AIDS		358.70	363.17	1/1/2011
	Level U: Fragile Under 21	_	473.73	479.42	1/1/2011
	Total Interim	<u> </u>		otal Prospective	for New Costs
			X To	rospective Adjusted	for New Costs h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	X Changes	X To Pr To To Licensure 1 Usual and Target Rat FRVS Cha Rate Seme	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit Desk audit Desk Audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes	X To Pr To To Licensure 1 Usual and Target Rat FRVS Cha Rate Seme	Rating Change Customary Limitation e limitation change ster Change	h Interim Component

Home Office:



Medicaid Reimbursement Per Diem Rates

ntre Point Health a	and Renab Center		Provider Number:	0 264563-00	
55 Centerville Roa		Date:		12/21/2010	
Illahassee FL 3230	8		Fiscal Year End:	12/31/2009	
			Audit Status:	Unaudited [3]	
rovider Type:					
		Current Rate	New Rate	Effective Date	
ursing Home	Single Level	205.23	207.79	1/1/2011	
	Level H: AIDS	348.57	352.65	1/1/2011	
	Level U: Fragile Under 21	463.60	468.90	1/1/2011	
	Total Interim		otal Prospective	for New Costs	
Interim	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		rospective Adjusted	for New Costs h Interim Component	
Basis: Budget X Unaudited Field audi Field audi Desk audit Desk audit Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X T Pr T Changes: T Licensure Usual and Target Rat FRVS Cha X Rate Seme	rospective Adjusted otal Prospective wit Rating Change Customary Limitation e limitation change	h Interim Component	
Basis: Budget X Unaudited Field audi Field audi Desk audit Desk audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X T Pr T Changes: T Licensure Usual and Target Rat FRVS Cha X Rate Seme	rospective Adjusted otal Prospective with Rating Change Customary Limitative e limitation change inge ster Change	h Interim Component	

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Medicaid Reimbursement Per Diem Rates

SPRING LAKE NUR	SING CENTER			Provider Number:	0 264571-00
	1540 Sixth Street, NW			Date:	12/21/2010
Winter Haven FL 338	381			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	216.74	219.38	1/1/2011
	Level H: AIDS		360.08	364.24	1/1/2011
	Level U: Fragile Under 21		475.11	480.49	1/1/2011
Rate Type :					
Interim		X	Prospectiv	ve	
r	Total Interim		X	Total Prospective	

Interim	<u>A</u> 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:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 05/17/1991
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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	
					12/21/2010	
				Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type:				That Status.		
51		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	207.95	214.70	1/1/2011	
	Level H: AIDS		351.29	359.56	1/1/2011	
	Level U: Fragile Under 21	_	466.32	475.81	1/1/2011	
	Settlement based on costs Prior Provider Prospective data	Changes:		Fotal Prospective with	h Interim Component	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion			Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 10/23/2003			
Distribution:				Stephen Russell		
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Analysis			
	rmation Only nge in Rate	13		ing Rec	•	

Home Office:

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



Medicaid Reimbursement Per Diem Rates

alencia Hills Health a	nd Rehabilitation Center			Provider Number:	0 265560-00
50 Sleepy Hill Road				Date:	12/21/2010
keland FL 33810				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
rovider Type:		_	Current Rate	New Rate	Effective Date
ursing Home	Single Level	-	191.19	193.40	1/1/2011
	Level H: AIDS		334.53	338.26	1/1/2011
	Level U: Fragile Under 21		449.56	454.51	1/1/2011
In Se	otal Interim terim Component ettlement based on costs ior Provider Prospective data	Changes	Pi	otal Prospective rospective Adjusted otal Prospective wit	for New Costs h Interim Component
Desk audited Desk audit -	l costs interim portion	X	Usual and Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 11/01/1994	on
Distribution:				Stephen Russell	
Contract Managen Permanent File For inform No Chang	nation Only			Cost Reimbursemen	-
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circ Tallahassee FL 32308	le, Ste. D			



Medicaid Reimbursement Per Diem Rates

Summer Brook Healt	h Care Center		Provider Number:	0 265721-00
5377 Moncrief Road			Date:	12/21/2010
Jacksonville FL 3220	acksonville FL 32209		Fiscal Year End:	6/30/2009
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	175.72	168.81	1/1/2011
C				
	Level H: AIDS	319.06	313.67	1/1/2011
	Level U: Fragile Under 21	434.09	429.92	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data		ospective Adjusted otal Prospective with	for New Costs h Interim Component
Basis:		Changes:		
Budget		Licensure I	Rating Change	
X Unaudited			Customary Limitation	on
Field audit		·	e limitation change	
Field audit Desk audit	t - interim portion	FRVS Cha	nge	
	- Interim Portion		ster Change	
	t - Prospective portion	On FRV [2] as of 10/01/1985	
Distribution:			Stephen Russell	
•	ement / Fiscal Agent	Medicaid C	Cost Reimbursement	t Analysis
Permanent File				-

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No Change in Rate

Home Office:

Innovative Health Care Management Services, Inc. Angela Williams 2333 Hansen Lane, Suite 4 Tallahassee FL 32301

Stephen Russell



Medicaid Reimbursement Per Diem Rates

Hialeah Convalescen	t Center			Provider Number:	0 265730-00
190 W. 28th Street				Date:	12/21/2010
Hialeah FL 33010				Fiscal Year End:	3/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Chaddhed [5]
Trovider Type.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		181.62	181.63	1/1/2011
	Level H: AIDS		324.96	326.49	1/1/2011
	Level U: Fragile Under 21		439.99	442.74	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Change	 es:	Total Prospective Prospective Adjusted Total Prospective with	
Desk audit Desk audit	ted costs t - interim portion		Usual an Target R FRVS C Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 07/01/1991	Dn
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid	d Cost Reimbursement	Analysis
	rmation Only nge in Rate			my Red	•

Home Office:



Medicaid Reimbursement Per Diem Rates

Date:12/21/2010Incala FL 34474Fiscal Year End:1/31/2010Audit Status:Unaudited [3]	Life Care Center of C	Ocala			Provider Number:	0 266108-00
Fiscal Year End: 1/31/2010 Audit Status: Unaudited [3] Audit Status: Unaudited [3] Audit Status: Date Dursing Home Single Level Level H: AIDS 352.24 Level U: Fragile Under 21 467.27 472.79 1/1/2011 Rate Type :	800 SW 41st Street		_	Date:		12/21/2010
Aursing Home Single Level Current Rate New Rate Effective Date Level H: AIDS 352.24 356.54 1/1/2011 Level U: Fragile Under 21 467.27 472.79 1/1/2011 Rate Type :	Ocala FL 34474		-		Fiscal Year End:	1/31/2010
Current Rate New Rate Effective Date Aursing Home Single Level 208.90 211.68 1/1/2011 Level H: AIDS 352.24 356.54 1/1/2011 Level U: Fragile Under 21 467.27 472.79 1/1/2011 Rate Type :					Audit Status:	Unaudited [3]
Rate Rate Date Level H: AIDS 352.24 356.54 1/1/2011 Level U: Fragile Under 21 467.27 472.79 1/1/2011 Rate Type :	Provider Type:					
Iursing Home Single Level 208.90 211.68 1/1/2011 Level H: AIDS 352.24 356.54 1/1/2011 Level U: Fragile Under 21 467.27 472.79 1/1/2011 Rate Type :						
Level H: AIDS 352.24 356.54 1/1/2011 Rate Type : 467.27 472.79 1/1/2011 Interim X Prospective Total Interim X Prospective Interim X Prospective Interim X Prospective Prior Provider Prospective data Prospective with Interim Component Prior Provider Prospective data Licensure Rating Change X Unaudited costs Field audit - interim portion FRVS Change Desk audited costs X Desk audit - Interim Portion X Desk audit - Interim Portion X Desk audit - Prospective portion X Desk Audit - Prospective portion X Rate Semester Change On FRV [2] as of 10/01/1998 Contract Management / Fiscal Agent Medicaid Cost Reimbursement Analysis	Jurging Homo	Single Level	-			
Level U: Fragile Under 21 467.27 472.79 1/1/2011 Rate Type :	sursing nome	Single Level	-	208.90	211.08	1/1/2011
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 Total Prospective with Interim Component Basis: Changes: Budget Licensure Rating Change X Unaudited costs Field audite costs Usual and Customary Limitation Field audite costs Target Rate limitation change Desk audite - Interim Portion FRVS Change Desk audit - Interim Portion X Desk audit - Prospective portion On FRV [2] as of 10/01/1998 Distribution: Stephen Russell Contract Management / Fiscal Agent Medicaid Cost Reimbursement Analysis		Level H: AIDS		352.24	356.54	1/1/2011
Interim X Prospective Interim Component Marce Settlement based on costs Prospective Adjusted for New Costs Prior Provider Prospective data Total Prospective with Interim Component Basis: Changes: Budget Licensure Rating Change X Unaudited costs Field audited costs Usual and Customary Limitation Field audited costs FRVS Change Desk audited costs Matter Semester Change Desk audit - Interim Portion X Desk Audit - Prospective portion X Desk Audit - Prospective portion X Desk Audit - Prospective portion Stephen Russell Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis		Level U: Fragile Under 21		467.27	472.79	1/1/2011
Budget Licensure Rating Change X Unaudited costs Field audited costs Usual and Customary Limitation Field audit - interim portion Target Rate limitation change Desk audited costs FRVS Change Desk audit - Interim Portion X Desk Audit - Prospective portion X Distribution: On FRV [2] as of 10/01/1998 Contract Management / Fiscal Agent Medicaid Cost Reimbursement Analysis					Total Prospective with	h Interim Component
X Unaudited costs Usual and Customary Limitation Field audited costs Target Rate limitation change Field audit - interim portion FRVS Change Desk audited costs Prospective portion Desk Audit - Interim Portion X Desk Audit - Prospective portion On FRV [2] as of 10/01/1998 Distribution: Stephen Russell Contract Management / Fiscal Agent Medicaid Cost Reimbursement Analysis	Basis:		Changes	5:		
X Unaudited costs Usual and Customary Limitation Field audited costs Target Rate limitation change Field audit - interim portion FRVS Change Desk audited costs Prospective portion Desk Audit - Interim Portion X Desk Audit - Prospective portion On FRV [2] as of 10/01/1998 Distribution: Stephen Russell Contract Management / Fiscal Agent Medicaid Cost Reimbursement Analysis	Budget			Licensure	e Rating Change	
Field audit - interim portion FRVS Change Desk audited costs Rate Semester Change Desk audit - Interim Portion X Desk Audit - Prospective portion On FRV [2] as of 10/01/1998 Distribution: Stephen Russell Contract Management / Fiscal Agent Medicaid Cost Reimbursement Analysis	X Unaudited					on
Desk audited costs Image: Contract Management / Fiscal Agent Desk audit - Interim Portion Image: Contract Management / Fiscal Agent Image: Contract Management / Fiscal Agent Image: Medicaid Cost Reimbursement Analysis				_	-	
Desk audit - Interim Portion X Rate Semester Change Desk Audit - Prospective portion On FRV [2] as of 10/01/1998 Distribution: Stephen Russell Contract Management / Fiscal Agent Medicaid Cost Reimbursement Analysis		_		FRVS Cl	hange	
Desk Audit - Prospective portion On FRV [2] as of 10/01/1998 Distribution: Stephen Russell Contract Management / Fiscal Agent Medicaid Cost Reimbursement Analysis			<u> </u>		ester Change	
Contract Management / Fiscal Agent						
Contract Management / Fiscal Agent Medicaid Cost Reimbursement Analysis			J L		Stephen Russell	
	•	ement / Fiscal Agent		Medicaid		t Analysis

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No Change in Rate

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



Medicaid Reimbursement Per Diem Rates

Oasis Health and Reh		_		Provider Number:	0 266124-00
201 12th Avenue So		_	Date:		12/21/2010
Lake Worth FL 3346	0	-		Fiscal Year End:	3/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		223.56	226.61	1/1/2011
	Level H: AIDS		366.90	371.47	1/1/2011
	Level U: Fragile Under 21		481.93	487.72	1/1/2011
Rate Type :	Total Interim	X	Prospective		
	Total Interim Interim Component			Cotal Prospective Prospective Adjusted	for New Costs
:	Settlement based on costs Prior Provider Prospective data				h Interim Component
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited	costs		Usual and	Customary Limitati	on

Target Rate limitation change FRVS Change

> X Rate Semester Change On FRV [2] as of 10/01/2002

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Medicaid Cost Reimbursement Analysis

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Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

Contract Management / Fiscal Agent

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Desk Audit - Prospective portion



Medicaid Reimbursement Per Diem Rates

Southpoint Terrace				Provider Number:	0 266281-00
4325 Southpoint Bou		-		Date:	12/21/2010
Jacksonville FL 3221	6	-		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		181.68	178.92	1/1/2011
	Level H: AIDS		325.02	323.78	1/1/2011
	Level U: Fragile Under 21	_	440.05	440.03	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	P	otal Prospective rospective Adjusted	for New Costs h Interim Component
Desk audit Desk audit	ed costs t - interim portion		Usual and Target Rat FRVS Cha Rate Seme	Rating Change Customary Limitation the limitation change ange ester Change 2] as of 02/20/2004	on
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Medicaid Reimbursement Per Diem Rates

Whispering Oaks			Provider Number:	0 266612-00
1514 Chelsea St			Date:	12/21/2010
Tampa FL 33610			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	159.75	159.12	1/1/2011
	Level H: AIDS	303.09	303.98	1/1/2011
	Level U: Fragile Under 21	418.12	420.23	1/1/2011
Rate Type :				
Interim		X Prospective		
	Total Interim		otal Prospective	
	Interim Component		rospective Adjusted	
	Settlement based on costs	T	otal Prospective with	h Interim Component

Basis:	Changes:
Budget	Licensure Rating Change
Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 02/01/1989

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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

The Springs At Boca	Ciega Bay			Provider Number:	0 267724-00		
1255 Pasadena Avenu				Date:	12/21/2010		
St. Petersburg FL 337	107			Fiscal Year End:	12/31/2009		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current Rate	New Rate	Effective Date		
Nursing Home	Single Level		214.09	216.69	1/1/2011		
	Level H: AIDS		357.43	361.55	1/1/2011		
	Level U: Fragile Under 21		472.46	477.80	1/1/2011		
Rate Type :							
Interim		Χ	Prospecti	ve			
	Total Interim		X	Total Prospective			
	Interim Component			Prospective Adjusted			
	Settlement based on costs Prior Provider Prospective data			Total Prospective wit	h Interim Component		
Basis:		Change	es:				
Budget			Licensu	re Rating Change			
X Unaudited	costs		Usual and Customary Limitation				
Field audit	ed costs	Target Rate limitation change					
Field audit - interim portion FRVS Change			Change				

X Rate Semester Change On FRV [2] as of 07/01/1987

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Desk audited costs

Desk audit - Interim Portion

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Desk Audit - Prospective portion

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



Medicaid Reimbursement Per Diem Rates

The Nursing Center	At Mercy			Provider Number:	0 267902-00	
3671 South Miami A	venue	_		Date:	12/21/2010	
Miami FL 33133		_		Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	192.59	190.77	1/1/2011	
	Level H: AIDS		335.93	335.63	1/1/2011	
	Level U: Fragile Under 21		450.96	451.88	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data			Total Prospective Prospective Adjusted Total Prospective with		
	ed costs t - interim portion	Changes	Licensu Usual a	rre Rating Change nd Customary Limitation Rate limitation change Change	on	
	ed costs - Interim Portion t - Prospective portion	X		mester Change V [2] as of 12/04/1994		
Distribution:				Stephen Russell		
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Medicaid Reimbursement Per Diem Rates

Lanier Manor				Provider Number:	0 268003-00	
12740 Lanier Road				Date:	12/21/2010	
Jacksonville FL 3222	26			Fiscal Year End:	7/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		194.54	193.22	1/1/2011	
	Level H: AIDS		337.88	338.08	1/1/2011	
	Level U: Fragile Under 21		452.91	454.33	1/1/2011	
Rate Type :		v	D			
Interim	Total Interim	<u> </u>	Prospect	Total Prospective		
	Interim Component		<u> </u>	Prospective Adjusted	for New Costs	
	Settlement based on costs				h Interim Component	
i	Prior Provider Prospective data			_ ^	-	
Basis:		Change	es:			
Budget			Licensu	are Rating Change		
X Unaudited	costs		Usual a	and Customary Limitati	on	
Field audit	ted costs		Target Rate limitation change			
Field audit	t - interim portion		FRVS Change			

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Desk audit - Interim Portion

Desk Audit - Prospective portion

Desk audited costs

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No Change in Rate

Medicaid Cost Reimbursement Analysis Stephen Russell

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Rate Semester Change

On FRV [2] as of 08/01/2001

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Medicaid Reimbursement Per Diem Rates

Susanna Wesley Hea	th Center			Provider Number:	0 268062-00
5300 West 16th Ave			Date:		12/21/2010
Hialeah FL 33012				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	218.16	220.93	1/1/2011
	Level H: AIDS		361.50	365.79	1/1/2011
	Level U: Fragile Under 21		476.53	482.04	1/1/2011
Rate Type :					
Interim	T . 1 T . 1	X	Prospective		
	Total Interim Interim Component			otal Prospective rospective Adjusted	for New Costs
	Settlement based on costs			1 0	h Interim Component
	Prior Provider Prospective data			F	F
Basis:		Change	s:		
Budget			Licensure	Rating Change	
X Unaudited	costs			Customary Limitatio	on
Field audit	ed costs			te limitation change	
	- interim portion		FRVS Cha	ange	
Desk audit	ed costs - Interim Portion	X		ester Change	
	t - Prospective portion			2] as of 06/30/2001	
Distribution:				Stephen Russell	
Contract Manage	ement / Fiscal Agent		Madianid	Cost Reimbursement	Analysis
Permanent File					•
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Ma Chan	nge in Rate				

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Medicaid Reimbursement Per Diem Rates

Life Care Center of F	Palm Bay			Provider Number:	0 268186-00
175 Villanueva Road				Date:	12/21/2010
Palm Bay FL 32907				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		205.14	207.06	1/1/2011
	Level H: AIDS	_	348.48	351.92	1/1/2011
	Level U: Fragile Under 21	_	463.51	468.17	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X]	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audit	ted costs t - interim portion	Changes:	Licensure Usual and Target Ra FRVS Ch Rate Sem	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 05/28/2004	on
Distribution:				Stephen Russell	
Contract Manage Permanent File	ement / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis
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Medicaid Reimbursement Per Diem Rates

HarborChase of Napl	es			Provider Number:	0 268585-00
7801 AIRPORT PUL	LING ROAD			Date:	12/21/2010
Naples FL 34109				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		Curr Ra		New Rate	Effective Date
Nursing Home	Single Level	210	.80	210.45	1/1/2011
	Level H: AIDS	354	.14	355.31	1/1/2011
	Level U: Fragile Under 21	469	.17	471.56	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u>X</u> Pros	P	Cotal Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audit Desk audit	ed costs - interim portion	Us Ta FF	ual and rget Rat VS Cha te Seme	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 06/16/1998	on
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Medicaid Reimbursement Per Diem Rates

Abbiejean Russell Ca	tre Center			Provider Number:	0 268755-00
700 South 29th Street	t			Date:	12/21/2010
Ft. Pierce FL 34947				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	223.37	221.80	1/1/2011
	Level H: AIDS		366.71	366.66	1/1/2011
	Level U: Fragile Under 21		481.74	482.91	1/1/2011
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	h Interim Component

Prior Provider Prospective data **Basis:** Changes: Licensure Rating Change Budget Х Unaudited costs Usual and Customary Limitation Field audited costs Target Rate limitation change FRVS Change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Х Rate Semester Change On FRV [2] as of 10/01/1985 Desk Audit - Prospective portion **Distribution:**

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> Synergy Health Care Denny Roberts 1835 Miami Gardens Dr. Suite 167 North Miami Beach FL 33179



Medicaid Reimbursement Per Diem Rates

Good Samaritan Cent	er			Provider Number:	0 268763-00
0676 Marvin Jones	Boulevard			Date:	12/21/2010
Live Oak FL 32060				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Stutus.	
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		191.86	194.88	1/1/2011
	Level H: AIDS		335.20	339.74	1/1/2011
	Level U: Fragile Under 21		450.23	455.99	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim			otal Prospective	
	Interim Component			rospective Adjusted	
	Settlement based on costs Prior Provider Prospective data		T	otal Prospective wit	h Interim Component
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited				Customary Limitati	on
Field audit				te limitation change	
	: - interim portion		FRVS Cha	ange	
Desk audit	ed costs - Interim Portion	X	Rate Some	ester Change	
	t - Prospective portion	<u> </u>		2] as of 10/01/1985	
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No Cha	nge in Rate				

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Medicaid Reimbursement Per Diem Rates

The Springs at Lake I				Provider Number:	0 268780-00
3280 Lake Pointe Dri	ve			Date:	12/21/2010
Sarasota FL 34238				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		223.41	226.31	1/1/2011
	Level H: AIDS		366.75	371.17	1/1/2011
	Level U: Fragile Under 21		481.78	487.42	1/1/2011
Rate Type :		V	Decement		
Interim	Total Interim	X	Prospective X To	otal Prospective	
	Interim Component			rospective Adjusted	for New Costs
	Settlement based on costs		T	otal Prospective with	h Interim Component
]	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited				Customary Limitation	on
Field audit	ed costs		Target Rat	e limitation change	

 FRVS Change

 X

 Rate Semester Change

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On FRV [2] as of 11/01/1989

Medicaid Cost Reimbursement Analysis

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Field audit - interim portion

Desk audit - Interim Portion

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Desk Audit - Prospective portion

Desk audited costs

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



Medicaid Reimbursement Per Diem Rates

Majestic Oaks Nursir	ng Home			Provider Number:	0 269000-00
901 Veterans Memor	ial Parkway			Date:	12/21/2010
Orange City Fl 32763	3			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Unaddited [5]
Trovider Type.		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	187.29	198.92	1/1/2011
	Level H: AIDS	:	330.63	343.78	1/1/2011
	Level U: Fragile Under 21		445.66	460.03	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:		re Total Prospective Prospective Adjusted Total Prospective with	
Desk audit	ted costs t - interim portion		Usual an Target R FRVS C Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/21/2003	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaio	l Cost Reimbursement	Analysis
	rmation Only nge in Rate	-Sic		ing Rea	•

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Medicaid Reimbursement Per Diem Rates

larmony Health Cer				Provider Number:	0 269107-00
9820 N. Kendall Driv	ve			Date:	12/21/2010
Miami Fl 33176				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
		-	Rate	Rate	Date
Nursing Home	Single Level	-	186.79	188.96	1/1/2011
	Level H: AIDS		330.13	333.82	1/1/2011
	Level U: Fragile Under 21		445.16	450.07	1/1/2011
Interim		X	Prospective		
	Total Interim Interim Component Settlement based on costs	<u> </u>		otal Prospective cospective Adjusted otal Prospective wit	for New Costs h Interim Component
	Total Interim Interim Component			ospective Adjusted	
	Total Interim Interim Component Settlement based on costs	X		ospective Adjusted	
	Total Interim Interim Component Settlement based on costs		X To Pr To s:	ospective Adjusted	
Basis: Budget X Unaudited	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To S: Licensure I Usual and	ospective Adjusted otal Prospective wit Rating Change Customary Limitati	h Interim Component
Basis: Budget X Unaudited Field audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To S: Licensure I Usual and Target Rate	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field audi Field audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To S: Licensure I Usual and	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field audi Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Change	X To Pr To S: Licensure I Usual and Target Rato FRVS Cha	Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field audi Field audi Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To S: Licensure I Usual and Target Rato FRVS Cha Rate Seme	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component

Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

The Crossings				Provider Number:	0 269395-00
4445 Pine Forest Dri				Date:	12/21/2010
Lake Worth FL 3346	3			Fiscal Year End:	2/28/2005
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	200.86	200.95	1/1/2011
		-			
	Level H: AIDS		344.20	345.81	1/1/2011
	Level U: Fragile Under 21		459.23	462.06	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective with	
Basis:		Change	s:		
X Budget			Licensur	e Rating Change	
Unaudited				d Customary Limitatio	on
Field audit				ate limitation change	
Field audi Desk audit	t - interim portion ed costs		FRVS C	nange	
	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 11/01/1988	
Distribution:				Stephen Russell	
Contract Manage	ement / Fiscal Agent		Medicaio	1 Cost Reimbursemen	t Analysis

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

The Crossroads				Provider Number:	0 269409-00
206 West Orange Stre	eet			Date:	12/21/2010
Davenport FL 33837				Fiscal Year End:	2/28/2005
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	191.33	191.36	1/1/2011
	Level H: AIDS		334.67	336.22	1/1/2011
	Level U: Fragile Under 21		449.70	452.47	1/1/2011
Rate Type :			December		
X Interim	Total Interim		Prospective	otal Prospective	
	Interim Component			rospective Adjusted	for New Costs
	Settlement based on costs				h Interim Component
	Prior Provider Prospective data			Ĩ	Ĩ
Basis:		Changes	s:		
X Budget			Licensure	Rating Change	
Unaudited				Customary Limitatio	on
Field audit	ed costs		Target Rat	te limitation change	

FRVS Change

Stephen Russell

On FRV [2] as of 07/01/1988

Medicaid Cost Reimbursement Analysis

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Field audit - interim portion

Desk audit - Interim Portion

Contract Management / Fiscal Agent

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Desk Audit - Prospective portion

Desk audited costs



Medicaid Reimbursement Per Diem Rates

Douglas Jacobson Sta	te Veteran's Nursing Home			Provider Number:	0 269492-00
1281 Grayton Terrad				Date:	12/21/2010
Port Charlotte FL 339	954			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		228.40	232.77	1/1/2011
	Level H: AIDS		371.74	377.63	1/1/2011
	Level U: Fragile Under 21		486.77	493.88	1/1/2011
Rate Type :					
Basis: Budget X Unaudited Field audit	ed costs - interim portion	X	ges: Licensure I Usual and	Rating Change Customary Limitati e limitation change	h Interim Component
	- Interim Portion t - Prospective portion	X		ster Change [] as of 06/07/2004	
Distribution:				Stephen Russell	
Permanent File	ement / Fiscal Agent			Cost Reimbursemen	-
	mation Only nge in Rate		steph	n Ru	soll
Home Office:	Florida Dept. of Veterans Af Walter Gilchrist 11351 Ulmerton Road, Roor Largo Fl 33778-1630				



Medicaid Reimbursement Per Diem Rates

Regents Park of Sunr			Provider Number:	0 269697-00
9711 West Oakland P	ark Blvd		Date:	12/21/2010
Sunrise FL 33351			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	207.16	209.56	1/1/2011
	Level H: AIDS	350.50	354.42	1/1/2011
	Level U: Fragile Under 21	465.53	3 470.67	1/1/2011
s	Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	Prospective Adjusted Total Prospective with	th Interim Component
Budget X Field audit		Licen	sure Rating Change and Customary Limitat t Rate limitation change	
Field audit Desk audit Desk audit	- interim portion	FRVS X Rate S	S Change Semester Change RV [2] as of 11/06/1989	
Distribution:			Stephen Russell	
Permanent File For infor	ement / Fiscal Agent mation Only age in Rate		caid Cost Reimbursemer	-

Home Office:



Medicaid Reimbursement Per Diem Rates

egents Park of Winter Park	_		Provider Number:	0 269719-00
58 Semoran Blvd	_		Date:	12/21/2010
Vinter Park FL 32792	-		Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
	-	Rate	Rate	Date
Aursing Home Single Level	-	200.18	202.71	1/1/2011
Level H: AIDS		343.52	347.57	1/1/2011
Level U: Fragile Under 21		458.55	463.82	1/1/2011
Interim	X	Prospective		
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		P	'otal Prospective rospective Adjusted 'otal Prospective with	for New Costs h Interim Component
Interim Component	Changer	P T	rospective Adjusted	
Interim Component Settlement based on costs Prior Provider Prospective data	Change	P T s:	rospective Adjusted otal Prospective with	
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget	Change	T T S: Licensure	rospective Adjusted otal Prospective with Rating Change	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X	Change:	F T S: Licensure Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitatio	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs	Change	Eicensure Usual and Target Ra	rospective Adjusted otal Prospective with Rating Change Customary Limitation te limitation change	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Unaudited costs Field audited costs Field audited costs Field audited costs	Changes 	F T S: Licensure Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitation te limitation change	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Changes 	Licensure Usual and Target Rat FRVS Ch	rospective Adjusted otal Prospective with Rating Change Customary Limitation te limitation change ange ester Change	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Unaudited costs Field audited costs Field audit - interim portion Desk audited costs		Licensure Usual and Target Rat FRVS Ch	rospective Adjusted otal Prospective with Rating Change Customary Limitation te limitation change ange	h Interim Component
Interim Component Settlement based on costs 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 Distribution:		Licensure Usual and Target Rat FRVS Ch	rospective Adjusted otal Prospective with Rating Change Customary Limitation te limitation change ange ester Change	h Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Prospective portion Desk Audit - Prospective portion		Licensure Usual and Target Rat FRVS Ch Rate Seme On FRV [Rating Change Customary Limitation te limitation change ester Change 2] as of 11/23/1988 Stephen Russell	h Interim Component
Interim Component Settlement based on costs 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 Distribution:		Licensure Usual and Target Rai FRVS Ch Rate Seme On FRV [rospective Adjusted otal Prospective with Rating Change Customary Limitation te limitation change ange ester Change 2] as of 11/23/1988	h Interim Component

Home Office:



Medicaid Reimbursement Per Diem Rates

Regents Park of Jack	sonville			Provider Number:	0 269727-00
8700 AC Skinner Par	-		Date:		12/21/2010
Jacksonville FL 3225	6			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		193.47	193.74	1/1/2011
	Level H: AIDS		336.81	338.60	1/1/2011
	Level U: Fragile Under 21		451.84	454.85	1/1/2011
Rate Type :					
Interim		X	Prospectiv	VA	
	Total Interim		$-\frac{1105pccu}{X}$	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			1	1
Basis:		Change	s:		

Basis:	Changes:
Budget	Licensure Rating Change
Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Semester Change On FRV [2] as of 03/31/1994
<u>istribution:</u>	Stephen Russell
ontract Management / Fiscal Agent	Medicaid Cost Reimbursement Analysis
ermanent File	-
For information Only	Stephus Russell
No Change in Rate	support for
Iome Office: 1 - No Home Office	e



Medicaid Reimbursement Per Diem Rates

Jacaranda Manor				Provider Number:	0 281743-00	
4250 66th Street Nor	th	_		Date:	12/21/2010	
St. Petersburg FL 33'	709	_		Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	170.91	173.38	1/1/2011	
	Level H: AIDS		314.25	318.24	1/1/2011	
	Level U: Fragile Under 21	-	429.28	434.49	1/1/2011	
Rate Type :						
Interim		X	Prospectiv	e		
	Total Interim		<u> </u>	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with	h Interim Component	
	Prior Provider Prospective data					
Basis:		Changes	:			
Budget			Licensure	e Rating Change		
X Unaudited	costs		Usual and	d Customary Limitatio	on	
Field audit	ted costs		Target Rate limitation change			
	t - interim portion		FRVS Cl	hange		
Desk audit		v	- D. (. C	01		
	t - Interim Portion t - Prospective portion	<u> </u>		nester Change [2] as of 10/01/1985		
Distribution:				Stephen Russell		
•	ement / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis	
Permanent File					•	
	rmation Only		teph	in Ru	sell	
No Cha	nge in Rate		/	- / -		

Home Office:

Grace Healthcare, Inc Randy Martin 7201 Shallowford Rd, STE 200 Chattanooga TN 37421



Medicaid Reimbursement Per Diem Rates

Pasadena Manor				Provider Number:	0 281891-00	
1430 Pasadena Aven		_		Date:	12/21/2010	
South Pasadena FL 3	3707	_		Fiscal Year End:	7/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	192.57	199.97	1/1/2011	
	Level H: AIDS		335.91	344.83	1/1/2011	
	Level U: Fragile Under 21	-	450.94	461.08	1/1/2011	
Rate Type :						
Interim		X	Prospectiv			
	Total Interim			Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	n Interim Component	
Basis:	, , , , , , , , , , , , , , , , , , ,	Changes	:			
Budget			Licensur	e Rating Change		
X Unaudited	costs			d Customary Limitatio	on	
Field audit	ted costs		Target Rate limitation change			
Field audi	t - interim portion		FRVS C	hange		
Desk audit			- D			
	: - Interim Portion t - Prospective portion	<u> </u>		nester Change [2] as of 10/01/1985		
Distribution:				Stephen Russell		
•	ement / Fiscal Agent		Medicaid	l Cost Reimbursement	t Analysis	
Permanent File	mation Only				-	
	rmation Only nge in Rate		typh	in Ru	sell	
			/			

Home Office:



Medicaid Reimbursement Per Diem Rates

Community Care Ce	nter			Provider Number:	0 281913-00
2202 West Oak Ave				Date:	12/21/2010
Plant City FL 33563				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NT • TT		_	Rate	Rate	Date
Nursing Home	Single Level	_	182.82	196.69	1/1/2011
	Level H: AIDS		326.16	341.55	1/1/2011
	Level U: Fragile Under 21	-	441.19	457.80	1/1/2011
Rate Type : Interim	I	X	Prospectiv	7e	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Changes	::		
Budget X Unaudited Field audi			Usual an	e Rating Change d Customary Limitatio ate limitation change	on
	it - interim portion		FRVS C	•	
Desk audi	-			C	

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Distribution:

Contract Management / Fiscal Agent

Desk audit - Interim Portion

Desk Audit - Prospective portion

Permanent File

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No Change in Rate

Medicaid Cost Reimbursement Analysis Itephna Russell

Stephen Russell

Rate Semester Change

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

Home Office:



Medicaid Reimbursement Per Diem Rates

West Gables Health	Care Center			Provider Number:	0 282359-00	
2525 SW 75th Avenu	10	-		Date:	12/21/2010	
Miami FL 33155		_		Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	227.96	230.56	1/1/2011	
	Level H: AIDS		371.30	375.42	1/1/2011	
	Level U: Fragile Under 21	-	486.33	491.67	1/1/2011	
Rate Type :						
Interim		X	Prospective			
	Total Interim			Cotal Prospective	for New Costs	
	Interim Component Settlement based on costs			Prospective Adjusted	h Interim Component	
	Prior Provider Prospective data		1	iotal i lospeetive with	n mernin component	
Basis:		Changes				
Dasis.		Changes	·			
Budget			Licensure	Rating Change		
X Unaudited	costs		_	Customary Limitation	on	
Field audit	ted costs		Target Rate limitation change			
Field audi	t - interim portion		FRVS Ch	ange		
Desk audit			_			
	- Interim Portion	X		ester Change		
	t - Prospective portion		On FRV [2] as of 10/06/1988		
Distribution:				Stephen Russell		
•	ement / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis	
Permanent File	mation Only				-	
	rmation Only nge in Rate	_3	teph	in Ra	south	
No Cha	nge in Kale					

Home Office:

Preferred Care, Inc. Gene Lunceford 5212 Village Creek Drive Plano TX 75093



Medicaid Reimbursement Per Diem Rates

rsing Home Single Level Level H: AIDS Level U: Fragile Under 21	Rate Rate 205.84 207.85 1/ 349.18 352.71 1/1	12/21/2010 12/31/2009 Unaudited [3] ffective Date 1/2011 /2011 /2011
ovider Type: arsing Home Single Level Level H: AIDS Level U: Fragile Under 21 Rate Type : Interim	Current New Ed Rate Rate 205.84 207.85 1/ 349.18 352.71 1/1	Unaudited [3] fective Date 1/2011 /2011
ursing Home Single Level Level H: AIDS Level U: Fragile Under 21 Rate Type :	Current Rate New Rate Effective 205.84 207.85 1/ 349.18 352.71 1/1	fective Date 1/2011 /2011
Level H: AIDS Level U: Fragile Under 21 Rate Type :	Rate Rate 205.84 207.85 1/ 349.18 352.71 1/1	Date 1/2011 /2011
Level H: AIDS Level U: Fragile Under 21 Rate Type :	Rate Rate 205.84 207.85 1/ 349.18 352.71 1/1	Date 1/2011 /2011
Level H: AIDS Level U: Fragile Under 21 Rate Type :	205.84 207.85 1/ 349.18 352.71 1/1	1/2011 /2011
Level H: AIDS Level U: Fragile Under 21 Rate Type :	349.18 352.71 1/1	/2011
Level U: Fragile Under 21 Rate Type :		
Rate Type : Interim	464.21 468.96 1/1	/2011
Interim		
Interim		
Interim		
	X Prospective	
	X Total Prospective	
Interim Component	Prospective Adjusted for N	ew Costs
Settlement based on costs	Total Prospective with Inte	rim Component
Prior Provider Prospective data		
Basis: Ch	anges:	
Budget Unaudited costs	Licensure Rating Change	
Field audited costs	Usual and Customary Limitation Target Rate limitation change	
Field audit - interim portion	FRVS Change	
Desk audited costs		
Desk audit - Interim Portion	X Rate Semester Change	
Desk Audit - Prospective portion	On FRV [2] as of 11/03/2004	
Distribution:	Stephen Russell	
Contract Management / Fiscal Agent	•	lysis
Contract Management / Fiscal Agent Permanent File	Medicaid Cost Reimbursement Ana	•
Contract Management / Fiscal Agent	•	•

Tampa FL 33619



Medicaid Reimbursement Per Diem Rates

and I	Rehabilitation Center]	Provider Number:	0 282529-00
59 S.W. 152nd Street				Date:	12/21/2010
ami FL 33157				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
ovider Type:			Current Rate	New Rate	Effective Date
Irsing Home S	Single Level	_	234.10	237.14	1/1/2011
L	evel H: AIDS		377.44	382.00	1/1/2011
L	evel U: Fragile Under 21		492.47	498.25	1/1/2011
Settl	rim Component ement based on costs r Provider Prospective data	Changes:	Pre	otal Prospective Ospective Adjusted Otal Prospective with	for New Costs h Interim Component
Budget X Unaudited cost Field audited c			Usual and C Target Rate	Rating Change Customary Limitation limitation change	on
Field audit - in Desk audited co Desk audit - In	osts	X	FRVS Char Rate Semes On FRV [2]	-	
Desk Audit - Pi					
Desk Audit - Pr Distribution:				Stephen Russell	



Medicaid Reimbursement Per Diem Rates

Palm Terrace of St. P	etersburg			Provider Number:	0 282537-00
521 69th Avernue North				Date:	12/21/2010
St. Petersburg Fl 337	02			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
		-	Rate	Rate	Date
Nursing Home	Single Level	-	230.31	233.52	1/1/2011
	Level H: AIDS		373.65	378.38	1/1/2011
	Level U: Fragile Under 21		488.68	494.63	1/1/2011
Rate Type : Interim		X	Prospective		
	Total Interim			otal Prospective	
	Interim Component		Pı	rospective Adjusted	for New Costs
;	Settlement based on costs		Te	otal Prospective wit	h Interim Component
	Prior Provider Prospective data				
Basis:		Change	s:		
Budget			Licensure	Rating Change	
X Unaudited	costs			Customary Limitati	on
Field audit				e limitation change	
Field audit	t - interim portion		FRVS Cha	inge	
Desk audit	ed costs				

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Distribution:

Contract Management / Fiscal Agent

Desk audit - Interim Portion

Desk Audit - Prospective portion

Permanent File

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No Change in Rate

Home Office:

Cypress Administrative Services, LLC Alan Wengrofsky 4 West Red Oak Lane, Suite 201 White Plains NY 10604 Stephen Russell

Rate Semester Change

On FRV [2] as of 06/01/1997

Medicaid Cost Reimbursement Analysis

Stephen Russell



Medicaid Reimbursement Per Diem Rates

The Terrace at Dayto	ona Beach			Provider Number:	0 282553-00
1704 Huntington Vil				Date:	12/21/2010
Daytona Beach FL 3	2114			Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	173.65	176.18	1/1/2011
0	5	-			
	Level H: AIDS		316.99	321.04	1/1/2011
	Level U: Fragile Under 21	-	432.02	437.29	1/1/2011
Rate Type :	1	X	Prospectiv	e	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Changes	s:		
Budget X Unaudited Field audi			Usual and	e Rating Change d Customary Limitation ate limitation change	on
Field audi	t - interim portion		FRVS CI	•	
Desk audi	ted costs		_		

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Rate Semester Change

On FRV [2] as of 06/29/1998

Stephen Russell Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Distribution:

Permanent File

Desk audit - Interim Portion

Contract Management / Fiscal Agent

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Desk Audit - Prospective portion

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



Medicaid Reimbursement Per Diem Rates

Palm Terrace of Clew	viston			Provider Number:	0 282618-00	
301 South Gloria Stre		-		Date:	12/21/2010	
Clewiston FL 33440		-		Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		213.94	222.38	1/1/2011	
	Level H: AIDS		357.28	367.24	1/1/2011	
	Level U: Fragile Under 21		472.31	483.49	1/1/2011	
Rate Type :						
Interim		X	Prospecti			
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs Prior Provider Prospective data			_ I otal Prospective wit	h Interim Component	
Basis:		Change	es:			
Budget			Licensu	re Rating Change		
X Unaudited	costs			nd Customary Limitati	on	
Field audit	ed costs		Target Rate limitation change			
Field audit	- interim portion		FRVS	Change		

XRate Semester ChangeOn FRV [2] as of 09/01/1990

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Medicaid Cost Reimbursement Analysis

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Desk audited costs

Desk audit - Interim Portion

Contract Management / Fiscal Agent

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Desk Audit - Prospective portion

Cypress Administrative Services, LLC Alan Wengrofsky 4 West Red Oak Lane, Suite 201 White Plains NY 10604



Medicaid Reimbursement Per Diem Rates

Palm Terrace of Lake		_		Provider Number:	0 282626-00
1919 Lakeland Hills	Blvd	_		Date:	12/21/2010
Lakeland FL 33805		_		Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
		-	Rate	Rate	Date
Nursing Home	Single Level	-	215.09	218.09	1/1/2011
	Level H: AIDS		358.43	362.95	1/1/2011
	Level U: Fragile Under 21		473.46	479.20	1/1/2011
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		Х	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Changes	s:		

Licensure Rating Change Budget Х Unaudited costs Usual and Customary Limitation Target Rate limitation change Field audited costs FRVS Change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Х Rate Semester Change On FRV [2] as of 10/01/1985 Desk Audit - Prospective portion **Distribution: Stephen Russell** Contract Management / Fiscal Agent Medicaid Cost Reimbursement Analysis Permanent File Stephen Russell For information Only No Change in Rate Home Office: Cypress Administrative Services, LLC Alan Wengrofsky 4 West Red Oak Lane, Suite 201 White Plains NY 10604



Medicaid Reimbursement Per Diem Rates

Life Care Center of Jacksonville 4813 Lenoir Avenue Jacksonville FL 32216			Provider Number:	0 283193-00			
			Date:	<u>12/21/2010</u> 6/30/2010			
			Fiscal Year End:				
			Audit Status:	Unaudited [3]			
Provider Type:							
		Current Rate	New Rate	Effective Date			
Nursing Home	Single Level	210.47	218.02	1/1/2011			
			=				
	Level H: AIDS	353.81	362.88	1/1/2011			
	Level U: Fragile Under 21	468.84	479.13	1/1/2011			
Interim		X Prospecti X					
Basis:	Prior Provider Prospective data	Changes:					
Budget		Licensure Rating Change					
X Unaudited costs Field audited costs		Usual and Customary Limitation Target Rate limitation change					
Field audited costs		FRVS Change					
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		X Rate Semester Change On FRV [2] as of 01/04/2005					
Distribution:		Stephen Russell					
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis					
Permanent File							

Stephen Russell

Home Office:

For information Only No Change in Rate

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



Medicaid Reimbursement Per Diem Rates

Life Care Center of Orange Park 2145 Kingsley Avenue Orange Park FL 32073				Provider Number:	0 284289-00	
		-		12/21/2010		
		-	Date: Fiscal Year End:		7/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
••		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	172.48	179.06	1/1/2011	
	Level H: AIDS		315.82	323.92	1/1/2011	
	Level U: Fragile Under 21		430.85	440.17	1/1/2011	
		X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component				
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion			Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change			
Distribution:		Stephen Russell				
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Analysis			
Permanent File For information Only No Change in Rate				hun Rea	-	

Home Office:

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



Medicaid Reimbursement Per Diem Rates

The Terrace at Flemn	ning Island			Provider Number:	0 284785-00
1125 Fleming Plantat			Date:		12/21/2010
Orange Park FL 3200)3			Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
Provider Type:		Curre		New Rate	Effective Date
Nursing Home	Single Level	179.		<u>181.63</u>	1/1/2011
	Single Level		-07		1/1/2011
	Level H: AIDS	322.	38	326.49	1/1/2011
	Level U: Fragile Under 21	437.	41	442.74	1/1/2011
Rate Type :					
Interim			pectiv		
	Total Interim			Total Prospective	
]	Interim Component			Prospective Adjusted	for New Costs

-	-				
Total Pros	pective	with	Interim	Comp	onent

Basis:	Changes:
Budget	Licensure Rating Change
Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 03/11/2005

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Permanent File

Contract Management / Fiscal Agent

For information Only No Change in Rate

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

Settlement based on costs



Medicaid Reimbursement Per Diem Rates

Brighton Gardens of	Tampa			Provider Number:	0 284793-00
14624 North Dale M	abry Highway		Date:		12/21/2010
Tampa FL 33618				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	214.78	218.47	1/1/2011
	Level H: AIDS		358.12	363.33	1/1/2011
	Level U: Fragile Under 21		473.15	479.58	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X	Total Prospective Prospective Adjusted Total Prospective with	
	Prior Provider Prospective data				
Desk audit Desk audit	ted costs t - interim portion	Change	Licensu Usual ai Target F FRVS C Rate Ser	re Rating Change nd Customary Limitation Rate limitation change Change mester Change [2] as of 11/23/1999	Dn
Distribution:				Stephen Russell	
Contract Manag	ement / Fiscal Agent		Madicai	d Cost Reimbursement	Analysis

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Permanent File

For information Only No Change in Rate

1 - No Home Office



entura Plaza Rehabilitation and Nursing Center				Provider Number:	0 284823-00
800 NE 168TH Stree				Date:	12/21/2010
. Miami Beach FL 3	3162		Fiscal Year End:		8/31/2010
				Audit Status:	Unaudited [3]
rovider Type:			urrent Rate	New Rate	Effective Date
ursing Home	Single Level		247.41	256.78	1/1/2011
	Level H: AIDS	3	90.75	401.64	1/1/2011
	Level U: Fragile Under 21		505.78	517.89	1/1/2011
Basis: Budget X Field audit	ed costs - interim portion	I	Pr T T Licensure	otal Prospective rospective Adjusted otal Prospective with Rating Change Customary Limitatio e limitation change	h Interim Component
Desk audit Desk Audit	- Interim Portion t - Prospective portion	X		ester Change 2] as of 10/01/1985	
Distribution:	mont / Eigenl A goot			Stephen Russell	
Permanent File	ement / Fiscal Agent		Medicaid (Cost Reimbursement	t Analysis
	mation Only		tin l.	in Ra	soll
No Char	nge in Rate	M	ip in	ng / ha	~ ~ ~ .
Home Office:	Hebrew Home Management Steve Beaujon 1800 NE 168th Street, Suite Miami Beach FL 33162				



Medicaid Reimbursement Per Diem Rates

Cypress Village				Provider Number:	0 307998-00		
4600 Middleton Park				Date:	12/21/2010		
Jacksonville FL 3222	4	_		Fiscal Year End:	12/31/2008		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
Nursing Home	Single Level		Rate 210.61	Rate	Date		
Nursing Home	Single Level		210.01	212.10	1/1/2011		
	Level H: AIDS		353.95	356.96	1/1/2011		
	Level U: Fragile Under 21		468.98	473.21	1/1/2011		
Rate Type :							
Interim		X	Prospective	2			
	Total Interim		_	Fotal Prospective			
	Interim Component		I	Prospective Adjusted	for New Costs		
	Settlement based on costs]	Fotal Prospective with	n Interim Component		
	Prior Provider Prospective data						
Basis:		Change	es:				
Budget			Licensure	Rating Change			
X Unaudited	costs		Usual and Customary Limitation				
Field audit			Target Rate limitation change				
	t - interim portion		FRVS Ch	lange			
Desk audit	ed costs	<u> </u>	Rate Sem	ester Change			
	t - Prospective portion		X Rate Semester Change On FRV [2] as of 10/14/1991				
Distribution:				Stephen Russell			
•	ement / Fiscal Agent		Medicaid Cost Reimbursement Analysis				
Permanent File							
	rmation Only nge in Rate		steph	in Ru	sell		
	ige in Kate						

Home Office:

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



ya Pointe Nursing and Rehabilitation Center]	Provider Number:	0 308111-00		
7 S.E. ERMINE A	VE		Date:	12/21/2010		
ke City FL 32025		Fiscal Year End:		9/30/2010		
			Audit Status:	Unaudited [3]		
ovider Type:		Current	N			
		Current Rate	New Rate	Effective Date		
ursing Home	Single Level	196.86	199.79	1/1/2011		
	Level H: AIDS	340.20	344.65	1/1/2011		
	Level U: Fragile Under 21	455.23	460.90	1/1/2011		
Rate Type :						
Interim	<u>-</u>	X Prospective				
	Total Interim		tal Prospective			
Interim Component		Prospective Adjusted for New Costs				
	Settlement based on costs	To	tal Prospective wit	h Interim Component		
I	Prior Provider Prospective data					
Basis:		Changes:				
Budget		Licensure F	Rating Change			
X Unaudited	costs		Customary Limitati	on		
Field audit	ed costs	Target Rate	limitation change			
Field audit	- interim portion	FRVS Char	nge			
Desk audite						
	- Interim Portion	X Rate Semester Change On FRV [2] as of 01/25/1994				
	t - Prospective portion	Un FRV [2]	j as of 01/25/1994			
Distribution:			Stephen Russell			
Contract Management / Fiscal Agent		Medicaid C	ost Reimbursemen	t Analysis		
•						
Permanent File	mation Only	/		//		
Permanent File For infor	mation Only	Steph	y Ra	soll		
Permanent File For infor	mation Only age in Rate	Steph	es Ru	sell		
Permanent File For infor No Char	nge in Rate	Steph	n Ra	mell		
Permanent File For infor	Health Care Managers, Inc Ivonne Burrell	steph	n Ra	sell		
Permanent File For infor No Char	nge in Rate Health Care Managers, Inc	Steph	n Ra	mell		



Medicaid Reimbursement Per Diem Rates

brew Home of South Beach			Provider Number:	0 308242-00
0 Collins Ave.			Date:	12/21/2010
ami Beach FL 33139			Fiscal Year End:	8/31/2010
			Audit Status:	Unaudited [3]
ovider Type:				
		Current	New	Effective
		Rate	Rate	Date
ursing Home Single Level		224.05	232.30	1/1/2011
Level H: AIDS		367.39	377.16	1/1/2011
Level U: Fragile Under 21		482.42	493.41	1/1/2011
C C				
Rate Type :				
Interim	Х	Prospective		
Total Interim		XT	otal Prospective	
Interim Component		P	rospective Adjusted	for New Costs
Settlement based on costs				
Settlement based on costs		T	otal Prospective with	n Interim Component
Prior Provider Prospective data		T	otal Prospective with	n Interim Component
	Change		otal Prospective with	n Interim Component
Prior Provider Prospective data	Chang	es:	-	n Interim Component
Prior Provider Prospective data Basis: Budget	Chang	es:	Rating Change	
Prior Provider Prospective data Basis: Budget X Unaudited costs	Chang	Licensure : Usual and	Rating Change Customary Limitation	
Prior Provider Prospective data Basis: Budget Unaudited costs Field audited costs	Chang	Licensure Usual and Target Rat	Rating Change Customary Limitation e limitation change	
Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion	Chang	Licensure : Usual and	Rating Change Customary Limitation e limitation change	
Prior Provider Prospective data Basis: Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs		Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitation e limitation change ange	
Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Chang	Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitatio e limitation change ange ester Change	
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		Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitation e limitation change ange ester Change 2] as of 10/01/1985	
Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		ES: Licensure 1 Usual and Target Rat FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitation e limitation change ange ester Change 2] as of 10/01/1985 Stephen Russell	- Dn
Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent		ES: Licensure 1 Usual and Target Rat FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitation e limitation change ange ester Change 2] as of 10/01/1985	- Dn
Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	 X	Es: Licensure 2 Usual and Target Rat FRVS Cha Rate Seme On FRV [2 Medicaid 0	Rating Change Customary Limitation e limitation change ange ester Change 2] as of 10/01/1985 Stephen Russell	on : Analysis

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



Medicaid Reimbursement Per Diem Rates

once Plaza Nursing	& Rehab Center	_		Provider Number:	0 308251-00
55 SW 12th Avenue		-		Date:	12/21/2010
Iiami FL 33135		-		Fiscal Year End:	1/31/2010
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	227.96	230.88	1/1/2011
	Level H: AIDS		371.30	375.74	1/1/2011
	Level U: Fragile Under 21	-	486.33	491.99	1/1/2011
	Level 0. Magne Onder 21	-	460.55	491.99	1/1/2011
	Total Interim	<u> </u>		otal Prospective	
		X	X To Pr	ospective Adjusted	for New Costs h Interim Component
	Total Interim Interim Component Settlement based on costs	X Changes		ospective Adjusted	
Basis:	Total Interim Interim Component Settlement based on costs			ospective Adjusted	
Basis: Budget X Unaudited	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs		X To Pr To Licensure I Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitatio	h Interim Component
Basis: Budget X Field audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs		X To Pr To To Licensure I Usual and Target Rate	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion		X To Pr To Licensure I Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion red costs	Changes	X To Ph To Licensure I Usual and Target Rate FRVS Cha	Rating Change Customary Limitation nge	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion		X To Ph To To Licensure I Usual and Target Rato FRVS Cha Rate Seme	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion red costs : - Interim Portion t - Prospective portion	Changes	X To Ph To To Licensure I Usual and Target Rato FRVS Cha Rate Seme	Rating Change Customary Limitation e limitation change ster Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs c - Interim Portion t - Prospective portion	Changes	X To Ph To Licensure I Usual and Target Rate FRVS Cha Rate Seme On FRV [2]	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 04/21/2000 Stephen Russell	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audi Desk Audi Desk Audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion red costs : - Interim Portion t - Prospective portion	Changes	X To Ph To Licensure 1 Usual and Target Rate FRVS Cha Rate Seme On FRV [2 Medicaid O	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 04/21/2000	h Interim Component on t Analysis

Home Office:

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



Medicaid Reimbursement Per Diem Rates

Sunset Lake Health & Rehab Center				Provider Number:	0 308501-00
832 Sunset Lake Blvo	1			Date:	12/21/2010
Venice FL 34292				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	230.33	232.95	1/1/2011
	Level H: AIDS		373.67	377.81	1/1/2011
	Level U: Fragile Under 21	_	488.70	494.06	1/1/2011
	Total Interim Interim Component Settlement based on costs	<u> </u>	I	Fotal Prospective Prospective Adjusted	for New Costs h Interim Component
Basis:	Prior Provider Prospective data	Changes:	1		-
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion		Usual and Target Ra FRVS Ch Rate Sem	Rating Change Customary Limitation the limitation change ange ester Change [2] as of 03/17/1992	on
Distribution:					
	ement / Fiscal Agent			Stephen Russell	
Permanent File				Cost Reimbursement	
	mation Only nge in Rate		typh	nes Ra	sell

Home Office:

Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102 Tampa FL 33619



The Allegro at Colleg	The Allegro at College Harbor			Provider Number:	0 309800-00	
4600 54th Avenue So		_	Date:		12/21/2010	
St. Petersburg Fl 33711		-		Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
	~		Rate	Rate	Date	
Nursing Home	Single Level		228.13	230.63	1/1/2011	
	Level H: AIDS		371.47	375.49	1/1/2011	
	Level U: Fragile Under 21		486.50	491.74	1/1/2011	
	Total Interim	X		Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	h Interim Component	
	Prior Provider Prospective data					
Basis:		Change	es:			
			T :	Detine Change		

Settlement based on costs	Total Prospective with Interim Component
Prior Provider Prospective data	
Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Semester Change On FRV [2] as of 08/20/1999
· ·	
Distribution:	Stephen Russell
Contract Management / Fiscal Agent Permanent File	Medicaid Cost Reimbursement Analysis
For information Only No Change in Rate	Stephen Russell
	·
Home Office: 1 - No Home Office	



Medicaid Reimbursement Per Diem Rates

Vatercrest Care Center			Provider Number:	0 310409-00
5650 West Dixie Hwy	_		Date:	12/21/2010
orth Miami Beach FL 33160			Fiscal Year End:	3/31/2010
			Audit Status:	Unaudited [3]
rovider Type:				
		Current Rate	New Rate	Effective Date
ursing Home Single Level		209.17	212.07	1/1/2011
Level H: AIDS		352.51	356.93	1/1/2011
Level U: Fragile Under 21		467.54	473.18	1/1/2011
Rate Type :		_		
Interim	X	Prospective		
Total Interim			Fotal Prospective Prospective Adjusted	
Interim Component		l l		
Settlement based on costs Prior Provider Prospective data				for New Costs h Interim Component
	Change	î		
Prior Provider Prospective data Basis:	Change]		
Prior Provider Prospective data	Change	s: Licensure	Fotal Prospective with	h Interim Component
Prior Provider Prospective data Basis: Budget	Change	Licensure Usual and Target Ra	Fotal Prospective with Rating Change Customary Limitation te limitation change	h Interim Component
Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion	Change	S: Licensure Usual and	Fotal Prospective with Rating Change Customary Limitation te limitation change	h Interim Component
Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs		Licensure Usual and Target Ra FRVS Ch	Fotal Prospective with Rating Change Customary Limitation te limitation change ange	h Interim Component
Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion	Change	Licensure Usual and Target Ra FRVS Ch Rate Sem	Fotal Prospective with Rating Change Customary Limitation te limitation change	h Interim Component
Prior Provider Prospective data Basis: Budget Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:		Licensure Usual and Target Ra FRVS Ch Rate Sem	Fotal Prospective with Rating Change Customary Limitation te limitation change ange ester Change	h Interim Component
Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent		Licensure Usual and Target Ra FRVS Ch Rate Sem On FRV [Fotal Prospective with Rating Change Customary Limitation te limitation change ange ester Change 2] as of 09/01/1999 Stephen Russell	h Interim Component
Prior Provider Prospective data Basis: Budget Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:		S: Licensure Usual and Target Ra FRVS Ch Rate Sem On FRV [Fotal Prospective with Rating Change Customary Limitation te limitation change ange ester Change 2] as of 09/01/1999	h Interim Component on t Analysis

Home Office:

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

ATLANTIC HEALT	HCARE CENTER			Provider Number:	0 310581-00
3663 15th Avenue				Date:	12/21/2010
Vero Beach FL 3296	0			Fiscal Year End:	8/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level		Rate 204.78	Rate	Date 1/1/2011
Tur sing frome	Single Level		204.70		1/1/2011
	Level H: AIDS		348.12	352.27	1/1/2011
	Level U: Fragile Under 21		463.15	468.52	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective with	
Basis:		Change	es:		
Budget			Licensur	e Rating Change	
X Unaudited				d Customary Limitatio	on
Field audi			Target R FRVS C	ate limitation change	
Field audi Desk audit	t - interim portion ed costs		FKV5C	nange	
Desk audit	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 09/01/2004	
Distribution:				Stephen Russell	
Contract Manag Permanent File	ement / Fiscal Agent		Medicaid	l Cost Reimbursement	t Analysis
Permanent File					

Stephen Russell

Home Office:

For information Only No Change in Rate

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



Medicaid Reimbursement Per Diem Rates

St. Mark Village, Inc		_		Provider Number:	0 310841-00
2655 Nebraska Aven		_		Date:	12/21/2010
Palm Harbor FL 346	84	_		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
		-	Rate	Rate	Date
Nursing Home	Single Level	-	207.70	212.65	1/1/2011
	Level H: AIDS		351.04	357.51	1/1/2011
	Level U: Fragile Under 21		466.07	473.76	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Prospecti X	Total Prospective Prospective Adjusted Total Prospective with	
Basis:	.	Change	s:		

Basis:	Changes:
Budget X Unaudited costs Field audited costs	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change
Field audit - interim portion Desk audited costs Desk audit - Interim Portion	FRVS Change X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 08/15/2005
Distribution: Contract Management / Fiscal Agent	Stephen Russell
Permanent File For information Only	Medicaid Cost Reimbursement Analysis
No Change in Rate	Stephus Russell

Home Office:

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

gle Lake Rehabilitation and Care Center			Provider Number:	0 311065-00
00 66th Street North			Date:	12/21/2010
Petersburg FL 33710			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
ovider Type:				
		Current	New	Effective
		Rate	Rate	
Irsing Home Single Level		215.73	218.33	1/1/2011
Level H: AIDS		359.07	363.19	1/1/2011
Level U: Fragile Under 21		474.10	479.44	1/1/2011
<u> </u>				
Rate Type :				
Interim	X	Prospective		
Total Interim		X T	otal Prospective	
Interim Component		P	rospective Adjusted	for New Costs
Settlement based on costs		T	otal Prospective with	n Interim Component
Prior Provider Prospective data				
Basis:	Change	es:		
Budget			Rating Change	
X Unaudited costs		Usual and	Customary Limitatio	on
X Unaudited costs Field audited costs		Usual and Target Rat	Customary Limitation change	on
X Unaudited costs Field audited costs Field audit - interim portion		Usual and	Customary Limitation change	on
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs		Usual and Target Rat FRVS Cha	Customary Limitation te limitation change ange	on
X Unaudited costs Field audited costs Field audit - interim portion		Usual and Target Rat FRVS Cha	Customary Limitation change	on
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audited costs	X	Usual and Target Rat FRVS Cha	Customary Limitation the limitation change ange ester Change 2] as of 07/01/1987	on
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	 X	Usual and Target Rat FRVS Cha Rate Seme On FRV [2	Customary Limitation the limitation change ange ester Change 2] as of 07/01/1987 Stephen Russell	
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		Usual and Target Rat FRVS Cha Rate Seme On FRV [2 Medicaid 0	Customary Limitation the limitation change ange ester Change 2] as of 07/01/1987 Stephen Russell Cost Reimbursement	Analysis
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent		Usual and Target Rat FRVS Cha Rate Seme On FRV [2 Medicaid 0	Customary Limitation the limitation change ange ester Change 2] as of 07/01/1987 Stephen Russell	Analysis

1022 Main Street, Suite H Dunedin FL 34698



Medicaid Reimbursement Per Diem Rates

				Provider Number:	0 311308-00
2 Collins Avenue				Date:	12/21/2010
Miami Beach FL 331	39			Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	220.83	223.81	1/1/2011
	Level H: AIDS		364.17	368.67	1/1/2011
	Level U: Fragile Under 21	-	479.20	484.92	1/1/2011
Rate Type : Interim		X	Prospective		
Interim	Total Interim	X	-	otal Prospective	
Interim		<u> </u>	X T	otal Prospective rospective Adjusted	for New Costs
Interim	Total Interim Interim Component Settlement based on costs	<u> </u>	X T	rospective Adjusted	for New Costs 1 Interim Component
Interim	Total Interim Interim Component	<u> </u>	X T	rospective Adjusted	
Interim	Total Interim Interim Component Settlement based on costs	X		rospective Adjusted	
Interim Basis:	Total Interim Interim Component Settlement based on costs		X To Pr To	rospective Adjusted otal Prospective with	
Interim	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X To Ph To Licensure	rospective Adjusted	n Interim Component

Х Rate Semester Change On FRV [2] as of 04/01/1997

FRVS Change

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Distribution:

Permanent File

Field audit - interim portion

Desk audit - Interim Portion

Contract Management / Fiscal Agent

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Desk Audit - Prospective portion

Desk audited costs

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



Medicaid Reimbursement Per Diem Rates

Life Care Center of F	Punta Gorda			Provider Number:	0 311685-00
450 Shreve Street		_		Date:	12/21/2010
Punta Gorda FL 3395	50	_		Fiscal Year End:	2/28/2010
				Audit Status:	Unaudited [3]
Provider Type:					
J. J		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	215.25	217.79	1/1/2011
	Level H: AIDS		358.59	362.65	1/1/2011
	Level U: Fragile Under 21	-	473.62	478.90	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>		Total Prospective Prospective Adjusted Total Prospective with	
Desk audit Desk audit	ted costs t - interim portion	Changes	Licensu Usual a Target FRVS	ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 07/29/2005	on
Distribution:				Stephen Russell	
Contract Manage Permanent File	ement / Fiscal Agent		Medica	id Cost Reimbursement	t Analysis
For info	rmation Only nge in Rate		typ	hun Rea	sell

Home Office:

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



SandalWood Nursing 1001 South Beach St Daytona Beach FL 32	reet	-		Provider Number: Date: Fiscal Year End:	0 312045-00 12/21/2010 12/31/2009
Provider Type:			Current Rate	Audit Status: New Rate	Unaudited [3] Effective Date
Nursing Home	Single Level	-	193.09	195.13	1/1/2011
	Level H: AIDS Level U: Fragile Under 21		<u>336.43</u> 451.46	<u>339.99</u> <u>456.24</u>	1/1/2011 1/1/2011
Rate Type :					
Interim	Total Interim	<u> </u>	Prospecti X	Total Prospective	
	Interim Component		<u> </u>	Prospective Adjusted	for New Costs
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	
Basis:		Change	s:		

Set	tlement based on costs or Provider Prospective data	Total Prospective with Interim Component Changes:
Desk audited Desk audit - I	costs interim portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 08/01/1999
Distribution: Contract Managem Permanent File For information No Change	ation Only	Stephen Russell Medicaid Cost Reimbursement Analysis Maphing Russell
Home Office:	Putnam Council, Inc. 16 Norcross Street Roswell GA 30075	



Medicaid Reimbursement Per Diem Rates

akeWood Nursing Center				Provider Number:	0 312142-00
00 North Lake Street				Date:	12/21/2010
Crescent City FL 32112				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home Single L	evel	_	186.28	173.91	1/1/2011
Level H: A	IDS		329.62	318.77	1/1/2011
Level U: F	ragile Under 21	_	444.65	435.02	1/1/2011
Rate Type : Interim Total Interim Interim Comp Settlement bas Prior Provider		X	Prospecti X	ve Total Prospective Prospective Adjusted Total Prospective with	
Basis: Budget X Unaudited costs Field audited costs Field audit - interim por Desk audited costs Desk audited costs Desk audit - Interim Por Desk Audit - Prospective	ion	Changes:	Licensur Usual ar Target F FRVS C Rate Ser	re Rating Change ad Customary Limitation tate limitation change Thange mester Change [2] as of 11/15/2001	on
Distribution: Contract Management / Fiscal Permanent File For information Only No Change in Rate	Agent			Stephen Russell d Cost Reimbursement form Reco	•

Home Office:

Putnam Council, Inc.

16 Norcross Street Roswell GA 30075



	ation and Health Center		Provider Number:	0 312151-00
3 N.E. Highway 3			Date:	12/21/2010
oss City FL 32628			Fiscal Year End:	9/30/2007
			Audit Status:	Unaudited [3]
ovider Type:			N	
		Current Rate	New Rate	Effective Date
irsing Home	Single Level	199.98	202.40	1/1/2011
	Level H: AIDS	343.32	347.26	1/1/2011
	Level U: Fragile Under 21	458.35	463.51	1/1/2011
Interim	Total Interim Interim Component Settlement based on costs	Pr	otal Prospective ospective Adjusted otal Prospective wit	
Basis:	Prior Provider Prospective data	Changes:		
Basis: Budget X Unaudited Field audi Field audi Desk audi Desk audi	costs ted costs t - interim portion	Licensure F Usual and C Target Rate FRVS Cha X Rate Semes	Rating Change Customary Limitati limitation change nge	on
Basis: Budget X Unaudited Field audi Field audi Desk audi Desk audi	costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	Licensure F Usual and C Target Rate FRVS Cha X Rate Semes	Rating Change Customary Limitati limitation change nge ster Change] as of 07/01/1999	on
Basis: Budget X Unaudited Field audi Field audi Desk audi Desk audi Desk Aud Distribution	costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	Licensure F Usual and O Target Rate FRVS Cha X Rate Semes On FRV [2	Rating Change Customary Limitati limitation change nge ster Change	on



Medicaid Reimbursement Per Diem Rates

CrestWood Nursing (Center		Provider Number:	0 312274-00
501 South Palm Aver	nue		Date:	12/21/2010
Palatka FL 32177		Fiscal Year End:		12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:				
•••		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	181.97	158.63	1/1/2011
	Level H: AIDS	325.31	303.49	1/1/2011
	Level U: Fragile Under 21	440.34	419.74	1/1/2011
Rate Type :		X Prospective	otal Prospective	
Interim	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X To	otal Prospective rospective Adjusted otal Prospective wit	for New Costs h Interim Component
Interim	Total Interim Interim Component Settlement based on costs	X To	ospective Adjusted	
Interim	Total Interim Interim Component Settlement based on costs	X To Pr To Changes: To	ospective Adjusted	
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Basis: Budget X Unaudited Field audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	X To Pr To Changes: Licensure I Usual and of Usual and of	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X To Pr To Changes: To Licensure I Usual and 0 Target Rate FRVS Cha	Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	X To Pr To Changes: To Usual and of Target Rate FRVS Cha FRVS Cha X Rate Semeat	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component

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Home Office:

Sterling Healthcare Wendell Philips 16 Norcross St., STE 50B Roswell GA 30075 Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell



Medicaid Reimbursement Per Diem Rates

Date: Fiscal Year End: Audit Status: New Rate 224.96 <u>369.82</u> 486.07	12/21/2010 12/31/2009 Unaudited [3] Effective Date 1/1/2011 1/1/2011 1/1/2011
Audit Status: New Rate 224.96 369.82	Unaudited [3] Effective Date 1/1/2011 1/1/2011
New Rate 224.96 369.82	Effective Date 1/1/2011 1/1/2011
Rate 224.96 369.82	Effective Date 1/1/2011 1/1/2011
Rate 224.96 369.82	Date 1/1/2011 1/1/2011
224.96 369.82	1/1/2011 1/1/2011
369.82	1/1/2011
486.07	1/1/2011
Total Prospective Prospective Adjusted Total Prospective wit	for New Costs h Interim Component
re Rating Change	
nd Customary Limitati	on
Target Rate limitation change	
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F	Rate limitation change Change

Stephen Russell

Medicaid Cost Reimbursement Analysis

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> Senior Living Management Corporation John Panskoy 4661 Johnson Road, Suite 7 Coconut FL 33073



thlake Nursing an	d Rehabilitation Center]	Provider Number:	0 312371-00
580 Old St. August			Date:	12/21/2010
ksonville FL 3225	7		Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
ovider Type: ursing Home	Single Level	Current Rate 224.96	New Rate 225.88	Effective Date 1/1/2011
in sing monie	Single Devel		223.00	1/1/2011
	Level H: AIDS	368.30	370.74	1/1/2011
	Level U: Fragile Under 21	483.33	486.99	1/1/2011
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Changes: International State Series Licensure F Usual and C Target Rate FRVS Char X Rate Series	Rating Change Customary Limitati e limitation change nge	h Interim Component
Distribution:			Stephen Russell	
-	ment / Fiscal Agent		Cost Reimbursemen	t Analysis
	mation Only ge in Rate	steph		-
Home Office:	Mandarin Health Group			
	199 N.E. 89th Street			



Savannah Cove of Ma	aitland		Provider Number:	0 312550-00
1301 W. Maitland Bly	vd		Date:	12/21/2010
Maitland FL 32751			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	173.55	202.22	1/1/2011
	Level H: AIDS	316.89	347.08	1/1/2011
	Level U: Fragile Under 21	431.92	463.33	1/1/2011
Rate Type :				
Interim		X Prospective	e	
r	Total Interim	X	Fotal Prospective	

Interim		X Total Prospective
m Component		Prospective Adjusted for New Costs
ment based on costs		Total Prospective with Interim Component
Provider Prospective data		
	Changes:	
		Licensure Rating Change
		Usual and Customary Limitation
sts		Target Rate limitation change
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sts		
erim Portion	X	Rate Semester Change
ospective portion		On FRV [2] as of 06/16/1995
		Stephen Russell
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Rate		
	Corporation	
	ment based on costs Provider Prospective data ests erim portion sts erim Portion ospective portion t / Fiscal Agent on Only h Rate Senior Living Management John Panskoy	ment based on costs Provider Prospective data Serim Portion t / Fiscal Agent Senior Living Management Corporation John Panskoy 4661 Johnson Road, Suite 7



Medicaid Reimbursement Per Diem Rates

Children's Comprehe	nsive Care Center			Provider Number:	0 312789-00
200 S.E. 19th Avenue	e			Date:	12/21/2010
Pompano Beach FL 3	33060			Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
~			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	247.82	253.49	1/1/2011
	Level H: AIDS		391.16	398.35	1/1/2011
	Level U: Fragile Under 21	-	506.19	514.60	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim Interim Component			Fotal ProspectiveProspective Adjusted	for New Costs
	Settlement based on costs				1 Interim Component
	Prior Provider Prospective data			F	rr
Basis:		Changes	:		
Budget			Licensure	Rating Change	
X Unaudited	costs		_	Customary Limitatio	on
Field audi	ted costs		_	te limitation change	
	t - interim portion		FRVS Ch	ange	
Desk audit	ted costs t - Interim Portion	<u> </u>	- Doto Som	actor Change	
	t - Prospective portion	<u> </u>		ester Change [2] as of 06/08/1992	
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid Cost Reimbursement Analysis		
Permanent File	mation Only				•
	rmation Only nge in Rate		teph	in Ra	all
			/		

Home Office:

Broward Children's Center, Inc. Hanna Pasniewski 200 SE 19th Avenue Pompano Beach FL 33072



Medicaid Reimbursement Per Diem Rates

Iollywood Hills Reh	abilitation Center, LLC			Provider Number:	0 313424-00
200 N 35th Avenue				Date:	12/21/2010
ollywood FL 33021				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
ursing Home	Single Level	_	211.40	214.22	1/1/2011
	Level H: AIDS		354.74	359.08	1/1/2011
	Level U: Fragile Under 21		469.77	475.33	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim			otal Prospective	
	Interim Component			rospective Adjusted	
	Settlement based on costs		T	otal Prospective with	h Interim Component
]	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
X Unaudited				Customary Limitati	on
Field audit				e limitation change	
	t - interim portion		FRVS Cha	ange	
Desk audit	ed costs - Interim Portion	X	Rata Sama	ster Change	
	t - Prospective portion		-	2] as of 10/01/1985	
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid (Cost Reimbursemen	t Analysis
Permanent File	motion Only				•
	rmation Only nge in Rate	13	teph	in Ru	sell
			/		
Home Office:	Herlee, Inc				
	Harold Mandelbaum				
	1201 North 37th Street				

Hollywood FL 33021



Medicaid Reimbursement Per Diem Rates

Lutheran Haven Nurs	sing Home			Provider Number:	0 313718-00
2041 W. State Rd. 42	26	-		Date:	12/21/2010
Oviedo Fl 32765		_		Fiscal Year End:	8/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
~			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		202.96	206.09	1/1/2011
	Level H: AIDS		346.30	350.95	1/1/2011
	Level U: Fragile Under 21	_	461.33	467.20	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:	Prospect X	ive Total Prospective Prospective Adjusted Total Prospective with	
Desk audit Desk audit	ted costs t - interim portion		Usual a Target FRVS Rate Se	rre Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 12/16/2005	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid Cost Reimbursement Analysis		
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Home Office:

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

Carrington Place Car	e Center	_		Provider Number:	0 315524-00
10501 Roosevelt Blv		<u>.</u>	Date:		12/21/2010
St. Petersburg FL 33'	716			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		207.20	209.68	1/1/2011
	Level H: AIDS		350.54	354.54	1/1/2011
	Level U: Fragile Under 21		465.57	470.79	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Fotal Prospective with	for New Costs h Interim Component
Basis:		Change	s:		
Budget			Licensure	e Rating Change	
X Unaudited				l Customary Limitation	on
Field audi Field audi	t - interim portion		FRVS Ch	ate limitation change	
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Dormonont Filo	-		Medicaid	Cost Reimbursement	t Analysis

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Home Office:

Traditions Management of Florida, LLC

1022 Main Street, Suite H Dunedin FL 34698



Medicaid Reimbursement Per Diem Rates

Life Care Center of P	ensacola		Provider Number:	0 315664-00	
3291 East Olive Road			Date:	12/21/2010	
Pensacola FL 32514			Fiscal Year End:	12/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:					
		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home	Single Level	216.42	217.09	1/1/2011	
	Level H: AIDS	359.76	361.95	1/1/2011	
	Level U: Fragile Under 21	474.79	478.20	1/1/2011	
S	nterim Component Settlement based on costs Prior Provider Prospective data		ospective Adjusted otal Prospective with	for New Costs h Interim Component	
Basis:	-	Changes:			
Budget		Licensure H	Rating Change		
X Unaudited			Customary Limitati	on	
Field audit		Target Rate limitation change			
	- interim portion	FRVS Cha	nge		
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	- Prospective portion] as of 06/01/2006		
Distribution:	_				

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Medicaid Cost Reimbursement Analysis

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



	ter			Provider Number:	0 316075-00
1 Mar Walt Drive				Date:	12/21/2010
Walton Beach FL 32457				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
ovider Type:					
			Current	New	Effective
• •			Rate	Rate	Date
Irsing Home Sir	ngle Level		212.08	208.08	1/1/2011
Lev	el H: AIDS		355.42	352.94	1/1/2011
Lev	el U: Fragile Under 21		470.45	469.19	1/1/2011
	0				
Rate Type :					
Interim		X	Prospective		
Total I	nterim			otal Prospective	
Interim	n Component		Pr	ospective Adjusted	for New Costs
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Medicaid Reimbursement Per Diem Rates

Desoto Health & Reh	ab		Provider Number:	0 316229-00
1002 North Brevard A	Avenue		Date:	12/21/2010
Arcadia FL 34266			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	240.10	246.47	1/1/2011
	Level H: AIDS	383.44	391.33	1/1/2011
	Level U: Fragile Under 21	498.47	507.58	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	Prospective Adjusted Total Prospective wit	for New Costs h Interim Component
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Distribution:			Stephen Russell	
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Home Office:

Anchor Management Phil Castleberg 1344 Longhill Drive Apopka FL 32712



Medicaid Reimbursement Per Diem Rates

Laurellwood Nursing	center, Inc.			Provider Number:	0 316628-00
3127 - 57th Avenue N				Date:	12/21/2010
St. Petersburg FL 337	714			Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	197.95	205.25	1/1/2011
	Level H: AIDS	_	341.29	350.11	1/1/2011
	Level U: Fragile Under 21		456.32	466.36	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	Prospecti X	ve Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes:			
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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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HarbourWood Nursir	ng Center, Inc.	_		Provider Number:	0 316636-00	
2855 Gulf to Bay Boulevard, Building #31		_	Date:		12/21/2010	
Clearwater FL 33759		_		Fiscal Year End:	5/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	192.84	206.28	1/1/2011	
	Level H: AIDS		336.18	351.14	1/1/2011	
	Level U: Fragile Under 21		451.21	467.39	1/1/2011	
Rate Type :		X	Prospecti	ive		
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with	n Interim Component	
]	Prior Provider Prospective data					
Basis:		Change	s:			

	tlement based on costs or Provider Prospective data	Total Prospective with Interim Component		
Basis:		Changes:		
Desk audited Desk audit - I	costs interim portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 07/03/1996		
Distribution: Contract Managem Permanent File For information No Change	ent / Fiscal Agent ation Only	Stephen Russell Medicaid Cost Reimbursement Analysis Stephen Russell		
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619			



Medicaid Reimbursement Per Diem Rates

GraceWood Nursing	Center, Inc.			Provider Number:	0 316644-00
8600 U.S. Highway 19 North				Date:	12/21/2010
Pinellas Park FL 337	82			Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	187.55	197.74	1/1/2011
	Level H: AIDS		330.89	342.60	1/1/2011
	Level U: Fragile Under 21		445.92	458.85	1/1/2011
Rate Type :					
Interim		X	Prospecti		
	Total Interim		X	Total Prospective	C. N Casta
	Interim Component Settlement based on costs			Prospective Adjusted	h Interim Costs
	Prior Provider Prospective data				in merini component
Basis:		Change	s:		
Budget			Licensu	re Rating Change	
X Unaudited costs		Usual and Customary Limitation			
Field audited costs		Target Rate limitation change			
Field audit - interim portion			FRVS Change		

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Desk audit - Interim Portion

Desk Audit - Prospective portion

Desk audited costs

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Home Office:

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

Rate Semester Change

On FRV [2] as of 08/01/1998

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

BayWood Nursing C	Center, Inc			Provider Number:	0 316652-00
2000 17th Avenue S				Date:	12/21/2010
St. Petersburg FL 33	712			Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	180.73	175.64	1/1/2011
	Level H: AIDS		324.07	320.50	1/1/2011
	Level U: Fragile Under 21		439.10	436.75	1/1/2011
Rate Type :	n Total Interim Interim Component	X		ve Total Prospective Prospective Adjusted	for New Costs
Settlement based on costs Prior Provider Prospective data				Total Prospective with	h Interim Component

Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 12/01/2005
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Medicaid Cost Reimbursement Analysis

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Iarmony Healthcare & Rehabilitation Co	enter		Provider Number:	0 317136-00
600 Courtland Street			Date:	12/21/2010
arasota FL 34237			Fiscal Year End:	7/31/2007
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home Single Level		239.36	<u>242.06</u>	1/1/2011
Level H: AIDS		382.70	386.92	1/1/2011
Level U: Fragile	Under 21	497.73	503.17	1/1/2011
Interim Component X Settlement based on Prior Provider Prosp	costs pective data	To	ospective Adjusted otal Prospective wit	h Interim Component
Basis:		anges:		
			Rating Change	
Budget X Unaudited costs		Licensure I Usual and 0	Customary Limitati	on
Budget X Unaudited costs Field audited costs		Licensure F Usual and C Target Rate	Customary Limitaties limitation change	on
Budget X Unaudited costs		Licensure I Usual and 0	Customary Limitaties limitation change	on
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Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective porti		Licensure F Usual and C Target Rate FRVS Cha X Rate Semes	Customary Limitation limitation change nge	on
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective porti Distribution:	ion	Licensure F Usual and C Target Rate FRVS Cha X Rate Semes	Customary Limitation limitation change nge ster Change	on
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective porti	ion	Licensure F Usual and O Target Rate FRVS Cha X Rate Semes On FRV [2 Medicaid O	Customary Limitation e limitation change nge ster Change] as of 06/27/2006 Stephen Russell Cost Reimbursemen	t Analysis
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective porti Distribution: Contract Management / Fiscal Agen	ion	Licensure H Usual and O Target Rate FRVS Cha X Rate Semes On FRV [2	Customary Limitation e limitation change nge ster Change] as of 06/27/2006 Stephen Russell Cost Reimbursemen	t Analysis



Medicaid Reimbursement Per Diem Rates

The Nursing Center a	t Freedom Village			Provider Number:	0 317195-00
6410 21st Avenue W	<i>v</i> est			Date:	12/21/2010
Bradenton FL 34209				Fiscal Year End:	11/30/2007
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		215.25	217.91	1/1/2011
	Level H: AIDS		358.59	362.77	1/1/2011
	Level U: Fragile Under 21		473.62	479.02	1/1/2011
X	Total Interim Interim Component Settlement based on costs		P	otal Prospective rospective Adjusted otal Prospective wit	for New Costs h Interim Component
Basis:	Prior Provider Prospective data	Change	es:		
Budget			Licensure	Rating Change	
X Unaudited				Customary Limitati	on
Field audit	ed costs	Target Rate limitation change			
	t - interim portion		FRVS Cha	ange	
Desk audit		X	Data Sama	ator Changa	
Desk audit - Interim Portion Desk Audit - Prospective portion		<u> </u>	X Rate Semester Change On FRV [2] as of 06/23/1989		
Distribution:	1 · · · · · · · · ·			-	
				Stephen Russell	

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

Home Office:

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

Stephen Russell



Medicaid Reimbursement Per Diem Rates

Darcy Hall of Life C	are			Provider Number:	0 317349-00
2170 Palm Beach Lakes Blvd. West Palm Beach FL 33409			Date: Fiscal Year End:		12/21/2010
					12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	207.34	210.16	1/1/2011
	Level H: AIDS	_	350.68	355.02	1/1/2011
	Level U: Fragile Under 21	-	465.71	471.27	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	Prospecti X	ve Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes	:		

Licensure Rating Change Budget Х Unaudited costs Usual and Customary Limitation Field audited costs Target Rate limitation change FRVS Change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Х Rate Semester Change On FRV [2] as of 07/01/1990 Desk Audit - Prospective portion **Distribution: Stephen Russell** Contract Management / Fiscal Agent Medicaid Cost Reimbursement Analysis Permanent File Stephen Russell For information Only No Change in Rate

Home Office:

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



Medicaid Reimbursement Per Diem Rates

Keystone Rehab. and	Health Center			Provider Number:	0 317560-00
1120 West Donegan				Date:	12/21/2010
Kissimmee FL 34741				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		205.97	208.65	1/1/2011
	Level H: AIDS		349.31	353.51	1/1/2011
	Level U: Fragile Under 21	_	464.34	469.76	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		P	Ootal Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audit Desk audit	ed costs - interim portion	Changes:	Usual and Target Rat FRVS Cha Rate Seme	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 10/19/2006	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid	Cost Reimbursemen	t Analysis
	rmation Only nge in Rate	-3		in Ra	•

Home Office:

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

	ion and Nursing Center			Provider Number:	0 317578-00
00 S.W. 16th Aven				Date:	12/21/2010
inesville FL 32601				Fiscal Year End:	3/31/2009
				Audit Status:	Unaudited [3]
ovider Type:					
		Curre		New Rate	Effective Date
ursing Home	Single Level	228.	67	231.54	1/1/2011
	Level H: AIDS	372.	01	376.40	1/1/2011
	Level U: Fragile Under 21	487.	04	492.65	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	X	Total Prospective Prospective Adjusted Total Prospective wit	for New Costs h Interim Component
Desk audite Desk audit	ed costs - interim portion ed costs - Interim Portion	Usu Tar FR X Rat	al a get l VS (rre Rating Change nd Customary Limitati Rate limitation change Change emester Change	on
	t - Prospective portion	On	FRV	V [2] as of 09/01/1987	
Distribution:	ement / Fiscal Agent			Stephen Russell	
Permanent File	mont / I isour / igont	Me	dica	id Cost Reimbursemen	t Analysis
	mation Only nge in Rate	Sty	e i	hus Red	mell
Home Office:	Hallmark Accounting Jacob Karmel	200			

368 New Hempstead Road #309

New City NY 10956



Medicaid Reimbursement Per Diem Rates

	on and Nursing Center		Provider Number:	0 317586-00
N.W. 1st Ave.			Date:	12/21/2010
lliston FL 32696			Fiscal Year End:	3/31/2009
			Audit Status:	Unaudited [3]
ovider Type:				
		Current Rate	New Rate	Effective Date
irsing Home	Single Level	229.03	231.05	1/1/2011
0	0			
	Level H: AIDS	372.37	375.91	1/1/2011
	Level U: Fragile Under 21	487.40	492.16	1/1/2011
Rate Type :				
Interim		X Prospec	tive	
	Total Interim	X	Total Prospective	
	Interim Component		Prospective Adjusted	
	Settlement based on costs		Total Prospective wit	h Interim Component
I	Prior Provider Prospective data			
Basis:		Changes:		
Dudaat		Licens	ure Rating Change	
Budget X Unaudited	costs		and Customary Limitati	on
Field audit			Rate limitation change	on
	- interim portion		Change	
Desk audite	_			
	- Interim Portion		emester Change	
	a - Prospective portion	On FR	V [2] as of 10/01/2006	
Distribution:			Stephen Russell	
-	ement / Fiscal Agent	Medic	aid Cost Reimbursemen	t Analysis
Permanent File	mation Only			-
	ige in Rate	Step.	two Ru	sour
Home Office:	Hallmark Accounting			
	Jacob Karmel			
	368 New Hempstead Road #309			
	New City NY 10956			



Medicaid Reimbursement Per Diem Rates

Community Health a	nd Rehab Center		Provider Number:	0 318779-00
3611 Transmitter Ro			Date:	12/21/2010
Panama City FL 3240)4		Fiscal Year End:	6/30/2009
			Audit Status:	Unaudited [3]
Provider Type:				
• •		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.40	201.15	1/1/2011
	Level H: AIDS	341.74	346.01	1/1/2011
	Level U: Fragile Under 21	456.77	462.26	1/1/2011
	Settlement based on costs Prior Provider Prospective data	Changes:	otal Prospective wit	h Interim Component
Budget			Rating Change	
X Unaudited Field audit		Usual and	Customary Limitati e limitation change	on
	ed costs - Interim Portion t - Prospective portion		ster Change] as of 11/04/1997	
Distribution:			Stephen Russell	
Contract Manage Permanent File	ement / Fiscal Agent	Medicaid C	Cost Reimbursemen	t Analysis
For info	mation Only nge in Rate	Steph	n Ra	mell

Home Office:

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

Citrus Gardens of Fo	rt Myers			Provider Number:	0 318787-00
7173 Cypress Drive		_		Date:	12/21/2010
Fort Myers FL 33907	7	_		Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:				That Status.	
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	197.89	201.96	1/1/2011
	Level H: AIDS		341.23	346.82	1/1/2011
	Level U: Fragile Under 21	_	456.26	463.07	1/1/2011
Rate Type :					
Interim		X	Prospective	2	
	Total Interim		<u> </u>	Fotal Prospective	
	Interim Component		I	Prospective Adjusted	for New Costs
	Settlement based on costs			Fotal Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
X Unaudited				l Customary Limitatio	on
Field audi				te limitation change	
	t - interim portion		FRVS Ch	lange	
Desk audit	ted costs t - Interim Portion	<u> </u>	Poto Som	astar Changa	
	it - Prospective portion	<u> </u>		ester Change [2] as of 01/01/1987	
Distribution:		L		Stephen Russell	
•	ement / Fiscal Agent		Medicaid	Cost Reimbursement	Analysis
Permanent File					-
	rmation Only		teph	in Ru	sell
No Cha	nge in Rate		/	-	

Home Office:

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

The Court at Palm-A	ire			Provider Number:	0 318795-00
2701 North Course I	Drive		Date: Fiscal Year End:		12/21/2010
Pompano Beach FL	33069				6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	
Trovider Type.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	231.41	240.31	1/1/2011
	Level H: AIDS	_	374.75	385.17	1/1/2011
	Level U: Fragile Under 21		489.78	501.42	1/1/2011
Interim	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>		re Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes	:		
Desk audi	ted costs it - interim portion		Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange mester Change	on
	it - Prospective portion			[2] as of 04/28/1994	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

Home Office:

FiveStar Quality Care Inc

400 Centre Street Newton MA 02458 **Stephen Russell**

Medicaid Cost Reimbursement Analysis

Stephen Russell



Medicaid Reimbursement Per Diem Rates

	hcare and Rehabilitation			Provider Number:	0 319244-00
111 Palmer Ranch	Parkway			Date:	12/21/2010
arasota Fl 34238				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
rovider Type:					
			Current Rate	New Rate	Effective Date
ursing Home	Single Level		247.96	253.20	1/1/2011
	Level H: AIDS		391.30	398.06	1/1/2011
	Level U: Fragile Under 21		506.33	514.31	1/1/2011
Rate Type :					
Interin	n	X	Prospective		
	n Total Interim	X	Prospective	otal Prospective	
		<u> </u>	X T	otal Prospective ospective Adjusted	for New Costs
	Total Interim Interim Component Settlement based on costs	<u> </u>	X To Pr	ospective Adjusted	for New Costs h Interim Component
	Total Interim Interim Component	<u> </u>	X To Pr	ospective Adjusted	
	Total Interim Interim Component Settlement based on costs	X Chang		ospective Adjusted	
	Total Interim Interim Component Settlement based on costs		X To Pr To es:	ospective Adjusted	
Basis: Budget	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		Es:	ospective Adjusted otal Prospective wit Rating Change Customary Limitati	h Interim Component
Basis: Budget X Unaudited Field aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X To Ph To Es: Licensure I Usual and Target Rate	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data d costs ited costs it - interim portion		Es:	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field aud Desk aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data d costs ited costs it - interim portion		X To Pr To Construction	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field aud Field aud Desk aud Desk aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data d costs ited costs it - interim portion ited costs it - Interim Portion lit - Prospective portion	Chang	X To Ph To To Ph To To T TO TO TO TO TO TO TO TO TO TO TO TO T	ospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge	h Interim Component
Basis: Budget X Unaudited Field aud Desk aud Desk aud Desk Aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data d costs ited costs it - interim portion ited costs it - Interim Portion lit - Prospective portion	Chang	X To Ph To To Ph To To T TO TO TO TO TO TO TO TO TO TO TO TO T	Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge	h Interim Component
Basis: Budget X Unaudited Field aud Field aud Desk aud Desk Aud Desk Aud Contract Manag	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data d costs ited costs it - interim portion ited costs it - Interim Portion lit - Prospective portion it - Prospective portion	Chang	X To Ph To Es: Licensure I Usual and Target Rate FRVS Cha Rate Seme On FRV [2]	Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge ster Change] as of 06/01/2000	h Interim Component
Basis: Budget X Unaudited Field aud Desk Aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data d costs ited costs it - interim portion ited costs it - Interim Portion lit - Prospective portion it - Prospective portion	Chang	X To Ph To Res: Licensure 1 Usual and Target Rate FRVS Cha Rate Seme On FRV [2 Medicaid O	Rating Change Customary Limitati e limitation change nge ster Change] as of 06/01/2000 Stephen Russell	h Interim Component on t Analysis



Medicaid Reimbursement Per Diem Rates

ep Creek Rehab & Nursing Center		Provider Number:	0 319325-00
325 Rampart Blvd		Date:	12/21/2010
ort Charlotte FL 33983		Fiscal Year End:	12/31/2009
		Audit Status:	Unaudited [3]
rovider Type:			
	Current	New	Effective
Single Level	Rate	Rate	Date
ursing Home Single Level	220.09	223.23	1/1/2011
Level H: AIDS	363.43	368.09	1/1/2011
Level U: Fragile Under 21	478.46	484.34	1/1/2011
Rate Type :			
Rate Type :			
Interim	X Prospec	ctive	
Total Interim		Total Prospective	
Interim Component		Total Prospective Prospective Adjusted	
Interim Component Settlement based on costs		Total Prospective Prospective Adjusted	l for New Costs th Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data		Total Prospective Prospective Adjusted	
Interim Component Settlement based on costs		Total Prospective Prospective Adjusted	
Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Changes:	Total Prospective Prospective Adjusted Total Prospective wit	
Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	Total Prospective Prospective Adjusted Total Prospective wit	th Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget	Changes: Licena Usual	Total Prospective Prospective Adjusted Total Prospective wit	th Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X	X Changes: Licent Usual Targe	Total Prospective Prospective Adjusted Total Prospective wit	th Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs	X Changes: Licent Usual Targe	Total Prospective Prospective Adjusted Total Prospective wit sure Rating Change and Customary Limitati	th Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs	X Changes: Licent Usual Targe FRVS X	Total Prospective Prospective Adjusted Total Prospective wit sure Rating Change and Customary Limitati Rate limitation change Change	th Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs	X Changes: Licent Usual Targe FRVS X	Total Prospective Prospective Adjusted Total Prospective with sure Rating Change and Customary Limitati Rate limitation change Change	th Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	X Changes: Licent Usual Targe FRVS X	Total Prospective Prospective Adjusted Total Prospective wit sure Rating Change and Customary Limitati Rate limitation change Change	th Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	X Changes: Licent Usual Targe FRVS X Rate S On FF	Total Prospective Prospective Adjusted Total Prospective with Sure Rating Change and Customary Limitati Rate limitation change Change Semester Change V [2] as of 05/15/1990 Stephen Russell	th Interim Component
Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	X Changes: Licent Usual Targe FRVS X Rate S On FF	Total Prospective Prospective Adjusted Total Prospective with Sure Rating Change and Customary Limitati Rate limitation change Change Semester Change EV [2] as of 05/15/1990 Stephen Russell aid Cost Reimbursemer	th Interim Component

Home Office:

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



Medicaid Reimbursement Per Diem Rates

Harbour Health Cent	er			Provider Number:	0 319333-00
23013 Westchester B	oulevard			Date:	12/21/2010
Port Charlotte FL 33	980	_		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Olidudited [5]
Troviaci Type			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	211.45	206.16	1/1/2011
	Level H: AIDS		354.79	351.02	1/1/2011
	Level U: Fragile Under 21	-	469.82	467.27	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes	Prospect X	Total Prospective Prospective Adjusted Total Prospective with	
Desk audit Desk audit	ted costs t - interim portion		Usual a Target I FRVS 0 Rate Se	rre Rating Change nd Customary Limitation Rate limitation change Change mester Change V [2] as of 11/01/2000	on
Distribution:				Stephen Russell	
Contract Manage Permanent File	ement / Fiscal Agent		Medica	id Cost Reimbursement	t Analysis
For info	rmation Only nge in Rate		type	hun Red	sell

Home Office:

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

	ake Wales	1	Provider Number:	0 319341-00	
30 North Scenic Hig		Date: 		12/21/2010 8/31/2009	
ake Wales FL 33853	3				
			Audit Status:	Unaudited [3]	
rovider Type:		Current Rate	New Rate	Effective Date	
ursing Home	Single Level	209.86	212.81	1/1/2011	
	Level H: AIDS	353.20	357.67	1/1/2011	
	Level U: Fragile Under 21	468.23	473.92	1/1/2011	
S	Interim Component Settlement based on costs Prior Provider Prospective data		ospective Adjusted tal Prospective with	n Interim Component	
Basis:		Changes:			
Budget			Rating Change		
X Unaudited Field audit			Customary Limitation change	on	
Field audited costs Field audit - interim portion		FRVS Change			
Field audit	- interim portion	I IX V D Chu			
Desk audite Desk audit	-	X Rate Semes	ter Change		
Desk audite Desk audit Desk Audit Desk Audit	ed costs - Interim Portion	X Rate Semes	ter Change Stephen Russell		

Stephen Russell

Home Office:

For information Only No Change in Rate

Dove Healthcare, L.L.C.

9310 Apison Pike #4 Ooltewah TN 37363-8629



Medicaid Reimbursement Per Diem Rates

Atrium Healthcare C	enter			Provider Number:	0 319376-00
9960 Atrium Way				Date:	12/21/2010
Jacksonville FL 3222	25			Fiscal Year End:	2/28/2007
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		185.90	185.99	1/1/2011
-					
	Level H: AIDS		329.24	330.85	1/1/2011
	Level U: Fragile Under 21		444.27	447.10	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data	Character		Prospective Adjusted Total Prospective with	
Basis:		Changes:			
X Budget			Licensur	e Rating Change	
Unaudited				d Customary Limitatio	on
Field audit	t - interim portion		FRVS C	ate limitation change	
Desk audit	_			8-	
	t - Interim Portion t - Prospective portion	X		nester Change [2] as of 09/13/1996	
Distribution:					
	ement / Fiscal Agent			Stephen Russell	
Permanent File	-			l Cost Reimbursement	•
	rmation Only	-30	teph	in Ru	mell
INO Chai	nge in Rate				

Home Office:

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

Consulate Health Car	e of Jacksonville			Provider Number:	0 319503-00
4101 Southpoint Driv				Date:	12/21/2010
Jacksonville FL 3221	6	_		Fiscal Year End:	8/31/2005
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective Date
Nursing Home	Single Level		Rate 219.89	Rate	1/1/2011
Nul sing Home	Single Level		219.89	221.59	1/1/2011
	Level H: AIDS		363.23	366.45	1/1/2011
	Level U: Fragile Under 21		478.26	482.70	1/1/2011
	U				
	Interim Component Settlement based on costs Prior Provider Prospective data	Change	 	Prospective Adjusted Total Prospective with	
Desk audit	ted costs t - interim portion		Licensur Usual an Target R FRVS C Rate Ser	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 08/09/1996	n
Distribution:				Stephen Russell	
Contract Manage	ement / Fiscal Agent		Modicai	d Cost Reimbursement	Analysis
Permanent File					-
	rmation Only nge in Rate		step 1.	my Ra	sell
no Cha	ige in Kale				

Home Office:



Medicaid Reimbursement Per Diem Rates

Consulate Health Car	e of Kissimmee			Provider Number:	0 319511-00	
2511 John Young Parkway North				Date:	12/21/2010	
Kissimmee FL 34741				Fiscal Year End:	8/31/2005	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	209.91	211.34	1/1/2011	
	Level H: AIDS		353.25	356.20	1/1/2011	
	Level U: Fragile Under 21		468.28	472.45	1/1/2011	
	Fotal Interim Interim Component Settlement based on costs	<u> </u>		e Total Prospective Prospective Adjusted Total Prospective wit		
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Change	Licensure Usual and Target Ra FRVS Cl	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 08/20/1999	on	
Distribution:	ement / Fiscal Agent			Stephen Russell		
Permanent File For infor	mation Only nge in Rate			l Cost Reimbursement	•	

Home Office:



Medicaid Reimbursement Per Diem Rates

Consulate Health Car	e of Melbourne			Provider Number:	0 319520-00	
3033 Sarno Road Melbourne FL 32934				Date:	12/21/2010	
				Fiscal Year End:	1/31/2005	
				Audit Status:	Unaudited [3]	
Provider Type:						
		Currer Rate	ıt	New Rate	Effective Date	
Nursing Home	Single Level	210.8	1	212.59	1/1/2011	
	Level H: AIDS	354.1	5	357.45	1/1/2011	
	Level U: Fragile Under 21	469.1	8	473.70	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prosp X Changes:	To Pr	otal Prospective rospective Adjusted otal Prospective wit	for New Costs h Interim Component	
Desk audit Desk audit	ed costs - interim portion	Usua Targ FRV	al and (et Rate 'S Cha Seme:	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 08/19/1994	on	
Distribution:				Stephen Russell		
Permanent File For infor	ement / Fiscal Agent mation Only nge in Rate			Cost Reimbursemen	•	

Home Office:



Medicaid Reimbursement Per Diem Rates

onsulate Health Car	e of Orange Park			Provider Number:	0 319538-00
215 Kingsley Avenue				Date:	12/21/2010
range Park FL 3207	3			Fiscal Year End:	8/31/2005
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
• •			Rate	Rate	Date
ursing Home	Single Level		220.09	221.75	1/1/2011
	Level H: AIDS		363.43	366.61	1/1/2011
	Level U: Fragile Under 21	-	478.46	482.86	1/1/2011
	Level Cringhe Chuer Li	-	170.10	102.00	1/1/2011
I	Fotal Interim Interim Component	X	Pi	otal Prospective rospective Adjusted	
		<u> </u>	X To Pr	ospective Adjusted	for New Costs h Interim Component
	Interim Component Settlement based on costs	X		ospective Adjusted	
Basis:	Interim Component Settlement based on costs			ospective Adjusted	
	Interim Component Settlement based on costs Prior Provider Prospective data		X To Ph To Licensure I Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitation	h Interim Component
Basis:	Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To Licensure I Usual and Target Rate	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion		X To Ph To Licensure I Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audite	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs	Changes	X To Pr To Licensure I Usual and Target Rato FRVS Cha	Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion		X To Ph To Licensure I Usual and Target Rato FRVS Cha Rate Seme	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion	Changes	X To Ph To Licensure I Usual and Target Rato FRVS Cha Rate Seme	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 01/01/1990	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Contract Manage	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion	Changes	X To Ph To Licensure I Usual and Target Rate FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitation e limitation change ster Change 2] as of 01/01/1990 Stephen Russell	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit	Interim Component Settlement based on costs Prior Provider Prospective data costs ed costs - interim portion ed costs - Interim Portion t - Prospective portion	Changes:	X To Ph To Licensure I Usual and Target Rate FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitation e limitation change ster Change 2] as of 01/01/1990 Stephen Russell Cost Reimbursemen	h Interim Component

Home Office:



Medicaid Reimbursement Per Diem Rates

onsulate Health Care of West Altamonte				Provider Number:	0 319546-00
	99 W. Town Parkway tamonte Springs FL 32714			Date:	12/21/2010 1/31/2005
ltamonte Springs Fl				Fiscal Year End:	
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
	<i></i>		Rate	Rate	Date
ursing Home	Single Level		218.79	220.32	1/1/2011
	Level H: AIDS		362.13	365.18	1/1/2011
	Level U: Fragile Under 21		477.16	481.43	1/1/2011
Rate Type :					
Interim		X	Prospective		
,	Total Interim	X	<u>X</u> T	otal Prospective	
	Total Interim Interim Component	X	X T P	otal Prospective Prospective Adjusted	
	Total Interim Interim Component Settlement based on costs	<u> </u>	X T P	otal Prospective Prospective Adjusted	for New Costs h Interim Component
	Total Interim Interim Component	<u> </u>	X T P	otal Prospective Prospective Adjusted	
	Total Interim Interim Component Settlement based on costs	X	X T P T	otal Prospective Prospective Adjusted	
Basis:	Total Interim Interim Component Settlement based on costs		X T P T es:	otal Prospective Prospective Adjusted	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X T P T es: Licensure Usual and	otal Prospective Prospective Adjusted Otal Prospective wit Rating Change Customary Limitatio	h Interim Component
Basis:	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X T P T t es: Licensure Usual and Target Rat	otal Prospective Prospective Adjusted Otal Prospective with Rating Change Customary Limitation	h Interim Component
Basis: Budget X Unaudited Field audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X T P T es: Licensure Usual and	otal Prospective Prospective Adjusted Otal Prospective with Rating Change Customary Limitation	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs		X T P T C C C C C C C C C C C C C C C C C	otal Prospective Prospective Adjusted Otal Prospective with Rating Change Customary Limitation te limitation change ange	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X T P T Usual and Target Rat FRVS Cha	otal Prospective Prospective Adjusted Otal Prospective with Rating Change Customary Limitation	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		X T P T Usual and Target Rat FRVS Cha	otal Prospective Prospective Adjusted Otal Prospective with Rating Change Customary Limitation the limitation change ange Ester Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		X T P T Usual and Target Rate FRVS Cha Rate Seme On FRV [2	otal Prospective Prospective Adjusted Otal Prospective with Rating Change Customary Limitative limitation change ange ester Change 2] as of 02/17/1994 Stephen Russell	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audi Desk Audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Change	X T P T T es: Licensure Usual and Target Rat FRVS Cha Rate Seme On FRV [2 Medicaid	Yotal Prospective Prospective Adjusted Yotal Prospective with Rating Change Customary Limitative te limitation change ange ester Change 2] as of 02/17/1994	h Interim Component on t Analysis

Home Office:



Medicaid Reimbursement Per Diem Rates

-	habilitation Center			Provider Number:	0 319554-00
) NW 95th Street				Date:	12/21/2010
ami FL 33150				Fiscal Year End:	7/31/2005
				Audit Status:	Unaudited [3]
ovider Type:					
			Current Rate	New Rate	Effective Date
irsing Home	Single Level	_	199.06	200.23	1/1/2011
in sing mome	Shight Level		199.00		1/1/2011
	Level H: AIDS		342.40	345.09	1/1/2011
	Level U: Fragile Under 21	_	457.43	461.34	1/1/2011
Rate Type :					
	otal Interim	X		otal Prospective	
Interim Terrim	terim Component	<u> </u>	X To Pr	cospective Adjusted	
Interim To In Se	terim Component ettlement based on costs	<u> </u>	X To Pr	cospective Adjusted	for New Costs h Interim Component
Interim To In Se Pr	terim Component			cospective Adjusted	
Interim To In Se	terim Component ettlement based on costs	X Changes:		cospective Adjusted	
Interim Te Interim Te In In Se Pr Basis:	terim Component ettlement based on costs			rospective Adjusted otal Prospective wit	
Interim To In Se Pr	terim Component ettlement based on costs ior Provider Prospective data		X To Pr To Licensure I Usual and	rospective Adjusted otal Prospective wit Rating Change Customary Limitati	h Interim Component
Interim Te Te In T	terim Component ettlement based on costs ior Provider Prospective data		X To Pr To Licensure I Usual and Target Rate	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Interim Te Te In T	terim Component ettlement based on costs ior Provider Prospective data		X To Pr To Licensure I Usual and	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Interim To In	terim Component ettlement based on costs ior Provider Prospective data		X To Pr To Licensure I Usual and Target Rate FRVS Cha	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Interim To Interim To In In Se Pr Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited Desk Audit - Desk Audit - Desk Audit -	terim Component ettlement based on costs ior Provider Prospective data	Changes:	X To Pr To Licensure I Usual and Target Rate FRVS Cha	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change nge ster Change	h Interim Component
Interim To In	terim Component ettlement based on costs ior Provider Prospective data	Changes:	X To Pr To Licensure I Usual and Target Rate FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitati e limitation change ster Change 2] as of 01/04/1996 Stephen Russell	h Interim Component
Interim Interim Interim Interim In In In Se Pr Basis: Budget X Unaudited co Field audited Field audited Field audited Desk audit - Desk	terim Component ettlement based on costs ior Provider Prospective data	Changes:	X To Pr To To Licensure I Usual and Target Rate FRVS Cha Rate Seme On FRV [2 Medicaid O	Rating Change Customary Limitati e limitation change ster Change 2] as of 01/04/1996	h Interim Component on t Analysis

Maitland FL 32751



Medicaid Reimbursement Per Diem Rates

Consulate Health Car	e of Bayonet Point			Provider Number:	0 319651-00	
8132 Hudson Avenue Hudson FL 34667				Date:	12/21/2010	
				Fiscal Year End:	8/31/2005	
				Audit Status:	Unaudited [3]	
Provider Type:						
		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	207.14	209.00	1/1/2011	
	Level H: AIDS		350.48	353.86	1/1/2011	
	Level U: Fragile Under 21		465.51	470.11	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X		Fotal Prospective Prospective Adjusted	for New Costs h Interim Component	
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Changes	Licensure Usual and Target Ra FRVS Ch Rate Sem	e Rating Change I Customary Limitation the limitation change hange ester Change [2] as of 02/22/1993	on	
Distribution:				Stephen Russell		
Permanent File For infor	ement / Fiscal Agent mation Only nge in Rate			Cost Reimbursement	•	

Home Office:



Medicaid Reimbursement Per Diem Rates

Consulate Health Car	re of Brandon		Provider Number:	0 319660-00
701 Victoria Street			Date:	12/21/2010
Brandon FL 33510			Fiscal Year End:	1/31/2005
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.57	215.83	1/1/2011
	Level H: AIDS	357.91	360.69	1/1/2011
	Level U: Fragile Under 21	472.94	476.94	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data		Prospective Adjusted Total Prospective wit	for New Costs h Interim Component
	Settlement based on costs Prior Provider Prospective data		Total Prospective wit	h Interim Component
Basis:		Changes:		
Budget			sure Rating Change	
X Unaudited Field audit			and Customary Limitati Rate limitation change	on
	t - interim portion		Change	
Desk audit	-		-	
	- Interim Portion t - Prospective portion		emester Change V [2] as of 03/01/1999	
Distribution:				
	ement / Fiscal Agent		Stephen Russell	
		Medic	aid Cost Reimbursemen	t Analysis

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Consulate Health Car	e of Lake Parker			Provider Number:	0 319678-00
2020 W. Lake Parker Drive				Date:	12/21/2010
Lakeland FL 33805				Fiscal Year End:	9/30/2005
				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	-	215.38	217.01	1/1/2011
	Level H: AIDS		358.72	361.87	1/1/2011
	Level U: Fragile Under 21	-	473.75	478.12	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	Prospectiv X	ve Total Prospective Prospective Adjusted Total Prospective with	
Pagig		Changes			

Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 05/14/1990
Distribution:	

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Medicaid Reimbursement Per Diem Rates

Consulate Health Car	re of Pensacola	_		Provider Number:	0 319686-00
235 W. Airport Blvd.		-		Date:	12/21/2010
Pensacola FL 32505				Fiscal Year End:	1/31/2005
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
I	Simala Laval	-	Rate	Rate	
Nursing Home	Single Level	-	205.34	206.71	1/1/2011
	Level H: AIDS		348.68	351.57	1/1/2011
	Level U: Fragile Under 21		463.71	467.82	1/1/2011
	Lever et magne ender 21		405.71	407.02	1/ 1/ 2011
Rate Type :					
Interim		X	Prospective		
	Total Interim			Fotal Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			rotar Prospective with	h Interim Component
Basis:		Change	s:		
			Liconsura	Rating Change	
Budget X Unaudited	costs			l Customary Limitatio	on
Field audit				te limitation change	511
	t - interim portion		FRVS Ch	-	
Desk audit	-		_	-	
	- Interim Portion	X		ester Change	
	t - Prospective portion		On FRV	[2] as of 01/08/1997	
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis
Permanent File					•
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No Cha	nge in Rate		ngen	ny /h	

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Medicaid Reimbursement Per Diem Rates

Consulate Health Car	•	_		Provider Number:	0 319694-00
1410 Fourth Street North		_		Date:	12/21/2010
Safety Harbor FL 346	Safety Harbor FL 34695			Fiscal Year End:	8/31/2005
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	217.17	218.54	1/1/2011
	Level H: AIDS		360.51	363.40	1/1/2011
	Level U: Fragile Under 21		475.54	479.65	1/1/2011
Rate Type :		X	Prospective		
	Total Interim	X Total Prospective			
:	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Fotal Prospective with	for New Costs h Interim Component
Basis:		Change	s:		
Budget				Rating Change	
X Unaudited	costs		Usual and Customary Limitation		

Target Rate limitation change

 X
 Rate Semester Change

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

FRVS Change

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Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

Contract Management / Fiscal Agent

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Desk Audit - Prospective portion



Medicaid Reimbursement Per Diem Rates

Consulate Health Car	e of St. Petersburg			Provider Number:	0 319708-00
9393 Park Boulevard		_		Date:	12/21/2010
Seminole FL 33777		_		Fiscal Year End:	8/31/2005
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	215.64	217.21	1/1/2011
	Level H: AIDS		358.98	362.07	1/1/2011
	Level U: Fragile Under 21	-	474.01	478.32	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data	Changes	 	Prospective Adjusted Total Prospective with	
Desk audit Desk audit	ed costs - interim portion		Usual an Target R FRVS C Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 11/03/1995	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaid Cost Reimbursement Analysis		
	mation Only nge in Rate			ins Rea	•

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Medicaid Reimbursement Per Diem Rates

Consulate Health Car	re of Tallahassee			Provider Number:	0 319716-00
650 Phillips Road				Date:	12/21/2010
allahassee FL 32308	8			Fiscal Year End:	9/30/2005
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
ursing Home	Single Level	-	Rate 218.33	Rate	Date 1/1/2011
ui sing mome	Single Level	-	218.33	219.38	1/1/2011
	Level H: AIDS		361.67	364.24	1/1/2011
	Level U: Fragile Under 21		476.70	480.49	1/1/2011
	Level C. Hughe Chuel 21		470.70	+00.+)	1/1/2011
	Total Interim	X		otal Prospective cospective Adjusted	for New Costs
Interim		<u> </u>		rospective Adjusted	for New Costs h Interim Component
Interim	Total Interim Interim Component Settlement based on costs	X		rospective Adjusted	
Interim	Total Interim Interim Component Settlement based on costs		X To Pr To S:	rospective Adjusted	
Interim	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To S: Licensure I Usual and	rospective Adjusted otal Prospective wit Rating Change Customary Limitati	h Interim Component
Basis: Budget X Unaudited Field audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X To Pr To S: Licensure I Usual and Target Rate	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion		X To Pr To S: Licensure I Usual and	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion		X To Pr To S: Licensure I Usual and Target Rato FRVS Cha	rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs	Change	X To Pr To S: Licensure I Usual and Target Rato FRVS Cha Rate Seme	Rating Change Customary Limitation e limitation change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Change	X To Pr To S: Licensure I Usual and Target Rato FRVS Cha Rate Seme	Rating Change Customary Limitatie e limitation change ster Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk Audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Change	X To Pr To S: Licensure I Usual and C Target Rato FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitati e limitation change ster Change 2] as of 04/01/1992	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audi Desk Audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes X	X To Pr To S: Licensure I Usual and C Target Rato FRVS Cha Rate Seme On FRV [2	Rating Change Customary Limitatie e limitation change ster Change 2] as of 04/01/1992 Stephen Russell Cost Reimbursemen	h Interim Component

Home Office:



Medicaid Reimbursement Per Diem Rates

Consulate Health Car	e of Winter Haven			Provider Number:	0 319724-00
2701 Lake Alfred Ro				Date:	12/21/2010
Winter Haven FL 338	381			Fiscal Year End:	8/31/2005
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	204.77	206.25	1/1/2011
	Level H: AIDS	-	348.11	351.11	1/1/2011
	Level U: Fragile Under 21	-	463.14	467.36	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes	F	Fotal Prospective Prospective Adjusted Fotal Prospective with	for New Costs h Interim Component
Desk audit Desk audit	ed costs t - interim portion	X	Usual and Target Ra FRVS Ch Rate Semo	Rating Change Customary Limitation te limitation change ange ester Change [2] as of 10/02/1998	on
Permanent File For info	ement / Fiscal Agent rmation Only nge in Rate			Stephen Russell Cost Reimbursement	•

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Medicaid Reimbursement Per Diem Rates

Consulate Health Car	e of Lakeland			Provider Number:	0 319953-00
5245 North Socrum I	Loop Road	-		Date:	12/21/2010
Lakeland FL 33809		-		Fiscal Year End:	1/31/2005
				Audit Status:	Unaudited [3]
Provider Type:					
		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	202.31	203.53	1/1/2011
	Level H: AIDS		345.65	348.39	1/1/2011
	Level U: Fragile Under 21		460.68	464.64	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes	 	Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ted costs t - interim portion		Licensu Usual a Target 1 FRVS	rre Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 04/01/1998	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medica	id Cost Reimbursement	t Analysis
	rmation Only nge in Rate		tip	low Ru	mill

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Medicaid Reimbursement Per Diem Rates

Date: 12/21/2010 Fiscal Year End: 8/31/2005 Audit Status: Unaudited [Current New Effective Rate Rate Date
Audit Status: Unaudited [Current New Effective
Current New Effective
209.20 210.63 1/1/2011
352.54 355.49 1/1/2011
467.57 471.74 1/1/2011
X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Total Prospective with Interim Compone
Changes:
Licensure Rating Change
Usual and Customary Limitation
Target Rate limitation change
FRVS Change
V Dut Constant
XRate Semester ChangeOn FRV [2] as of 04/01/1998
Stephen Russell
Medicaid Cost Reimbursement Analysis
Medicaid Cost Reimbursement Analysis Stephen Russell



Medicaid Reimbursement Per Diem Rates

	e of North Fort Myers		Provider Number:	0 320111-00
1 Pondella Road	2002		Date:	12/21/2010
orth Ft. Myers FL 3	3903		Fiscal Year End:	1/31/2005
			Audit Status:	Unaudited [3]
rovider Type:			N	
		Current Rate	New Rate	Effective Date
ursing Home	Single Level	202.22	204.03	1/1/2011
	Level H: AIDS	345.56	348.89	1/1/2011
	Level U: Fragile Under 21	460.59	465.14	1/1/2011
Rate Type : Interim		X Prospective		
	Fotal Interim		otal Prospective	
I	nterim Component		ospective Adjusted	for New Costs
S	Settlement based on costs	Te	otal Prospective with	h Interim Component
H	Prior Provider Prospective data			
Basis:	С	hanges:		
Budget		Licensure	Rating Change	
X Unaudited	costs –		Customary Limitati	on
Field audit	ed costs		e limitation change	
	- interim portion	FRVS Cha	nge	
Desk audite				
	- Interim Portion		ster Change 2] as of 04/01/1998	
Distribution:			Stephen Russell	
e	ment / Fiscal Agent	Medicaid (Cost Reimbursemen	t Analysis
Permanent File	mation Only			-
	ge in Rate	Steph	n Ru	south
	<u> </u>	~		
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Medicaid Reimbursement Per Diem Rates

Consulate Health Car	re of Port Charlotte			Provider Number:	0 320129-00
18480 Toledo Blade		_		Date:	12/21/2010
Port Charlotte FL 33	948	_		Fiscal Year End:	5/31/2005
				Audit Status:	Unaudited [3]
Provider Type:					
••		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	203.17	204.65	1/1/2011
	Level H: AIDS		346.51	349.51	1/1/2011
	Level U: Fragile Under 21		461.54	465.76	1/1/2011
Rate Type :					
Interim	l	X	Prospective		
	Total Interim			otal Prospective	
	Interim Component			rospective Adjusted	
	Settlement based on costs Prior Provider Prospective data		T	otal Prospective wit	h Interim Component
Basis:		Changes	5:		
Budget X Unaudited			_	Rating Change	
Field audit				Customary Limitation change	JII
	t - interim portion		FRVS Cha	-	
Desk audit	_		_	6	
	t - Interim Portion	X	Rate Seme	ster Change	
Desk Audi	it - Prospective portion		On FRV [2	2] as of 03/12/1998	
Distribution:	-			Stephen Russell	
•	ement / Fiscal Agent		Medicaid	Cost Reimbursemen	t Analysis
Permanent File	mation Only				•
	rmation Only nge in Rate		tteph	in Ra	soll
No Cha	nge m Kale		/		

Home Office:



Medicaid Reimbursement Per Diem Rates

Consulate Health Ca	re of Sarasota		Provider Number:	0 320137-00
4783 Fruitville Road			Date:	12/21/2010
Sarasota FL 34232			Fiscal Year End:	8/31/2005
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	237.81	240.72	1/1/2011
	Level H: AIDS	381.15	385.58	1/1/2011
	Level U: Fragile Under 21	496.18	501.83	1/1/2011
	Total Interim Interim Component Settlement based on costs	X	Total Prospective Prospective Adjusted Total Prospective wit	for New Costs h Interim Component
Basis:	Prior Provider Prospective data	Changes:		
Budget		Licens	ure Rating Change	
X Unaudited			and Customary Limitati	on
Field audi			Rate limitation change Change	
Field audi Desk audit	t - interim portion ted costs		Change	
Desk audit	t - Interim Portion it - Prospective portion		emester Change V [2] as of 02/18/1998	
Distribution:			Stephen Russell	
Contract Manag	ement / Fiscal Agent	Medic	aid Cost Reimbursemen	t Analysis

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Permanent File

For information Only No Change in Rate



Medicaid Reimbursement Per Diem Rates

Pr	Date: Fiscal Year End: Audit Status: New Rate 210.04 354.90 471.15	12/21/2010 8/31/2005 Unaudited [3] Effective Date 1/1/2011 1/1/2011 1/1/2011 for New Costs h Interim Component
Rate 208.00 351.34 466.37 Prospective X To Pr	Audit Status: New Rate 210.04 354.90 471.15 otal Prospective rospective Adjusted	Unaudited [3] Effective Date 1/1/2011 1/1/2011 1/1/2011 for New Costs
Rate 208.00 351.34 466.37 Prospective X To Pr	New Rate 210.04 354.90 471.15	Effective Date 1/1/2011 1/1/2011 1/1/2011
Rate 208.00 351.34 466.37 Prospective X To Pr	Rate 210.04 354.90 471.15 otal Prospective cospective Adjusted	Date 1/1/2011 1/1/2011 for New Costs
Rate 208.00 351.34 466.37 Prospective X To Pr	Rate 210.04 354.90 471.15 otal Prospective cospective Adjusted	Date 1/1/2011 1/1/2011 for New Costs
<u>351.34</u> <u>466.37</u> Prospective <u>X</u> To Pr	210.04 354.90 471.15 otal Prospective rospective Adjusted	1/1/2011 1/1/2011 for New Costs
466.37 Prospective X To Pr	471.15 otal Prospective rospective Adjusted	1/1/2011 for New Costs
Prospective X To Pr	otal Prospective	for New Costs
X To Pr	ospective Adjusted	
X To Pr	ospective Adjusted	
X To Pr	ospective Adjusted	
Pr	ospective Adjusted	
To	otal Prospective with	h Interim Component
s:		
Licensure I	Rating Change	
	Customary Limitati	on
	e limitation change	
FRVS Cha	nge	
- Doto Somo	stor Change	
	Stephen Russell	
Medicaid (Cost Reimbursemen	t Analysis
		•
steph	a Ru	soll
	Rate Semes On FRV [2 Medicaid C	FRVS Change Rate Semester Change On FRV [2] as of 04/01/1998 Stephen Russell Medicaid Cost Reimbursemen May

Maitland FL 32751



Medicaid Reimbursement Per Diem Rates

onsulate Health Care	of West Palm Beach		Provider Number:	0 320153-00
26 Davis Road			Date:	12/21/2010
est Palm Beach FL 3	33406		Fiscal Year End:	8/31/2005
			Audit Status:	Unaudited [3]
covider Type: ursing Home	Single Level	Current Rate 215.29	New Rate 217.01	Effective Date 1/1/2011
un sing monie	Single Level	213,27		1/1/2011
	Level H: AIDS	358.63	361.87	1/1/2011
	Level U: Fragile Under 21	473.66	478.12	1/1/2011
Basis: Budget X Unaudited c Field audite Field audit - Desk audite Desk audit -	osts d costs · interim portion	Changes: Licensure H Usual and C Target Rate FRVS Cha X Rate Semes	Rating Change Customary Limitation e limitation change	h Interim Component
Distribution:			Stephen Russell	
Permanent File	nent / Fiscal Agent		Cost Reimbursement	
For inform No Chang	nation Only ge in Rate	Steph	n Ru	sell
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Medicaid Reimbursement Per Diem Rates

	& Rehab Center, Inc.		Provider Number:	0 320391-00
250 A Avenue			Date:	12/21/2010
phyrhills FL 33542	2		Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
ovider Type:		_		
		Current Rate	New Rate	Effective Date
ursing Home	Single Level	205.13	207.59	1/1/2011
	Level H: AIDS	348.47	352.45	1/1/2011
	Level U: Fragile Under 21	463.50	468.70	1/1/2011
Rate Type :	Total Interim	X Prospective X To	otal Prospective	
	Interim Component		rospective Adjusted	for New Costs
	Settlement based on costs			h Interim Component
I	Prior Provider Prospective data			
Basis:	C	Changes:		
Budget	_		Rating Change	
X Unaudited		Usual and	Customary Limitation	on
X Unaudited Field audit	ed costs	Usual and Target Rate	Customary Limitation change	on
X Unaudited Field audit	t - interim portion	Usual and	Customary Limitation change	on
X Unaudited Field audit Field audit Desk audit Desk audit	ed costs t - interim portion ed costs - Interim Portion	Usual and Target Rate FRVS Cha	Customary Limitation e limitation change nge ster Change	on
X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit	ed costs t - interim portion ed costs - Interim Portion t - Prospective portion	Usual and Target Rate FRVS Cha	Customary Limitation e limitation change nge	on
X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit	ed costs t - interim portion ed costs - Interim Portion t - Prospective portion	Usual and Target Rate FRVS Cha	Customary Limitation e limitation change nge ster Change	on
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X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Contract Manage Permanent File	ed costs t - interim portion ed costs - Interim Portion t - Prospective portion	Usual and Target Rate FRVS Cha X Rate Seme On FRV [2 Medicaid C	Customary Limitation e limitation change nge ster Change 2] as of 06/28/1989 Stephen Russell Cost Reimbursement	t Analysis
X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit Contract Manage Permanent File For infor	ement / Fiscal Agent	Usual and Target Rate FRVS Cha X Rate Seme On FRV [2 Medicaid C	Customary Limitation e limitation change nge ster Change 2] as of 06/28/1989 Stephen Russell	t Analysis
X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit Contract Manage Permanent File For infor	ement / Fiscal Agent	Usual and Target Rate FRVS Cha X Rate Seme On FRV [2 Medicaid C	Customary Limitation e limitation change nge ster Change 2] as of 06/28/1989 Stephen Russell Cost Reimbursement	t Analysis



Medicaid Reimbursement Per Diem Rates

ohyrhills Health &	Rehab Center, Inc.		Provider Number:	0 320404-00
50 Dairy Road			Date:	12/21/2010
phyrhills FL 33540)		Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
rovider Type:		Current Rate	New Rate	Effective Date
ursing Home	Single Level	211.51	214.93	1/1/2011
	Level H: AIDS	354.85	359.79	1/1/2011
	Level U: Fragile Under 21	469.88	476.04	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospecti X Changes:	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Desk audit Desk audit	ted costs t - interim portion	Usual an Target F FRVS C X Rate Ser	re Rating Change nd Customary Limitati Rate limitation change Change mester Change 7 [2] as of 06/23/1998	on
Distribution:			Stephen Russell	
e	ement / Fiscal Agent	Medicai	d Cost Reimbursemen	t Analysis
	rmation Only nge in Rate		ans Ru	-
Home Office:	Sunbelt Health Care Centers,Inc Kevin Sadler 602 Courtland Street			

Orlando FL 32804



Medicaid Reimbursement Per Diem Rates

	nab Center - Apopka, Inc.		Provider Number:	0 320412-00
5 E. Oak Street			Date:	12/21/2010
opka FL 32703			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
ovider Type:			N	
		Current Rate	New Rate	Effective Date
irsing Home	Single Level	200.28	203.71	1/1/2011
	Level H: AIDS	343.62	348.57	1/1/2011
	Level U: Fragile Under 21	458.65	464.82	1/1/2011
Rate Type :				
Interim		X Prospective		
	Total Interim		otal Prospective	
	Interim Component		ospective Adjusted	
	Settlement based on costs	10	otal Prospective wit	h Interim Component
	Prior Provider Prospective data			
Basis:		Changes:		
Budget		Licensure I	Rating Change	
X Unaudited	costs		Customary Limitati	on
Field audit			e limitation change	
Field audit	- interim portion	FRVS Cha	nge	
Desk audit				
	- Interim Portion	X Rate Semester Change On FRV [2] as of 02/09/1993		
	t - Prospective portion	UN FKV [2	j as 01 02/09/1993	
Distribution:	ement / Fiscal Agent		Stephen Russell	
Permanent File	linent / Piscal Agent	Medicaid C	Cost Reimbursemen	t Analysis
	mation Only	1. 1	-77	
	nge in Rate	super	n Ru	man
Home Office:	Sunbelt Health Care Centers, Inc.			
	Kevin Sadler			
	602 Courtland Street			
	Orlando FL 32804			



Medicaid Reimbursement Per Diem Rates

East Orlando Health & Rehab Center, Inc. 250 S. Chickasaw Trail Orlando FL 32825				Provider Number:	0 320421-00 12/21/2010 7/31/2010	
				Date:		
				Fiscal Year End:		
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	225.67	229.39	1/1/2011	
	Level H: AIDS		369.01	374.25	1/1/2011	
	Level U: Fragile Under 21		484.04	490.50	1/1/2011	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:		X Change	I	Fotal Prospective Prospective Adjusted	for New Costs h Interim Component	
Budget			Licensure Rating Change			
X Unaudited costs			Usual and Customary Limitation			
Field audited costs Field audit - interim portion			Target Rate limitation change FRVS Change			
Field audit Desk audit	-			lange		
Desk audit - Interim Portion Desk Audit - Prospective portion		X	XRate Semester ChangeOn FRV [2] as of 02/08/1993			
Distribution:		Stephen Russell				
Contract Management / Fiscal Agent –			Medicaid Cost Reimbursement Analysis			
	mation Only age in Rate			in Ra	•	

Home Office:

Sunbelt Health Care Centers,Inc. Kevin Sadler 602 Courtland Street Orlando FL 32804



Medicaid Reimbursement Per Diem Rates

Adventist Care Cente	ers - Courtland, Inc.			Provider Number:	0 320439-00
730 Courtland Street				Date:	12/21/2010
Orlando Fl 32804				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	219.10	221.57	1/1/2011
	Level H: AIDS		362.44	366.43	1/1/2011
	Level U: Fragile Under 21		477.47	482.68	1/1/2011
Rate Type :					
Interim	L	Χ	Prospective		
	Total Interim			otal Prospective	
	Interim Component			rospective Adjusted	
	Settlement based on costs Prior Provider Prospective data		T	otal Prospective with	h Interim Component
Basis:		Change	s:		
Budget			Licensure	Rating Change	
X Unaudited			Usual and	Customary Limitation	
		1			on
Field audi			Target Rate	e limitation change	on
Field audi	t - interim portion			e limitation change	on
Field audi Desk audi	t - interim portion ted costs		Target Rate FRVS Cha	e limitation change	on
Field audi Desk audi Desk audi	t - interim portion	X	Target Rate FRVS Cha	e limitation change	on
Field audi Desk audi Desk audi Desk Audi Distribution :	t - interim portion ted costs t - Interim Portion it - Prospective portion	X	Target Rate FRVS Cha	e limitation change ange ster Change	on
Field audi Desk audi Desk audi Desk Audi Desk Audi Contract Manag	t - interim portion ted costs t - Interim Portion it - Prospective portion	X	Target Rate FRVS Cha Rate Seme On FRV [2	e limitation change ange ster Change 2] as of 07/27/2000	
Field audi Desk audi Desk audi Desk Audi Desk Audi Contract Manag Permanent File	t - interim portion ted costs t - Interim Portion it - Prospective portion		Target Rate FRVS Cha Rate Seme On FRV [2 Medicaid C	e limitation change ange ster Change 2] as of 07/27/2000 Stephen Russell	t Analysis

Home Office:

Adventist Care Centers

602 Courtland Street, Suite 200 Orlando FL 32804



Medicaid Reimbursement Per Diem Rates

lorida Living Nursir	-			Provider Number:	0 320463-00
3355 E. Semoran Blv	/d.			Date:	12/21/2010
Apopka FL 32703				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level	_	Rate 224.20	Rate	Date 1/1/2011
vur sing Home	Single Level	—	224.20	229.48	1/1/2011
	Level H: AIDS		367.54	374.34	1/1/2011
	Level U: Fragile Under 21	-	482.57	490.59	1/1/2011
	Total Interim Interim Component Settlement based on costs			Total Prospective Prospective Adjusted Total Prospective with	
Basis:	Prior Provider Prospective data	Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited				d Customary Limitatio	on
Field audit			_	ate limitation change	
	t - interim portion		FRVS C	nange	
Desk audit	ed costs	X	- Rate Ser	ester Change	
	t - Prospective portion			[2] as of 08/24/1989	
Desk Audi	i - riospective portion				

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

Home Office:

Sunbelt Health Care Centers,Inc. Kevin Sadler 602 Courtland Street Orlando FL 32804 Medicaid Cost Reimbursement Analysis

Stephen Russell



	Dolphins View			Provider Number:	0 320528-00
820 Shore Drive, South				Date:	12/21/2010
t. Petersburg FL 33707				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
Jursing Home Si	ingle Level	-	Rate 226.88	Rate	Date 1/1/2011
	lingle Level	-	220.00	229.10	1/1/2011
Le	evel H: AIDS		370.22	374.64	1/1/2011
Le	evel U: Fragile Under 21		485.25	490.89	1/1/2011
Settle	m Component ment based on costs Provider Prospective data	Change	To	ospective Adjusted otal Prospective wit	for New Costs h Interim Component
Budget X Unaudited costs Field audited co Field audit - inte Desk audited co Desk audit - Inte	erim portion sts erim Portion		Usual and C Target Rate FRVS Cha	Rating Change Customary Limitation limitation change nge ster Change	on
Desk Audit - Pro	ospective portion] as of 04/01/1991	
Desk Audit - Pro Distribution:				U	
Desk Audit - Pro			On FRV [2] as of 04/01/1991	t Analysis



50 Lee Boulevard			Provider Number:	0 320978-00
			Date:	12/21/2010
high Acres FL 33936			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
ovider Type:		Current Rate	New Rate	Effective Date
rsing Home	Single Level	235.29	238.56	1/1/2011
	Level H: AIDS	378.63	383.42	1/1/2011
	Level U: Fragile Under 21	493.66	499.67	1/1/2011
Inte	tal Interim erim Component tlement based on costs or Provider Prospective data	Pr To Changes:	otal Prospective ospective Adjusted otal Prospective with Rating Change	for New Costs h Interim Component
	costs nterim portion	Usual and	Customary Limitation change	n
X Unaudited cos Field audited Field audit - i Desk audited Desk audit - I	costs nterim portion	Usual and C Target Rate FRVS Cha X Rate Semes	Customary Limitation e limitation change nge	on
X Unaudited cos Field audited Field audit - i Desk audited Desk audit - I	costs nterim portion costs nterim Portion Prospective portion	Usual and C Target Rate FRVS Cha X Rate Semes	Customary Limitation e limitation change nge ster Change	on



Ft. Lauderdale Health 2000 E. Commercial Ft. Lauderdale FL 33	Blvd.	_		Provider Number: Date:	0 321303-00
FL Lauderdale FL 55.	308	_		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		223.36	226.51	1/1/2011
	Level H: AIDS		366.70	371.37	1/1/2011
	Level U: Fragile Under 21		481.73	487.62	1/1/2011
	Total Interim Interim Component	X		Total Prospective Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			Fotal Prospective with	h Interim Component
Basis:	F	Change		e Rating Change	

Settlement based on costs Prior Provider Prospective data	Total Prospective with Interim Component
Basis:	Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 07/01/2007
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Stephen Russell Medicaid Cost Reimbursement Analysis Stephen Russell
Home Office: 1 - No Home Office	



he Palms Rehabilitation and Nursing Center		Provider Number:	0 321532-00
370 NW 47th Terrace		Date:	12/21/2010
auderdale Lakes FL 33319		Fiscal Year End:	12/31/2009
		Audit Status:	Unaudited [3]
rovider Type:			
	Current Rate	New Rate	Effective Date
ursing Home Single Level	214.05	230.32	1/1/2011
Level H: AIDS	357.39	375.18	1/1/2011
Level U: Fragile Under 21	472.42	491.43	1/1/2011
Data Tura d			
Rate Type :			
Interim	X Prospective		
Total Interim	X Te	otal Prospective	
	D.		for New Costs
Interim Component		cospective Adjusted	
Settlement based on costs			for New Costs h Interim Component
Settlement based on costs Prior Provider Prospective data	To		
Settlement based on costs			
Settlement based on costs Prior Provider Prospective data	Te Changes:		
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs	Te T	otal Prospective wit Rating Change Customary Limitation	h Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs	Changes: Licensure I Usual and Target Rate	otal Prospective wit Rating Change Customary Limitation e limitation change	h Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audit - interim portion	Te T	otal Prospective wit Rating Change Customary Limitation e limitation change	h Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	Changes: Licensure 1 Usual and Target Rate FRVS Char	otal Prospective wit Rating Change Customary Limitation e limitation change nge	h Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs	Changes: Licensure I Usual and Target Rate FRVS Changes X	otal Prospective wit Rating Change Customary Limitation e limitation change	h Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	Changes: Licensure I Usual and Target Rate FRVS Changes X	e limitation change nge ster Change a sof 01/01/1994	h Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	Changes: Licensure I Usual and Target Rate FRVS Cha X Rate Seme On FRV [2]	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 01/01/1994 Stephen Russell	h Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File	Changes: Licensure I Usual and Target Rate FRVS Cha X Rate Seme On FRV [2 Medicaid O	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 01/01/1994 Stephen Russell Cost Reimbursemen	h Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs <td>Changes: Licensure I Usual and Target Rate FRVS Cha X Rate Seme On FRV [2]</td> <td>Rating Change Customary Limitation e limitation change nge ster Change 2] as of 01/01/1994 Stephen Russell Cost Reimbursemen</td> <td>h Interim Component</td>	Changes: Licensure I Usual and Target Rate FRVS Cha X Rate Seme On FRV [2]	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 01/01/1994 Stephen Russell Cost Reimbursemen	h Interim Component



Medicaid Reimbursement Per Diem Rates

Coral Gables Nursing	g and Renabilitation			Provider Number:	0 323772-00
060 SW 8th Street				Date:	12/21/2010
Miami FL 33144				Fiscal Year End:	4/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
	<i></i>	-	Rate	Rate	Date
Nursing Home	Single Level	-	212.40	214.66	1/1/2011
	Level H: AIDS		355.74	359.52	1/1/2011
	Level U: Fragile Under 21		470.77	475.77	1/1/2011
Rate Type :					
			- ·		
Interim		X	Prospective	(1 D	
	Total Interim		X To	otal Prospective	
	Intarim Commonant		D	ospostivo Adjustod	for Now Costs
	Interim Component			ospective Adjusted	
:	Settlement based on costs				for New Costs h Interim Component
	•		To		
:	Settlement based on costs	Change	To		
Basis:	Settlement based on costs	Change	To	otal Prospective with	
	Settlement based on costs Prior Provider Prospective data	Change	To s: Licensure I		h Interim Component
Basis:	Settlement based on costs Prior Provider Prospective data	Change	To S: Licensure I Usual and	otal Prospective with	h Interim Component
Basis: Budget X Unaudited Field audit	Settlement based on costs Prior Provider Prospective data	Change	To S: Licensure I Usual and	Rating Change Customary Limitation	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit	Settlement based on costs Prior Provider Prospective data costs red costs t - interim portion ed costs		Licensure I Usual and 0 Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change nge	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit	Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion	Change	Licensure I Usual and Usual and C Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change nge ster Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi	Settlement based on costs Prior Provider Prospective data costs red costs t - interim portion ed costs		Licensure I Usual and Usual and C Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change nge	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Desk Audi	Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensure I Usual and Usual and C Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change nge ster Change	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audi Contract Manage	Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion		Licensure I Usual and 0 Target Rate FRVS Cha Rate Seme: On FRV [2	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 11/01/1988	h Interim Component
Basis: Budget X Unaudited Field audit Desk audit Desk audit Desk Audit Desk Audit Desk Audit Desk Audit	Settlement based on costs Prior Provider Prospective data costs ed costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensure I Usual and C Target Rate FRVS Cha Rate Semen On FRV [2 Medicaid C	Rating Change Customary Limitation e limitation change nge ster Change 2] as of 11/01/1988 Stephen Russell	h Interim Component on t Analysis

Home Office:

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

Tarpon Point Nursing]	Provider Number:	0 323781-00
5157 Park Club Driv	e		Date:	12/21/2010
Sarasota FL 34235			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	228.79	231.69	1/1/2011
	Level H: AIDS	372.13	376.55	1/1/2011
	Level U: Fragile Under 21	487.16	492.80	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data		ospective Adjusted tal Prospective wit	for New Costs h Interim Component
	Prior Provider Prospective data			
Desk audit Desk audit	ted costs t - interim portion	Usual and C Target Rate FRVS Chan X Rate Semes	-	on
Distribution:			Stephen Russell	
Contract Manage	ement / Fiscal Agent		ost Reimbursemen	t Apolycic

Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

Permanent File

For information Only No Change in Rate

> Preferred Care, Inc. Gene Lunceford 5212 Village Creek Drive Plano TX 75093



	Provider Number: 0 323799-0
00 Jenks Ave nama City FL 32405	Date: 12/21/201
	Fiscal Year End: 10/31/200
	Audit Status: Unaudited [
ovider Type:	CurrentNewEffectiveRateRateDate
rsing Home Single Level	220.59 223.94 1/1/2011
Level H: AIDS	363.93 368.80 1/1/2011
Level U: Fragile Under 21	478.96 485.05 1/1/2011
Rate Type :	
X Interim	Prospective
X Interim X Total Interim	Prospective Total Prospective
X Total Interim	Total Prospective
X Total Interim Interim Component	Total Prospective Prospective Adjusted for New Costs
X Total Interim Interim Component Settlement based on costs	Total Prospective Prospective Adjusted for New Costs
X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Compone
X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Compone Changes: Licensure Rating Change Usual and Customary Limitation
X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Compone Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change
X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs Field audit - interim portion	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Compone Changes: Licensure Rating Change Usual and Customary Limitation
X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change
X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs Field audit - interim portion	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Compone Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change
X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs Field audited costs Desk audited costs	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change
X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 01/01/2000
X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs Field audited costs Desk audited costs	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 01/01/2000



Medicaid Reimbursement Per Diem Rates

Iampton Court Nursi	ing Center			Provider Number:	0 324027-00
6100 NW 2nd Aven				Date:	12/21/2010
Jorth Miami Beach H	FL 33169			Fiscal Year End:	9/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
••		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	229.85	234.47	1/1/2011
	Level H: AIDS		373.19	379.33	1/1/2011
	Level U: Fragile Under 21		488.22	495.58	1/1/2011
:	Interim Component Settlement based on costs Prior Provider Prospective data	Changes		Prospective Adjusted Total Prospective with	
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion		Licensu Usual a Target I FRVS C Rate Se	re Rating Change nd Customary Limitatio Rate limitation change Change mester Change / [2] as of 01/03/1991	on
Distribution:		L		Stephen Russell	
Permanent File For info	ement / Fiscal Agent mation Only nge in Rate			id Cost Reimbursement	-

Home Office:

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

lvanced Rehabilitation & Health Center			Provider Number:	0 324094-00
1 FAIRWOOD AVENUE			Date:	12/21/2010
earwater FL 33759			Fiscal Year End:	2/28/2010
			Audit Status:	Unaudited [3]
ovider Type:				
	_	Current Rate	New Rate	Effective Date
ursing Home Single Level	_	237.95	239.76	1/1/2011
Level H: AIDS		381.29	384.62	1/1/2011
Level U: Fragile Under 21	-	496.32	500.87	1/1/2011
Rate Type :				
Rate Type.				
Interim	X	Prospecti		
Total Interim	X	Prospecti X	Total Prospective	
Total Interim Interim Component	<u> </u>	-	Total Prospective Prospective Adjusted	
Total Interim Interim Component Settlement based on costs	<u> </u>	-	Total Prospective Prospective Adjusted	l for New Costs th Interim Component
Total Interim Interim Component	<u> </u>	-	Total Prospective Prospective Adjusted	
Total Interim Interim Component Settlement based on costs	X		Total Prospective Prospective Adjusted	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data			Total Prospective Prospective Adjusted Total Prospective wi	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		X Licensu	Total Prospective Prospective Adjusted Total Prospective wi	th Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X		X Licensu Usual a	Total Prospective Prospective Adjusted Total Prospective wi	th Interim Component
Budget Budget X Unaudited costs		X Licensu Usual a Target I	Total Prospective Prospective Adjusted Total Prospective wi re Rating Change nd Customary Limitat Rate limitation change	th Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs		X Licensu Usual a	Total Prospective Prospective Adjusted Total Prospective wi re Rating Change nd Customary Limitat Rate limitation change	th Interim Component
Budget Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Prior Provider Prospective data Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Settle data	Changes	Licensu Usual a Target I FRVS (Total Prospective Prospective Adjusted Total Prospective wi are Rating Change nd Customary Limitat Rate limitation change Change	th Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs		X Licensu Usual a Target I FRVS 0 Rate Se	Total Prospective Prospective Adjusted Total Prospective wi re Rating Change nd Customary Limitat Rate limitation change	th Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Changes	X Licensu Usual a Target I FRVS 0 Rate Se	Total Prospective Prospective Adjusted Total Prospective wi are Rating Change nd Customary Limitat Rate limitation change Change mester Change / [2] as of 02/01/2000	th Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes	X Licensu Usual a Target I FRVS 0 Rate Se On FRV	Total Prospective Prospective Adjusted Total Prospective wi are Rating Change nd Customary Limitat Rate limitation change Change mester Change / [2] as of 02/01/2000 Stephen Russell	th Interim Component
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs	Changes	X Licensu Usual a Target I FRVS 0 Rate Se On FRV	Total Prospective Prospective Adjusted Total Prospective wi are Rating Change nd Customary Limitat Rate limitation change Change mester Change / [2] as of 02/01/2000 Stephen Russell id Cost Reimbursemer	th Interim Component ion) nt Analysis
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	Changes	X Licensu Usual a Target I FRVS 0 Rate Se On FRV	Total Prospective Prospective Adjusted Total Prospective wi are Rating Change nd Customary Limitat Rate limitation change Change mester Change / [2] as of 02/01/2000 Stephen Russell	th Interim Component ion) nt Analysis

368 New Hempstead Road #309

New City NY 10956



Medicaid Reimbursement Per Diem Rates

Bayside Rehabilitation				Provider Number:	0 324108-00
811 Jackson Street N				Date:	12/21/2010
St. Petersburg FL 33705				Fiscal Year End:	2/28/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		254.31	258.02	1/1/2011
	Level H: AIDS		397.65	402.88	1/1/2011
	Level U: Fragile Under 21		512.68	519.13	1/1/2011
Rate Type :	Total Interim	X	Prospective X T	o Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
:	Settlement based on costs Prior Provider Prospective data				h Interim Component
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited	costs		Usual and	Customary Limitati	on

Usual and Customary Limitation Target Rate limitation change

X Rate Semester Change On FRV [2] as of 10/01/2001

FRVS Change

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

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Field audited costs

Desk audited costs

Field audit - interim portion

Desk audit - Interim Portion

Contract Management / Fiscal Agent

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Desk Audit - Prospective portion

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Medicaid Reimbursement Per Diem Rates

Excel Rehabilitation	& Health Center			Provider Number:	0 324116-00
2811 Campus Hill Drive				Date:	12/21/2010
Tampa FL 33612				Fiscal Year End:	2/28/2010
				Audit Status:	Unaudited [3]
Provider Type:				ruun butus.	
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	227.98	230.91	1/1/2011
	Level H: AIDS		371.32	375.77	1/1/2011
	Level U: Fragile Under 21		486.35	492.02	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Pr	otal Prospective rospective Adjusted otal Prospective wit	for New Costs h Interim Component
Basis:		Change]		
Budget X Unaudited				Rating Change	
X Unaudited Field audit				Customary Limitati e limitation change	on
	t - interim portion		FRVS Cha	•	
Desk audit	- Interim Portion t - Prospective portion	X		ster Change 2] as of 05/15/1995	

Stephen Russell

Medicaid Cost Reimbursement Analysis

Stephen Russell

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Contract Management / Fiscal Agent

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	bilitation & Health Center			Provider Number:	0 324124-00
20 Indiana Avenue				Date:	12/21/2010
ew Port Richey FL 34653			Fiscal Year End:		2/28/2010
				Audit Status:	Unaudited [3]
ovider Type:		_	Current Rate	New Rate	Effective Date
ursing Home	Single Level	_	226.29	228.90	1/1/2011
	Level H: AIDS	-	369.63	373.76	1/1/2011
	Level U: Fragile Under 21	-	484.66	490.01	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim			otal Prospective	
	Interim Component			rospective Adjusted	
	Settlement based on costs		T	otal Prospective with	h Interim Component
]	Prior Provider Prospective data				
Basis:		Changes	:		
Budget			Licensure	Rating Change	
X Unaudited	costs			Customary Limitation	n
Field audit				e limitation change	
	t - interim portion		FRVS Cha	-	
Desk audit	_		_	0	
	- Interim Portion	X	Rate Seme	ster Change	
Desk Audi	t - Prospective portion			2] as of 12/01/1995	
Distribution:				Stephen Russell	
e	ement / Fiscal Agent		Medicaid (Cost Reimbursement	t Analysis
Permanent File	motion Only				-
	rmation Only		tiph	in Ru	soll
No Char	nge in Rate		/		
Home Office:	Hallmark Accounting				
nome Once:	Jacob Karmel				
	368 New Hempstead Road #	309			
	New City NY 10956				



Medicaid Reimbursement Per Diem Rates

ore Acres Rehabilitation & Health Center		Provider Number:	0 324132-00
00 Indianapolis Street, NE		Date:	12/21/2010
Petersburg FL 33703		Fiscal Year End:	2/28/2010
		Audit Status:	Unaudited [3]
rovider Type:			
	Current	New	Effective
ursing Home Single Level	Rate	Rate	Date
ursing Home Single Level	229.19	231.99	1/1/2011
Level H: AIDS	372.53	376.85	1/1/2011
Level U: Fragile Under 21	487.56	493.10	1/1/2011
Settlement based on costs Prior Provider Prospective data Basis:	hanges:	otal Prospective wit	h Interim Component
	Licensure	Pating Change	
Budget		Rating Change	on
	Usual and	Rating Change Customary Limitation limitation change	on
X Unaudited costs Field audited costs	Usual and	Customary Limitation change	on
X Unaudited costs Field audited costs	Usual and Target Rate FRVS Cha	Customary Limitation e limitation change nge	on
X Unaudited costs Field audited costs	Usual and C Target Rate FRVS Cha	Customary Limitation change	on
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	Usual and C Target Rate FRVS Cha	Customary Limitation e limitation change nge ster Change	on
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	Usual and C Target Rate FRVS Cha X Rate Semen On FRV [2	Customary Limitation e limitation change nge ster Change] as of 01/01/1993	
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	Usual and 0 Target Rate FRVS Cha X Rate Semen On FRV [2 Medicaid C	Customary Limitation e limitation change nge ster Change] as of 01/01/1993 Stephen Russell	t Analysis

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Medicaid Reimbursement Per Diem Rates

odbridge Rehabilitation & Health Center			Provider Number:	0 324141-00
20 Jackson Springs Road			Date:	12/21/2010
npa FL 33615		Fiscal Year End:		2/28/2010
			Audit Status:	Unaudited [3]
ovider Type:				
		Current Rate	New Rate	Effective Date
Irsing Home Single Level		227.46	230.25	1/1/2011
Level H: AIDS		370.80	375.11	1/1/2011
Level U: Fragile Under 21		485.83	491.36	1/1/2011
Interim Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Pr	otal Prospective ospective Adjusted otal Prospective wit	for New Costs h Interim Component
		es•		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Chang	Licensure I Usual and Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change nge ster Change] as of 09/01/1994	on
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Chang	Licensure I Usual and Target Rate FRVS Cha	Customary Limitation e limitation change nge ster Change] as of 09/01/1994	on
Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Chang	Licensure I Usual and C Target Rate FRVS Cha Rate Seme: On FRV [2	Customary Limitation e limitation change nge ster Change	

New City NY 10956



Medicaid Reimbursement Per Diem Rates

Ocoee Health Care F	acility			Provider Number:	0 324159-00
1556 Maguire Road			Date:		12/21/2010
Ocoee FL 34761			Fiscal Year End:		12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level		Rate 220.50	Rate	Date 1/1/2011
Tur sing Home	Single Level		220.30		1/1/2011
	Level H: AIDS		363.84	368.03	1/1/2011
	Level U: Fragile Under 21		478.87	484.28	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		P	Total Prospective Prospective Adjusted Total Prospective with	for New Costs 1 Interim Component
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited	costs			Customary Limitatio	on
Field audi	ted costs			te limitation change	
	t - interim portion		FRVS Ch	ange	
Desk audit	ed costs	X	Rate Seme	ester Change	
	t - Prospective portion			2] as of 08/16/1990	
Distribution:		L		Stephen Russell	
Contract Manag	ement / Fiscal Agent		Modicaid	Cost Reimbursement	Analysis
Permanent File			wiedicalu		. הוומואסוס

Stephen Russell

Home Office:

For information Only No Change in Rate

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

	enter			Provider Number:	0 324167-00
50 West 22nd Court				Date:	12/21/2010
aleah FL 33016				Fiscal Year End:	2/28/2010
				Audit Status:	Unaudited [3]
ovider Type:					
			Current	New	Effective
Irsing Home Single Lev	ol	-	Rate 247.55	Rate	Date 1/1/2011
It sing from e Single Lev		-	247.33		1/1/2011
Level H: AID	S		390.89	396.71	1/1/2011
Level U: Frag	ile Under 21		505.92	512.96	1/1/2011
C					
	ent			ospective Adjusted	Tor New Costs
Settlement based Prior Provider Pro	on costs	Change	To		h Interim Component
	on costs	Change	To		
Prior Provider Pro	on costs	Change	To s: Licensure I	otal Prospective with	h Interim Component
Prior Provider Pro Basis: Budget X Unaudited costs	on costs	Change	To S: Licensure I Usual and	Rating Change	h Interim Component
Prior Provider Pro Basis: Budget Unaudited costs Field audited costs	on costs ospective data	Change	To S: Licensure I Usual and	Rating Change Customary Limitation	h Interim Component
Prior Provider Provid	on costs ospective data		Licensure I Usual and 0 Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change nge	h Interim Component
Prior Provider Provid	on costs ospective data	Change	Licensure I Usual and Usual and C Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change nge ster Change	h Interim Component
Prior Provider Provid	on costs ospective data		Licensure I Usual and Usual and C Target Rate FRVS Cha	Rating Change Customary Limitation e limitation change nge ster Change] as of 09/02/1987	h Interim Component
Prior Provider Provid	on costs ospective data		Licensure I Usual and 0 Target Rate FRVS Cha Rate Seme: On FRV [2	Rating Change Customary Limitation e limitation change nge ster Change] as of 09/02/1987 Stephen Russell	h Interim Component
Prior Provider Provid	on costs ospective data		Licensure I Usual and 0 Target Rate FRVS Cha Rate Seme On FRV [2 Medicaid C	Rating Change Customary Limitation e limitation change nge ster Change] as of 09/02/1987 Stephen Russell Cost Reimbursement	h Interim Component
Prior Provider Provid	on costs ospective data		Licensure I Usual and 0 Target Rate FRVS Cha Rate Seme On FRV [2 Medicaid C	Rating Change Customary Limitation e limitation change nge ster Change] as of 09/02/1987 Stephen Russell	h Interim Component

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



Medicaid Reimbursement Per Diem Rates

Courtyards of Orland	lo			Provider Number:	0 324175-00
1900 Mercy Drive		_		Date:	12/21/2010
Orlando FL 32808		_		Fiscal Year End:	2/28/2010
				Audit Status:	Unaudited [3]
Provider Type:			Comment	Nam	Effective
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	229.55	232.37	1/1/2011
	Level H: AIDS		372.89	377.23	1/1/2011
	Level U: Fragile Under 21		487.92	493.48	1/1/2011
Rate Type :		X	_ Prospect		
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	h Interim Component
Basis:		Change	s:		

Licensure Rating Change Budget Х Unaudited costs Usual and Customary Limitation Target Rate limitation change Field audited costs FRVS Change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Х Rate Semester Change On FRV [2] as of 10/01/1991 Desk Audit - Prospective portion **Distribution: Stephen Russell** Contract Management / Fiscal Agent Medicaid Cost Reimbursement Analysis Permanent File Stephen Russell For information Only No Change in Rate Home Office: Hallmark Accounting Jacob Karmel

368 New Hempstead Road #309

New City NY 10956



Medicaid Reimbursement Per Diem Rates

Royal Care of Avon				Provider Number:	0 324213-00
1213 W. Stratford Ro Avon Park FL 33825				Date:	12/21/2010
AVOIL PAIK FL 55825				Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		188.50	197.57	1/1/2011
	Level H: AIDS		331.84	342.43	1/1/2011
	Level U: Fragile Under 21		446.87	458.68	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective with	
Basis:		Change	es:		
Budget				re Rating Change	
X Unaudited Field audit				nd Customary Limitation Rate limitation change	on
	t - interim portion		FRVS (-	
Desk audit Desk audit	-	X	Rate Se	mester Change [2] as of 01/01/1986	
Distribution:				Stephen Russell	
Contract Manag Permanent File	ement / Fiscal Agent		Medicai	id Cost Reimbursement	t Analysis
Permanent File					

Stephen Russell

Home Office:

For information Only No Change in Rate

1 - No Home Office



Medicaid Reimbursement Per Diem Rates

Seminole Nursing Pa	vilion			Provider Number:	0 324230-00	
10800 Temple Terrac	e		Date:		12/21/2010	
Seminole FL 33772				Fiscal Year End:	5/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	210.28	210.57	1/1/2011	
	Level H: AIDS		353.62	355.43	1/1/2011	
	Level U: Fragile Under 21		468.65	471.68	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Change		Fotal Prospective Prospective Adjusted Fotal Prospective with	for New Costs h Interim Component	
Desk audit Desk audit	ed costs - interim portion		Usual and Target Ra FRVS Ch Rate Sem	Rating Change I Customary Limitation ate limitation change ange ester Change [2] as of 07/01/1988	on	
Distribution:				Stephen Russell		
Permanent File For infor	ement / Fiscal Agent mation Only nge in Rate			Cost Reimbursement	•	

Home Office:

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



Medicaid Reimbursement Per Diem Rates

Freedom Square Nur	sing Center			Provider Number:	0 324248-00
10801 Johnson Blvd.		_	Date: Fiscal Year End:		12/21/2010
Seminole Fl 33772		_			3/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	188.84	188.91	1/1/2011
	Level H: AIDS		332.18	333.77	1/1/2011
	Level U: Fragile Under 21	-	447.21	450.02	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data	Changes		Prospective Adjusted Total Prospective with	
X Budget Unaudited Field audit Field audit Desk audit Desk audit	ted costs t - interim portion		Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 02/19/2002	on
Distribution:				Stephen Russell	
Contract Manage Permanent File	ement / Fiscal Agent		Medicaid	l Cost Reimbursement	Analysis
For info	rmation Only nge in Rate	1	typh	ing Rec	sell

Home Office:

American Retirement Corporation

111 Westwood Place Brentwood TN 37027



ritage Park Care ar	nd Rehabilitation Center			Provider Number:	0 324345-00
02 59th Street Wes	t			Date:	12/21/2010
adenton FL 34209			Fiscal Year End:		9/30/2009
				Audit Status:	Unaudited [3]
ovider Type:					
			urrent Rate	New Rate	Effective Date
irsing Home	Single Level		207.06	209.47	1/1/2011
	Level H: AIDS	3	50.40	354.33	1/1/2011
	Level U: Fragile Under 21		65.43	470.58	1/1/2011
Rate Type :					
		V	Ducanactiv		
Interim	Total Interim	<u> </u>	Prospective X 7	e Fotal Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs				h Interim Component
I	Prior Provider Prospective data				
Basis:		Changes:			
		8			
Budget			Licensure	Rating Change	
X Unaudited	costs			l Customary Limitation	on
Field audit	ed costs			te limitation change	
	- interim portion		FRVS Ch	lange	
Desk audite			D		
	- Interim Portion t - Prospective portion	<u> </u>		ester Change [2] as of 08/31/1994	
Distribution:					
	ement / Fiscal Agent			Stephen Russell	
Permanent File	<i></i>		Medicaid	Cost Reimbursement	t Analysis
	rmation Only	1	F. 1	in Ru	nach
No Char	nge in Rate	M	i p u	ng /ta	
Home Office:	Signature Healthcare LLC				
nome onnee.	Julie Kleiser				
	12201 Bluegrass Parkway				
	Louisville KY 40299				



ashington Rehabilit	tation and Nursing Center		Provider Number:	0 324353-00
9 Usery Road/Post	Office Box 917		Date:	12/21/2010
ipley FL 32428			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
covider Type: ursing Home	Single Level	Current Rate 201.20	New Rate 208.30	Effective Date 1/1/2011
ui sing mome	Single Level	201.20		1/1/2011
	Level H: AIDS	344.54	353.16	1/1/2011
	Level U: Fragile Under 21	459.57	469.41	1/1/2011
Basis: Budget X Unaudited Field audit Field audit Desk audit	ed costs - interim portion	Usual a Target FRVS X Rate Se	ure Rating Change and Customary Limitation Rate limitation change Change emester Change	h Interim Component
	t - Prospective portion	On FR	V [2] as of 12/31/2001	
Permanent File For infor	ement / Fiscal Agent mation Only nge in Rate		Stephen Russell aid Cost Reimbursemen	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



nautauqua Rehabilit	tation and Nursing Center			Provider Number:	0 324361-00
5 South 2nd Street				Date:	12/21/2010
efuniak Springs FL	32435			Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
rovider Type:		-	urrent Rate	New Rate	Effective Date
ursing Home	Single Level		93.19	196.11	1/1/2011
	Level H: AIDS	3	36.53	340.97	1/1/2011
	Level U: Fragile Under 21	4	51.56	457.22	1/1/2011
Basis: Budget X Unaudited Field audit Field audit Desk audit	ted costs t - interim portion ed costs - Interim Portion	Changes:	Usual aı Target F FRVS C Rate Ser	Total Prospective Prospective Adjusted Total Prospective with re Rating Change ad Customary Limitation cate limitation change	n Interim Component
Distribution: Contract Manage	t - Prospective portion			Stephen Russell	Analysis
	rmation Only nge in Rate			my Ree	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Medicaid Reimbursement Per Diem Rates

nature HealthCAF	RE of College Park	_		Provider Number:	0 324370-00	
755 Golf Club Parl		-		Date:	12/21/2010	
rt Myers FL 33919	9-5146	-		Fiscal Year End:	9/30/2010	
				Audit Status:	Unaudited [3]	
ovider Type:						
			Current Rate	New Rate	Effective Date	
ursing Home	Single Level		206.92	210.32	1/1/2011	
	Level H: AIDS		350.26	355.18	1/1/2011	
	Level U: Fragile Under 21		465.29	471.43	1/1/2011	
Data Turna A						
Rate Type :						
Interim		X	Prospectiv			
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	h Interim Component	
	Prior Provider Prospective data					
Basis:		Change	es:			
			Time			
Budget				re Rating Change		
X Unaudited Field audit				nd Customary Limitation Late limitation change	on	
			FRVS C	•		
	t - interim portion		TRVSC	nange		
Desk audit	- Interim Portion	<u> </u>	Rate Ser	nester Change		
	t - Prospective portion			[2] as of 08/31/1994		
Distribution:				Stephen Russell		
•	ement / Fiscal Agent		Medicaid Cost Reimbursement Analysis			
Permanent File					-	
	rmation Only		stept	my Ru	sell	
No Cha	nge in Rate			. / -		
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	Julie Kleiser					

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Medicaid Reimbursement Per Diem Rates

Signature HealthCAF	RF of Gainesville			Provider Number:	0 324388-00		
4000 South West 20t				Date:	12/21/2010		
Gainesville FL 32607							
				Fiscal Year End:	9/30/2009		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
N		_	Rate	Rate	Date		
Nursing Home	Single Level	_	193.41	195.82	1/1/2011		
	Level H: AIDS	-	336.75	340.68	1/1/2011		
	Level U: Fragile Under 21		451.78	456.93	1/1/2011		
Rate Type :		X	Prospective				
	Total Interim Interim Component			otal Prospective	for New Costs		
	Settlement based on costs		Prospective Adjusted for New Costs Total Prospective with Interim Component				
	Prior Provider Prospective data		¹	otar i rospective wit	n mernin Component		
Basis:		Changes	s:				
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs			Usual and	Rating Change Customary Limitation te limitation change ange	on		

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Rate Semester Change

On FRV [2] as of 03/08/2004

Stephen Russell

Medicaid Cost Reimbursement Analysis

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Distribution:

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Desk audit - Interim Portion

Desk Audit - Prospective portion

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Medicaid Reimbursement Per Diem Rates

Signature Healthcare	of North Florida			Provider Number:	0 324396-00	
1083 Sanders Avenue	2			Date:	12/21/2010	
Graceville FL 32440				Fiscal Year End:	7/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		190.40	210.38	1/1/2011	
	Level H: AIDS		333.74	355.24	1/1/2011	
	Level U: Fragile Under 21		448.77	471.49	1/1/2011	
:	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective with	h Interim Component	
Basis:		Change	es:			
Budget			Licensure	e Rating Change		
X Unaudited				d Customary Limitation	on	
Field audit			Target Rate limitation change			
	- interim portion		FRVS Ch	nange		
Desk audit Desk audit	ed costs - Interim Portion	<u> </u>	Rate Sem	lester Change		
	t - Prospective portion			[2] as of 06/28/1991		
Distribution:		L		Stephen Russell		
Contract Manage	ement / Fiscal Agent		Madiasid	-	Analysis	
Permanent File			Medicald	Cost Reimbursement	Analysis	

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

nature HealthCARE Center of W	aterford			Provider Number:	0 324400-00
33 W. Okeechobee Road				Date:	12/21/2010
lleah Gardens FL 33016				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
ovider Type:					
			Current Rate	New Rate	Effective Date
rsing Home Single Le	vol		188.74	193.26	1/1/2011
in sing mome single Le			100./4	195.20	1/1/2011
Level H: Al	DS		332.08	338.12	1/1/2011
Level U: Fr	agile Under 21		447.11	454.37	1/1/2011
Interim Total Interim		X		otal Prospective	
Total Interim Interim Compo Settlement base Prior Provider 1			X T P T	rospective Adjusted	for New Costs h Interim Component
Total Interim Interim Compo Settlement base	ed on costs	X Chang	<u>X</u> T P T es:	rospective Adjusted otal Prospective with	
Total Interim Interim Compo Settlement base Prior Provider I Basis: Budget	ed on costs		X T P T es:	rospective Adjusted otal Prospective with Rating Change	h Interim Component
Interim Interim Interim Interim Settlement base Prior Provider Basis: Budget X Unaudited costs	ed on costs		X T P T es: Licensure Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitatio	h Interim Component
Budget Budget X Unaudited costs	ed on costs Prospective data		X T P T es: Licensure Usual and	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change	h Interim Component
Budget Total Interim Munaudited costs Field audit - interim porti Desk audited costs Field costs	ed on costs Prospective data on	Chang	X T P T T es: Licensure Usual and Target Rat FRVS Cha	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change ange	h Interim Component
Budget Total Interim Mundated costs Prior Provider Budget Unaudited costs Field audit - interim porti Desk audited costs Desk audited costs Desk audit - Interim Porti	ed on costs Prospective data on on		X T P T Usual and Target Rat FRVS Cha	Rating Change Customary Limitation e limitation change ange	h Interim Component
Budget Total Interim Budget Prior Provider I Budget Vunaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk Audit - Interim Porti Desk Audit - Prospective	ed on costs Prospective data on on	Chang	X T P T Usual and Target Rat FRVS Cha	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change ange	h Interim Component
Budget Total Interim Budget Prior Provider I Budget Vunaudited costs Field audited costs Field audited costs Field audit - interim porti Desk audited costs Desk audit - Interim Porti Desk Audit - Prospective Distribution: Distribution:	ed on costs Prospective data on on portion	Chang	X T P T Usual and Target Rat FRVS Cha	Rating Change Customary Limitation e limitation change ange	h Interim Component
Budget Total Interim Interim Compo Settlement base Prior Provider I Prior Provider I Budget Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk Audit - Interim Porti Desk Audit - Prospective Distribution: Contract Management / Fiscal A	ed on costs Prospective data on on portion	Chang	X T P T C C C C C C C C C C C C C C C C C	rospective Adjusted otal Prospective with Rating Change Customary Limitation e limitation change ange ester Change 2] as of 01/01/2001	h Interim Component
Budget Total Interim Budget Prior Provider I Budget Vunaudited costs Field audited costs Field audited costs Field audit - interim porti Desk audited costs Desk audit - Interim Porti Desk Audit - Prospective Distribution: Interim	ed on costs Prospective data on on portion	Chang	X T P T C C C C C C C C C C C C C C C C C	Rating Change Customary Limitation e limitation change ange ester Change 2] as of 01/01/2001 Stephen Russell	h Interim Component

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Medicaid Reimbursement Per Diem Rates

Date: Fiscal Year End: Audit Status: New Rate 222.82 367.68	12/21/2010 7/31/2009 Unaudited [3] Effective Date 1/1/2011
Audit Status: New Rate 222.82 367.68	Unaudited [3] Effective Date
New Rate 222.82 367.68	Effective Date
Rate 222.82 367.68	Date
367.68	1/1/2011
	1/1/2011
483.93	1/1/2011
otal Prospective	
ospective Adjusted	l for New Costs
otal Prospective wit	th Interim Component
Rating Change Customary Limitati e limitation change nge	
ster Change	1
Stephen Russell	
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[2	ester Change [2] as of 11/01/1989 Stephen Russell Cost Reimbursemer

Louisville KY 40299



Medicaid Reimbursement Per Diem Rates

Signature Healthcare	at the Courtyard			Provider Number:	0 324426-00
2600 Forest Glen Tra	il	-		Date:	12/21/2010
Marianna FL 32446		_		Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	183.29	193.37	1/1/2011
	Level H: AIDS		326.63	338.23	1/1/2011
	Level U: Fragile Under 21	-	441.66	454.48	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	Prospect X ·	Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion		Licensu Usual a Target FRVS	ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/27/1997	on
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medica	id Cost Reimbursement	Analysis
	rmation Only nge in Rate			low Rea	•

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Signature Healthcare of Orange Park		-		Provider Number:	0 324434-00	
	Orange Park FL 32073			Date:	12/21/2010	
Orange Park FL 3207			9/30/2010			
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	- -	199.97	204.70	1/1/2011	
	Level H: AIDS		343.31	349.56	1/1/2011	
	Level U: Fragile Under 21		458.34	465.81	1/1/2011	
Rate Type :						
Interim		X	Prospectiv	/e		
	Total Interim		X	Total Prospective		
	Interim Component		Prospective Adjusted for New Costs			
	Settlement based on costs			Total Prospective with	h Interim Component	
]]	Prior Provider Prospective data					
Basis:		Change	s:			

lement based on costs	Total Prospective with Interim Component
r Provider Prospective data	
	Changes:
	Licensure Rating Change
	Usual and Customary Limitation Target Rate limitation change
-	FRVS Change
terim Portion	XRate Semester ChangeOn FRV [2] as of 09/01/1994
	Stephen Russell
nt / Fiscal Agent	Medicaid Cost Reimbursement Analysis
•	Stephen Russell
Signature Healthcare LLC Julie Kleiser	



Medicaid Reimbursement Per Diem Rates

Signature Healthcare	of Ormond		Provider Number:	0 324442-00
103 N. Clyde Morris			Date:	
Ormond Beach FL 32	2074		Fiscal Year End:	9/30/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.77	211.53	1/1/2011
	Level H: AIDS	352.11	356.39	1/1/2011
	Level U: Fragile Under 21	467.14	472.64	1/1/2011
Rate Type :				
Interim		X Prospective		
Total Interim Total Interim Interim Component			otal Prospective rospective Adjusted	for New Costs

 -		-					
Total	Pros	pective	with	Interim	Com	ponent	

Prior Provider Prospective data	
Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	
Desk audit - Interim Portion	X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 05/20/1988
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Settlement based on costs



Medicaid Reimbursement Per Diem Rates

Anchor Care & Rehabilitation Center 1515 Port Malabar Blvd. NE Palm Bay FL 32905		_		Provider Number:	0 324451-00	
		_		Date:		
		-		Fiscal Year End:	9/30/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Nursing Home	Single Level		Rate 201.18	Rate	Date 1/1/2011	
au sing nome	Single Level		201.18	203.48	1/1/2011	
	Level H: AIDS		344.52	348.34	1/1/2011	
	Level U: Fragile Under 21		459.55	464.59	1/1/2011	
	6					
Rate Type :						
Interim		X	Prospective			
	Total Interim			otal Prospective		
	Interim Component		P	rospective Adjusted	for New Costs	
	Interim Component Settlement based on costs				for New Costs h Interim Component	
	Settlement based on costs	Change	T			
	Settlement based on costs	Change	T			
Basis:	Settlement based on costs Prior Provider Prospective data	Change	T	otal Prospective wit	h Interim Component	
Basis: Budget X Unaudited	Settlement based on costs Prior Provider Prospective data	Change	T	otal Prospective wit Rating Change Customary Limitati	h Interim Component	
Basis: Budget X Unaudited Field audit	Settlement based on costs Prior Provider Prospective data costs red costs	Change	Licensure Usual and Target Rat	otal Prospective wit Rating Change Customary Limitati te limitation change	h Interim Component	
Basis: Budget X Unaudited Field audit Field audit	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	Change 	T	otal Prospective wit Rating Change Customary Limitati te limitation change	h Interim Component	
Basis: Budget X Unaudited Field audit Desk audit	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs		Licensure Usual and Target Rat FRVS Cha	otal Prospective wit Rating Change Customary Limitati te limitation change ange	h Interim Component	
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	Change	Licensure Usual and Target Rat FRVS Cha	otal Prospective wit Rating Change Customary Limitati te limitation change	h Interim Component	
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensure Usual and Target Rat FRVS Cha	Prospective wit Rating Change Customary Limitative limitation change ange ester Change 2] as of 08/31/1994	h Interim Component	
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audi	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion		Licensure Usual and Target Rat FRVS Cha Rate Seme On FRV [2	Prospective wit Rating Change Customary Limitati te limitation change ange ester Change 2] as of 08/31/1994 Stephen Russell	h Interim Component	
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audi	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	X	Licensure Usual and Target Rat FRVS Cha Rate Seme On FRV [2	Prospective wit Rating Change Customary Limitati- te limitation change ange ester Change 2] as of 08/31/1994 Stephen Russell Cost Reimbursemen	h Interim Component on t Analysis	
Basis: Budget X Unaudited Field audit Desk Audit	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	X	Licensure Usual and Target Rat FRVS Cha Rate Seme On FRV [2	Prospective wit Rating Change Customary Limitati te limitation change ange ester Change 2] as of 08/31/1994 Stephen Russell	h Interim Component on t Analysis	

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inellas Park Care and	d Rehabilitation Center		Provider Number:	0 324469-00	
8701 49th Street North Pinellas Park FL 33782			Date:	12/21/2010 9/30/2010	
			Fiscal Year End:		
			Audit Status:	Unaudited [3]	
rovider Type: ursing Home	Single Level	Current Rate 192.04	New Rate 194.94	Effective Date 1/1/2011	
ur sing monic	Single Level	172.04		1/1/2011	
	Level H: AIDS	335.38	339.80	1/1/2011	
	Level U: Fragile Under 21	450.41	456.05	1/1/2011	
Rate Type :					
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite Desk Audite	ed costs - interim portion	Usual a Target FRVS X Rate Se	Total Prospective Prospective Adjusted	h Interim Component	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only		Stephen Russell			
		Medicaid Cost Reimbursement Analysis Stephen Russell			
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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 12/21/2010 9/30/2009	
			Date:		
			Fiscal Year End:		
			Audit Status:	Unaudited [3]	
Provider Type:			Thur Durub.	[2]	
		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	214.50	217.29	1/1/2011	
	Level H: AIDS	357.84	362.15	1/1/2011	
	Level U: Fragile Under 21	472.87	478.40	1/1/2011	
:	Interim Component Settlement based on costs Prior Provider Prospective data		rospective Adjusted otal Prospective wit	h Interim Component	
Budget X Unaudited Field audit Field audit Desk audit Desk audit	costs ed costs t - interim portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 08/31/1994			
Distribution:			Stephen Russell		
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Medicaid (Medicaid Cost Reimbursement Analysis		
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Medicaid Reimbursement Per Diem Rates

The Bridge at Bay St	. Joe			Provider Number:	0 324485-00	
220 9th Street				Date:	12/21/2010	
Port St. Joe FL 32450	Port St. Joe FL 32456			Fiscal Year End:	9/30/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
~ ~			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		193.07	195.29	1/1/2011	
	Level H: AIDS		336.41	340.15	1/1/2011	
	Level U: Fragile Under 21		451.44	456.40	1/1/2011	
Rate Type :						
Interim		X	Prospect	ive		
	Total Interim		X	Total Prospective		
	Interim Component		Prospective Adjusted for New Costs			
	Settlement based on costs			Total Prospective wit	h Interim Component	
	Prior Provider Prospective data					
Basis:		Change	es:			
Budget			Licensu	re Rating Change		
X Unaudited costs			Usual and Customary Limitation			
			Rate limitation change			
Field audit - interim portion			FRVS	Change		

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Distribution:

Contract Management / Fiscal Agent

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Permanent File

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

Medicaid Cost Reimbursement Analysis

Stephen Russell



Medicaid Reimbursement Per Diem Rates

Cenilworth Care and	Rehabilitation Center		Provider Number:	0 324493-00
011 Kenilworth Blv	d		Date:	12/21/2010
ebring FL 33870			Fiscal Year End:	9/30/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 200.12	New Rate 202.30	Effective Date 1/1/2011
-	Level H: AIDS	343.46	347.16	1/1/2011
	Level U: Fragile Under 21	458.49	463.41	1/1/2011
Basis:	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospec	Total Prospective Prospective Adjusted Total Prospective wit	for New Costs h Interim Component
Desk audit Desk audit	ted costs t - interim portion	Usual Target FRVS	ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 07/01/1986	on
Permanent File For info	ement / Fiscal Agent rmation Only nge in Rate		Stephen Russell aid Cost Reimbursemen Inn Rus	•
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Medicaid Reimbursement Per Diem Rates

insula Care and R	ehabilitation Center			Provider Number:	0 324507-00
0 Beckett Way				Date:	12/21/2010
rpon Springs FL 34	4689			Fiscal Year End:	9/30/2009
				Audit Status:	Unaudited [3]
ovider Type:					
			Current Rate	New Rate	Effective Date
ursing Home	Single Level		213.61	216.10	1/1/2011
	Level H: AIDS		356.95	360.96	1/1/2011
	Level U: Fragile Under 21		471.98	477.21	1/1/2011
Data Type					
Rate Type :					
Interim		X	Prospectiv		
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
			T	Detine Classes	
Budget				e Rating Change	
X Unaudited				d Customary Limitation	on
Field audit				ate limitation change	
	t - interim portion		FRVS C	nange	
Desk audit		<u> </u>	Dete Car		
	- Interim Portion t - Prospective portion	<u> </u>		nester Change [2] as of 03/01/1995	
Distribution:			011111		
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Medicaid Reimbursement Per Diem Rates

inter Park Care and	Rehabilitation Center		Provider Number:	0 324515-00
70 Scarlet Road		Date:		12/21/2010
inter Park FL 3279	2		Fiscal Year End:	9/30/2009
			Audit Status:	Unaudited [3]
rovider Type:		Current Rate	New Rate	Effective Date
ursing Home	Single Level	200.82	203.23	1/1/2011
	Level H: AIDS	344.16	348.09	1/1/2011
	Level U: Fragile Under 21	459.19	464.34	1/1/2011
Rate Type :				
Interim		X Prospective		
	Total Interim		tal Prospective	
	Interim Component	Pr	ospective Adjusted	for New Costs
	Settlement based on costs			h Interim Component
	Prior Provider Prospective data			
Basis:		Changes:		
Budget X Unaudited			Rating Change	
Field audit			Customary Limitati limitation change	on
	t - interim portion	FRVS Change		
Field audi Desk audit	_		-0-	
	- Interim Portion	X Rate Semes	ter Change	
Desk Audi	t - Prospective portion] as of 08/31/1994	
Distribution:			Stephen Russell	
•	ement / Fiscal Agent	Medicaid Cost Reimbursement Analysis		t Analysis
Permanent File				-
	rmation Only	Steph	n Ru	soll
No Cha	nge in Rate		-	
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Louisville KY 40299



Medicaid Reimbursement Per Diem Rates

thern Oaks Rehabilitation and Nursing Center	Provider Number: 0 324566-0
West Gregory Street	Date: 12/21/2010
sacola FL 32501	Fiscal Year End: 11/30/2008
	Audit Status: Unaudited [3
ovider Type:	
	CurrentNewEffectiveRateRateDate
rsing Home Single Level	214.06 215.30 1/1/2011
Level H: AIDS	357.40 360.16 1/1/2011
Level U: Fragile Under 21	472.43 476.41 1/1/2011
Rate Type :	
Rate Type .	
X Interim	Prospective
X Interim X Total Interim	Total Prospective
X Interim X Total Interim Interim Component	Total Prospective Prospective Adjusted for New Costs
X Interim X Total Interim Interim Component Settlement based on costs	Total Prospective
X Interim X Total Interim Interim Component	Total Prospective Prospective Adjusted for New Costs
X Interim X Total Interim Interim Component Settlement based on costs	Total Prospective Prospective Adjusted for New Costs
X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Total Prospective Total Prospective Adjusted for New Costs Total Prospective with Interim Componen Changes:
X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Changes: Licensure Rating Change
X Interim X Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: X	Total Prospective Total Prospective Adjusted for New Costs Total Prospective with Interim Componen Changes:
X Interim X Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: X X Budget Unaudited costs Value	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Changes: Licensure Rating Change Usual and Customary Limitation
X Interim X Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Vianudited costs Y Budget Unaudited costs Field audited costs	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change
X Interim X Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Value X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audited costs	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change
X Interim X Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Y X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk audit - Prospective portion Desk Audit - Prospective portion	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change
X Interim X Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Prior Provider Prospective data X Budget Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution: Value	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change
X Interim X Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Value X Budget Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk audit - Interim portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 11/01/1988
X Interim X Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Prior Provider Prospective data X Budget Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution: Value	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 11/01/1988

New City NY 10956



Medicaid Reimbursement Per Diem Rates

iverWood Nursing	Center			Provider Number:	0 324612-00
0 Acme Street		Date:		12/21/2010	
Jacksonville FL 3221	1			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		163.82	164.24	1/1/2011
	Level H: AIDS		307.16	309.10	1/1/2011
	Level U: Fragile Under 21		422.19	425.35	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		F	Fotal Prospective Prospective Adjusted Fotal Prospective with	for New Costs 1 Interim Component
Basis:		Change	s:		
	red costs t - interim portion		Usual and	Rating Change Customary Limitation te limitation change ange	on
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		XRate Semester Change On FRV [2] as of 04/01/1997			
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16 Norcross Street Roswell GA 30075



Medicaid Reimbursement Per Diem Rates

races of Lake Worth Rehab and Health Center				Provider Number:	0 325031-00
'11 6th Avenue Sou				Date:	12/21/2010
ake Worth FL 3346	0			Fiscal Year End:	2/28/2010
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
undin a II and a	Single Level	•	Rate	Rate	Date
ursing Home	Single Level		256.74	260.43	1/1/2011
	Level H: AIDS		400.08	405.29	1/1/2011
	Level U: Fragile Under 21		515.11	521.54	1/1/2011
Rate Type :					
Interim		X	Prospectiv	0	
	Total Interim	A	_	c Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			1 0	h Interim Component
	Prior Provider Prospective data			1	1
Basis:		Change	s:		
Budget				e Rating Change	
X Unaudited Field audit				d Customary Limitation the limitation change	on
			FRVS Ch	-	
Pield audit	t - interim portion			lange	
	- Interim Portion	X	Rate Sem	lester Change	
	t - Prospective portion			[2] as of 08/01/1986	
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Medicaid Reimbursement Per Diem Rates

Arbor Village Nursing Center				Provider Number:	0 325040-00
490 South Old Wire I	Road			Date:	12/21/2010
Wildwood FL 34785				Fiscal Year End:	2/28/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		203.14	223.57	1/1/2011
	Level H: AIDS		346.48	368.43	1/1/2011
	Level U: Fragile Under 21		461.51	484.68	1/1/2011
Rate Type :		х	Prospective		
	Total Interim	<u> </u>	-	otal Prospective	
	Interim Component			rospective Adjusted	for New Costs
	Settlement based on costs		T	otal Prospective with	h Interim Component
]	Prior Provider Prospective data				
Basis:		Change	s:		
Budget			Licensure	Rating Change	
X Unaudited				Customary Limitation	on
Field audit	red costs	Target Rate limitation change			

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Target Rate limitation change FRVS Change

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

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Field audit - interim portion

Desk audit - Interim Portion

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Desk Audit - Prospective portion

Desk audited costs

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Medicaid Reimbursement Per Diem Rates

orth Lake Rehabilit	ation and Health Center		Provider Number:	0 325163-00
50 Bayberry Drive			Date:	12/21/2010
ake Park FL 33403			Fiscal Year End:	2/28/2010
			Audit Status:	Unaudited [3]
rovider Type:				
		Current	New	Effective
Junging Homo	Single Level	Rate	Rate	Date
ursing Home	Single Level	254.77	258.38	1/1/2011
	Level H: AIDS	398.11	403.24	1/1/2011
	Level U: Fragile Under 21	513.14	519.49	1/1/2011
	-			
	Interim Component Settlement based on costs Prior Provider Prospective data		Total Prospective with	h Interim Component
Basis:		Changes:		
Budget			re Rating Change	
X Unaudited Field audit			nd Customary Limitation Rate limitation change	on
	t - interim portion	FRVS C	-	
Desk audit	ted costs		-	
	t - Interim Portion t - Prospective portion		mester Change [2] as of 02/01/2000	
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Medicaid Reimbursement Per Diem Rates

eartland Health Care Ce	nter - Jacksonville]	Provider Number:	0 325236-00
95 Normandy Blvd			Date:	12/21/2010
cksonville FL 32221			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
rovider Type: ursing Home S	Single Level	Current Rate 194.96	New Rate 202.42	Effective Date 1/1/2011
L	evel H: AIDS	338.30	347.28	1/1/2011
L	evel U: Fragile Under 21	453.33	463.53	1/1/2011
Inter Settle Prior Basis: Budget X Unaudited costs Field audited costs Field audit - im Desk audited costs	osts terim portion osts	Changes: Licensure F Usual and C Target Rate FRVS Char	Rating Change Customary Limitation limitation change nge	h Interim Component
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Medicaid Reimbursement Per Diem Rates

Heartland of Kendall			Provider Number:	0 325244-00
9400 SW 137th Aver	nue		Date:	12/21/2010
Kendall FL 33186			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	190.63	198.12	1/1/2011
	Level H: AIDS	333.97	342.98	1/1/2011
	Level U: Fragile Under 21	449.00	459.23	1/1/2011
	Total Interim Interim Component Settlement based on costs	Pr	otal Prospective rospective Adjusted otal Prospective wit	for New Costs h Interim Component
Basis:	Prior Provider Prospective data	Changes:		
Budget X Unaudited	costs		Rating Change	on
Field audited costs		Usual and Customary Limitation Target Rate limitation change		
Field audi	t - interim portion	FRVS Change		
	ed costs - Interim Portion t - Prospective portion		ster Change] as of 08/31/1989	
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Medicaid Reimbursement Per Diem Rates

Heartland of Miami Lakes				Provider Number:	0 325252-00
5725 NW 186th Stree	et		Date:		12/21/2010
Hialeah FL 33015				Fiscal Year End:	9/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		209.37	211.66	1/1/2011
	Level H: AIDS		352.71	356.52	1/1/2011
	Level U: Fragile Under 21		467.74	472.77	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data			Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion			Usual an	re Rating Change ad Customary Limitation cate limitation change Change	on
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Medicaid Reimbursement Per Diem Rates

Heartland of Orange	Park			Provider Number:	0 325261-00	
570 Wells Road			Date:		12/21/2010	
Orange Park FL 320	73			Fiscal Year End:	9/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	•	197.87	206.75	1/1/2011	
	Single Level		177.07	200.75	1/1/2011	
	Level H: AIDS		341.21	351.61	1/1/2011	
	Level U: Fragile Under 21		456.24	467.86	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		 	Total Prospective Prospective Adjusted Total Prospective with		
Basis:		Change	es:			
Budget			Licensur	re Rating Change		
X Unaudited		Usual and Customary Limitation				
Field audi		Target Rate limitation change				
	t - interim portion		FRVS C	change		
Desk audited costs Desk audit - Interim Portion		X Rate Semester Change				
Desk Audit - Prospective portion		On FRV [2] as of 04/26/1990				
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Medicaid Reimbursement Per Diem Rates

MCHS Winter Park				Provider Number:	0 325279-00
2075 Lochmond Dri				Date:	12/21/2010
Winter Park FL 3279) 2			Fiscal Year End:	9/30/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	200.67	207.54	1/1/2011
C	C	-			
	Level H: AIDS		344.01	352.40	1/1/2011
	Level U: Fragile Under 21		459.04	468.65	1/1/2011
Rate Type :					
Interim	1	X	Prospectiv	ve	
	Total Interim	Interim X Total Prospective			
	Interim Component	Prospective Adjusted for New Costs			for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				

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

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Medicaid Reimbursement Per Diem Rates

South Jacksonville				Provider Number:	0 325287-00	
3648 University Boul		-		Date:	12/21/2010	
Jacksonville FL 3221	6	-		Fiscal Year End:	5/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		195.41	195.20	1/1/2011	
	Level H: AIDS		338.75	340.06	1/1/2011	
	Level U: Fragile Under 21		453.78	456.31	1/1/2011	
Rate Type :						
Interim		Χ	Prospectiv	ve		
	Total Interim	X Total Prospective				
	Interim Component Settlement based on costs		Prospective Adjusted for New Costs			
			Total Prospective wit	h Interim Component		
Basis:		Change	es:			
Budget			Licensur	e Rating Change		
			Usual and Customary Limitation			
Field audit	ed costs	Target Rate limitation change				
Field audit	FRVS Change					

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Desk audited costs

Desk audit - Interim Portion

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Desk Audit - Prospective portion

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Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

Heartland of Brooksv	ille			Provider Number:	0 325295-00	
575 Lamar Ave			Date:		12/21/2010	
Brooksville FL 34601	l			Fiscal Year End:	8/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
		(Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		202.11	207.26	1/1/2011	
	Level H: AIDS		345.45	352.12	1/1/2011	
	Level U: Fragile Under 21		460.48	468.37	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes:]	Total Prospective Prospective Adjusted Total Prospective with	for New Costs h Interim Component	
Desk audit Desk audit	ed costs - interim portion		Usual and Target Ra FRVS Ch Rate Sem	e Rating Change d Customary Limitation ate limitation change hange wester Change [2] as of 01/01/1988	on	
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Medicaid Reimbursement Per Diem Rates

Heartland of Boynton	n Roach			Provider Number:	0 325309-00
3600 Old Boynton B				Date:	12/21/2010
Boynton Beach FL 3					
				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 180.94	New Rate 200.12	Effective Date 1/1/2011
	Level H: AIDS		324.28	344.98	1/1/2011
	Level U: Fragile Under 21		439.31	461.23	1/1/2011
Rate Type :		X	Prospective		
	Total Interim			otal Prospective	
	Interim Component		Prospective Adjusted for New Costs Total Prospective with Interim Component		
	Settlement based on costs Prior Provider Prospective data		¹	otal Prospective wit	n mernin Component
Basis:		Change	es:		
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Desk audit - Interim Portion

Desk Audit - Prospective portion

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Rate Semester Change

On FRV [2] as of 01/16/1992

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Medicaid Reimbursement Per Diem Rates

Heartland of Ft. Mye	rs			Provider Number:	0 325325-00
1600 Matthew Drive				Date:	12/21/2010
Ft. Myers FL 33907				Fiscal Year End:	9/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
		_	urrent Rate	New Rate	Effective Date
Nursing Home	Single Level		03.52	205.49	1/1/2011
	Level H: AIDS	34	46.86	350.35	1/1/2011
	Level U: Fragile Under 21	4	61.89	466.60	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective with	
Basis:	F	Changes:			
Budget			Licensu	re Rating Change	
X Unaudited				nd Customary Limitatio	on
Field audit			Target I FRVS (Rate limitation change	
Field audi Desk audit	t - interim portion	·	FK V S (Linange	
Desk audit	- Interim Portion t - Prospective portion			mester Change [2] as of 04/25/1991	
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Medicaid Reimbursement Per Diem Rates

Heartland of Lauderhill				Provider Number:	0 325333-00
2599 NW 55th Aven	ue		Date:		12/21/2010
Lauderhill FL 33313				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		194.93	197.10	1/1/2011
	Level H: AIDS		338.27	341.96	1/1/2011
	Level U: Fragile Under 21		453.30	458.21	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data]	Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Change	es:		
	ted costs t - interim portion		Usual and	e Rating Change d Customary Limitation ate limitation change nange	on
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		X Rate Semester Change On FRV [2] as of 12/27/1989			
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Medicaid Reimbursement Per Diem Rates

Heartland of Prosperi	ty Oaks			Provider Number:	0 325341-00
11375 Prosperity Far			Date:		12/21/2010
Palm Beach FL 3341	0			Fiscal Year End:	9/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		205.37	207.88	1/1/2011
	Level H: AIDS		348.71	352.74	1/1/2011
	Level U: Fragile Under 21		463.74	468.99	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>	Prospecti X	ve Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes:			
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Medicaid Reimbursement Per Diem Rates

Heartland of Tamara	c]	Provider Number:	0 325350-00
5901 NW 79th Aven	ue		Date:	12/21/2010
Tamarac FL 33321			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.88	209.80	1/1/2011
	Level H: AIDS	344.22	354.66	1/1/2011
	Level U: Fragile Under 21	459.25	470.91	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Pro	tal Prospective ospective Adjusted tal Prospective with	for New Costs h Interim Component
Basis:	-	Changes:		
Budget X Unaudited Field audi Field audi Desk audit	ted costs t - interim portion	Usual and C	Rating Change Customary Limitation limitation change nge	on
Desk audit	t - Interim Portion it - Prospective portion	X Rate Semes On FRV [2]	ter Change] as of 07/07/1988	
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Medicaid Reimbursement Per Diem Rates

MCHS- Boca Raton			0 325368-00	
375 N W Street			Date:	12/21/2010
Boca Raton FL 33431		Fiscal Year End:		5/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.89	213.84	1/1/2011
	Level H: AIDS	356.23	358.70	1/1/2011
	Level U: Fragile Under 21	471.26	474.95	1/1/2011
Rate Type :				
Interim		X Prospecti	ve	
Total Interim		X	Total Prospective	

mermi		1100	speenve
То	tal Interim		X Total Prospective
Int	terim Component		Prospective Adjusted for New Costs
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Pri	or Provider Prospective data		
Basis:		Changes:	
Budget		Lic	censure Rating Change
X Unaudited co	sts	Us	ual and Customary Limitation
Field audited	costs	Ta	rget Rate limitation change
Field audit -	interim portion	FR	RVS Change
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Desk Audit -	Prospective portion	No	ot on FRV [1]
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	333 North Summit Street		

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Medicaid Reimbursement Per Diem Rates

MCHS- Boynton Bea	ich			Provider Number:	0 325376-00
3001 S Congress Ave			Date:		12/21/2010
Boynton Beach FL 33	3426			Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	205.20	206.25	1/1/2011
	Level H: AIDS		348.54	351.11	1/1/2011
	Level U: Fragile Under 21		463.57	467.36	1/1/2011
:	Interim Component Settlement based on costs Prior Provider Prospective data			rospective Adjusted otal Prospective with	for New Costs h Interim Component
	-				
Basis:		Changes	:		
Budget			Licensure	Rating Change	
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Medicaid Reimbursement Per Diem Rates

MCHS - Ft. Myers				Provider Number:	0 325384-00
13881 Eagle Ridge D	Drive		Date:		12/21/2010
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		208.04	216.01	1/1/2011
	Level H: AIDS		351.38	360.87	1/1/2011
	Level U: Fragile Under 21		466.41	477.12	1/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		 	Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Change	es:		
Budget X Unaudited Field audit Field audit Desk audit	ted costs t - interim portion		Usual a	re Rating Change nd Customary Limitatio Rate limitation change Change	on
Desk audit	et costs - Interim Portion t - Prospective portion	<u> </u>		mester Change [2] as of 05/01/2000	
Distribution:				Stephen Russell	
Contract Manage	ement / Fiscal Agent		Medica	id Cost Reimbursemen	t Analysis

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

CHS - Lely Palms			Provider Number:	0 325422-00
35 Rattlesnake Ha	mmock Road		Date:	12/21/2010 9/30/2010
ples FL 34113			Fiscal Year End:	
			Audit Status:	Unaudited [3]
ovider Type:				
		Current Rate	New Rate	Effective Date
irsing Home	Single Level	216.98	219.29	1/1/2011
	Level H: AIDS	360.32	364.15	1/1/2011
	Level U: Fragile Under 21	475.35	480.40	1/1/2011
	Total Interim		otal Prospective	for New Costs
	Interim Component Settlement based on costs Prior Provider Prospective data	Pr To	ospective Adjusted	for New Costs h Interim Component
	Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	ospective Adjusted	
Basis: Budget X Unaudited Field audit	Interim Component Settlement based on costs Prior Provider Prospective data	Changes: Licensure I Usual and O	Adjusted Adjusted otal Prospective with Rating Change Customary Limitation change	h Interim Component
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Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit	Interim Component Settlement based on costs Prior Provider Prospective data	Changes: Licensure I Usual and 0 Target Rate FRVS Cha	Adjusted of a conspective Adjusted of a large change customary Limitation change nge	h Interim Component
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit Desk Audit Desk Audit	Interim Component Settlement based on costs Prior Provider Prospective data	Changes: Licensure I Usual and 0 Target Rate FRVS Cha X Rate Semes	Adjusted of a spective Adjusted of a large change clustomary Limitation change ange ster Change	h Interim Component

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Medicaid Reimbursement Per Diem Rates

MCHS - Naples Provider Number: 0 325449-00 3601 Lakewood Blvd Date: 12/21/2010 Naples FL 34112 Fiscal Year End: 5/31/2010 Audit Status: Unaudited [3] Provider Type: Current New Rate Rate Date Date 203.87 200.14 Level H: AIDS 347.21 345.00 1/1/2011	CHS - Naples
Fiscal Year End: 5/31/2010 Audit Status: Unaudited [3] Provider Type: Current New Effective Rate Rate Date 203.87 200.14 1/1/2011	
Provider Type:CurrentNewEffectiveRateRateDateNursing HomeSingle Level203.87200.141/1/2011	ples FL 34112
Current RateNewEffective DateNursing HomeSingle Level203.87200.141/1/2011	
RateRateDateNursing HomeSingle Level203.87200.141/1/2011	ovider Type:
Nursing Home Single Level 203.87 200.14 1/1/2011	
	ursing Home Single Level
Level H: AIDS 347.21 345.00 1/1/2011	In sing mome Single Level
	Level H: AIDS
Level U: Fragile Under 21 462.24 461.25 1/1/2011	Level U: Fragile U
Rate Type :	Rate Type :
Interim X Prospective	Interim
Total Interim X Total Prospective	Total Interim
Interim Component Prospective Adjusted for New Costs	
Settlement based on costs Total Prospective with Interim Component	
Prior Provider Prospective data	Prior Provider Prospe
Basis: Changes:	Basis:
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Budget Licensure Rating Change X Unaudited costs Usual and Customary Limitation	
Field audited costs Target Rate limitation change	
Field audit - interim portion FRVS Change	
Desk audited costs	

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Desk audit - Interim Portion

Desk Audit - Prospective portion

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Medicaid Cost Reimbursement Analysis

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Rate Semester Change



Medicaid Reimbursement Per Diem Rates

MCHS- Plantation			Provider Number:	0 325457-00
6931 W Sunrise Blvd			Date:	12/21/2010
Plantation FL 33313			Fiscal Year End:	5/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.74	212.39	1/1/2011
	Level H: AIDS	355.08	357.25	1/1/2011
	Level U: Fragile Under 21	470.11	473.50	1/1/2011

Interim		X	Prospective	
Tot	al Interim		X Total Prospective	
Inte	erim Component		Prospective Adjusted for New Costs	
Set	tlement based on costs		Total Prospective with Interim Component	
Prio	or Provider Prospective data			
Basis:		Change	5:	
Budget			Licensure Rating Change	
X Unaudited cos	sts		Usual and Customary Limitation	
Field audited	costs		Target Rate limitation change	
Field audit - i	nterim portion		FRVS Change	
Desk audited	costs			
	nterim Portion	X	Rate Semester Change	
Desk Audit - 1	Prospective portion			
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No Change	in Rate	~		
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nome office:	Julie Yoxtheimer			
	333 North Summit Street			
	Toledo OH 43604			



Medicaid Reimbursement Per Diem Rates

MCHS - Sarasota				Provider Number:	0 325465-00
5511 Swift Road			Date: Fiscal Year End:		12/21/2010
Sarasota FL 34231					5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		207.24	214.55	1/1/2011
	Level H: AIDS	_	350.58	359.41	1/1/2011
	Level U: Fragile Under 21		465.61	475.66	1/1/2011
Interin	m Total Interim Interim Component Settlement based on costs	<u> </u>	Prospect X	ive Total Prospective Prospective Adjusted Total Prospective wit	
	Prior Provider Prospective data				I I I I I I I I I I I I I I I I I I I
Basis:		Changes:			
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Medicaid Reimbursement Per Diem Rates

ICHS Venice				Provider Number:	0 325473-00
450 E. Venice		_		Date:	12/21/2010
Venice FL 34292		_		Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	198.32	211.64	1/1/2011
	Level H: AIDS		341.66	356.50	1/1/2011
	Level U: Fragile Under 21		456.69	472.75	1/1/2011
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective with	
Basis:		Change	s:		
Budget X Unaudited Field audit Field audit Desk audit	ed costs t - interim portion		Usual ar	re Rating Change ad Customary Limitatio cate limitation change Thange	on
	- Interim Portion t - Prospective portion	X		mester Change [2] as of 06/05/1997	
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Medicaid Reimbursement Per Diem Rates

MCHS West Palm B	each	_		Provider Number:	0 325481-00	
2300 Village Blvd		-		Date:	12/21/2010	
West Palm Beach FL	. 33409	-		Fiscal Year End:	9/30/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Nunsing Homo	Single Level		Rate	Rate	Date	
Nursing Home	Single Level		210.49	212.82	1/1/2011	
	Level H: AIDS		353.83	357.68	1/1/2011	
	Level U: Fragile Under 21		468.86	473.93	1/1/2011	
			100.00		1, 1, 2011	
	Total Interim	X	Prospective X 7	cotal Prospective		
	Interim Component			Prospective Adjusted		
	Interim Component Settlement based on costs Prior Provider Prospective data			- •	for New Costs h Interim Component	
	Settlement based on costs	Change	ī	- •		
Basis:	Settlement based on costs	Change	1 es:	Total Prospective with		
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Basis: Budget X Unaudited	Settlement based on costs Prior Provider Prospective data	Change	Es: Licensure Usual and	Cotal Prospective with Rating Change Customary Limitation	h Interim Component	
Basis: Budget X Unaudited Field audi	Settlement based on costs Prior Provider Prospective data costs ted costs	Change	Es: Licensure Usual and	Cotal Prospective with Rating Change Customary Limitation te limitation change	h Interim Component	
Basis: Budget X Unaudited Field audi	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	Change	Licensure Usual and Target Ra	Cotal Prospective with Rating Change Customary Limitation te limitation change	h Interim Component	
Basis: Budget X Unaudited Field audi Field audi Desk audit	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion	Change	Licensure Usual and Target Ra FRVS Ch	Cotal Prospective with Rating Change Customary Limitation te limitation change ange ester Change	h Interim Component	
Basis: Budget X Unaudited Field audi Field audi Desk audit Desk audit Desk Audi	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion		Licensure Usual and Target Ra FRVS Ch	Cotal Prospective with Rating Change Customary Limitation te limitation change ange	h Interim Component	
Basis: Budget X Unaudited Field audi Field audi Desk audit Desk audit Desk Audit Desk Audit	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion		Licensure Usual and Target Ra FRVS Ch	Cotal Prospective with Rating Change Customary Limitation te limitation change ange ester Change	h Interim Component	
Basis: Budget X Unaudited Field audi Field audi Desk audit Desk audit Desk Audi Desk Audi	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion		Licensure Usual and Target Ra FRVS Ch Rate Seme On FRV [Cotal Prospective with Rating Change Customary Limitation te limitation change ange ester Change 2] as of 06/01/1996	h Interim Component	
Basis: Budget X Unaudited Field audi Field audi Desk audit Desk audit Desk Audi Desk Audi Desk Audi	Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	X	Licensure Usual and Target Ra FRVS Ch Rate Seme On FRV [Cotal Prospective with Rating Change Customary Limitation te limitation change ange ester Change 2] as of 06/01/1996 Stephen Russell	h Interim Component on t Analysis	

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Medicaid Reimbursement Per Diem Rates

North Sarasota				Provider Number:	0 325490-00
3250 12th Street		-		Date:	12/21/2010
Sarasota FL 34237		_		Fiscal Year End:	8/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
•-			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		213.01	221.31	1/1/2011
	Level H: AIDS		356.35	366.17	1/1/2011
	Level U: Fragile Under 21		471.38	482.42	1/1/2011
Rate Type :					
Interim		X	Prospective		
	Total Interim			Fotal Prospective Prospective Adjusted	for Now Costs
	Interim Component Settlement based on costs			1 0	h Interim Component
	Prior Provider Prospective data			rotar i rospective wit	n mernin component
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited	costs			l Customary Limitati	on
Field audit	ed costs			te limitation change	
Field audit	- interim portion		FRVS Ch	nange	

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On FRV [2] as of 10/01/1985 Desk Audit - Prospective portion Contract Management / Fiscal Agent Medicaid Cost Reimbursement Analysis For information Only

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Rate Semester Change

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Desk audited costs

Desk audit - Interim Portion

No Change in Rate



Medicaid Reimbursement Per Diem Rates

MCHS- Delray 16200 Jog Road		-		Provider Number:	0 325520-00
Delray Beach FL 334	46	_		Date: Fiscal Year End:	4/30/2010
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status:	
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		192.65	202.08	1/1/2011
	Level H: AIDS		335.99	346.94	1/1/2011
	Level U: Fragile Under 21		451.02	463.19	1/1/2011
Rate Type :					
Interim		X	Prospective	2	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data		1	l'otal Prospective with	h Interim Component
Basis:		Change	es:		
Budget			Licensure	Rating Change	

	Provider Prospective data	
Basis:		Changes:
Budget X Unaudited costs Field audited co Field audit - inte Desk audited co Desk audited co Desk audit - Inte Desk Audit - Inte Desk Audit - Pre Distribution: Contract Management Permanent File For information No Change in	erim portion sts erim Portion ospective portion t / Fiscal Agent on Only	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 02/17/1999 Stephen Russell Medicaid Cost Reimbursement Analysis May Mark May Mark May Mark May Mark May Mark On FRV Stephen Russell
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Medicaid Reimbursement Per Diem Rates

MCHS - Carrollwood 3030 W. Bearass Avenue Tampa FL 33618				Provider Number:	0 325678-00
			Date:		12/21/2010
				Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			~		
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		214.45	212.98	1/1/2011
	Level H: AIDS		357.79	357.84	1/1/2011
	Level U: Fragile Under 21		472.82	474.09	1/1/2011
	Total Interim Interim Component Settlement based on costs		P	'otal Prospective Prospective Adjusted 'otal Prospective with	for New Costs h Interim Component
Basis:	Prior Provider Prospective data	Change	es:		
Budget			Licensure	Rating Change	
X Unaudited costs		Usual and Customary Limitation			
Field audit		Target Rate limitation change			
Field audit - interim portion		FRVS Change			
	ed costs - Interim Portion t - Prospective portion	X Rate Semester Change On FRV [2] as of 07/20/1990			
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Medicaid Reimbursement Per Diem Rates

MCHS - Dunedin				Provider Number:	0 325686-00	
870 Patricia Ave		_		Date:	12/21/2010	
Dunedin FL 34698		_		Fiscal Year End:	9/30/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	203.45	205.73	1/1/2011	
	Level H: AIDS		346.79	350.59	1/1/2011	
	Level U: Fragile Under 21	-	461.82	466.84	1/1/2011	
	Interim Component Settlement based on costs Prior Provider Prospective data	Changes	T	rospective Adjusted otal Prospective with	for New Costs	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion			Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 05/01/1996			
Desk audit Desk audit	ted costs - Interim Portion	X	FRVS Cha	ster Change		
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Desk audit Desk audit Desk Audit Desk Audit Distribution:	ted costs - Interim Portion it - Prospective portion		FRVS Cha Rate Seme On FRV [2	ster Change 2] as of 05/01/1996 Stephen Russell	Analysis	
Desk audit Desk audit Desk Audit Distribution: Contract Manag Permanent File	ted costs - Interim Portion it - Prospective portion		FRVS Cha Rate Seme On FRV [2 Medicaid C	ster Change 2] as of 05/01/1996	•	

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

34		Date: Fiscal Year End:	12/21/2010 5/31/2010		
34			5/31/2010		
		And's Chata			
		Audit Status:	Unaudited [3]		
	Current Rate	New Rate	Effective Date		
Single Level	193.99	209.31	1/1/2011		
Level H: AIDS	337.33	354.17	1/1/2011		
Level U: Fragile Under 21	452.36	470.42	1/1/2011		
Settlement based on costs					
	10				
	Changes:				
Budget X Unaudited costs		Licensure Rating Change			
	FRVS Change				
ed costs					
	V D.t.C	ster Change			
- Interim Portion					
- Interim Portion t - Prospective portion] as of 09/28/1990 Stephen Russell			
	Level H: AIDS Level U: Fragile Under 21 Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Single Level 193.99 Level H: AIDS 337.33 Level U: Fragile Under 21 452.36 Total Interim X Total Interim Component Y Settlement based on costs Prospective Prior Provider Prospective data Total and C Changes: Usual and C costs Usual and C t- interim portion FRVS Char	Single Level 193.99 209.31 Level H: AIDS 337.33 354.17 Level U: Fragile Under 21 452.36 470.42 Total Interim X Prospective Interim Component Y Prospective Settlement based on costs Total Prospective with Prior Provider Prospective data Total Prospective with Changes: Licensure Rating Change Usual and Customary Limitation change Target Rate limitation change t - interim portion FRVS Change		

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Heartland of Zephyrh	nills		Provider Number:	0 325708-00	
38220 Henry Drive Zephyrhills FL 33540			Date:	12/21/2010 9/30/2009	
			Fiscal Year End:		
			Audit Status:	Unaudited [3]	
Provider Type:					
		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	195.29	197.45	1/1/2011	
	Level H: AIDS	338.63	342.31	1/1/2011	
	Level U: Fragile Under 21	453.66	458.56	1/1/2011	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospec	Total Prospective Prospective Adjusted	for New Costs h Interim Component	
Basis:		Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion		Usual Usual Targe FRVS	sure Rating Change and Customary Limitati t Rate limitation change S Change	on	
Desk audit - Interim Portion			X Rate Semester Change		

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On FRV [2] as of 02/04/1988

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Desk Audit - Prospective portion

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Medicaid Reimbursement Per Diem Rates

Moosehaven, Inc.				Provider Number:	0 326011-00
1701 Park Avenue Orange Park FL 32073				Date:	12/21/2010
				Fiscal Year End:	4/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		209.34	214.80	1/1/2011
	Level H: AIDS		352.68	359.66	1/1/2011
	Level U: Fragile Under 21		467.71	475.91	1/1/2011
Rate Type :		V			
Interim		<u> </u>	Prospective X Total Prospective		
Total Interim Interim Component		X Total Prospective Prospective Adjusted for New Costs			
Settlement based on costs				h Interim Component	
	Prior Provider Prospective data			L	1
Basis:		Change	es:		
Budget			Licensure Rating Change		
X Unaudited			Usual and Customary Limitation		
Field audit	ed costs		Target Rat	e limitation change	

 Field audit - interim portion
 FRVS Change

 Desk audited costs
 Thereim Portion

 Desk audit - Interim Portion
 X

 Rate Semester Change
 On FRV [2] as of 04/17/2008

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